Implementing and Disseminating a Latino MFG Program

Valley Nonprofit Resources/Human Interaction Research Institute

PILOT IMPLEMENTATION EVALUATION REPORT II

February 2011

Objective and Project Overview

The objective of this project is to create and implement in various pilot settings in the San Fernando Valley region of Los Angeles a manualized Latino Multifamily Group (Latino MFG) program. The program helps to involve Spanish-speaking Latino families in mental health services for their ill family members.

The pilot work is focused on families of Latino adolescents, likely the first such language and cultural adaptation of the MFG program to this population anywhere in the United States. More details about the project, plus findings from the first two pilot implementations, are presented in a companion report (downloadable from www.valleynonprofitresources.org). This report focuses on the two groups implemented for Phase I Round 2 of the project - one at San Fernando Mental Health Center (SFMHC) and one at San Fernando Valley Community Mental Health Center (SFVCMHC). Both are public mental health agencies serving low-income adult and adolescent clients, and are supported by the Los Angeles County Department of Mental Health.

In this report, an overall summary of what was learned from the evaluation is provided first. Then the two programs and the evaluation methods are described, and outcomes presented in detail. Finally, several recommendations are made for future development of the Latino MFG.

Summary of Outcomes

The two groups were implemented successfully. Interviews with group facilitators, agency administrators and family members all indicated that the psychoeducation component of the Latino MFG had the most positive impact on the participating families and their adolescent family members, who were aged 12-16 and mostly diagnosed with ADHD or depression. Families reported understanding the nature of their family members' mental disorder better, and thus being better able to respond in assisting their adolescent family member.

The groups also helped "normalize" mental disorders and lessened the chances that family members would blame the adolescent for their behaviors, or think of them as just "bad" rather than being ill and needing treatment. Better communication between parent and adolescent also was a positive outcome, as was more active assistance by family members in helping the adolescent with medication management or a crisis.

Family members were able to give specific examples of impact for psychoeducation, communication skill development and problem solving. However, for these two groups the problem solving component was rated as having less impact overall than psychoeducation

Both programs experienced some implementation challenges. Transportation and child care were barriers to participation, although the two mental health agencies were able to overcome these to a considerable extent (e.g., by providing taxicab vouchers and allowing other children of the family to be brought to the center). Scheduling issues also arose that might be dealt with by offering the program on a Saturday during the day.

Overall, 91% of clients participating in this pilot program improved their mental health status significantly during the time period of the Latino MFG. In several cases, the clinical record also noted improvements in the degree of family members' involvement in the treatment process, which is a main goal of the Latino MFG program.

Activities and Results to Date

Both program implementations occurred in 2010, with initial facilitator training and the psychoeducation session for the Latino MFG program provided by Dr. Alex Kopelowicz . Following is a summary of their characteristics:

SFMHC
Program setting in the agency: Child and Family Services
Age range of clients: 13-16
Type of disorder(s): depression (and one with dysthymic disorder)
Number of families: 4
Facilitators: two clinical staff

SFVCMHC
Program setting in the agency: Intensive In-home Services
Age range of clients: 12-16
Type of disorder(s): ADHD (with secondary diagnoses of oppositional defiant disorder, disruptive behavior disorder, generalized anxiety disorder)
Number of families: 5 (6 clients)
Facilitators: two Parent Partners (family members trained and employed by the agency)

Evaluation Method

Two types of data-gathering were undertaken to learn about the impact of the Latino MFG for the two pilot groups: (1) telephone interviews with members of all families participating in the two pilot programs, conducted in Spanish by Dr. Roberto Zarate; and (2) telephone interviews with facilitators of each program, conducted by Dr. Roberto Zarate, and with administrative coordinators for the Latino MFG at each agency, conducted by Julaine Konselman. The family member and facilitator interviews involved asking a standard set of questions, the answers to which are summarized below.

The administrative coordinator interviews focused on obtaining information about specific outcomes for the group and for individual clients.

Evaluation Results

Evaluation results are presented in the following six sub-sections.

1 - SFMHC Overall Outcomes (provided by agency administrative coordinator)
The families reported that they feel a lot more educated about depression as a result of their participation in the Latino MFG. The psychoeducation session was particularly helpful in that regard.

