

Implementing and Disseminating a Latino MFG Program

Valley Nonprofit Resources/Human Interaction Research Institute

LATINO MFG DISSEMINATION REPORT: NNED & LBHI

June 2012

Overview

As part of a five-year project supported by the Annie E. Casey Foundation, a Latino Multifamily Group program was developed and implemented in a number of pilot settings. The intervention, conducted in Spanish, is an adaptation of the evidence-based Multifamily Group (MFG). As part of the second phase of this project, a dissemination effort was undertaken. It is aimed at creating partnerships with national organizations that have the capacity to help spread the Latino MFG to additional mental health agencies and communities across the country.

Originally, this dissemination effort was to begin by holding a convening in Baltimore at the Casey offices, to present findings from the first phase of the project and to identify four potential partners for dissemination. The convening was to include select participants from a previous Casey convening in May, selected national organization leaders (e.g., from National Council of La Raza), and representatives from government and foundation funders interested in the Latino MFG and its wider implementation in Spanish-speaking Latino communities in the United States.

The convening is still planned, but hasn't happened yet. Instead, two partners were identified through personal connections of the investigators - the Latino Behavioral Health Institute (LBHI), a national organization of Latino behavioral health researchers and practitioners; and the National Network to Eliminate Disparities in Behavioral Health (NNED), a project for promoting evidence-based programs in diverse communities which is operated by the Substance Abuse and Mental Health Services Administration (SAMHSA) and partly funded by Casey.

LBHI participated in the Latino MFG dissemination activities by hosting a workshop on this subject at its September 2010 national conference in Los Angeles. NNED participated by developing a Community of Practice for the Latino MFG, providing on-line training to mental health agency staff interested in using this program for work with Spanish-speaking Latino families of adolescents. The activities by which these two dissemination efforts were completed are summarized here, followed by a discussion of evaluation data gathered on the NNED intervention, and presentation of lessons learned.

Activities

The main activities conducted over a two-year period were:

1 - Planning and conduct of the National Latino Behavioral Health Institute workshop on September 23, 2010. The workshop featured Latino MFG co-project directors Drs. Alex Kopelowicz and Thomas Backer as speakers, and an audience of about 50 participants, 18 of whom signed up to participate in the NNED effort.

2 - Development of materials placed on the Valley Nonprofit Resources website, on a web page dedicated to the Latino MFG. These included a Latino MFG Manual, a set of Latino MFG Data Forms for use in evaluating implementations of this program, a set of Resource Materials providing background on MFG and on the Latino MFG, and a suite of four short videos showing the MFG in operation. Three PowerPoints developed for use by Latino MFG implementers are also on the website: Implementation - Staff Introduction, Staff Training, and Psychoeducational Workshop. All these items are available for free download by website visitors.

3 - Development of the NNED online community of practice (COP) using a virtual learning platform (a discussion forum, posted materials, a webinar series and follow-up consultations.) These were modeled after what NNED creates for all the evidence-based programs it seeks to implement in diverse communities. The Latino MFG project applied to NNED to become a part of this process, and was accepted in early 2011. A planning meeting was held in January 2011 to design the intervention.

Membership in NNED's Latino MFG COP was vetted through an online application form potential participants completed. These participants were recruited through by e-mail communications made to the following groups:

- the 18 people who signed up at the September 2010 LBHI Conference
- the Latino Behavioral Health Institute's master e-mail list
- the National Resource Center for Hispanic Mental Health's master e-mail list
- the American Society of Hispanic Psychiatry's master e-mail list
- NNED's own master e-mail list

A one-hour webinar (supported by a PowerPoint, also created as part of this intervention) was used to introduce the Latino MFG CoP and spark interest in participating. A total of 25 participants then started the webinar series; 18 of them completed the eight one-hour webinars (held in June and July 2011), each of which included a lecture by Drs. Kopelowicz or Backer guided by a supporting PowerPoint, video clips, and online discussion. The eight webinars were:

- Overview of the Latino MFG and this CoP - Goals and Challenges of the Participating Agencies
- The Science Behind MFG - Evidence for the MFG and its Adaptation for Spanish-Speaking Latino Families
- Cultural Adaptation of MFG and Working with Latino Adolescents
- Implementing the Latino MFG - Introducing the Program, Getting Management Support, Staff Training, Mechanics (including food, child care, transportation), Resources Needed

- Conducting the Joining Sessions
- Conducting the Psychoeducational Workshop for Families
- Conducting the Ongoing MFG Sessions - Including the Problem-Solving Process
- Sustaining the Latino MFG - Financing, Continuing Management Support, Independent Family Operation

Supporting materials were provided for participants, and there also was some individualized consultation for those who requested it after the conclusion of the webinars. A Latino MFG webpage was established on the NNED website, offering the same materials that were made available on the VNR website - this allowed participants to easily view a session's PowerPoint if they missed a webinar session.

