NCTSN The National Child Traumatic Stress Network

GENERAL INFORMATION

SPARCS: Structured Psychotherapy for Adolescents Responding to Chronic Stress

Treatment Description

Acronym *(abbreviation)* **for intervention:** SPARCS

Average length/number of sessions: 16 sessions, 1 hour in length

Aspects of culture or group experiences that are addressed *(e.g., faith/spiritual component, transportation barriers)***:** Meaning making, which is culturally driven, is a central component of SPARCS. Therapists routinely engage group members in discussions around the ways in which trauma has impacted their lives and what it means to them in the context of their culture. See "Culture-Specific Intervention" for further detail.

Trauma type *(primary)*: Complex Trauma, chronic interpersonal traumas.

Trauma type *(secondary)*: Chronic non-interpersonal traumas (e.g. medical illness).

Additional descriptors *(not included above)***:** SPARCS is a 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 abuse) and/or separate types of trauma (e.g. community violence, sexual assault). The curriculum was designed to address the needs of adolescents who may still be living with ongoing stress and may be 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. The curriculum has been successfully implemented with at-risk youth in various service systems (e.g. schools, juvenile justice, child-welfare, residential) in over a dozen states.

- **Goals of the Program**: include helping teens cope more effectively in the moment, enhancing self-efficacy, connecting with others and establishing supportive relationships, cultivating awareness, & creating meaning in their lives.
- **Youth with Complex Presentations & Histories**. SPARCS is designed to address a range of traumatic experiences and is not based on any one trauma type. The intervention is appropriate for traumatized adolescents with or without current/lifetime PTSD. Since many children and adolescents 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).
- **Developmentally Sensitive.** SPARCS is designed to address the needs of multiply traumatized adolescents in a manner that incorporates developmental considerations specific to this age group. The manual has been specifically developed for use with adolescents and includes experiential activities that emphasize adolescents' increased capacity for abstract thought as well as areas of development that are particularly relevant for teenagers (e.g. issues related to autonomy and identity).

SPARCS: Structured Psychotherapy for Adolescents Responding to Chronic Stress

Target Population

- Present-Focused. SPARCS is a present-focused intervention, and is not an exposure based model. Although there is no direct exposure component or construction of a trauma narrative, traumas are discussed in the context of how they relate to adolescents' current behavior and to their understanding of their problems and difficulties in the here and now.
- Adaptations. Adaptations are in various stages of development and have been piloted in a number of settings. Adaptations include: a 6-session Skills Training model (SPARCS-ST) for use in short-term facilities; two peer-led curricula (Taking Control for use with youth in foster care, and the RAP Club for use with adolescents with extensive exposure to community violence), SPARCS for use in individual therapy (SPARCS-I), and SPARCS Juniors (for use with children ages 9 to 11).

Age range: 12 **to** 21

Gender: ❒ **Males** ❒ **Females** ☒ **Both**

Ethnic/Racial Group *(include acculturation level/immigration/refugee history–e.g., multinational sample of Latinos, recent immigrant Cambodians, multigeneration African Americans)***:** SPARCS has been used with ethnically diverse groups, including African American, Latino, Native American adolescents and refugee/immigrant populations.

Language*(s)***:** Predominantly English. Groups have also been conducted in Spanish and have been adapted for use in other countries (see "Culture-Specific Information" fact sheet).

Region *(e.g., rural, urban)***:** Urban, suburban, rural

Other characteristics *(not included above)***:**
Populations: SPARCS has also been implemented with LGBTQ youth, gang-involved youth, and with adolescents who are pregnant or parenting.

Settings: Groups have been provided in a variety of settings including outpatient clinics, schools, group homes, boarding schools, residential treatment centers and facilities, substance abuse treatment facilities, and juvenile justice centers. SPARCS has also been implemented with adolescents in foster care and in shelters with runaway/homeless youth. It is recommended that SPARCS be implemented in settings where adolescents can remain in treatment long enough to complete the intervention. Sessions can be divided into two segments and conducted twice a week to accommodate class periods in a school setting. SPARCS has been piloted for use in settings with short lengths of stay (see "Adaptations" in "Treatment Descriptions" section above).

Essential Components

Theoretical basis: (DBT: Miller, Rathus, & Linehan, 2006), and Complex Trauma theory. The curriculum also incorporates elements from early versions of Trauma Adaptive Recovery Group Education and Therapy (TARGET: Ford & Russo, 2006), and Trauma and Grief Components Therapy (TGCT: Layne, Saltzman, Pynoos, et al., 2000).