The challenges of implementing the program have been significant. Adaptation was needed because the MFG program originally was developed for adults with schizophrenia, not adolescents with depression. Also, there sometimes were difficulties because the adolescent clients also participated in the group sessions, and sometimes the topics discussed were very personal so they were embarrassed (perhaps some of these topics would have been better handled on an individual basis). Also, some of the mothers viewed their daughter's behavior as "bad" rather than taking the more non-judgmental approach put forth in Dr. Kopelowicz's psychoeducational presentation.

Taxicab vouchers increased participation for those families who had transportation challenges, and those lacking child care were able to bring their other children along to the sessions. This was not a problem because all could then participate in the session (and get fed!).

2 - SFVCMHC Overall Outcomes (provided by agency administrative coordinator)
This group was overall significantly more successful than the previous Latino MFG implemented at SFVCMHC - there was more consistent attendance, the group was more cohesive and group members were more confident in speaking up. In fact, some members reported they felt that the LMFG group was more effective, relevant and intimate than the Center's ongoing Parent Support Group (which is not run on an MFG model).

Family members consistently gained more insight into the problems of their adolescent family members. Also, the participating parents began to invite their spouses to join the group. And they were more comfortable about scheduling initial appointments with a psychiatrist for their adolescent son or daughter.

Challenges for the Latino MFG implementation included transportation, parents' availability to attend the group meetings, and availability of child care. Transportation was arranged if possible by the Center. Some children were present during the sessions, and others were able to participate in a separate group started up by agency staff. Nonetheless, attendance was a problem, often due to the lack of transportation despite the Center's efforts.

Group members reported that they would have preferred to have all the sessions run by Dr. Kopelowicz - "he knows all the answers" was how they put it. Also, some parents just don't believe

their children have a mental disorder - they are just being "very bad kids," and the psychoeducation session didn't completely dispel this mistaken belief.

Transportation and child care are the two most important issues; having food available is important, but not as urgent. A late afternoon time schedule seems to work best for the families in the group. Those interviewed noted that non-Latinos generally are more inclined to accept the fact of mental illness, and are willing to get the services they need. Latino families are more reluctant to do so, probably because of cultural biases about mental health problems.

3 - Results from interviews with family members at both SFMHC and SFVCMHC

Overall, how helpful has participating in this group been for you in dealing with your family member?
Those interviewed stressed that the MFG program was most helpful in promoting "normalization" of mental disorders, improving communication and medication management, and promoting good management of psychiatric emergencies. Regarding the first issue, the relatives valued having psychoeducation focused on the expected behavior of their family members. This helped clear up misunderstandings they may have had for a long time, which could lead to their blaming their ill relatives for maladaptive behavior. The multifamily format was another source of normalization. Relatives and clients learned that others have the same problems they have and that each adolescent has unique symptoms, responses to treatment, side effects from medications, etc.

In terms of communication, relatives and patients noticed a reduction in family conflict, and a more respectful way of making requests to each other about everyday problems. Some of the mothers reported a more open communication and that their adolescent children were more relaxed, less agitated and tense. A mother mentioned that she learned to ask fewer questions of her daughter about what she was doing or where she was going.

The psychoeducational material was also very useful for families to learn various aspects of medication management, and particularly how to help their adolescent family member take medications on the required schedule. Some of the relatives had the misconception that a medication "hurts the brain" - so they may stop its administration to their ill family member. After participating in the Latino MFG, family members in many cases started more actively helping the adolescent clients take their medications, and in turn observed improvements in concentration at school, etc.

Although not much time in these sessions was devoted to the management of psychiatric emergencies, relatives nevertheless felt better prepared to deal with "crises." They felt more capable of making accurate observations of the warning signs of relapse, and risk behaviors. Moreover, they felt more capable of de-escalating certain crises and of communicating with health professionals to prevent further deterioration into relapses.

How helpful has the education part of the program been?
Psychoeducation was unanimously highlighted as the most valuable element of the MFG program. Basic knowledge about multiple aspects of the mental disorder and its treatment/management had the effect of empowering relatives and gave them a sense of control, as opposed to the confusion and helplessness they previously had experienced about the adolescent family member's mental health

problems. This, in turn, improved communication; family members were more able, for example, to talk to the adolescent who was refusing to take prescribed medications.

Relatives spoke favorably about the comprehensive psychoeducational curriculum offered as part of the group, including discussions on the nature of mental disorders (e.g., their chronic nature), symptoms, potential for relapses, etiology and types of treatments - including medications and their side effects. Particularly helpful, they said, was the ability members of the group had to exchange their experiences and opinions with each other in a protected environment.