Evaluation

Participants in the NNED COP were surveyed by NNED at the end of the webinar series (results are presented in Appendix A). VNR/HIRI conducted a follow-up study of the 18 participants who completed the NNED trainings in Fall 2011, with data gathered both by e-mail survey and telephone interview (results are presented in Appendix B). One participant submitted a complete implementation and evaluation report that had earlier been circulated in the host agency (see Appendix C).

Lessons Learned

Among the lessons learned from this dissemination effort are the following:

1 - An educational workshop such as that offered at the LBHI conference is an effective recruitment mechanism for an effort focused on a more intensive dissemination and implementation of an evidence-based program, such as NNED. A total of 18 participants signed up to receive the subsequent NNED training.

2 - Making learning materials available for free on a website increases both the use of these materials by those participating in an intervention (such as NNED), and use by a wider audience.

3 - The NNED Community of Practice offered a mechanism for effective dissemination that was cost-effective, especially because the infrastructure already was available. Results from both the NNED and VNR/HIRI post-COP evaluations indicate that this Community of Practice led to actual adoptions - for one-third of all participants, with another half of them planning an implementation.

4 - Implementation is challenging, however. Some of the difficulties observed had to do with alignment between the program and the larger goals of the potential adopter agency, and the acquisition of funding to run the Latino MFG. Transportation and child care availability also were

serious challenges - even if parents were quite positive about their participation in the MFG, they were less likely to attend sessions if they had difficulty traveling to them or lacked child care.

5 - Effective implementation depends on motivated implementers in the host agency. Appendix C presents a report on a successful implementation, with a follow-up evaluation, that was entirely developed by a host site, and based on staff participation in NNED.

6 - Sustainability of the Latino MFG, as for all evidence-based practices, is a challenge. Just implementing a single group is not enough - education and resources need to be available to help the program become part of the ongoing administrative structure in its adoption site.

7 - Scale up also is an issue - even if a single program is sustained, the spread of a well-validated, evidence-based program is not easy, as this small-scale study demonstrates. There were successes here but also a number of potential implementers who did not follow through.

Report prepared by Thomas E. Backer, PhD & Alex Kopelowicz, MD and Julaine Konselman, Human Interaction Research Institute.

Appendix A
RESULTS FROM NNEED LMFG PARTICIPANT POST SURVEY (DONE BY NNEED)

OVERALL EXPERIENCE

Structure (e.g., length, # sessions, # trainers)

Good 84%
Excellent 15%

Organization of presentations

Good 50%
Excellent 50%

Quality of information

Average 8%
Good 58%
Excellent 33%

Usefulness of information for my work

Average 7%
Good 35%
Excellent 57%

Met my expectations

Average 7%
Good 46%
Excellent 46%

ADDITIONAL COMMENTS ON EXPERIENCE

-The information presented was even more helpful than I expected because the presenters had actual experience with not only the research on this topic but also with its implementation with clients and their families.

OVERALL OPERATIONS

Application process

Good 61%
Excellent 38%

Invitation material clearly outlined expectations for participation in CoP

Good 35%
Excellent 64%

Communication with participants

Average 15%
Good 30%
Excellent 53%

Amount of discussion time during calls

Fair 7%
Average 21%
Good 35%
Excellent 35%

Opportunities to participate

Fair 7%
Average 7%
Good 38%
Excellent 46%

Ease of using technology

Good 71%
Excellent 28%

COMMENTS ON OPERATIONS

- Create a mechanism that will allow the viewing of videos
- It would be nice to be able to ask questions or make comments throughout the call.
- It would have been better to have the audio presentation transmitted via computer rather than by phone.

NUMBER OF SESSIONS ATTENDED

Average number: 6.7

COMMENTS ON SESSIONS

- Thank you for the recordings as I had to miss a couple due to meetings and was grateful to go back and pick up what I had missed.
- Time of day was very hard for me.