Key components: Mindfulness, Problem-Solving, Meaning-Making, Relationship-building/Communication Skills, Distress Tolerance and psychoeducation regarding stress, trauma, and triggers.

SPARCS: Structured Psychotherapy for Adolescents Responding to Chronic Stress

Clinical & Anecdotal Evidence

Are you aware of any suggestion/evidence that this treatment may be harmful?
❒ **Yes** ☒ **No** ❒ **Uncertain**

Extent to which cultural issues have been described in writings about this intervention *(scale of 1-5 where 1=not at all to 5=all the time)*. 2

This intervention is being used on the basis of anecdotes and personal communications only *(no writings)* **that suggest its value with this group.**
❒ **Yes** ☒ **No**

Are there any anecdotes describing satisfaction with treatment, drop-out rates *(e.g., quarterly/annual reports)*? ☒ **Yes** ❒ **No**

If YES, please include citation:
Briggs-King, E. & Shaw, L. (2009). Durham County ABC Board Year End Report. Unpublished Report. Center for Child & Family Health, Durham, NC.

Mental Health Services & Policy Program & Illinois Department of Children & Family Services (2008). Final evaluation of the pilot implementation of three evidence based practices for the treatment of trauma among youth in child welfare. Unpublished report.

Has this intervention been presented at scientific meetings? ☒ **Yes** ❒ **No**

If YES, please include citation*(s)* **from last five presentations:** ISTSS 2003-2011

Habib, M. (2009, April) Structured psychotherapy for adolescents responding to chronic stress (SPARCS): In C. Lanktree (Chair), *Treatment of Complex Trauma: Multiple Approaches, Practical Applications, and Cultural Adaptations*. Pre-Meeting Institute conducted at the All-Network Conference of SAMHSA's National Child Traumatic Stress Network, Orlando, Fl.

Habib, M. (2010, November). A complex trauma case analysis of "James" using SPARCS (Structured Psychotherapy for Adolescents Responding to Chronic Stress): In J. Spinazzola (Chair), *Clinical Nuance in Complex Trauma Treatment: Analysis of a Single Case from the Vantage Point of Four of the Network's Leading Complex Trauma Intervention Models*. Pre-Meeting Institute conducted at the International Society for Traumatic Stress Studies, Montreal, Canada.

Tandon, D., Tucker, M., Nole, M., & Habib, M. (2011, November). *The RAP Club: A Trauma-Focused Group Delivered by Adolescent and Young Adult Peer Leaders.* Workshop conducted at the meeting of the International Society for Traumatic Stress Studies, Baltimore, MD.

Habib, M., & DeRosa, R. (2008, November). Coping and Meaning Making: Essential components for complex trauma treatment with adolescents. In K. Nader & K. Fletcher (Chairs), *Complex trauma in children and adolescents: Treatment needs and methods*. Symposium conducted at the annual meeting of the International Society for Traumatic Stress Studies, Chicago, IL.

Clinical & Anecdotal Evidence continued

Habib, M. (2011, November). An Experiential Introduction to Mindfulness and MAKE A LINK communication skills in Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS), a Group Treatment for Adolescents with Complex Trauma Workshop conducted at the Connecting for Children's Justice Conference, Nashville, TN.

Are there any general writings which describe the components of the intervention or how to administer it? ☒ Yes ❒ No

If YES, please include citation:

Ford, J., Blaustein, M., Cloitre, M., Habib, M., Kagan, R. (in press). Developmental Trauma Disorder-Focused Interventions for Traumatized Children and Adolescents. In: J.D. Ford & C. A. Courtois (Eds), *Treating complex traumatic stress disorders in children: An evidence-based guide*, NY: Guilford Press, p.xx-xxx.

DeRosa, R. & Pelcovitz. D. (2008). Igniting SPARCS of change: Structured psychotherapy for adolescents responding to chronic stress. In J. Ford, R. Pat-Horenczyk & D. Brom (Eds.), *Treating traumatized children: risk, resilience and recovery*, NY: Routledge.

DeRosa, R., Habib, M., Pelcovitz, D., Rathus J., Sonnenklar,J., Ford, J., Sunday, S., Layne, C., Saltzman, W., Turnbull, A., Labruna, V. & Kaplan, S. (2005). *Structured Psychotherapy for Adolescents Responding to Chronic Stress: A Treatment Guide*. Unpublished manual.

