Orange County Health Care Agency
Behavioral Health Services
Prevention and Intervention Division

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

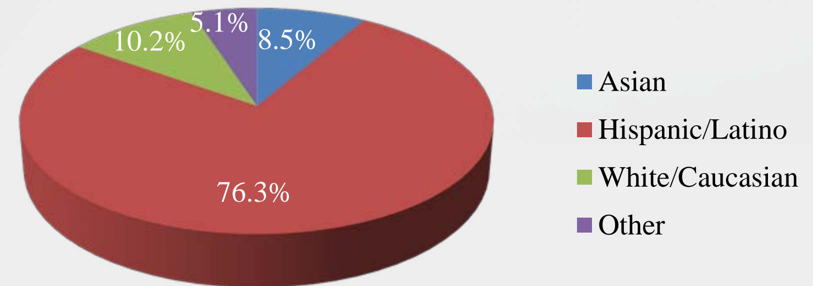
OC CREW Criteria

- 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

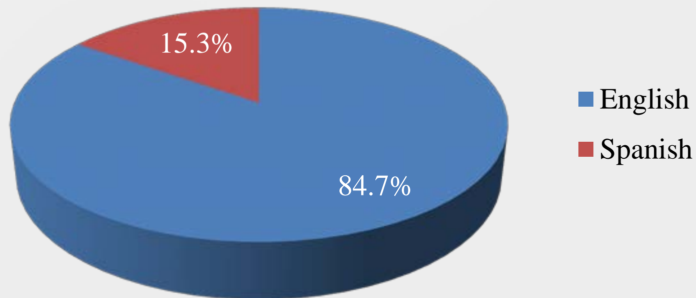
Language and Ethnicity

59 Participants Served: July1, 2012 - June 30, 2013

Race/Ethnicity (N=59)



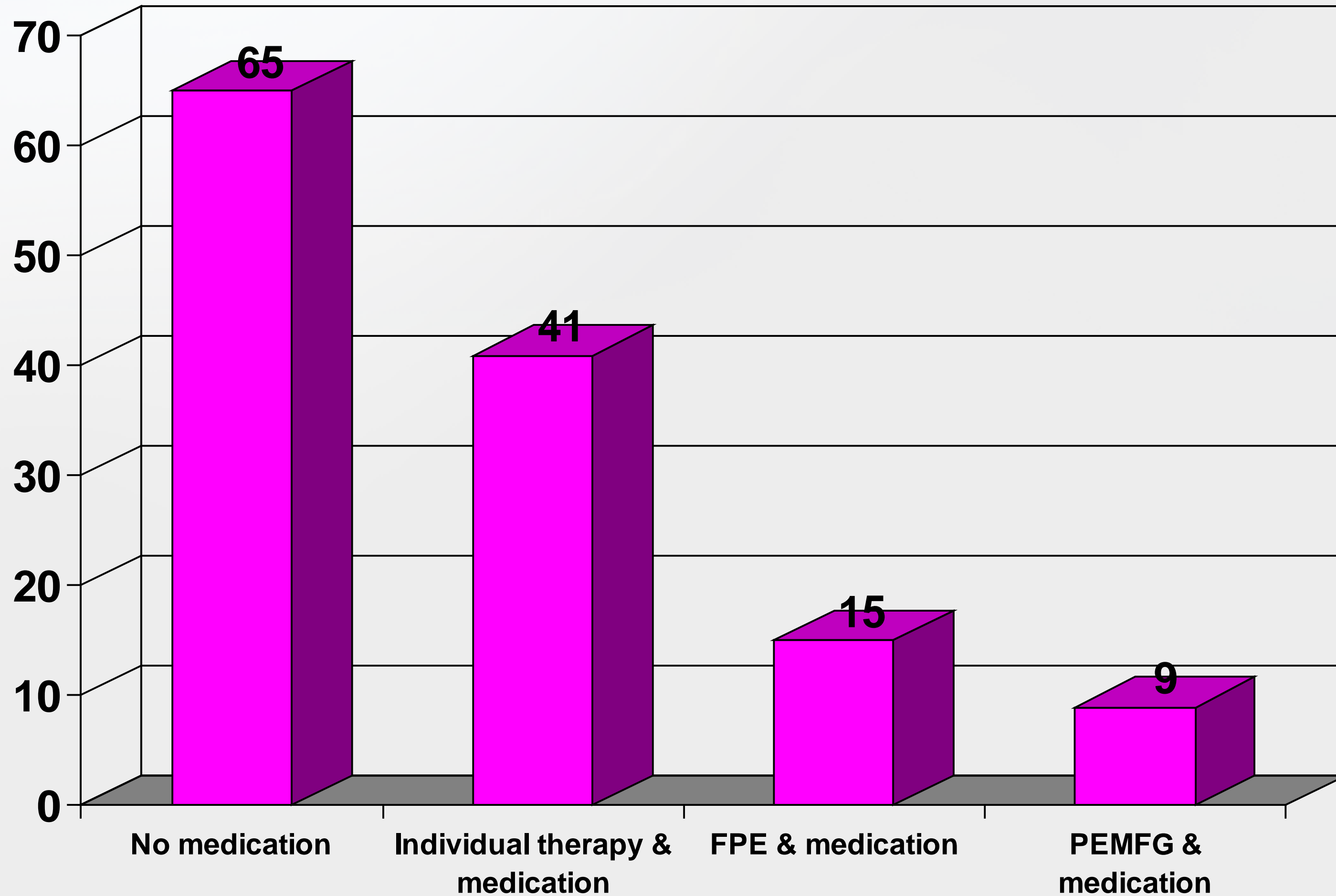
Primary Language (N=59)