PARTICIPANT KNOWLEDGE AND SKILL

Multifamily Group Overall

Medium 25%
High 75%

"Joining Session" aspect of the MFG approach

Medium 25%
High 75%

"Family Psychoeducation" aspects of the MFG approach

Low 7%
Medium 38%
High 53%

MFG's "problem solving" approach

Low 7%
Medium 35%
High 50%
Very High 7%

TRAINERS

Knowledge

Good 21%
Excellent 78%

Facilitation skills

Good 28%
Excellent 71%

Responsiveness

Good 30%
Excellent 69%

COMMENTS ON TRAINERS

They were fabulous.

WRITTEN MATERIALS & RESOURCES

Written materials

Average 7%
Good 42%
Excellent 50%

Relevance of homework assignments

Fair 7%
Good 64%
Excellent 28%

Discussion Forum as a tool for communicating and/or sharing resources

Average 7%
Good 50%
Excellent 42%

COMMENTS

-I was unaware of homework assignments.

VISITS

NNED Website

More than once a week 16%
Weekly 33%
1 – 3 times per month 50%

NNED Discussion Forum

More than once a week 15%
Weekly 30%
Less than once a month 7%
1 – 3 times a month 46%

COMMENTS

-This was an extremely valuable way of communicating information.

WHAT ASPECT(S) OF THE NNED LATINO MFG COMMUNITY OF PRACTICE WERE MOST SUCCESSFUL?

- The value of having the parents/caregivers and youth work through things together in a group of peers.
- Learning the components and applying the info to my agency.
- Learning about the model. Specific information about the interventions for Latino families.
- The webinars.
- Having the training sessions and modules available electronically. Having the modules available in Spanish. The comfort level created by the facilitators which is not always easy through a webinar process.
- The case examples.
- Learning the specific considerations in working with Latino Families. Also the components of a "joining" session. I appreciated the videos and the written material provided to us.
- Offering this training via webinar.
- The fact that clients can facilitate this conversation instead of staff.
- The topic was very relevant.
- All of them.

WHAT NEW KNOWLEDGE DID YOU GAIN FROM THIS COMMUNITY OF PRACTICE?

- The value of developing relationships within the group and community.
- Cultural piece about LMFG, creating a group at my agency, etc.
- How to work with more than one family at a time.
- The logistics of organizing the groups.
- The whole Latino MFG process and practice model.
- It was not necessarily new, more that it was organized and structured.
- The socialization process at the beginning and end of each group.
- That lack of warmth is a predictor or relapse versus high EE. Also that the inclusion of the father is very important as they are core to influencing behavior. All the research that Alex presented was new and relevant.
- The recommended length of program.
- Most of the information was new. I enjoyed the new learning.
- This training furthered my knowledge of multifamily group treatment.
- Implementing MFG and conducting joining sessions.

WHAT ASPECT(S) OF THE COMMUNITY OF PRACTICE WOULD YOU DO DIFFERENTLY?

- I can't think of anything.
- Show videos.
- Allowing for input throughout the call could make for more relevant and dynamic presentations.
- Perhaps include actual participants who have completed Latino MFG present on what worked best for them and lessons learned from other facilitators.
- I would have the info in Spanish as well.

- We didn't agree with the language of mental illness. Most of our families deal better with the use of mental health challenges.
- I would love to have reviewed a full video. Some parts of MFG are had to conceptualize if you haven't done it and the videos could have been used as part of the training.
- As stated before, have the audio portion transmitted via computer.
- Can't think of any.

LIKELIHOOD OF IMPLEMENTING THE MFG APPROACH WITHIN THE NEXT SIX MONTHS?

Medium 15%
 High 38%
 Very High 46%

NUMBER OF PARTICIPANTS YOU ANTICIPATE SERVING IN THE YEAR FOLLOWING TRAINING?

- I wouldn't know as it depends on referrals from agencies.
- 10.
- Several families.
- 30.
- 20-30 families.
- At least 100.
- Hopefully an ongoing group of 6-8 families.
- 5-15 families.
- 30.
- Minimum 50.
- We are hoping at least 10 staff will be implementing some form of multifamily group treatment within the agency.
- All of our clients.

WHAT NEEDS TO BE DONE TO PROMOTE IMPLEMENTATION OF THE MFG APPROACH IN YOUR AGENCY?

