Implementing and Disseminating a Latino MFG Program

Valley Nonprofit Resources/Human Interaction Research Institute

PILOT IMPLEMENTATION EVALUATION REPORT 3

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Objective and Project Overview

The objective of "Implementing and Disseminating a Latino MFG Program" 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, and is based on the well-validated evidence-based program, the MultiFamily Group. Outcomes for Phase I of this pilot project (2008-2009) were presented in previous Pilot Implementation Evaluation Reports, summarizing results from the first two sets of implementations.

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 phase of pilot implementations, are presented in companion reports (downloadable from Resources – Latino MultiFamily Group page at www.valleynonprofitresources.org).

This report focuses on a third set of two groups implemented for Phase II of the project - one at The Village Family Services (TVFS) and one at The Help Group (THG). Both are nonprofit mental health and child welfare agencies serving low-income child and adolescent clients (and their families).

In this report, an overall summary of what was learned from the Phase II evaluation is provided first. Then the two implementations and evaluation methods used are described, and outcomes from the two Phase II pilot test implementations are presented in detail.

Summary of Outcomes

The two Phase II pilot Latino MFG programs were implemented successfully, with significant improvements in staff knowledge as a result of the initial training. Clients ranged more widely in age than for the Phase I groups, from ages 8-18, and the families included one foster family (significant challenges were reported for the foster child, because the foster family changed three times during the run of the group).

Overall, the Latino MFG at The Village Family Services was the more successful of the two implementations, according to both clinical data collected and the reports of the participating facilitators and their supervisors. Successes included reports by family members that clients were using methods taught during the sessions, and academic achievements - all participants advancing to the next grade in school, improvement in completion of homework, reduced need

for support in fulfilling home and class assignments, and improved cooperation between parents and children on school matters.

Also of great significance were changes in medication regimens – by the end of the group, three participants were off medication, as compared to two at pre-treatment, and compliance increased from 20% to 60%. One of the parents felt empowered by the group to ask her child's psychiatrist for a change in medications, and when this was denied she asked for a new psychiatrist, who has changed the medication with beneficial results.

Results were more mixed for the Latino MFG at The Help Group. After the parents separated, one participant appeared to become withdrawn from family and friends, and grades decreased, though the client continued to attend school. On the positive side, two participants showed substantial improvements regarding school attendance and school performance, functioning in social settings, and involvement in productive activities. The clinicians reported that participant communication and problem-solving skills were greatly improved. This resulted in positive changes – for example, the one client in the group on medication (for thyroid) had a fatalistic attitude and was not compliant. After several sessions he made a commitment to taking his medications consistently.

Based on the two sets of interviews done with family members who were participants in the Phase II pilot Latino MFGs, benefits from participation in these groups were significant at both sites in the areas of knowledge of the illness, and the frequency with which relatives talk to a mental health professional**.** Interest in learning more about their relative's mental disorder remained high. Results were mixed regarding burden on family members - there were considerable reductions in financial, housework and overall time investment areas of burden at one of the sites, but no decreases at the other.

However, the opposite picture between the two sites was found regarding the negative emotional effect of having a relative with mental illness on the rest of the family. It should be noted that levels of emotional burden were rather low pre-training. Relatives at both facilities reported major improvements by the end of the MFG sessions regarding client participation in leisure activities and the incidence of physical health problems among the rest of the family, and mild improvements in how the rest of the family gets along.

Relatives in both groups experienced no substantial change regarding the family's ability to cope with their challenges, and in their expectations that the family's relationship with their ill relative will improve. This may be related to a ceiling effect given the rather high levels of hope in these areas pre-training. Hope that their family member with a mental disorder will grow up to have a good, healthy life, rose significantly among participants at both facilities. A somewhat surprising finding was the lack of improvement at one of the facilities regarding hope that their family member's mental disorder will improve. A possible reason is the lack of consistent attendance by one of the families.

Family communication and problem-solving outcomes were positive at The Village Family Services (major improvements on three of the four items, and no change in the fourth one). However, the picture of outcome was more complicated at The Help Group - there was no discernible pattern of results.

The Village Family Services – Client Data

Pre-Treatment Client Data

At The Village Family Services (TVFS), the key relatives of six clients initiated participation in the Latino MFG, focused on families of adolescents with psychiatric disorders. Following are demographic and clinical data for the six clients who participated in this pilot program.

Time at Agency Before Participation in MFGs

Three participants had been served by TVFS for about 2 years when the program began, two had been served about one year, and one had just started being served.

Ages, Gender & School Grades

All clients were male. One participant was 8 years old at the time the program began, three were nine years old and two were 14 years old. Four participants were in the 3rd grade when the program began, and two participants were in 8th grade.

