

Adoption and Dissemination of MultiFamily Groups for Latinos

Alex Kopelowicz, MD & Thomas E. Backer, PhD
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- * After the research is done successfully to prove a program works, the two great challenges of Evidence-Based Practices are effective **implementation** and **dissemination** for wider use.
- * When we started our work in 2007, only **one** of 40 County-supported mental health agencies in the San Fernando Valley was using the MultiFamily Group program.
- * We took on this challenge through **Valley Nonprofit Resources**, which works to strengthen the more than 4,000 nonprofits in the Valley, including mental health agencies (for more information go to www.valleynonprofitresources.org).
- * Our first project, **Raising the Bar**, was supported by UniHealth Foundation. It created a program in English for implementing MFG with families of adult patients in San Fernando Valley mental health agencies (learning materials accessible on www.valleynonprofitresources.org - click on Resources).
- * **Four** Valley mental health agencies successfully implemented the program (including a new MFG at the original Valley-based agency), and a number of others received training in MFG and considered implementing it.
- * Next we created the **Latino MultiFamily Group** program, supported by the Annie E. Casey Foundation, which is now in its second two-year period of work.
- * The **Latino MFG** focuses on Spanish-speaking Latino families of adolescents with mental disorders.
- * We developed a 60-page Latino MFG **Manual** and three **PowerPoints** - Staff Introduction, Staff Training and Family Psychoeducation (in Spanish).
- * The Latino MFG was implemented in 2009 and 2010 with **four pilot groups** in two mental health agencies in the Valley - San Fernando Mental Health Center and San Fernando Valley CMHC, Inc.
- * **Additional sites** are now being approached throughout the Valley for the second phase of Latino MFG, using a new edition of the Manual that incorporates learnings from the previous pilot tests.
- * A **Pilot Implementation Evaluation Report** is available describing process and outcomes for the first two pilot programs - go to www.valleynonprofitresources.org and click on Search.

* Among the ***pilot evaluation findings*** are the following results for families:

- One family had a problem of regular fights with their ill relative about home chores, and refusal by the ill family member to provide any help at all. Through the group, the ill relative learned that other consumers do in fact help out with such chores; she was then able to accept this in her own home.

- Another family's problem centered around issues of low self-esteem and irritability on the part of the ill relative, which they were able to overcome with the use of "encouraging" statements and support (for low self-esteem) and improved communication skills (for irritability) learned during the group.

- A third problem involved violent behavior by the ill relative towards another family member. The family learned that medications and medication adherence is critical in the consumer's treatment. Once the consumer was on medication, the violence stopped.

- Finally, a family reported having extended arguments on various topics, all of which started as a simple disagreement between the ill relative and one or more family members. Through the group they learned to communicate more effectively, reducing the length and "emotional heat" of arguments. Also, stress levels have gone down: "now we problem solve," the family member said.

Overall, the family members interviewed said that the communication skills they've learned in these groups have reduced stress considerably, and sometimes improved the ill family member's mood state too. They said the groups helped families to remind themselves that they are not "the only ones", which has reduced stigma a good deal. Medication adherence as a result of skills learned in the group has led to greater stability of symptoms. Families have also learned that setting clear and constructive rules at home that are implemented in a consistent manner is very important for their ill relative.

Families also emphasized how much they learned in the groups about symptoms, and the need for professional treatment, specifically, the benefits of medication and medication adherence. Several also emphasized the value of learning about the cognitive symptoms of schizophrenia, for instance, problems with concentration.

Finally, family members reported they have learned to be better listeners, and to replace arguing with problem solving. This has resulted in a more collaborative attitude in the family. An important part of listening has been to pay attention to the ill relative's legitimate complaints. One family member said: "No es malcriado... esta enfermo" (He is not spoiled/lazy... he is ill).

* A ***follow-up evaluation*** of the second two pilot implementations is underway and will be completed in Fall 2010.

* In October 2009, a ***national convening*** of Latino researchers, service providers and funders was held at the Annie E. Casey Foundation in Baltimore. Many valuable suggestions were made about improving the Latino MFG and disseminating it more widely.

* In addition to this presentation, dissemination plans now include a project with the ***National Network to Eliminate Disparities in Behavioral Health***, to be carried out over the next two years.

For more information, contact: Thomas E. Backer, PhD, Valley Nonprofit Resources, tomhiri@aol.com or 818/990-0176.