

Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS): AT-A-GLANCE

■ **What is SPARCS?**

SPARCS is a 16-session manually-guided and empirically-supported group treatment designed to improve the emotional, social, academic, and behavioral functioning of adolescents exposed to chronic interpersonal trauma (such as ongoing physical, sexual, or psychological abuse) and/or multiple types of trauma (e.g. sexual assault, layered upon witnessing or experiencing community and domestic violence). The curriculum is strength-based and present-focused, and is designed to incorporate developmental considerations specific to adolescence. SPARCS is appropriate for youth with or without PTSD who may still be living with ongoing stress/trauma and are experiencing problems in several areas of functioning including difficulties with affect regulation and impulsivity, self-perception, relationships, somatization, dissociation, numbing and avoidance, and struggles with their own purpose and meaning in life, as well as worldviews that make it difficult for them to see a future for themselves.

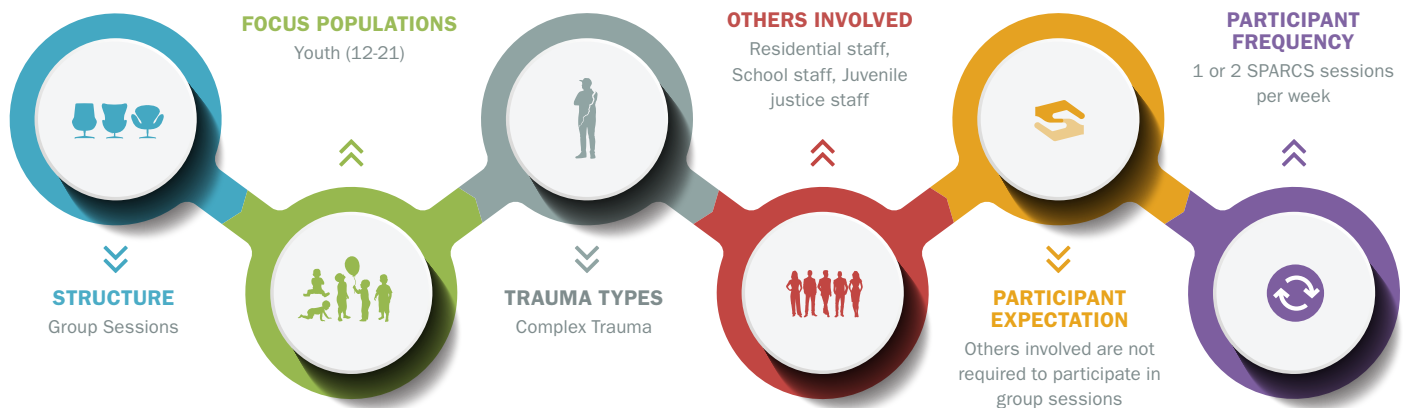
■ **What are the goals of SPARCS?**

Helping teens enhance self-efficacy by:

1. Shifting from “survival coping” to increased use of adaptive short- and long-term coping skills
2. Connecting with others & establishing supportive relationships
3. Cultivating awareness & creating meaning in their lives.

These are achieved through discussion and activities centering on the core skills of Mindfulness, Distress Tolerance, Problem Solving and Meaning Making, Communication/Relationship-building, and psychoeducation on stress, trauma, and triggers. Rather than focusing on the elimination of “problem behaviors”, group leaders help members reframe “survival coping” as their best effort at coping with extreme stress, and further assist them in identifying and building upon existing strengths.

■ **What does SPARCS look like?**



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■ Additional Information

SPARCS is a present-focused intervention, and is not an exposure-based model. Traumas are discussed in the context of how they relate to adolescents' current coping and challenges in the here and now. Also, since many youth exposed to violence do not meet full criteria for PTSD, SPARCS also addresses comorbidity and impairments in functioning that stem from trauma but are not captured by a diagnosis of PTSD alone (e.g. behavior problems, delinquency, substance use). The curriculum has been specifically developed for use with adolescents and includes experiential activities that emphasize adolescents' increased capacity for abstract thought as well as areas particularly relevant for teens (e.g. issues related to autonomy and identity).

■ What is the commitment?

The SPARCS model typically requires youth participation in 16 (60-minute) group therapy sessions, implemented over the course of 3-6 months (depending on whether sessions are held once or twice per week). Briefer adaptations of the model include 6 (80-minute) group therapy sessions conducted over the course of 2-3 months.

Caregivers are not required to participate in assessments.

■ How do we know it works?

SPARCS has Research Evidence to support its benefits in hard-pressed child welfare and behavioral health treatment centers.

SPARCS was developed by a team of mental health professionals in partnership with community organizations, for youth experiencing complex trauma. For more information, see page 3. The majority of children/youth/families involved in the initial development of this practice identified as racial and ethnic minorities, lived in socially and economically marginalized urban and rural environments, and spoke English and Spanish at home.

Additionally, there have been adaptations of the practice for youth in short-term treatment settings. There are translations of SPARCS materials for children, youth, and families available in Spanish. Learn more on [page 3](#).