- Exposure to the concept to agencies, but I know what they will say, they cannot bill for it.
- Train the staff.
- Looking for funding and administrative support.
- The actual curriculum for the psychoeducational piece on varying topics.
- It's a matter of finances. Also considering partnering with NAMI. They have their own curriculum but I think LMFG is better. Also issue of using professionals to run groups rather than volunteers and family members. I believe that if you use professionals there is more long term sustainability. My hope in doing this is to establish a long term permanent program.
- Additional training on group dynamics and facilitation and engaging the target population.
- I will need to complete a marketing campaign in order to get clients whom I can serve.
- We've already started. We introduced the concept in our assessment and intake process with one of our Spanish-speaking employees who participated in all 8 sessions and goes to every intake with our Admissions Coordinator to assess the readiness of the Spanish speaking families. We also picked three criteria regarding safety issues that would eliminate the family from being involved in the group, other than that we offer it to all our Spanish-speaking families. We are starting our first group the 3rd weekend in September, 2011.
- All we need is to have enough families to complete a group, so that we can start.
- More bilingual personnel.
- Program will be new to our agency.
- Selecting the topic of the LMFG and recruiting the clients & their families.
- Have our MFT's take the initiative to commence ASAP.

WHAT TOPICS WOULD YOU LIKE ADDRESSED DURING THE MONTHLY COACHING CALLS?

- Agency cross training.
- Troubleshooting during training and implementation.
- Problem solving.
- Retention issues. How can we obtain funding?
- Having the opportunity to present barriers and challenges as the MFG is implemented.
- Acculturation issues, language barriers.
- How to keep families coming to group consistently
- More on joinings, how to keep participants engaged, how to define a problem so that it is solvable.
- Challenges and recommendations.
- Unsure at this point.
- Ongoing questions as they come up during the implementation process.
- PTSD, depression, teenager drug & alcohol use/abuse, domestic violence.

Appendix B NNED LMFG PARTICIPANT POST SURVEY (DONE BY VNR/HIRI)

Questions Asked and Overview of Responses:

- * Have you implemented a Latino MFG program in your agency, or do you plan to do so in the near future?
- * If you have implemented a Latino MFG program, how is it working so far?

Number of NNED participants (by organization) 18
Number who responded to the survey 17 (94%)
Number who reported implementing a program 6 (33%)
Number who reported considering implementation (but haven't done it yet) 9 (50%)
Number who haven't implemented a program 2 (11%)

Comments:

As a result of the Latino Multifamily Group Training I contacted NAMI of El Paso and we recently began hosting Family to Family classes both in Spanish and English. NAMI Family to Family is a variation of MFG. In addition we are going to start groups for the affected later this month and will hold them at the same time that we are holding the Family to Family classes so that the families can come together. So far the classes are going well with over ten families in each class. We have completed 3 classes in Spanish and 3 in English. We are planning to do the Latino Multifamily Groups in the near future as soon as we can set up an infrastructure. Whatever we do at Family Service we like for it to be sustainable thus our building towards this. We want to use a licensed therapist for the Multifamily Groups and hope to build in a mechanism to bill Medicaid for group services to be able to sustain it. We strongly believe in the concept and as you can see have done some building towards it and will at some point be operating Latino Multifamily groups.

Richard Salcido, Family Service of El Paso, El Paso, TX

We have not implemented one yet, but hope to in the future (no date had been determined yet). (June 7, 2012 update: now starting to train staff.)

Milton A. Fuentes, Bronx Child Placement Prevention Program, Bronx, NY

We have not yet implemented the program but introduced it to our local mental health center and also embedded as an intervention strategy in The City of Yakima's Gang Free Initiative. Wheels move slowly but I see it as a viable option for serving our large Latino population who have little access to services. Thank you for this opportunity to learn.

Carole Folsom-Hill, Yakima Interfaith Coalition dba La Casa Hogar, Yakima, WA

I haven't run a multifamily Latino group yet. I am not bilingual and I am Afro Caribbean. I am thinking of running a group with a bilingual bicultural staff member or running a multi family African American family group. Currently I am getting ready to run a 'seeking safety' modeled group for teens. The training was interesting and informative, I appreciated the opportunity and thought the trainers were knowledgeable. I did think there could be more interactive activities -which I know is hard to do on a webinar

Joy T. Gamble, Southeast Child/Family Therapy Center, San Francisco, CA

Haven't yet been able to implement. In the process of trying to get funding. Will send an email requesting any help or advice you can give about possible sources of funding.