One of the relatives summarized her experience this way: "I have learned to understand my son. I give him more space when he gets upset. I used to get upset too. I understand he needs more help. He needs the medicine. My son used to ask for isolation when he was not taking medication. I now explain things to him. He is also able to control himself." Another mother stated: "Now we support each other and communicate better… her behavior and our behavior is now more favorable."

How helpful has the problem-solving part of the program been?
By comparison with the psychoeducational component of the program, the family members participating in the Latino MFG tended to find somewhat less value in the problem solving component of the group. Nonetheless, some of the participants were glad that they learned about problem solving, because it offered them a more "organized" way to resolve daily challenges and to work cooperatively on them with other family members, especially the adolescent client.

Two of the relatives gave excellent examples of their use of the problem solving method. One explained "My son wanted to have fun and decided to go to a party where he would be exposed to pressure to drink alcohol. Together, we were able to do problem-solving, which helped my son plan an alternative fun activity." Another example from a relative: "When we went to Mexico for a visit with friends and families, there was a situation when a lot of people came to visit us. People were touching him and he did not want to be touched. I used the problem solving method to explain the situation to people and we resolved it by educating people about my son's need for space and finding ways to give it to him."

Can you give an example or two of how the group has helped you and your family member?
The group format helped families "normalize" their view of mental disorders, provide mutual support, and learn from each others' experiences. Relatives mentioned the comfort of realizing that "this does not happen just to us… I realized I was not alone." Also, they benefitted from seeing the mistakes and risks, as well as the successes in the experiences of others, especially with regard to medication compliance or street drug use, while acknowledging that "everybody, every case is different." Mutual support helped lower burden and increased confidence in that "our situation is no longer as serious as we thought." Perhaps most importantly, relatives learned that "besides the help of professionals, parents have a role in rehabilitation."

4 - Results from interviews with facilitators at both SFMHC and SFVCMHC

What have the overall outcomes been from the Latino MFG program?
According to the facilitators, families expressed overall satisfaction with the MFG experience, and particularly with Dr. Kopelowicz's first educational session. The families unanimously found it beneficial because they were able to understand where symptoms come from, about barriers to

communication, and about how to help their adolescent family member comply with treatment recommendations. Similarly, the knowledge families acquired about a mental disorder's effects on functioning helped them understand their ill relatives' school problems, social problems, and difficulties in functioning in everyday life.

A second main benefit for families was the multifamily format itself. This allowed the sharing of problems with each other, leading to normalization of the families' confusion and stress, mutual social support, and decreased stigma. Most families stated that they wished the MFG program could have continued.

What evidence of actual impact is there for families and for clients?
Relatives became more involved in advocating for their adolescent children's needs at school, according to the facilitators, including getting support from teachers, time/space accommodations, and getting teachers to be more flexible in their expectations about a son or daughter. Families advocated, particularly, for the need for support when adolescents express suicidal ideation. Also, families advocated about being proactive in protecting their children from undue stress, which may have prevented worsening of symptoms or even a relapse.

Two additional areas impacted were medication compliance, which improved across the board and family participation, with the relatives who initially joined the MFG bringing other members of the extended family to the group sessions. Communication and problem solving also improved for many of the families; for exmaple, one mother was able to work collaboratively with her son to stop spending time with drug-using neighbors.

What have been the challenges of the program?
There were scheduling conflicts since families could only come in the evening, which is also problematic for staff. Families asked for meetings on Saturdays, and this might be done in the future. Two other important challenges were trying to provide transportation for families and to offer babysitting for their younger children. Sometimes the facilitators provided transportation, although, as one facilitator said "it's my job, but I prefer not to do it."

The problem solving exercises required redirection at times. Some of the relatives would try to use them as an opportunity to unload, criticize, or marginalize their adolescent relative. Naturally this resulted in increased stress for the adolescent client.

5 - Summary of diagnoses and clinical outcomes for adolescents

Administrative coordinators for the two Latino MFG program implementations were asked to examine case records for the participating adolescents, in order to provide specific input about diagnosis and clinical outcomes. Since this was a pilot implementation, there was no need to deal with confidentiality issues because clients were never identified by name. A summary is provided for each of the two pilot programs.

It should be emphasized that no causal inferences can be made from these data about the impact of the Latino MFG program on these adolescents. Clients all were in treatment at the participating mental health center, so the therapy or medications they were receiving may have accounted for

observed changes. Also, outcomes for these adolescents may have been influenced by various external circumstances in their lives. The MFG program has been shown to have substantial impact in controlled studies, so an inference of impact can be made here - it was not the purpose of this pilot study to show that "MFG works," as this already is well-established.