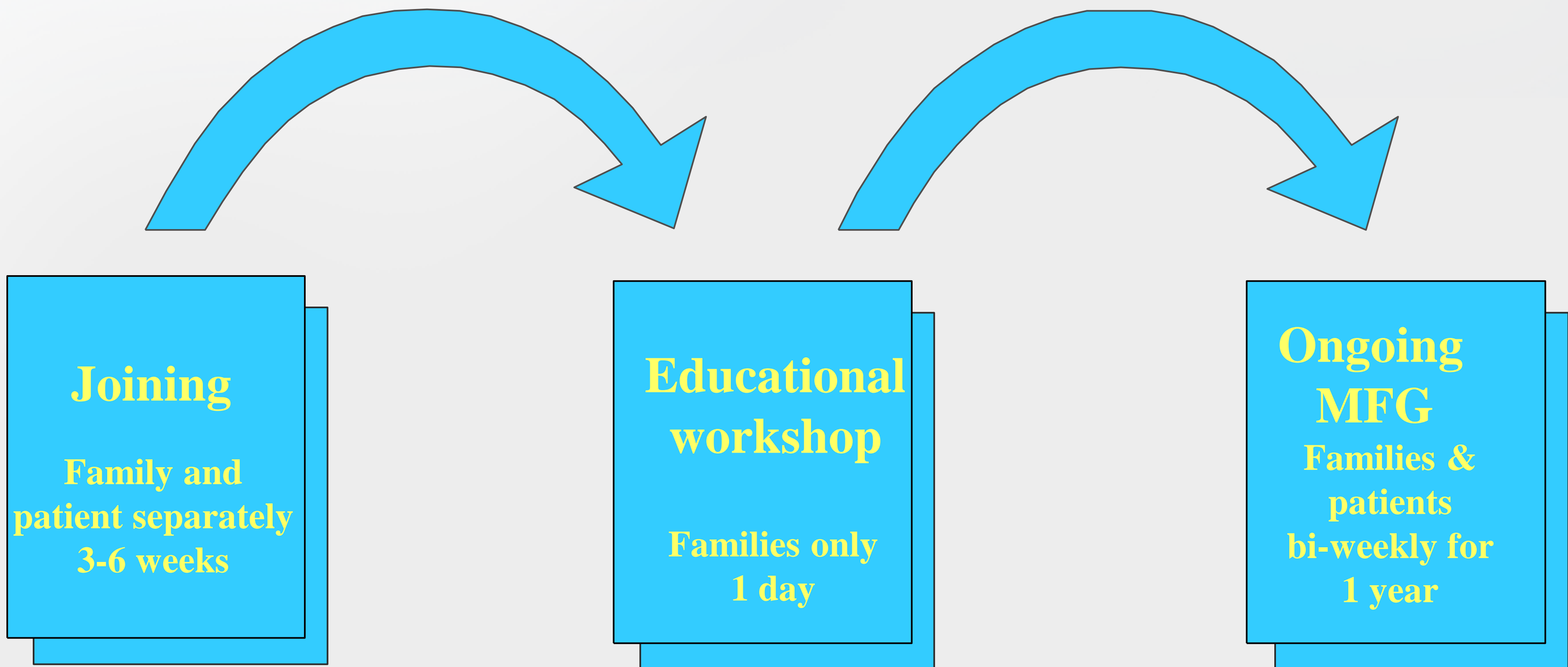
Multi-family (MFG) Groups

Working with Spanish speaking families

Relapse Outcomes in Clinical Trials (McFarlane, 2004)



Stages of a Multifamily Group
(McFarlane, 2004)



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

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References

Kopelowicz A, Zarate R, Wallace C, Liberman R, Lopez S, Mintz J. Adapting multifamily groups to improve treatment adherence among Latinos with schizophrenia. *Arch Gen Psychiatry. 2012;69(3):265-273.*

McFarlane, W. (2004). *Multifamily groups in the treatment of severe psychiatric disorders*. New York, NY: The Guilford Press.

PIER Institute http://www.piertraining.com/pier-model/

Resources

- EPICC www.eppic.org.au
- EASA (formerly known as EAST) https://web.multco.us/mhas/early-assessment-and-support-alliance
- NAMI www.nami.org
- PIER Model http://www.piertraining.com/pier-model/