Barbara Van Noppen, Keck School of Medicine, USC, Los Angeles, CA

Have not been able to implement the program due to a lack of funding. In fact two existing programs were discontinued because funding ran out and there were no new sources. Still interested though.

Lydia Veloz-Garcia, Santa Fe Youth Services, Ft. Worth, TX

I really want to implement the program, but I came in on the middle of the NNED training, so I don't feel that I'm fully prepared to do so. We are very interested and I'd like to attend another training so I'll be fully prepared to implement.

Milagro Grullon, Lawrence Community Connections, Lawrence, MA

We started a group in the Fall of 2011 and it ended last night. We had a pre-teen group with 6 children and four caregivers as we were unable to identify enough adolescents to launch a group for that age range (we are still trying and hope that our next group will be an adolescent group). Most of the children had adjustment disorders but the school was trying to label many as ADHD. We were unable to launch the group on Saturdays as originally intended, so we were unable to have the full day psychoeducation component. Instead we weaved the psychoeducation into part of the weekly curriculum. We did experience challenges, but found that we had the most consistent attendance for this group than any other group we have launched in our 12+ years of providing services to children and families. The two facilitators completed a report that I have attached for your review. Thank you for offering this amazing opportunity

to our staff and the families that we serve!

Marcia Gump, Turning Point Children's Services, Sacramento, CA (Copy of report at the end of this document.)

Hello, sorry for my tardiness, we have been in a midst of a move but are now settling down.

Christina Rodriguez, Marion County Children's Behavioral Health, Salem, Oregon

Hello and sorry for not responding to you sooner. At any rate, I recommend you speak with our program manager for more specific details as I am not aware if certain clinicians have been able to implement LMFG.

Mari Rios-O'Brien, Youth Enhancement Services, San Diego, CA

No, I would love to, but it doesn't look like it will happen in the near future.

Roberto Suarez, San Ysidro Health Center, Inc./Youth Enhancement, San Diego, CA

No. At this time, we do not have plans to implement in the near future. I hope to implement at some point, however due to a variety of administrative issues at the current time, it has not been possible to implement.

Patty Alba, SHIELDS For Families, Inc., Compton, CA

We had previously been using MFG within our agency and will continue to do so in the future. However, the skills which were provided certainly served as a means. We plan to continue to provide tailored plans for the families which we work with. The tools offered are essential and certainly effective means because they service as teaching and learning tools for staff as well as the families we serve.

Lisette Torres, Synergie Consulting, LLC. Huntersville, NC

We started the program on January 10 and it has been going well with 10 families. However, we had to make some modifications due to parents' work schedules. So instead of doing a full day we broke it into 2 four-hour sessions every 2 weeks, and we serve food and use the power-point. We're also modifying the power-point presentation because it was too overwhelming when we did it all in one session. Now we're processing each slide individually with the group. We also have the parents only in one week's session and then the whole family in the next one. It's working very well and there is lots of interest in the program. After 6 months we'll evaluate it and if there is enough interest and participation we may make it an ongoing program.

Alba Vizcaino, Raritan Bay Mental Health Center, Perth Amboy, NJ

I have not yet been able to implement Latino MFG at my agency. I am working on building a team of persons in order to begin the planning stages to implement Latino MFG.

Debbie Gonzales, St Mark Catholic Church, Plano, TX

We decided to target the program to 8- to 12-year-olds with ADHD and their families because there is such a need in our community. We made some adaptations suitable for this age group. We attempted to engage 20 families and wound up with 11. Nine are pretty steady with their attendance. We meet every other Wednesday for two hours, because with their disorder they can't maintain attention for longer than that. We serve them a meal and make sure there is no sugar in the food. We also emphasize nutrition and its effect on the disorder. At the end of each session we have a feedback gathering from the children and the families. We also have a physician's assistant from a health clinic come approximately every 6th session, or quarterly, to talk on health and medical issues as well as underlying issues around ADHD. We are in our third month of implementation and are planning for a total of nine months. Our facilitators learned a lot about the learning styles of these families, so they do a lot of role playing. They'll act out the problems and then act out positive ways of handling them. We do use the module from the manual and we've also created a pre- and post test. We actually have two teams of facilitators that alternate sessions because we couldn't hire new people. We have a therapist, a case manager and parents who have been through the system with their children and help out. All in all it's six people. We're hoping to adapt the program for African Americans and single mothers who are especially requesting it for their adolescent male children. We'd also like to develop a program dealing with domestic violence, especially for immigrants. I'd love to see the results of this survey when it's done.