Has the intervention been replicated anywhere? ☒ Yes ❒ No

SPARCS has been replicated with foster care youth as part of a project with the Department of Children and Family Services in Illinois.

Other countries? *(please list)* India, Sri Lanka, Israel, Australia, Canada, Liberia

Other clinical and/or anecdotal evidence *(not included above)*:

Generalization of skills has been noted at multiple sites and settings. Group members frequently report use of the skills outside of group and parents and clinical staff have observed that group members use the language and concepts at home, at school, or in their residence. Both boys and girls in a residential substance abuse treatment facility have identified knitting hats and blankets and donating them as ways in which they use their "Distress Tolerance" skills to self-regulate, and ways to make meaning by making a contribution to others. At another site, several gang members voluntarily sought out their group leader for additional practice with the skills they were learning in order to apply them to their specific stressors. One adolescent gave his therapist the crack pipe given to him as a gift by his mother, stating that he no longer needed it because he had learned new ways to cope. Members have asked to bring friends and family to the group and also reported that they teach the skills to others (e.g. one adolescent interrupted a fight between her sister and the sister's boyfriend and taught them to use the "Make A Link" communication skills). Group members across settings have applied affect regulation and communication skills to real-life situations and have initiated and contributed to discussions with staff and teachers about conflicts on their unit or in school.

SPARCS: Structured Psychotherapy for Adolescents Responding to Chronic Stress

Clinical & Anecdotal Evidence continued	Adolescents often request additional group sessions and express dismay upon termination or when groups are cancelled. In one setting group members worked together to write a letter to administrative staff, asking to have additional sessions of group added to their program so that they did not have to terminate. In an alternative school in an urban setting where truancy is a significant problem, clinicians reported that group members who previously refused treatment, began coming to school for the sole purpose of attending group. Administrators, parents, and key stakeholders have shared observations regarding progress as well. Administrators in one school noted a dramatic decrease in physical confrontations between students in the school and in another school a reduction in disciplinary referrals was observed following a shortened psychoeducational adaptation of the curriculum provided for over 200 youth. Upon observing improvement in an adolescent in the juvenile justice system, one judge remarked that he is going to begin referring traumatized youth to SPARCS as an alternative to anger management.	
Research Evidence	**Sample Size (N) and Breakdown** *(by gender, ethnicity, other cultural factors)*	**Citation**
Published Case Studies	**N=**1 **By gender:** female **By ethnicity:** Latina, African-American, Caucasian	DeRosa, R. & Pelcovitz, D. (2006). Treating traumatized adolescent mothers: a structured approach. In: N. Webb (Ed.), *Working with traumatized youth in child welfare*, NY: Guilford Press, 219-245.
Pilot Trials/Feasibility Trials *(w/o control groups)*	**N=**24 **By gender:** mixed **By ethnicity:** Latino, African-American, Caucasian, and other **N=**14 **By gender:** female **By ethnicity:** Latina, African-American, Caucasian **N=**44 **By gender:** mixed **By ethnicity:** Caucasian, African-American, Latino **N=**31 **By gender:** mixed **By ethnicity:** African-American, Caucasian, Latino	Habib, M., Labruna, V., & Newman, J. (manuscript submitted for publication). Complex Histories and Complex Presentations: Implementation of a Manually-Guided Group Treatment for Traumatized Adolescents. *Journal of Family Violence*. DeRosa, R. & Pelcovitz, D. (2006). Treating traumatized adolescent mothers: a structured approach. In: N. Webb (Ed.), *Work*ing with traumatized youth in child welfare, NY: Guilford Press, 219-245. Knoverek, A., Underwood, L., Habib, M., Briggs, E. (manuscript in preparation). *Feasibility and Effectiveness of an Adapted Group Treatment for Traumatized Youth*. Briggs-King, E. & Shaw, L. (2009). *Durham County ABC Board Year End Report*. Unpublished Report. Center for Child and Family Health, Durham, N.C.