Diagnoses

Clinical diagnoses for the six clients were as follows:

* 2 participants - Attention Deficit Hyperactivity Disorder; Post Traumatic Stress Disorder
* 1 participant - Attention Deficit Hyperactivity Disorder; Post Traumatic Stress Disorder; Enuresis; Mild Mental Retardation
* 1 participant - Oppositional Defiant Disorder
* 1 participant - Disruptive Behavior NOS; Depressive Disorder NOS; Sibling Relational Problems; Parent Relational Problems
* 1 participant - Post Traumatic Stress Disorder

Medications & Compliance Problems

Most of the participants presented with complex pathology that warranted medication treatment. Following are the medications prescribed to each participant:

* 1 participant was on Adderal
* 1 participant was on Ritalin & Risperdal
* 1 participant was on Adderal & Risperdal
* 1 participant was on Ritalin & Clonodine
* 2 participants were not on any psychiatric medications

Medication compliance was a major challenge. Only 20% of participants were fully compliant, 20% presented moderate compliance problems, and 60% presented severe compliance problems.

Mental Health Problems Addressed and Functioning

Based on medical chart information and interview data collected from various clinicians working with the clients, their mental health problems belonged to two main categories: behavioral/acting out conduct and emotional symptoms. More specifically, behavioral problems included:

* Anger Outbursts
* Non-Compliance/Obedience at home and/or at school

* Tantrums
* Aggressive Behavior
* Enuresis

Emotional symptoms included:

* Anxiety/Fear Symptoms (e.g., about the possibility of being taken away from their mother)
* Sadness/Depression (e.g., when they see their mother upset or distressed)
* Irritable Mood Swings (e.g., when challenged about their behavior)

Data on client functioning presented here were also based on medical chart information and interviews with various clinicians working with the clients. Functioning problems and deficits identified mirrored acting out behaviors and emotional symptoms described above.

Problem behaviors included:

* Tantrums and aggressive outbursts at school, and towards siblings and caretaker at home
* Poor sleeping patterns due to trauma memories, or irritability at bedtime
* Nocturnal enuresis, nightmares
* Sexualized Behavior (touching self daily, touching others, flirtatious behavior)
* Non-Compliance at home (refusing to shower, etc.) and at school (defiance regarding school rules)
* Lying, crying spells, screaming, hiding, climbing on furniture, cursing

Deficits in social and instrumental functioning included:

* Poor interactions with siblings, school peers, and teachers
* Distractibility, requiring several prompts to remain on task
* Avoidance behavior (e.g., regarding trauma; difficulties expressing own thoughts, feelings, and personal needs)
* Inability or non-compliance with school assignments, truancy, poor grades
* Isolation at school

Post-Treatment Data

The MFG intervention at TVFS lasted eight months. Post-treatment demographic and clinical data were collected on five of the six clients initially enrolled (one family was not available for data gathering due to termination from treatment).

Ages, Gender & School Grades

All adolescent clients were one year older, as compared to pre-treatment age (the intervention lasted nine months). Given the moderate to severe behavioral problems and deficits exhibited by the adolescent participants regarding school matters, it is significant that all five participants had advanced to their corresponding next academic grade.

Diagnoses

All clients maintained the same diagnoses initially assigned.

Medications & Compliance Problems

As compared to pre-treatment data, substantial improvements were observed at post-treatment regarding medication regimens. Three participants were off medication, as compared to two at pre-treatment. In terms of compliance, 60% were compliant post-treatment, as compared to only 20% at pre-treatment (20% presented moderate compliance problems and 20% severe problems). Two clients were on Ritalin & Risperdal.

Mental Health Problems Addressed and Functioning

Clinical staff reported improvements in all areas of mental health problems as well as functioning for the participating clients; however, this improvement was not generalized across all participants. Two of the participants did not show substantial improvements in the areas of non-compliance and aggressive behavior at home and at school, and impulsivity. One of these participants still showed enuresis about 4 times per week and trauma symptoms (avoidance, startle response, difficulties falling asleep, difficulties concentrating).

The rest of the participants showed considerable improvements in the same areas mentioned above, that is, non-compliance and aggressive behavior, and impulsivity. In addition, two of the participants showed improved sleeping patterns, which "minimized irritability and improved overall function at home and school."

All participants experienced substantial improvements in school performance as demonstrated by better grades, the need for minimal support with home and class work, and an increase in social relationships with peers. Of particular significance is the progress evidenced by the reports of family members, such as "my daughter is using the solutions identified during the sessions," and "on occasion he has set short term goals for himself."

The Help Group – Client Data

Pre-Treatment Data

At The Help Group (THG), the key relatives of four clients initiated participation in the Latino MFG program, focused on families of adolescents with psychiatric disorders. Below are the demographic and clinical data for the four clients.

Time at Agency until Participation in MFGs

All four participants had been served by THG for only a few months before becoming involved in the Latino MFG program.

Ages, Gender & School Grades

Two participants were male and two female. One participant was 15 years old at the time the program began, one was 16 years old, and two were 18 years old. One participant was in the 9^{th} grade when the program began, one was in the 10^{th} grade and one in the 12^{th} grade.