Bea Salazar, People of Color Network, Phoenix, AZ

We have not implemented a Latino MFG program through WIN Georgia yet. The Cultural and Linguistic Proficiency effort in the agency is fairly new (only 19 months) and we have served very few Latino families. We hope that as the number of families served grows we will be able to implement a MFG program in the next year. I also work as the ED of an organization called Renovacion Conyugal, Inc. that serves Latino families in Georgia. We hope that we can make both organizations collaborate to make this project possible. The MFG training was very useful in other areas of what we do everyday and we are very excited with the possibility of applying everything that we learned in creating a MFG program in the near future. Thanks for your support and for all that you do to benefit Latino families. I apologize again for not responding sooner.

Belisa M Urbina, Renovacion Conyugal, Inc., Acworth, GA 30101

Appendix C

February 21, 2012

To:

Diana White
Cynthia Doeve
Marcia Gump
Marcia Webber

From: Martha Flammer and Maria Carrero - Facilitators

Latino MultiFamily Group Program Implementation Report - Turning Point Childrens Services

This memo is to provide you with an overview and update about the LMFG Program as it was implemented in TPCP-FIT. It does not include information about the pre/post surveys which have yet to be completed. We plan to work together to analyze the surveys, however, we have prepared preliminary information in the sections below demonstrating that LMFG is an effective program. The memo concludes with information about the lessons learned with ideas for future LMFG programs.

Overview of Participants

The group began on September 22, 2011 with three families for the first two weeks it evolved to five families for about three weeks, and subsequently resulted in four families that remained as participants. The family participants were all the primary caregiver of the clients, their mothers and a grandmother. Although these families have additional family members living at home, they opted not to participate. However, after a few sessions, a family requested to include two additional family members, but the group had not processed adding new family members and they were not included.

Breakdown of Family composition in the group:

One family with one male, 6 y.o. client that dropped out
One family with one male, 9 y.o. client
One family with one male, 9 y.o. client
One family had two clients that were siblings, an 8 y.o. female, 11 y.o. male
One family had two males, 10 y.o. clients that are half siblings
Total of 6 clients that remained in the TPCP-FIT LMFG program

Facilitators: Three clinicians initially facilitated the group, eventually two facilitators continued in the program. All clinicians are fluid in Spanish and English and knowledgeable of the families' cultural values, traditions and beliefs.

Additional Services Provided to the Client

- Participation to support Client at their Individual Education Plan meetings
- Family coordinator support at the clients' schools to advocate on client's behalf for supportive services at school
- Therapeutic Behavioral Services/Behavioral consultation for clients to address behavioral issues.
- Family therapist linked client and family members to community-based services such as mental health treatment for client's mother and siblings.
- Psychiatric Consultant by a Spanish-speaking psychiatrist

Famiy Outreach and Process to Participate in the Group

The clients were referred by ACCESS for TPCP-FIT services. Spanish speaking families were initially assessed for high-risk factors including a history of HI/SI, gang involvement, recent hospitalization and substance/alcohol abuse. If the family risk-factors were low, then they were provided with information verbally about the LMFG program, and asked whether they were interested in a referral. Simultaneously, the family was referred to a family therapist to assess and develop a client plan. The therapist monitored the progress of the family's involvement with the LMFG program and established treatment goals for this program if the family opted to participate. If a client was referred by a family therapist to step the client down from intensive services, then the treatment goals were revised with the family's collaboration.

Joining Sessions

The LMFG facilitator began the joining process prior to September 22, 2011 with each family by providing background of the LMFG program, assessing the support network that would be involved in the LMFG meetings and confirm a time/date that best worked for the families interested in participating in the group meetings.

Initial Sessions

The first 4 sessions were the initial sessions that established the group rules, supported structured socialization by encouraging group members to participate and share information. The group reviewed their understanding of mental disorders, experiences with mental illness, personal and cultural beliefs and traditions for self-help and access to community resources for recovery.

Family Psychoeducation Workshops to Problem-solving Discussion

The client/parent/grandparent participated in six education workshops in the following order:

Attention Deficit-Hyperactivity Disorder – Utilized power point presentation provided by LMFG trainers.

The families felt encouraged to discuss history of stigma and discrimination at schools for their child's behavior. Parents learned how to advocate for themselves and insist on modifying their child's education structure to increase support at school.

