

# Adapting and Implementing the Multifamily Group Program in Community Settings

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# Outline of MFG Presentation

A. Components of MFG

B. Adapting MFG for Latinos

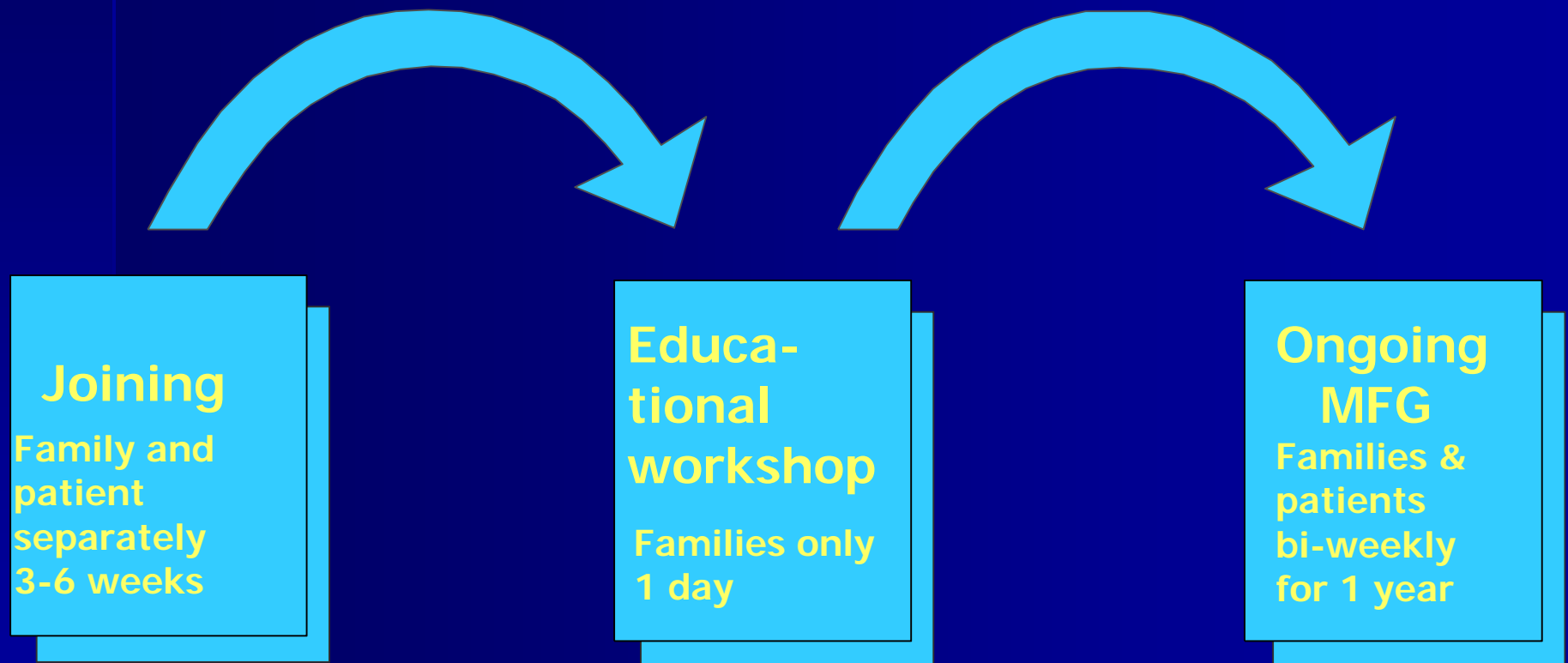
C. RCT results of MFG for Mexican-Americans  
with serious mental illness

D. Dissemination & implementation efforts

# Standard Approaches to Family Work in Serious Mental Illness

- Psychoeducation
- Communication skills training
- Problem solving techniques
- Social network development (MFG)

# Stages of a Psychoeducational Multifamily Group



# JOINING with FAMILIES & CLIENTS

- JOINING means to CONNECT, BUILD RAPPORT, CONVEY EMPATHY, ESTABLISH AN ALLIANCE, ENGAGE
- It is the First Stage of Treatment
- Designed to create a bond between Client/Family Members and Family Clinicians
- CLINICIAN as ADVOCATE

# MULTIFAMILY GROUPS

- Five to Eight Families
- Two Clinicians
- 1 ½-Hour Sessions – Biweekly – 1 Year Minimum
- Refreshments/Snacks are provided
- Initial Sessions avoid emphasis on clinical issues
- Initial Sessions emphasize establishing a working alliance by building group identity and developing a sense of mutual interest and concern. Drop outs are Failures

# PROBLEM SOLVING IN MFGs

- The CORE of MFG Sessions
- Designed to compensate Information-Processing Deficits in Mental Disorders
- FORMAT:

Checking in	15 Minutes
Go-round	20 Minutes
Selecting a Problem to Solve	5 Minutes
Solving the Problem	45 Minutes
Wrap-up Socializing	5 Minutes
- Clinicians should GET READY and HAVE A PLAN – IN ADVANCE

# THE PROBLEM-SOLVING METHOD

1. Define the Problem or Goal
2. List Possible Solutions
3. Evaluate Advantages and Disadvantages of each Solution
4. Choose "the best" Solution
5. Implement Plan to Carry Out Solution
6. Review Implementation and Outcome



# The Assessment of Culture

- Best undertaken by paying attention to people's daily routines and how such activities are tied to families, social networks and communities
- The key to a cultural assessment is asking what matters most to people or what is most at stake for people

# The cultural question is:

- What are the factors in a particular culture that need to be considered prior to implementing multi-family group psychoeducation developed with a Euro-American population of individuals with severe mental illness?

