SPARCS in Residential Treatment:
Challenges, Strategies, and Decision-Making in an Intricate System

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Learning Objectives

1. Recognize challenges with implementation of SPARCS specific to residential settings.
2. Review the process and strategies of implementing SPARCS in residential settings
   • Procuring buy-in from administrators and direct care staff
   • Use of assessments
   • Delivery of SPARCS
   • Maintaining fidelity
   • Sustainment issues
3. Distinguish clinical decision-making strategies for using SPARCS in a system with multiple treatment interventions.
Challenges to Implementing SPARCS in Residential Settings

- Cycle of admissions and discharges
  - Closed groups
  - Attrition/Length of stay/Disruption of placement

- Conflicting priorities related to scheduling
  - Crises that occurs during scheduled therapy times
  - Activities/services offered

- Various demands of being in a system
  - Documentation
  - Urgent issues
  - Lack of funding/resources (Knoverek et al., 2013; Butler et al., 2009)

- High level of clinical needs of youth (Knoverek et al., 2013; Briggs et al. 2012;)
  - Considered difficult to treat due to behavioral/emotional dysregulation problems (Stewart et al., 2010).
Procuring Buy-in from Direct Care Staff and Administration

- Discussions (i.e., provide overview of SPARCS, share data and expected outcomes/benefits to youth)
  - Prior to adoption talk with administrators
  - Prior to implementation talk with direct care staff
- Once there is an agreement to implement the model, have a “kick-off” event prior to the initial training.
- Communicate with administrators, supervisors and direct care staff after each session to share what was covered
Procuring Buy-in from Direct Care Staff and Administration

- Engaging direct care staff as part of the treatment team
  - When possible, have direct care staff trained in SPARCS
  - Have direct care staff “co-facilitate” groups
  - Direct care staff can lead daily/weekly SPARCS-related activities with the youth in the milieu setting to strengthen youth’s use of SPARCS skills
- Post the SOS in the milieu setting and have direct care staff help the youth use it when appropriate throughout the day
Use of Assessments for Trauma-Exposed Youth in Residential

- Trauma Exposure
- PTSD Symptoms
- Behaviors
Examples - Use of Assessments in Residential Facility

**Facility in Illinois**
Based on recommendations from the NCTSN & SPARCS developers
*These are in addition to other required assessments in the residential program
- NCTSN Trauma Exposure Form or adapted form
- UCLA PTSD-RI
- Youth Outcome Questionnaire Self-Report

**Residential Facility in New York**
Based on recommendations of the NYS Complex Trauma Workgroup
- NYS Department of Health Complex Trauma Screener:
  - Complex Trauma Exposure Screener (CTES)
  - Complex Trauma Exposure Assessment (CTEA)
  - CANS-NY
  - MSE/Clinical Interview
  - CSEC (Commercially Sexually Exploited Children) screeners
Clinical-decision Making Strategies When Using Multiple Treatment Interventions at Mercy First

- Level system structure at Mercy First
  - Youth has to meet behavioral expectations AND demonstrate progress clinically (i.e., by attending and participating in sessions) to make level
- Having consistent, dedicated SPARCS group therapy time each week (the kids look forward to this and will ask if group is not occurring!)
- Presented mastered material from SPARCS as part of children’s level presentations
Clinical-decision Making Strategies When Using Multiple Treatment Interventions at a Residential Facility In Illinois

- Primary focus is on relationships to address attachment-related issues aligned with brain-based development.
- All treatment interventions complement trauma and attachment-focused treatment.
- Initial treatment addresses sensory needs and regulatory functioning (Knoverek et al., 2013; Cloitre et al., 2011).
- SPARCS is sequenced in residential treatment about half-way through
Promoting Fidelity & Sustainment

- Administrative and Supervisory Monitoring thru Measures:
  - Pre-post Assessments
  - Fidelity Measures
  - Youth surveys (post) to determine their feedback regarding group
- Clinical Supervision
  - Monthly clinical team meetings to review groups (e.g., progress, successes, and challenges)
  - Review of SPARCS groups in individual supervision sessions
- Sending new clinicians and key staff to SPARCS trainings
- Training agreements with new staff regarding the cost of training, especially when turn over is an issue
Potential Modifications to Optimize SPARCS Treatment in Residential Settings

- Consider fewer youth in the group as appropriate
- Reinforce the use of SPARCS skills during individual therapy sessions and in the daily milieu setting
- Take more time with “dense” sessions (e.g., longer sessions or additional sessions)
- Have youth attend more than one cycle of group as appropriate for their treatment
- Offering additional SPARCS sessions after the group has ended to further reinforce/strengthen SPARCS skills
- Having youth act as “peer facilitators” (particularly the youth who successfully completed one cycle)
Additional Tips for Consideration

- Establish strong tracking systems to maintain and monitor data
- Create a plan to organize/oversee the purchase and distribution of SPARCS group supplies
- SPARCS Facilitators often report that leading SPARCS helps them address their stressors, too 😊
References


Thank you.

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