Post-Traumatic Stress and Anxiety Disorder – Utilized power point presentation provided by LMFG trainers.

The families shared personal information about domestic violence and the long-term effect in family functioning and impact on the children's behavior. This provided the facilitators an opportunity to teach families how to assess reoccurring triggers and coping skills. The parents identified stress reduction techniques such as dance classes and self-care. They shared how they have avoided situations that place the family at-risk and identified family strengths to move forward and adapt productively.

Education on Depression - Utilized power point presentation provided by LMFG trainers.

The mother's expressed their personal experiences with depression and those discussions influenced one mother to seek her own services. After the presentation the mothers were eager to utilize the information to support their children to overcome depression through a problem-solving discussion.

Psychotropic Medication and Compliance – Open discussion was held about access to medication and compliance with treatment.

Coping with Grief and Loss – Presented five cycles of grief and loss by Elisabeth Kubler-Ross

The clients and mothers were very attentive to the presentation, and selected two activities, creating a collage and a memory box to memorialize their precious memories of loved ones. One client and one mother chose not to participate in each of the activities. A client's sibling shared information about gang-involvement and losing friends to gang-related deaths. The sibling shared how her experiences at home and lack of family engagement prompted her with a gang this segued into the next psycho-education activity.

Understanding Communication Patterns – Utilized a movie to practice family time.

The parents brainstormed on an activity to improve communication and enhance family time. This resulted in selecting an activity that motivated the client to be attentive and involved, as well as enhance their participation to share their thoughts and feelings. The facilitators role-modeled for the parents communication strategies to encourage their child to share their thoughts, and had the parents join them in asking the clients questions. The facilitators processed how this improved communication and identified strategies to improve family time.

Lessons Learned with Ideas for Future LMFG Programs

- Over a period of 6-9 months many events occur, it was beneficial for the group to process changing dynamics, prepare for holiday time off, etc early on to adapt to those changes through open group communication.
- Literacy levels vary, and the LMFG training assumes the literacy level is grade school range. It would be best to assess literacy levels when selecting parent participation to identify psycho-education teaching strategies.
- Families that engaged in outside agency groups established new expectations for this group therefore it may be more effective to provide information about how this group is a distinctively new model.
- The LMFG training focused on a program for adolescents, and although this could easily be adapted to other age-ranges, more information about age-appropriate group strategies would benefit the parents to understand in advance how to prepare and include their children in the group sessions to assist parents who appeared frustrated as their children presented as bored and disruptive during the workshops.
- The clients ages offered TPCP-FIT an opportunity to work with a challenging population. The children worked very well with hands-on activities such as play-do, arts and crafts to maintain their attention during the psycho-education workshop.

- Family members were emotionally impacted by the presentation and we've observed that they wish to add new members of their family to the group. Therefore, it may be beneficial to allow additional family members to participate at anytime. The families may incorporate this as a rule early on in the group process.
- The group met for an hour weekly, given the length of time for the psycho-education workshop, it may be beneficial for the group to meet longer to include a problem-solving process that naturally occurs in the group discussion. However, for this clients' age-group the hour was sufficient.
- Prepare in advance community-based resources the families can access so they feel supported and allow them provide feedback about its effectiveness.
- Refreshments and snacks were very important. Children enjoyed juice, water, fruits, and small bites. Parents like the coffee and low-sugar foods.
- A challenge identified in the LMFG training manual, "few economic resources" was a factor in this group. Families that were provided with support were the most consistent participants.
- Maintaining weekly updates in check-in part of the sessions about family issues improved the problem-solving discussion since families bonded well and knew more about each other.
- TPCP-FIT has implemented a great group note strategy that simplified documentation requirements.
- Families engaged outside of the meetings and offered additional support to one another such as providing clothing, transportation, and guidance on community events.
- A family that received intensive mental health services maintained expectations and expressed interest to continue receiving those services in addition to group therapy. It may be beneficial to process this either prior to transitioning families that group may include family therapy services as requested.
- LMFG facilitators required weekly debriefings to process each group meeting, and to plan and prepare for the next meeting, such as materials for activities, and contacting families to remind them of the meeting.
- As part of the assessment for the family to participate in LMFG, it would be beneficial to the group and client to identify and assess the family's motivation and ability to participate consistently since families may be participating in other services other than TPCP-FIT which may pose a time constraint issue as group progresses.