Diagnoses
Clinical diagnoses for the four clients were as follows:

* 1 Participant, Dysthymia
* 3 Participants, Depressive Disorder NOS

Medications & Compliance Problems
Most of the participants presented with uncomplicated pathology that did not warrant medication as part of treatment. Only one of the four participants was on medication and this was a hypothyroid medication. This participant was fully compliant with medication instructions.

Mental Health Problems Addressed & Functioning
Based on medical chart information and interview data collected from clinicians working with the clients, the more prominent mental health problems and functioning deficits identified were:

* Minimum involvement in extracurricular activities
* Poor communication skills
* Social isolation
* Low energy and motivation, hopelessness
* Aggressive-defiant behavior, anger outbursts, irritability

Post-Treatment Data

The MFG intervention at THG lasted nine months. Post-treatment demographic and clinical data were collected on all four participants initially enrolled.

Ages, Gender & School Grades
One participant had advanced to the next school grade. Not surprising considering the relative brevity of the intervention, the other three clients were still in the same grade at the group's end.

Medications & Compliance Problems
Unchanged from pre-treatment data, only one of the four participants was still on medication, and remained fully compliant with medication instructions.

Diagnoses
In terms of diagnoses, two changes were observed. One participant had a Dysthymia diagnosis pre-treatment that was changed to Depressive Disorder NOS post-treatment, and one had a diagnosis of Depressive Disorder NOS pre-treatment and received no diagnosis post-treatment.

Mental Health Problems Addressed & Functioning
Post-treatment results were mixed. After the parents of one family separated, one participant appeared to become withdrawn from family and friends, and grades decreased, but the participant continued to attend school. Two participants showed substantial improvements regarding school attendance and school performance (i.e., improved grades), functioning in social settings, and involvement in productive activities (e.g., working at father's business). The fourth family stopped coming to sessions before the end of treatment.

Summary of TVFS and THG Client Data

TVFS

Given the moderate to severe behavioral problems and deficits exhibited by the adolescent participants regarding school matters, it is of great significance to note that all five participants had advanced to their corresponding next academic grade. Post intervention data stresses the improvement in completion of homework, a reduced need for support in fulfilling home and class assignments, and an increase in social relationships with peers. Moreover, end of treatment statements indicate that the MFG improved cooperation between parents and children on school matters.

Of particular significance is the progress evidenced by certain reports of family members, namely "my daughter is using the solutions identified during the sessions," and "on occasions he has set short term goals for himself." Also of great significance were changes in medication regimens, in that three participants were off medication, as compared to two at pre-treatment, and compliance increased to 60%, as compared to only 20% at pre-treatment.

THG

Post-treatment results were mixed for the clients in this group. After the parents separated, one participant appeared to become withdrawn from family and friends, and grades decreased, but the client continued to attend school. On the positive side, two participants showed substantial improvements regarding school attendance and school performance (i.e., improved grades), functioning in social settings, and involvement in productive activities (e.g., working at father's business). The fourth family stopped coming to sessions before the end of treatment. It is worth noting that at this facility one participant had a diagnosis of Depressive Disorder NOS pre-treatment, but received no diagnosis post-treatment.

Staff Training Evaluation - Pre-Data

Prior to the initiation of the implementation of the two Latino MFGs, staff from both facilities were trained on all components of the MFG program (Joining Sessions, Problem Solving, etc.). Staff competency was evaluated pre and post training, to assess changes in knowledge of the material, competency and readiness for program implementation.

To determine that limited patient/family contact was not a barrier to implementation, staff was asked to rate the frequency of their direct contact with their clients. Twenty three percent reported "A great deal" of contact, and 77% reported "Continuous" contact.

Before the training session, staff were asked to rate their "Current level of knowledge about the Multi-Family Group approach." Results showed:

Very low	15%
Low	46%
Medium	31%
High	8%
Very high	0%

Staff also were asked to report "The main benefits they see from setting up MFGs at their Centers." Their responses fell into three main domains:

1 - Family Involvement in Rehabilitation. Some of the trainees indicated the value of "working with the family as a unit, not just the client," and "working with the identified client and his/her needs but also working with the family and the barriers each member is facing and directly affecting the identified client."

2 - Networking-Support among the Families. A general theme for trainees was one of "support building" and perhaps of greater significance "community building… the social networking that can sustain families in the community." Trainees remarked how the groups provided an opportunity for "active practice in partnership between families and family members."

3 - Staff Competency Improvement. There was unanimous and strong agreement among trainees about the contribution of the MFG program to their current program curriculum - all the way from "increased awareness of interventions that may serve families" to "specific knowledge to run the groups and to help more families."

Regarding main challenges of implementing the MFG approach in their facility, respondents underscored three main areas:

1 - Resources - Staff & Families. Most trainees stated that additional funding might be required to run the MFG programs. For example, funding could help provide transportation and snacks and beverages for the families. The other main challenge the trainees identified was the need to have dedicated staff time to maintain consistent attendance at sessions. Besides transportation, families would need staff support to overcome or compensate for specific constraints including their work schedules, limited family time, problems with other service agencies, and stress due to family conflict.