SPARCS: Structured Psychotherapy for Adolescents Responding to Chronic Stress

GENERAL INFORMATION

Clinical Trials *(w/control groups)*	**N=**41 **By gender:** mixed **By ethnicity:** African-American, Caucasian, Latino **N=**33 **By gender:** mixed **By ethnicity:** African-American, Caucasian, Latino **N=**42 **By gender:** mixed **By ethnicity:** predominantly African-American	Mental Health Services & Policy Program & Illinois Department of Children & Family Services (2008). Final evaluation of the pilot implementation of three evidence based practices for the treatment of trauma among youth in child welfare. Unpublished report. Weiner, D., Schneider, A., and Lyons, J. (2009) Evidence-based treatments for trauma among culturally diverse foster care youth: Treatment retention and outcomes. Children and Youth Services Review, 31, 1199-1205. Tandon SD, Mendelson T, Mance G. (2011). Acceptability and preliminary outcomes of a peer-led depression intervention for African American adolescents and young adults in employment training programs. Journal of Community Psychology, 39, 621-628.
Studies Describing Modifications		See Knoverek and colleagues above. See Tandon and colleagues above.
Other Research Evidence	**N=**184	Unpublished data.

Outcomes

What assessments or measures are used as part of the intervention or for research purposes, if any? The Trauma History Checklist, Youth Outcome Questionnaire – Self-Report (YOQ- SR 2.0), UCLA PTSD Reaction Index (RI), the Child & Adolescent Needs & Strengths (CANS). Additional assessments have included: the Ohio Scales, the Structured Interview for Disorders of Extreme Stress – Adolescent Version (SIDES-A), and assorted other instruments.

If research studies have been conducted, what were the outcomes?
Pilot data indicate significant improvement in overall functioning over the course of treatment (as measured by the Youth Outcome Questionnaire SR-2.0 and the UCLA PTSD Reaction Index). Specific findings include:

- Significant changes on subscales measuring conduct problems, inattention/hyperactivity, somatic complaints, high risk behaviors, and interpersonal relationships.
- Significant reduction in PTSD symptoms, with improvements noted in the overall severity of posttraumatic stress symptoms, as well as scores assessing symptoms related to re-experiencing, avoidance, and hyper-arousal (Criterion B, C, and D respectively).

SPARCS: Structured Psychotherapy for Adolescents Responding to Chronic Stress

Outcomes continued	For African-American adolescents (the primary group in the EBPP described above), youth receiving SPARCS: • were less likely to drop out of treatment • improved significantly on the following CANS subscales: Traumatic Stress Symptom, Life Domain Functioning, and Risk Behaviors. Additional pilot data summarized from a variety of sources (including analyses in unpublished reports), found: • decreased alcohol and drug use with 75% of adolescents reporting a decrease in frequency following treatment • significant reduction in attachment difficulties and in behavior problems at school, home, and in the community • decrease in disciplinary referrals in an alternative school (analyses in progress) • significant improvement in interpersonal coping and an increase in support seeking behavior • significant decrease in depressive symptoms in youth exposed to community violence and increase in active coping strategies
Implementation, Requirements & Readiness	**Space, materials or equipment requirements?** • Manual for each group leader • Color workbook with handouts specific to each session (1 workbook per client) • Meeting room large enough to accommodate a group of 8-12 adolescents • Ability to play videos • Assorted supplies for group activities (e.g. flip chart, seltzer water, sandpaper, music). Session supply list available upon request. **Supervision requirements** *(e.g., review of taped sessions)***?** Ability to attend 80% of consultation calls. For certification only: one video or audiotaped session in which one of the core skills was implemented. In cases where it is not possible to tape a group, it may be permissible (with advance notice) to provide a tape of a "mock session" where a core skill is taught with a group of colleagues (e.g. at a staff meeting). **To ensure successful implementation, support should be obtained from:** treatment developers or certified trainers. A list of certified trainers is available upon request.

SPARCS: Structured Psychotherapy for Adolescents Responding to Chronic Stress

Training Materials & Requirements

List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained.

DeRosa, R., Habib, M., Pelcovitz, D., Rathus J., Sonnenklar,J., Ford, J., Sunday, S., Layne, C., Saltzman, W., Turnbull, A., Labruna, V. & Kaplan, S. (2005). *Structured Psychotherapy for Adolescents Responding to Chronic Stress: A Treatment Guide*. Unpublished manual.

Habib, M., & Sonnenklar, J. (2005). *SPARCS Group Handouts for Youth*. Unpublished manual.

How/where is training obtained? Contact treatment developers for a list of certified trainers. Trainings can be conducted on-site for agencies who are interested in hosting their own Collaborative. Participants can also join an existing Collaborative that may be taking place in another part of the country. The number of trainers varies depending on the size of the training group. The trainer-participant ratio is generally small in order to allow for adequate interaction and in-vivo consultation during role-plays.

What is the cost of training?