SFMHC

A 16-year old with dysthymic disorder improved her overall relationship with her mother, and is now stable.

A 17-year old with major depression (single episode, severe with mood congruent psychotic features) is now stable after receiving services from the Department of Children and Family Services.

A 16-year old with major depression (single episode, severe - without psychotic features) had quit taking medications for several months, but now is back on medications and is stable.

A 16-year old with major depression (single episode, moderate) has improved her overall relationship with her mother, and is now stable.

SFVCMHC

A 13-year-old with ADHD and Disruptive Behavior Disorder has shown overall increasing stability and is making progress towards middle school graduation.

A 13-year-old diagnosed with Generalized Anxiety Disorder and ADHD is currently stable, more proactive in therapy, and has been consistently seeing the Center's psychiatrists; also the client's mother is more proactive during appointments.

A 12-year-old diagnosed with ODD and ADHD showed no significant progress, but the client's mother became more proactive in the treatment.

A 12-year-old diagnosed with ADHD began treatment and the client's mother is now more proactive in the treatment process.

A 17-year-old, diagnosed with ADHD and ODD saw a psychiatrist for the first time after many months of refusal.

A 14-year-old's mother articulated the importance of support and is more proactive in the client's treatment for ADHD.

In summary, 91% of all clients participating in this pilot program improved their mental health status significantly during the time period of the Latino MFG. In several cases the clinical record also noted improvements in the degree of family member involvement in the treatment process, which is of course a main goal of the Latino MFG program.

Recommendations

The following recommendations are made for the improvement of the Latino MFG approach in future implementations with Spanish-speaking Latino families:

1 - The Latino MFG program might be improved by increasing the amount of time devoted to psychoeducation, since there was such a uniform positive reaction to this activity by families in both groups. Help in understanding the complex dimensions of their family member's mental health challenges really is vital, and the group format seems to be an unusually good way to do that.

However, it also was noted by all that families need help in other areas as well, such as in the development of better communication skills. Improving communication between mother and daughter was mentioned specifically as an area of need.

2 - The overall reaction to having trained family members lead the group was positive. Parents are much more open to listening to someone who has experienced what they have with a troubled adolescent - and they particularly are responsive to hearing from someone who's had these difficulties, but whose family member is now doing better. Some other types of parent support groups now are allowing families to decide on a leader from amongst their own numbers, though this may not be feasible for the MFG approach because the facilitator also needs specific training in the psychoeducation, problem solving and other aspects of the MFG model.

The observed success of using trained family members to lead the Latino MFGs is an important finding from this second-round pilot study. Program implementation for the Latino MFG has been challenging in recent months because of severe budget limitations for mental health agencies in the San Fernando Valley, and indeed for Los Angeles and all of the United States. Clinical staff time is at a premium, so having lower-cost or even volunteer family members to lead the groups, given that they receive the needed training as just outlined, can make an important difference in the wider dissemination and implementation of the Latino MFG. In the upcoming Phase 2 of the Latino MFG program implementation research, an additional use of family members as group facilitators is being planned, which will provide further evidence about the effectiveness of this approach.

3 - Particularly as part of an increased emphasis on psychoeducation, several family members suggested bringing in invited guest speakers to the group. Several of the relatives interviewed also suggested including a "discussion of cases"as part of the standard group format. There was also general agreement among the participating families about their interest in extending the duration of the program (with more psychoeducation classes) and additional training on skills to cope with the level of agitation of their adolescent family members.

4 - A procedural suggestion was to hold the sessions on Saturdays to facilitate attendance and reduce transportation challenges.

5 - Since families come from different Latin-American countries, facilitators need to "translate" certain slang words or terms to make them understandable to all the families in a group. It would help to have a sheet listing these translations. Also, for some families with low levels of academic education, it would have to have translation of some of the concepts presented in the psychoeducation sessions.

6 - While there was generally a very positive view of the *Latino MFG Manual* by the facilitators of the two groups evaluated here, they did suggest that a future edition could helpfully include more supplementary materials, such as hand-outs for sessions, homework assignments for families, etc.

7 - Since some families in these two pilot groups tended to be rather dysfunctional in their interactions, with a lot of internal conflict and animosity, facilitators strongly recommended that attention be given to communication skills training and conflict resolution prior to regular sessions with the problem solving component.

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