2 - Outreach - Engagement. Related to the challenge above, trainees indicated that "Building rapport and getting the families to start coming to the meetings regularly/continuously" and "Getting buy-in from families" were both critical. Therefore, the importance of the Joining sessions, when clinicians visit families and focus on engagement, cannot be underestimated.

3 - Administrative Support - Leadership. As is the case with the incorporation and implementation of any program innovation, administrative leadership is a critical factor. The trainees emphasized that it is the administration's responsibility to "get everybody started and adopting the MFG approach, which requires "training all staff."

Staff expectations about what they hoped to learn from the training revolved around two objectives:

1 - Engagement Strategies. Echoing the concerns with the challenge presented by engaging families, given their constraints, in the MFG process, trainees felt they needed assistance with "Ways to engage difficult families, experiencing a multitude of problems and deficits."

2 - Additional Techniques in Family Work. Staff interest in expanding their knowledge base and intervention tools was evidenced by their expectations about the training regarding the multiple components of the MFG approach. One said: "A new approach to working with families… I'd like to learn something that helps me grow in my ability to interact with clients/families, and growing communities." Trainees also indicated interest in having specific MFG tools on the topics "problem solving techniques," "How to implement a multifamily group," "Philosophy behind the MFG approach."

Staff Training Evaluation - Post-Data

After the staff training session, staff again provided feedback evaluations regarding improvements in their knowledge of the material, competency and readiness to embark in the implementation of all components of the MFG program (Joining Sessions, Problem Solving, etc.).

Post-training trainees were asked again to rate their current level of knowledge about the Multi-Family Group approach. The table below shows both pre and post training responses to this general knowledge question.

	PRE	**POST**
Very low	15%	0%
Low	46%	0%
Medium	31%	22%
High	8%	64%
Very high	0%	14%

While only 39% of trainees rated their pre-training knowledge level as "medium" or higher, the percentage was100% after training.

To the item, "I'd currently rate my knowledge and skill level about the "Joining Sessions" component of the MFG approach," trainees responded:

Very Low	0%
Low	0%
Medium	14%
High	72%
Very High	14%

To the item "I'd currently rate my knowledge and skill level about the [Getting to Know One Another] sessions," trainees responded:

Very Low	0%
Low	0%
Medium	14%
High	79%
Very High	7%

To the item "I'd currently rate my knowledge and skill level about the MFG Living with a Mental Illness sessions," trainees responded:

Very Low	0%
Low	0%
Medium	57%
High	36%
Very High	7%

To the item "I'd currently rate my knowledge and skill level about MFG's Problem Solving approach," trainees responded:

Very Low	0%
Low	0%
Medium	43%
High	57%
Very High	0%

Consistent with ratings on overall Knowledge of the MFG approach, 100% of trainees felt their knowledge and skill level was at the "Medium" to "Very High" levels on all of the Knowledge and Skill competency areas of the MFGs.

In an attempt to gauge to what extent trainees felt not only competent but also confident that MFGs would soon be added to the intervention curricula at their respective agencies, they were asked to rate the likelihood of implementing the MFG approach in their agency within the next six months. Trainees responded:

Very Low	0%
Low	0%
Medium	14%
High	29%
Very High	57%

A follow up question allowed trainees to comment on specific steps and tools needed to implement future MFGs at their agencies. Trainees were asked: "What needs to be done now to promote implementation of the MFG approach in your agency?" Responses could be grouped in two categories:

A Final Push to "Just Do It." Trainees felt competent and confident in the likelihood of starting MFG implementation at their facilities. Their responses reflected enthusiasm, "I think we're on board now," as well as determination, "We need to identify families and just do it," "A group must be identified, families referred, MFG facilitators selected," "Determine the population/problems we want to target and do it," and "Just finalizing the details of the MFG date to start." Some trainees considered it important to incorporate other members of their agencies "Have an MFG group and pass the knowledge to others within the agency," "Present information to managers and identify possible families."

Administrative Coordination. Expanding on their suggestions before the training sessions, staff trainees stressed again the critical role administration must play in various aspects, starting with "specific planning" progressing to "Coordination of services and therapists," and practical aspects like "Obtaining information regarding billing for MFG services."

The last two questions asked of the trainees were designed to obtain feedback about the training session itself (content and approach), and suggestions to improved future training sessions. First, trainees provided viewpoints about the most important aspects of this training**.** Their responses highlighted mostly the advantages of the applied approach to training (versus a didactic approach). Cultural/Community issues and Growth in Knowledge base were also emphasized.

The Applied vs Didactic Approach. Consistent with the literature on training techniques and skill acquisition, participants highlighted how hands-on training contributed to their feeling competent enough to put the program in practice at their facilities. Trainees particularly valued "The role playing… the modeling... Step-by-Step processes… Hands-on Tasks." They also valued "The breakdown into groups," as this provided more focused practice and more opportunities. One participant summarized it "The approach is solution based."

Culture & Community. Given that the geographic locations of both facilities are in predominantly Latino areas, the trainees noted "Cultural sensitivity/tolerance," "Community building and support system building" and "The Latino focus."