- **Training Costs:** Cost varies depending upon a number of factors including the number of participants and location of training. Cost structure is consistent across all certified trainers and should include all elements described below in "other training materials &/or requirements". One black and white copy of the manual and one color Youth Workbook are typically included in the cost for each training participant. Contact treatment developers for detailed training cost information.
- **Youth Workbooks Costs***: The color Workbooks that are used with each group member can be purchased for approximately $20 each. These are sold at cost. Pricing depends on the size of the order.
- **Manual Costs***: Manuals can be purchased for $75 – $100 each (depending on printing and shipping costs). Cost includes the SPARCS clinician manual, one color workbook, and shipping and handling within the U.S. Implementing the curriculum without formal training and consultation is not encouraged as there are many concepts taught at the training that are not included in the manual and certain skills that appear self-explanatory (e.g. the LET 'M GO problem-solving steps) require in-depth practice and coaching.

**Manuals and workbooks contain copyrighted material and should be purchased from developers.*

Are intervention materials *(handouts)* **available in other languages?**
☒ Yes ❒ No

If YES, what languages? Many of the youth handouts are available in Spanish.

Other training materials &/or requirements *(not included above)*:
SPARCS trainings are conducted using a "Learning Collaborative/ Community" model as this approach has been found to support successful treatment adoption and future sustainability.

Training Materials & Requirements continued

This model differs from many traditional workshops because it involves making a commitment to complete several phases of training and includes the establishment of a 6 – 12 month relationship between trainers and training participants. The training model consists of a planning phase prior to the training, minimally 4 days of training (conducted across two 2-day training sessions), consultation calls, and ongoing email/phone support and ancillary materials provided throughout the duration of the collaborative. Participation from clinical staff (2 group co-leaders), and typically a supervisor and/or administrator (both, if possible) is required for training. We find that this level of commitment is essential in creating systemic change and ensuring the sustainability and availability of this program to youth long after the training has ended.

The SPARCS training model enhances trainees' ability to address the inevitable barriers that arise when implementing a new practice, and is designed to promote a partnership that supports sharing challenges, successes, and employing creative problem-solving strategies. "Stand-alone" trainings that take place during a single face-to-face training session typically do not include a built-in readiness phase with trainers prior to the training or a formal plan regarding consultation and support from trainers following the actual training session. The "Learning Collaborative/ Community" model of training is extensive and enhances the likelihood that the intervention will fully "take off" in the agency following the training. Trainings are intended to enhance implementation efforts and promote the continuation of SPARCS groups within the agency well beyond the scope of the initial training relationship. Many of our partners have been successful in doing this, years after their collaborative has ended.

The SPARCS training package spans 6 – 12 months and includes:

Planning Phase: Consultation calls and organizational readiness work begins minimally a month prior to the first training session. During this phase SPARCS trainers partner with agencies to identify resources that are available to support a new practice, identify potential challenges and solutions, and prepare for the groups so that they are able to begin the first session almost immediately after the initial training session. Readiness work includes issues related to assessment, identifying youth for group, recruiting and orienting adolescents to the purpose of group, getting buy-in from teens, staff, administrators, parents, other caregivers, anticipating barriers to implementation and problem-solving in advance (e.g. how can the program be sustained in light of staff turnover?). During this phase, clinicians, supervisors, and administrators develop in-house SPARCS teams, complete the SPARCS Planning Worksheet as a team, and discuss their findings during conference calls with trainers.

Training Session 1: 2 full days of interactive training typically attended by clinicians, and a supervisor and/or administrator. Training sessions may include clinicians from multiple sites who will have the opportunity to learn from one another. Trainings include a balance of didactic presentations, demonstrations, role-plays, and mindfulness practice.

Training Materials & Requirements continued

Consultation calls: Bi-weekly calls immediately after Learning Session 1. Over time, these taper down to monthly calls.

Training Session 2: Two full days of training to occur approximately 8 weeks after the first learning session. This includes some review of concepts first learned in Training Session 1, as well as new material. At this point, clinicians will have already started their groups so will have an opportunity to bring their experiences to the training. The spacing between learning sessions is such that by the second learning session trainees will be learning new concepts/skills just prior to reaching the corresponding session of the manual.

Administrative/Clinical support: Trainers are generally available via phone/email to problem- solve and talk about things that occur outside of the regularly scheduled calls and learning sessions. Trainers often field emails and calls ranging from small requests for materials (e.g. teen-friendly fliers for recruiting group members, fliers for community stakeholders, group supply list, recommendations for videos) to larger questions regarding implementation stumbling blocks. Each training relationship is different. Please check directly with your trainer about the scope of support to be provided.