■ For more information explore the next several pages or check out:

<https://www.complextrauma.org/treatment/interventions-for-youth/>

<https://www.nctsn.org/interventions/structured-psychotherapy-adolescents-responding-chronic-stress>

LOCATION:

In a school, residential program, juvenile justice program, or other community setting.

In a provider's office. Groups have also been held virtually/via telehealth.

SPARCS: THE EVIDENCE

■ What types of evidence are available for SPARCS?

- Program Evaluation
- Quasi-experimental Research
- Randomized Clinical/Controlled Trial

■ Where can I learn more about the evidence?

- Unpacking the Impacts of a Youth Behavioral Health Intervention: Experimental Evidence from Chicago
- Complex Histories and Complex Presentations: Implementation of a Manually-Guided Group Treatment for Traumatized Adolescents
- Evidence-based treatments for trauma among culturally diverse foster care youth: Treatment retention and outcomes
- The California Evidence-Based Clearinghouse
- Ford, J. D., & Courtois, C. A. (Eds.). (2013) *Treating complex traumatic stress disorders in children and adolescents: Scientific foundations and therapeutic models*. Guilford Press.

■ How is SPARCS measured in real time?

While SPARCS does not require specific assessments, it is recommended that youth complete: 1) a trauma history exposure measure, 2) a PTSD symptom measure and 3) a broad-based assessment of complex trauma, which includes trauma related reactions across multiple domains, (emotional/behavioral regulation, interpersonal functioning, self-concept, worldview, and functioning in multiple life domains).

■ What changes for the better as a result of SPARCS?

After participating in SPARCS, youth often exhibit a wide range of changes, including improvements in self-control, relationships, problem-solving, self-image, and self-efficacy. In addition, reductions in aggression, self-harm, substance use, school absences, and arrests are frequently reported. Additionally, group members are able to engage in more future-oriented thinking (e.g., goal-setting) and report feeling more optimistic about their future in general (e.g., getting a good job, learning a vocation/going to college, having stronger relationships).

■ What do the numbers tell us (i.e., quantitative data)?

Quantitative data from various research and program evaluation projects have noted significant decreases in trauma symptoms, impulsivity, anxiety/depression, aggression (towards self or others), substance abuse, & less frequent involvement in the juvenile justice system. Significant improvement has been demonstrated in interpersonal and academic functioning (e.g., higher grades & fewer absences).

■ What do the stories tell us (i.e., qualitative data)?

Youth, caregivers, and staff report use of the skills outside of group, including use of the language and concepts at home, at school, or in treatment programs. Group members have applied affect regulation and communication skills to real-life situations, even teaching skills to friends and family members, and initiating discussions with staff and teachers about conflicts in school or on units.

SPARCS: ADAPTABILITY AND ACCESSIBILITY

■ **What is the history of SPARCS?**

SPARCS was developed in partnership with several NCTSN Centers, and included consultation from colleagues at UCLA and UCONN, and includes concepts from DBT, TARGET, and TGCT. SPARCS was originally piloted with ethnically diverse youth in outpatient and residential programs, and has since been widely and successfully implemented in schools, juvenile justice settings, shelters for youth experiencing homelessness, and programs for refugees and recent immigrants. Over the past 15 years, more than 3000 providers have been trained in SPARCS, reaching tens of thousands of adolescents.

SPARCS has been informally adapted for use with younger populations and shorter, more skills-oriented adaptations have been successfully implemented by non-clinical staff in a range of settings (e.g. schools and residential settings). These adaptations are typically made available on a case-by-case basis.

■ **How did SPARCS developers proactively seek, incorporate, and learn from the perspectives of individuals and communities to ensure the model reflects the experiences of those most affected by trauma and system challenges?**

SPARCS was initially piloted at NCTSN Category III Centers, and feedback was solicited from the clinicians, as well as the youth with whom they worked (typically highly marginalized youth experiencing high levels of trauma and racism). This feedback was utilized to refine the SPARCS curriculum through an iterative process over the course of several years, and continues at present.

■ **What is the role of SPARCS providers in tailoring the model for individuals, families, and communities?**

Providers are expected to adapt and modify SPARCS skills, activities, examples and language to meet the cultural and developmental needs of their youth, and to make the intervention relevant to youth from a wide range of backgrounds and geographic areas.

■ **How are lessons learned from individuals, families, communities and providers used to keep improving SPARCS?**

Trainers elicit feedback from providers over the course of the year-long training process and as providers implement the intervention in their communities. Trainers maintain frequent contact and share valuable feedback with developers, which is then incorporated into the training process and the curriculum. Feedback forms are directly embedded into youth handouts completed at the end of treatment.

■ **Resources and materials are available:**

- Materials are available in Spanish. Translations have been made by bicultural, bilingual providers trained in SPARCS.
- For more information on adaptation and access, contact Victor Labruna at drlabruna@gmail.com or Mandy Habib at drmshabib@gmail.com.