Improved Knowledge and Competency. The trainees did find of high importance not only the format, but also the content and quality of the trainers. For instance, trainees said: "Knowledge of the trainers and a wealth of information was provided to me," "Having a structure for both Joining Sessions and MFGs... Having a clear idea of what to expect from families," and "The support given in problem solving common and uncommon issues."

When trainees were asked how this training program could be improved in the future, their responses mostly stressed the need for a longer training session. In different ways, trainees mentioned the need for "More time… and more breaks... I'd be willing to do a 2-day training with more role playing and such, because it's valuable material and it's worth it." A final statement by one of trainees may be worth noting: "One of the best trainings I've attended thus far."

Summary of Staff Training Data

Staff feedback regarding improvements in their knowledge of the material, competency and readiness to implement the MFG program was overwhelmingly positive. As stated above, while only 39% of trainees rated their pre-training knowledge level of the MFG approach as "medium" or higher, it was100% after training. Feedback was also obtained on knowledge and skill level for each of the MFG components. On each one of them - Joinings, Getting to Know One Another, Living with a Mental Illness, Problem Solving - 100% of trainees rated themselves at the "medium" to "very high" levels.

Not only competency, but confidence in that MFGs would soon be added to the intervention curricula at their respective agencies was also "medium" to "very high" for 100% of trainees. Trainees, in fact, made specific suggestions as to the steps required to promote implementation, including the identification of facilitators, families, target problems/goals, and a date to start. Besides these procedural steps, the trainees emphasized the critical role Administration must play, including "specific planning," "coordination of services and therapists," and "obtaining information regarding billing for MFG services."

Feedback regarding the training session (content and approach) was most insightful and valuable. In this regard, the trainees highlighted mainly the advantages of the applied approach to training, versus a didactic approach (that is, a hands-on, step-by-step process with modeling, role playing, breakdown into groups). Cultural Sensitivity/Community issues (both facilities are in predominantly Latino areas), and Growth in Knowledge base (e.g., "a wealth of information was provided to me") were also emphasized. A virtually unanimous suggestion to improve the impact of the training was to extend the training session.

Family Interview Data

Relatives at both sites were evaluated before and after completing their participation in the Multifamily Group program. The potential benefit of their participation was evaluated in the areas of:

* Information about mental illness
* Burden
* Hope for the future
* Family communication and problem solving.

The results are presented below, with all participants included from both groups for the pre-data, but only three families each for the post-data, due to some difficulties in securing post-group interviews.

Regarding information about mental illness, the relatives at both sites indicated substantial improvements in their *knowledge of the illness*, and the *frequency they talk to a mental health professional* from pre to post training. *Interest in learning more about their relative's mental disorder* was high at both times.

1 - How much do you know now about the nature of your family member's mental disorder?

	THG		TVFS	
	PRE	POST	PRE	POST
Not very much	75%	0%	71.5%	0%
A fair amount	25%	33%	14.2%	33%
A great deal	0%	67%	14.2%	67%

2 - Are you interested in learning more?

	THG		TVFS	
	PRE	POST	PRE	POST
Not that interested	0%	0%	0%	0%
Somewhat interested	25%	67%	0%	0%
Very interested	75%	33%	100%	100%

3 - How often do you talk with a mental health professional about your family member's problems and about the services he or she is receiving?

	THG		TVFS	
	PRE	POST	PRE	POST
Not very often	100%	33%	28.5%	0%
Fairly often	0%	67%	0%	0%
Very often	0%	0%	71.5%	100%

Regarding the burden relatives may experience as a result of living with a person with mental illness, relatives at The Help Group experienced a similar level of *financial burden, housework burden,* and the burden of *caring for their relative with mental illness* from pre to post training, whereas relatives at The Village Family Services reported considerable reductions. The opposite picture between the two sites was found regarding the negative effect of having a relative with mental illness of the *emotional problems of the rest of the family*.

This was not the case regarding the client's *participation in leisure activities* and the presence of *physical health problems in the rest of the family* where relatives at both sites reported major improvements.

Comparable pre-post reports were given by the relatives at both sites regarding a possible negative impact of having a family member with mental illness on *how the rest of the family gets along*.

4 - How much of a burden has it been to pay for your family member's treatment for the mental disorder he or she has?

	THG		TVFS	
	PRE	POST	PRE	POST
No burden	75%	67%	57%	100%
Moderate burden	25%	33%	28.5%	0%
Severe burden	0%	0%	14.5%	0%

5 - How much of a burden has your family member's mental disorder been for the rest of your family, in terms of daily activities like his or her participation in housework?

	THG		TVFS	
	PRE	POST	PRE	POST
No burden	100%	67%	14.4%	33%
Moderate burden	0%	33%	42.8%	33%
Severe burden	0%	0%	42.8%	33%

6 - How much of a burden has your family member's mental disorder been, in terms of his or her participation in family leisure activities?

