Multifamily Group with Latino Families

Presented by Teresa Renteria, LMFT and John Gavino, MSW
Learning Objectives

• Explain OC CREW program history, eligibility criteria, and how to access services

• Discuss how the PIER Model has been implemented by the OC CREW Program

• Describe Multi-family group components and their implementation with Latino families

• Report research findings on best practices when working with Latino families in Multi-family groups
Orange County Center for Resiliency, Education, and Wellness (OC CREW) Program

- First episode of psychosis program
- Funded by Mental Health Services Act (MHSA)
- Went live in March 2011
- Centrally located in Orange County, California
- Learned from other best practices and evidenced-based models
Components of OC CREW
Based on the PIER Model

- Screening and assessment
- Individual and family therapy
- Case management
- Multi-family groups
- Relapse prevention and planning (WRAP)
Components of OC CREW, continued

Based on the PIER Model

• Medication evaluation and monitoring
• Psycho-education
• Socialization and wellness activities
• Outreach and trainings to the community
OC CREW Criteria

- Resides in Orange County
- 14-25 years old
- The person has not received mental health services for a psychotic illness prior to the last 12 months
- Psychotic symptoms are not known to be caused by the effects of substance use, a known medical condition, or trauma
- The person has experienced new symptoms of psychosis within the last 12 months
Language and Ethnicity

59 Participants Served: July 1, 2012 - June 30, 2013

Race/Ethnicity (N=59)

- Asian: 10.2%
- Hispanic/Latino: 8.5%
- White/Caucasian: 5.1%
- Other: 5.1%

Primary Language (N=59)

- English: 84.7%
- Spanish: 15.3%
Multi-family (MFG) Groups

*Working with Spanish speaking families*
Relapse Outcomes in Clinical Trials (McFarlane, 2004)
Stages of a Multifamily Group (McFarlane, 2004)

- **Joining**
  - Family and patient separately
  - 3-6 weeks

- **Educational workshop**
  - Families only
  - 1 day

- **Ongoing MFG**
  - Families & patients
  - bi-weekly for 1 year
Joining with Families and Participants

- Joining means to connect, build rapport, convey empathy, establish an alliance, and to engage

- It is the 1st stage of MFG Treatment

- The goal is to create a bond between participant/family members and family/clinician

- The clinician will learn about the family’s experience during episodes of psychosis
Psycho-educational Workshop

- Symptomatology/Factors of the Illness
- Neurobiology and Medications
- Psychosocial Treatment
- Stigma/Individual and Family Experience
- Family Participation (MFG)
Multifamily (MFG) Groups at OC CREW

- Five to eight families
- Two clinicians
- Bi-weekly, 1 ½ hour sessions
- Dinner and child care are provided

- Initial Sessions
  - Avoid emphasis on clinical issues
  - Emphasize establishing a working alliance
Problem Solving in MFGs

• The *core* of MFG Sessions

• Designed to compensate information-processing deficits in psychosis

• Decrease stress in the home

• Teach family problem solving and implement family guidelines

• FORMAT:
  Initial Socializing 15 Minutes
  Go-round 20 Minutes
  Selecting a Problem to Solve 5 Minutes
  Solving the Problem 45 Minutes
  Final Socializing 5 Minutes
The Problem Solving Method

1. Define the problem or goal
2. List possible solutions
3. Evaluate advantages and disadvantages of each solution (Pro’s and Cons)
4. Choose “the best” solution and create an action plan
5. Implement plan to carry out solution
6. Review implementation and outcome
Culturally Adapted MFG Approach for Mexican-Americans with Schizophrenia
(Kopelowicz et al 2012)

- **Attitudes, Beliefs, and Social Resources**
  - Client’s assumptions about mental illness and the benefits of treatment are targeted

- **Subjective Norms**
  - Centrality of the family for decision making points to the need to encourage families to actively participate in treatment plan

- **Perceived Behavioral Control**
  - External locus of control requires the utilization of problem solving techniques to overcome financial and transportation obstacles
Culturally Appropriate Approaches

• Bi-lingual staff and clinicians

• Emphasis on group cohesion and socializing
  – De-stigmatization
  – “It’s liberating”

• Focus on strengths of sociocultural accepted attitudes about mental health
Overcoming Barriers to Participation

- Build rapport and trust first
- Use momentum of MFG workshop
- Address needs of the family as a whole
- Food
- Child care
- Transportation assistance
Lessons Learned

• Outreach to Latino populations is unique

• Utilize culturally competent staff

• Identify incentives or reasons for the families to want to attend

• Use celebrations to honor and congratulate the participants and their family members for attendance and progress
Contact Information

OC CREW
714-480-5100
OC_CREW@ochca.com

Teresa Renteria, LMFT
714-480-5115
Trenteria@ochca.com

John Gavino, CSW
714-480-5107
jgavino@ochca.com
References


Resources


- EASA (formerly known as EAST)  

- NAMI  [www.nami.org](http://www.nami.org)