SPARCS: PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING

TO PROVIDE SPARCS

Provider prerequisites:

- Experience: No experience necessary
- Education: Typically a masters degree (exceptions possible)
- Licensure: Licensure recommended but not required

Trained providers can:

- Deliver SPARCS
- Earn certification in SPARCS

Access for Provider Training:

- Primarily through live in-person training; Occasionally virtual trainings are offered
- Contact in advance for trainer availability

TO SUPERVISE SPARCS

Supervisor prerequisites:

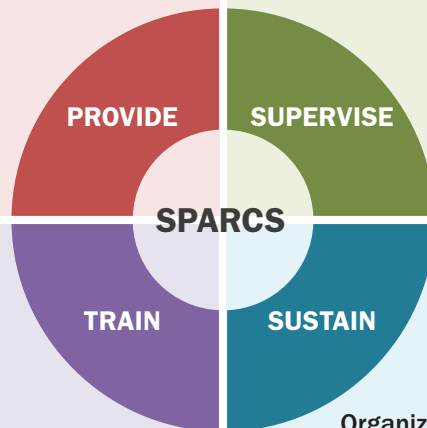
- Meet provider prerequisites
- Participate in all elements of training
- Must have 3 years of supervisory experience

Trained supervisors can:

- Supervise others in SPARCS

Access for Supervisor Training:

- Contact in advance for trainer availability
- Same as provider training



TO TRAIN SPARCS

Trainer prerequisites:

- Meet Provider prerequisites
- Must have led at least two 16-session cycles of SPARCS Groups
- No previous experience as a trainer necessary
- Strong communication and organizational skills, and the ability to engage different learning styles
- Complete established train-the-trainer process

Approved trainers can:

- Train within their own organization

Access for Trainer Training:

- Through live in-person training
- Through live virtual training
- Contact in advance for trainer availability

TO SUSTAIN SPARCS

Organization prerequisites:

- Adjust workloads for providers to participate in training and implementation
- Support a training infrastructure
- Commit to regular meetings dedicated to sustaining the practice

Organizations can:

- Earn certification status
- Market certified providers
- Train new staff on the job by in-agency trainers

Access for Organizational Readiness Supports:

- In-person continuing education for free
- Consultation for senior leaders
- Connection to other organizations using model

SPARCS: MORE ON PROVIDING, SUPERVISING, TRAINING, AND SUSTAINING

PROVIDE SPARCS

- **Training cost:** Cost for: 1) Provider training ranges from \$1,800-\$2,000 (includes 1 clinician manual & youth workbook); 2) Color Youth Workbooks: \$15-\$20 per depending on the size of the order; 3) Group supplies include: standard and less traditional items, most of which can be used across cycles.
- **Time Commitment:** Providers: begin planning for group prior to training; attend 4 days of in-person training (2 days followed by another 2 days ~10 weeks later); implement approximately 2 weeks following 1st two days of training; and participate on at least 8 monthly consultation calls. See “Additional Details” under “SUPERVISE SPARCS” below.
- **Additional Details:** Trainings accommodate 15-50 providers (either from 1 or multiple agencies). Literature/data provided to those interested in exploring grant or other funding.

SUPERVISE SPARCS

- **Training cost:** Supervisors are trained alongside providers, therefore there is no additional cost.
- **Time Commitment:** Supervisors attend 4 days of in-person training (typically 2 days of training followed by another 2 days approximately 10 weeks later). Supervisors are also required to attend at least 8 monthly consultation calls as their providers implement SPARCS.
- **Additional Details:** During the 1st cycle of group, supervisors are expected to assist providers in allocating additional time to learn material and prepare for each session weekly (e.g., gather supplies, meet with co-leader). Supervisors participate in the planning and readiness phase, and train alongside providers. No separate supervisor application or approval is needed.

TRAIN SPARCS

- **Training cost:** Costs vary depending on a prospective trainer’s level of experience, and level of training being sought (in-house vs local vs national). Prospective trainers may be asked to co-train with developers and budget for travel accordingly.
- **Time Commitment:** The time required to become a provider, and then a trainer, is typically several years. At a minimum, this process ranges from 1.5 years (for within-agency trainers) to 3-4 years (for national trainers).
- **Additional Details:** Trainers must complete all provider certification requirements, including running at least 2 cycles of SPARCS. Treatment developers provide virtual consultation for in-house trainers. Additional in-person training is required for national trainers.

SUSTAIN SPARCS

- **Training cost:** There is no additional training required to sustain SPARCS. Non-training related costs are listed below. See “Additional Details.”
- **Time Commitment:** Organizations should allocate time to on-board new staff/group leaders (e.g., either in-house trainings or monthly in-services).
- **Additional Details:** Organizations should demonstrate the ability to support providers in all aspects of the intervention (including allocating time for preparation prior to each session and access to materials required for group). The cost of sustaining SPARCS includes youth workbooks (\$15-20 each) and a modest amount for group supplies.

To learn more about providing, supervising, training, or sustaining, please see www.sparcstraining.com or email: drlabruna@gmail.com, drmshahib@gmail.com

For additional resources and related products, please explore: www.sparcstraining.com

The Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS): At-A-Glance was reviewed and approved for accuracy by Drs. Labruna and Habib (SPARCS developers) in October, 2024.

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