	THG		TVFS	
	PRE	POST	PRE	POST
No burden	25%	100%	14.4%	67%
Moderate burden	75%	0%	42.8%	33%
Severe burden	0%	0%	42.8%	0%

7 - How much of a burden has your family member's mental disorder been, in terms of the amount of time others in the family take care of him or her?

	THG		TVFS	
	PRE	POST	PRE	POST
No burden	50%	67%	0%	67%
Moderate burden	50%	33%	71.5%	0%
Severe burden	0%	0%	28.5%	33%

8 - How much has your family member's mental disorder affected how family members get along with each other?

	THG		TVFS	
	PRE	POST	PRE	POST
No burden	25%	50%	43%	33%
Moderate burden	50%	50%	28.5%	67%
Severe burden	25%	0%	28.5%	0%

9 - How much has your family member's mental disorder affected emotional problems in the rest of the family?

	THG		TVFS	
	PRE	POST	PRE	POST
No burden	25%	67%	42.8%	33%
Moderate burden	50%	33%	42.8%	33%
Severe burden	25%	0%	14.4%	33%

10 - How much has your family member's mental disorder affected physical health problems in the rest of the family?

	THG		TVFS	
	PRE	POST	PRE	POST
No burden	50%	67%	85.5%	100%
Moderate burden	50%	33%	14.5%	0%
Severe burden	0%	0%	0%	0%

Regarding hope for the future the relatives may experience, as a result of participation in the program, relatives at both facilities experienced no change on their hope in their *family's ability to cope with their challenges* and that the *family's relationship with their ill relative will improve*. In contrast, families at both facilities reported improvements in their hope that their *family member with a mental disorder will grow up to have a good, healthy life*, while improvements were reported by the relatives at The Help Group but not at The Village Family Services regarding hope that their *family member's mental disorder will improve*.

11 - How much hope do you have that your family member's mental disorder will improve?

	THG		TVFS	
	PRE	POST	PRE	POST
Little hope	0%	0%	14.2%	33%
Some hope	50%	0%	14.2%	0%
Great hope	50%	100%	71.5%	67%

12 - How much hope do you have that your family's ability to cope with the challenges we've discussed will improve?

	THG		TVFS	
	PRE	POST	PRE	POST
Little hope	0%	33%	14.5%	0%
Some hope	50%	33%	0%	33%
Great hope	50%	33%	85.5%	67%

13 - How much hope do you have that your family's relationship will improve with your family member who has a mental disorder?

	THG		TVFS	
	PRE	POST	PRE	POST
Little hope	0%	33%	0%	0%
Some hope	75%	0%	14.5%	33%
Great hope	25%	67%	85.5%	67%

14 - How much hope do you have that your family member with a mental disorder will grow up to have a good, healthy life?

	THG		TVFS	
	PRE	POST	PRE	POST
Little hope	0%	0%	0%	0%
Some hope	25%	0%	28.5%	0%
Great hope	75%	100%	71.5%	100%

Regarding changes in family communication and problem-solving from pre to post participation in the program, the results at THG are difficult to interpret due to their inconsistent pattern. While relatives reported improvements in communication and problem solving on one item, they reported either no improvement or deterioration in the other two items related to this topic. This was not the case for relatives at TVFS, where relatives reported improvement is three of the four items, and no change in the fourth one.

15 – In general, how well does your family communicate with each other?

	THG		TVFS	
	PRE	POST	PRE	POST
Not very well	75%	33%	0%	0%
Somewhat well	25%	67%	28.5%	33%
Very well	0%	0%	71.5%	67%

16 – In general, how well does your family communicate with your family member who has a mental disorder?

	THG		TVFS	
	PRE	POST	PRE	POST
Not very well	50%	100%	14.5%	0%
Somewhat well	50%	0%	28.5%	33%
Very well	0%	0%	57%	67%

17 – How well does your family solve everyday problems together?

	THG		TVFS	
	PRE	POST	PRE	POST
Not very well	50%	33%	14.4%	0%
Somewhat well	25%	33%	42.8%	33%
Very well	25%	33%	42.8%	67%

18 – How well does your family solve problems that involve your family member who has a mental disorder?

	THG		TVFS	
	PRE	POST	PRE	POST
Not very well	50%	0%	28.5%	0%
Somewhat well	50%	100%	14.5%	0%
Very well	0%	0%	57%	100%

Supplemental Family Interviews

Information was obtained from the key relatives from each of four families (out of six families – two were not available to participate in these supplemental interviews) at The Village Family Services, and three out of four families (one family was not available) at The Help Group, who participated in the Multifamily Group program. All of the relatives providing information were the mothers of the adolescent participants. Individual interviews in Spanish were conducted that included five questions stated below with the corresponding answers (translated into English).

