

Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)

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| <p>Program Description</p> | <p>SPARCS is a 22-session group intervention for adolescents exposed to chronic types of traumatic stressors who have developed problems in the following areas of functioning: affect regulation and impulsivity, dissociation, self-perception, relations with others, somatization, and loss of systems of meaning. SPARCS is predominantly cognitive-behavioral and present-focused and teaches skills to foster resilience. Overall goals of the program are to address the three “C’s” to enhance the adolescent’s ability to Cope more effectively in the moment, Cultivate consciousness, Creating connections and meaning. An ancient proverb states, “A little bit of light casts away a lot of darkness.” SPARCS was designed to help traumatized adolescents find the “sparc” within themselves to cope more effectively with extreme stress.</p> |
| <p>Target Population</p> | <p>Adolescents (male and female) between the ages of 13 and 21 who have been exposed to chronic traumatic stressors (including interpersonal violence, community violence, life-threatening illness, etc.). Target symptoms include symptoms related to chronic traumatic stress (listed in the above Program Description). A diagnosis of PTSD is not required. Relevant settings will be agencies or schools where adolescents remain in treatment for several months so that the intervention can be completed.</p> |
| <p>Essential Components</p> | <p>SPARCS incorporates components of three existing interventions. These include mindfulness and interpersonal skills from Dialectical Behavior Therapy for Adolescents (Rathus, Miller, Linehan, in press), problem-solving skills from Trauma Adaptive Recovery Group Education, and Therapy (TARGET: Ford, Mahoney & Russo, 2004) enhancing social support and planning for the future from the School-Based Trauma/Grief Group Psychotherapy Program (Layne, Saltzman, Pynoos, et al., 2000).</p> |
| <p>Trainings & Program Material</p> | <p>At a minimum there should be a two-day training of clinicians followed by weekly consultations. Training and implementation materials include a training/clinician manual, session-by-session clinician guides, and color activity handouts for group members.</p> |

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| <p>Outcomes/ Evaluation</p> | <p>Initial data from the SPARCS pilot with traumatized pregnant adolescents was encouraging. Although the small sample made it difficult to find statistically significant changes, adolescents' scores improved on all six subscales of the Youth Outcome Questionnaire (YOQ). A statistically significant reduction in scores on the Social Problems subscale of the YOQ was achieved, despite the small sample. Mean overall YOQ scores dropped from 70 (well into the clinical range) to 50 (at the borderline between clinical/nonclinical). In addition, satisfaction of group members was rated high in the four groups in which it was measured. It should also be noted that each of the three interventions that contributed components to SPARCS has empirical evidence to support its effectiveness in traumatized populations.</p> |
| <p>Replications</p> | <p>The SPARCS intervention has been piloted clinically at Children's Institute International (Los Angeles, CA), Andrus Children's Center (Westchester, NY), and Safe Horizon (New York, NY). Outcome data is currently being collected through replications at Children's Institute International, Andrus Children's Center, and the Adolescent Trauma Treatment Program, Mental Health Center of Dane County (Madison, WI). Replications are also planned for the Mt. Sinai Adolescent Health Center (New York, NY), the Center for Child and Family Health (Durham, NC), and the Trauma Center (Boston, MA). These settings include schools, outpatient settings, day treatment, and residential treatment settings.</p> |
| <p>Anecdotal Observations</p> | <p>A large amount of anecdotal data exists regarding the benefits of SPARCS. For example, in the school for pregnant teens where SPARCS was initially piloted, school administrators noted a dramatic decrease in physical confrontations/fights between students in the school after the intervention was initiated. In addition, the students were found to be teaching the skills that they learned in group to their boyfriends and families at home. At another site, several gang members voluntarily sought out their group leader for additional practice with the skills they were learning to apply to their specific stressors. At a third site, group members began to generalize affect regulation skills to real-life situations when they initiated and contributed to discussions with staff about conflicts on their unit.</p> |
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This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.