Summary of Training Requirements:

- Learning Collaborative participants consist of teams of at least 2 (preferably 3 individuals): 1 administrator/ supervisor and 2 clinicians. Each group is co-led.
- Attendance at both full days of two separate Training Sessions.
- Active participation in 80% of consultation calls.
- Audio or Video-tape of one session in which a core skill is implemented (requirement for certification only).
- Completion of two 16-session cycles of SPARCS groups under supervision of trainers (requirement for certification only).

** **Please note:** Certification can only be offered to individuals who have participated in the full training model, including minimally 4 days of training provided by certified trainers.*

Pros & Cons/ Qualitative Impressions

What are the pros of this intervention over others for this specific group *(e.g., addresses stigma re. treatment, addresses transportation barriers)***?**

This treatment is appropriate for traumatized adolescents with or without current/ lifetime PTSD, and can be implemented while adolescents are still living with unstable/stressful environments. This intervention is strength-based and present focused. Discussions and activities center on enhancing resilience and helping group members identify and build upon existing strengths as opposed to focusing on the elimination of "problem behaviors". It is based on the assumption that the adolescents' symptoms (behavioral, interpersonal, and affective) represent their best efforts at coping with extreme stress. Group members routinely discuss and process their personal experiences throughout the group. The 16-session curriculum has been specifically designed for use with adolescents, with special consideration to the developmental tasks associated with this age group.

SPARCS: Structured Psychotherapy for Adolescents Responding to Chronic Stress

Pros & Cons/ Qualitative Impressions continued

As adolescents increasingly strive toward independence and autonomy from adults and caretakers, the influence of their peer group grows, making the group format of this approach especially powerful for this age group. Clinicians report that members often express feelings of validation simply upon hearing the shared stories and histories of other members. In one setting two gang-involved adolescents who had previously been involved in an altercation (outside of group) that almost resulted in an assault, later became allies when one of them disclosed witnessing domestic violence in the home, resulting in a similar disclosure by the adolescent who had initiated the altercation. As group cohesion builds, members begin to support one another more actively, and will share observations and comments in a way that holds more meaning than when done by the adult co-leaders.

What are the cons of this intervention over others for this specific group *(e.g., length of treatment, difficult to get reimbursement)***?**
Intensive clinician training and consultation is required. Some agencies report difficulty retaining a sizeable group of adolescents for the duration of the intervention.

Other qualitative impressions:
Please see the section on "Clinical & Anecdotal Evidence" for a description of clinical impressions observed.

Contact Information

Name: Mandy Habib, Psy.D./ Victor Labruna, Ph.D.

Address: 400 Community Dr., Manhasset, NY 11030

Phone number: 516-562-3276 / 516-672-3859

Email: mhabib@sparcstraing.com/vlabruna@sparcstraining.com

Website: www.sparcstraining.com

References

DeRosa, R., Habib, M., Pelcovitz, D., Rathus, J., Sonnenklar, J., Ford, J., et al., (2006). *Structured Psychotherapy for Adolescents Responding to Chronic Stress.* Unpublished manual.

DeRosa, R. & Pelcovitz, D. (2006). Treating traumatized adolescent mothers: a structured approach. In N. Webb (Ed.), *Working with traumatized youth in child welfare* (pp. 219-245). New York: Guilford Press.

DeRosa, R. & Pelcovitz. D. (in press). Igniting SPARCS of change: Structured psychotherapy for adolescents responding to chronic stress. In J. Ford, R. Pat-Horenczyk & D. Brom (Eds.). *Treating traumatized children: risk, resilience and recovery.* New York: Routledge.

Ford, J. D. & Russo, E. (2006). Trauma-focused, present-centered, emotional self-regulation approach to integrated treatment for posttraumatic stress and addiction: Trauma Adaptive Recovery Group Education and Therapy (TARGET). *American Journal of Psychotherapy. 60*, 335-355.

Layne, C. M., Saltzman, W. R., Pynoos, R. S., & Steinberg, A. M. (2002). *Trauma and Grief Component Therapy.* New York: New York State Office of Mental Health.

Lyons, et al. (in press). Evaluation of the implementation of three evidence-based practices to address trauma for children and youth who are wards of the State of Illinois.

Miller, A. L., Rathus, J. H. & Linehan, M. M. (2007). *Dialectical Behavior Therapy with suicidal adolescents.* New York, NY: Guilford Press.