1. Overall, how helpful has participating in this group been for you in dealing with your family member?

Relatives at both facilities expressed a strong level of satisfaction with the program and showed high agreement in highlighting an increase and improvement in *communication* with their relative with mental illness. This improvement in *communication* has resulted in more sensitivity and cooperation in expressing thoughts and feelings, a reduction in conflicts, mutual hostility and "tantrums", more time together conversing and "having fun", and better completion of homework. One mother indicated that "now [I] have more patience to listen to him… [I] understand him… [I] do not get upset… [I] am better able to help him." Another mother stated "she now tells me about issues she never spoke about before… she did not listen to me."

Other areas where the program was helpful include *information* about medication management, and the management of symptoms, "*normalization*" of mental illness, and mutual *support*.

Regarding *information*, it was very useful for families to learn various aspects of medication management, including, how to take medicine, and how it helps with symptoms and preventing relapses. Relatives started to put more effort at making sure their ill relative would take medication. Relatives appreciated the knowledge they acquired about the signs and symptoms of the various diagnoses, and how to manage them. They felt more capable of making accurate observations of maladaptive behavior and not misinterpreting it for simply "bad behavior."

Furthermore, they felt competent to assist their ill relative in coping with their stress by using good communication skills. The multifamily format was considered a major source of "*normalization*" and "*support."* Relatives and clients understood that they are not "alone" in their struggle and learned from each common problems with individual solutions. Relatives indicated how words of encouragement from others "in the same boat" have a special meaning. For some of the families the effects of "*normalization*" and "*support*" translated into a strong sense of *hope.*

2. How helpful has the education part of the program been?

As stated above, psychoeducation was one of the most valuable elements of the program. The knowledge they acquired about multiple aspects of the illness (e.g., symptoms and behaviors), and its treatment/management empowered relatives, reduced stigma, and gave them a sense of control. This replaced a previous sense of confusion and helplessness/hopelessness about their children's psychiatric condition. One of the relatives stated "Now I understand his feelings, limitations and difficulties better." Perhaps the most common and valuable benefit from psychoeducation was the feeling expressed by most of the relatives and reflected in the recurring statement "Now I know what to do." Psychoeducation also made a difference in the relatives' attitudes and role in compliance with medication.

Another common theme pointed out by the relatives was the advantage of participating in a psychoeducational program within the multifamily group context. This allowed the relatives the sharing of information and personal experiences, as each of them was becoming more knowledgeable about their relative's condition and its management. In turn, the sharing of information had a "normalizing" effect. One of the relatives stated "it was comforting to see that we all experienced helplessness… but now we don't feel that way anymore."

3. How helpful has the problem-solving part of the program been?

The problem-solving method and exercises was considered unanimously "most helpful." This is in contrast with other multifamily groups for Latino adolescents. Among other applications, the relatives found the problem solving most helpful in "addressing stress and finding alternative ways to cope with stress," "improving medication non-compliance," "learning alternative ways to express feelings, like writing a note, or sending an email," and "using better ways to resolve conflict among the children." One of the relatives admitted that she has benefited much more that her child from leaning the problem-solving method; she stated "I used to be impulsive, become outraged, feel powerless… I don't do that anymore." Relatives understood that "besides the help of professionals, parents have a role in the rehabilitation of their children." They felt the problem-solving method had helped them feel competent and confident in exercising their role.

4. Can you give an example or two of how the group has helped you and your family member?

The relatives expressed satisfaction and improvement in multiples areas. As previously highlighted, the group format helped families "normalize" their view of the illness, provide mutual support, and learn from each others' experiences. As one relative put it "We learned from each other… we advised each other." One other area consistently mentioned by relatives was the improvement in communication with favorable effect in the home climate. Some of the statements made by relatives included "… he was quiet, absent. Now we talk and spend time

together. He now knows I love him for who he is"; another relative pointed out "more unity within the family due to relatives and children attending sessions together… more family time"; a compelling statement by a relative was "the children have been able to understand the difficulties faced by their parents… there is improved respect in both directions".

Focusing on their children, the main areas where the relatives reported observing substantial improvements included the completion of homework assignments, and reductions in hostility and tantrums. Among the statements that capture these sentiments were "my son is now more relaxed," or "my son is able to catch himself getting upset and to prevent an escalation."

5. Is there anything about the group that you would change when it's offered again?

Consistently, relatives at both sites expressed strong satisfaction with the program; they encourage project directors to make this program available at all schools in the area. As it is already in the current design, relatives stressed the value of having group sessions that include parents and children together and the relaxed/familiar atmosphere of the sessions. Among the recommendations made by relatives were to provide expanded information and discussion about medications, perhaps the provision of handouts with basic information about medication. Also, the families felt the need to hold more frequent sessions and to enroll more families. The latter two recommendations suggest the need to increase services beyond the regular 9-5 work schedule, and to obtain the collaboration of school administrators in promoting the program

Summary of Supplemental Family Interviews

A shared high level of satisfaction with the program was patently manifest at both facilities. Psychoeducation, Communication and Problem-Solving were consistently and broadly highlighted by the relatives as the key tools the program equipped them with. The group format continues to serve as an essential element in promoting mutual support and "normalization" of mental illness, and thus, reducing stigma.

Overall Summary of Family Data

Based on the initial and supplemental interviews done with family members who were participants in the Phase II pilot Latino MFGs, the benefits from participation in these groups were particularly significant at both sites in the areas of knowledge of the illness, and the frequency they talk to a mental health professional**,** while interest in learning more about their relative's mental disorder remained high. Regarding burden from caring for a person with mental illness, the results were mixed. There were considerable reductions in financial, housework and time investment areas of burden at one of the sites, but no decreases at the other.

However, the opposite picture between the two sites was found regarding the negative emotional effect of having a relative with mental illness on the rest of the family. It should be noted that levels of emotional burden were rather low pre-training. Relatives at both facilities reported major improvements regarding the client's participation in leisure activities and the presence of physical health problems in the rest of the family, and mild improvements on how the rest of the family gets along.

Regarding hope for the future, relatives at both facilities reported no substantial change in the family's ability to cope with their challenges and that the family's relationship with their ill relative will improve. This may be related to a ceiling effect give the rather high levels of hope in these areas pre-training. There was a significant increase for both groups in the level of hope that their family member with a mental disorder will grow up to have a good, healthy life. A somewhat surprising finding was the lack of improvement at one of the facilities regarding hope that their family member's mental disorder will improve. A possible reason is the lack of consistent attendance by one of the families.

Family communication and problem-solving outcomes were positive at The Village Family Services (major improvements on three of the four items, and no change in the fourth one). However, the picture of outcome was more complicated at The Help Group - there was no discernible pattern of results.

Facilitator and Administrator Post-Data

Telephone interviews were conducted after the Latino MFG groups ended with the facilitators and administrative supervisors at each of the two sites, asking about (a) outcomes from the groups, (b) challenges encountered and how they were addressed, and (c) suggestions for improvement of the Latino MFG process.

The Village Family Services. At TVFS, clinicians and administrators reported that all of the families seemed very satisfied with the group. The group was unusually diverse, from young children to teenagers, to parents and even one grandmother, and they all contributed. It was evident in the last sessions how well the parents had established a good support system. They were all single mothers, so they shared the same issues. Interviewees also noted that this pilot helped the agency overall see the Latino MFG as a tool they can use in the future, though they acknowledged that finding funding will be a challenge.

A number of productive outcomes were noted. At one session two brothers got into an argument and one pushed the other. Another teen stepped in and told the pusher that he shouldn't treat his brother like that. One mother asked her child's psychiatrist for a change of medications because she didn't think they were helping. When he was unresponsive she asked for a change of psychiatrist, and reported that the new psychiatrist changed the medication regimen and there has been improvement. .

A major challenge at TVFS was working with the foster families for clients who are in foster care. For example, one client changed homes three times during the program and this was disruptive for all concerned. Staff struggled with acquainting the new foster parent with the program (without benefit of the psychoeducation session).

Space for the MFG sessions was an issue. Facilitators felt that the group would have worked better had it been sited in a contained area to accommodate the younger children who were brought along because there was no child care, so they had to be included in the group. Another problem was that the families came from all over Los Angeles, so transportation was an issue.

These challenges were addressed successfully because everyone worked together – family members and facilitators. The parents exchanged contact information and did a lot of carpooling. The facilitators took turns picking up and returning families to their homes if there was no other way for them to get around. In one instance, a mother had a big SUV and the agency gave her a gas card so she could transport several families.

The Help Group. Clinicians and administrators at THG felt that the Latino MFG had a very positive effect on everyone in the group. Communication skills were greatly improved, and members learned how to take a step back to evaluate a compromise on issues before things erupted into yelling and screaming. Parents who had been depressed about their family member's situation and decided to just stay at home to provide care gained new confidence and returned to work.

One of the compromises just mentioned led to medication compliance for one client. This client had a hypothyroid condition, and his attitude about it was very fatalistic - he felt there was no point in taking his medications. After several sessions his attitude turned around and his last comment to the facilitator was, "All I know is I'm going to continue taking my meds." The facilitators observed other positive changes in behavior among the client and family members and the families' own testimony to their better situations.

A major difficulty at THG was in recruiting clients to participate, especially those with the same, or similar, diagnosis who were also in the desired age group. Some of the families that responded with interest about the MFG didn't fit those parameters. Other families were reluctant to come to the clinic, perhaps because of some lingering stigma they thought might be associated with it, so the group was sited at a local high school. Working out arrangements with the high school was challenging, but once an internal champion was found who understood what value the MFG offered to both family members and clients, the cooperation from the school became much better.

Other challenges also were addressed at THG, as they were at TVFS. Bus tokens were supplied for the one family that had no transportation, and they seemed quite pleased with this arrangement, but during the group sessions the families bonded to the point where other families in the group offered transportation in their own car for this family. Being able to provide dinner – not a snack, but an actual meal – was a tremendous incentive for people to stay.

Child care was not needed for the THG group, because the age of the children not involved in the sessions was not a problem. Art supplies, puzzles and other activities kept them quietly engaged while the sessions proceeded.

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