# Cultural Modifications for Mexican-American Families

- Encourage participation of fathers
- Acknowledge folk conceptions of illness
- Reframe to fit family beliefs and attitudes
- Focus on education rather than strictly on communication/problem solving skills
- Acknowledge each family member's role
- Goal: Interdependence vs independence
- Utilize prosocial EE factors (warmth)

# Cultural Adaptation of MFG to Mexican-Americans

## Objectives

- To increase utilization of professional mental health services
- To improve treatment adherence

# Theory of Planned Behavior

- Behavior determined by three factors
  - Attitudes (Beliefs about values and probabilities of each of the salient consequences)
  - Subjective norms (Beliefs about others' attitudes and motivation to comply)
  - Perceived behavioral control (Beliefs about resources and power)
- Evidence for theory
  - STD, HTN & Post-MI populations studied
  - SMI clients studied for medication adherence

# Application of TPB to Culturally Adapted MFG Approach

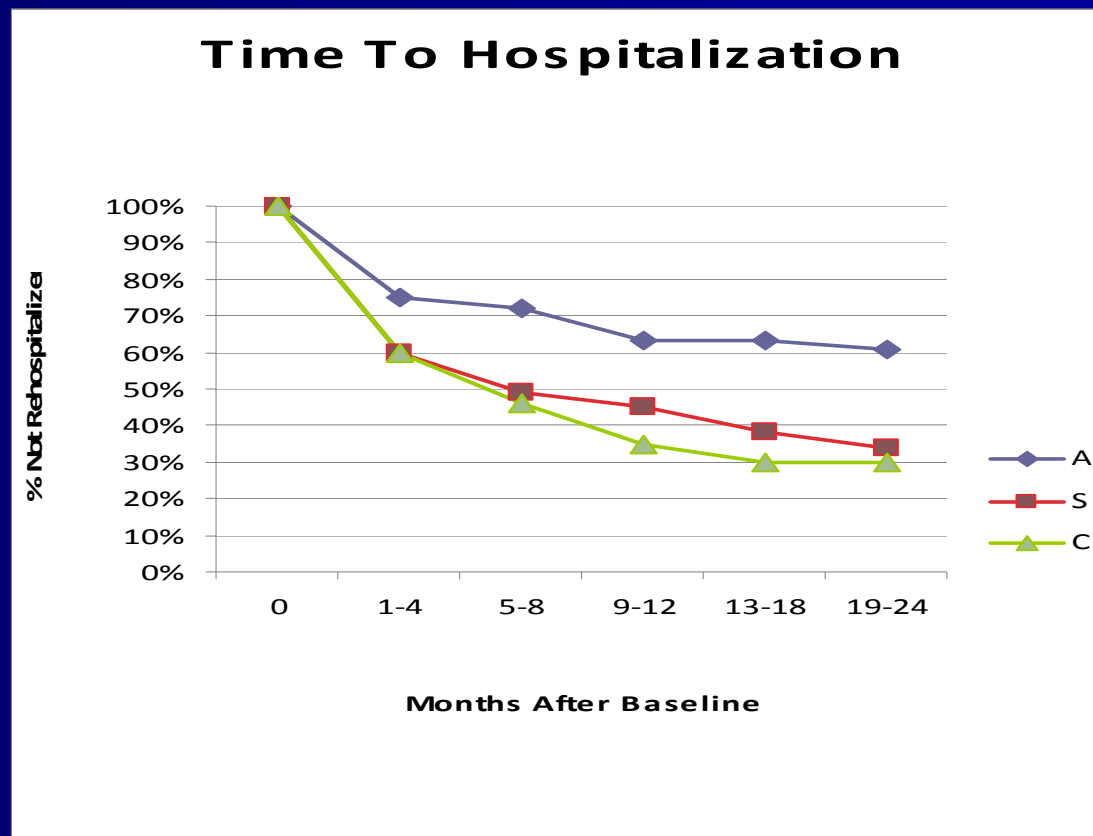
- Attitudes
  - Client's assumptions about mental illness and the benefits of treatment are targeted
- Subjective Norms
  - Centrality of the family for decision making points to the need to encourage families to actively participate in treatment plan
- Perceived Behavioral Control
  - External locus of control requires the utilization of problem solving techniques to overcome financial and transportation obstacles

# Linking TPB to MFG

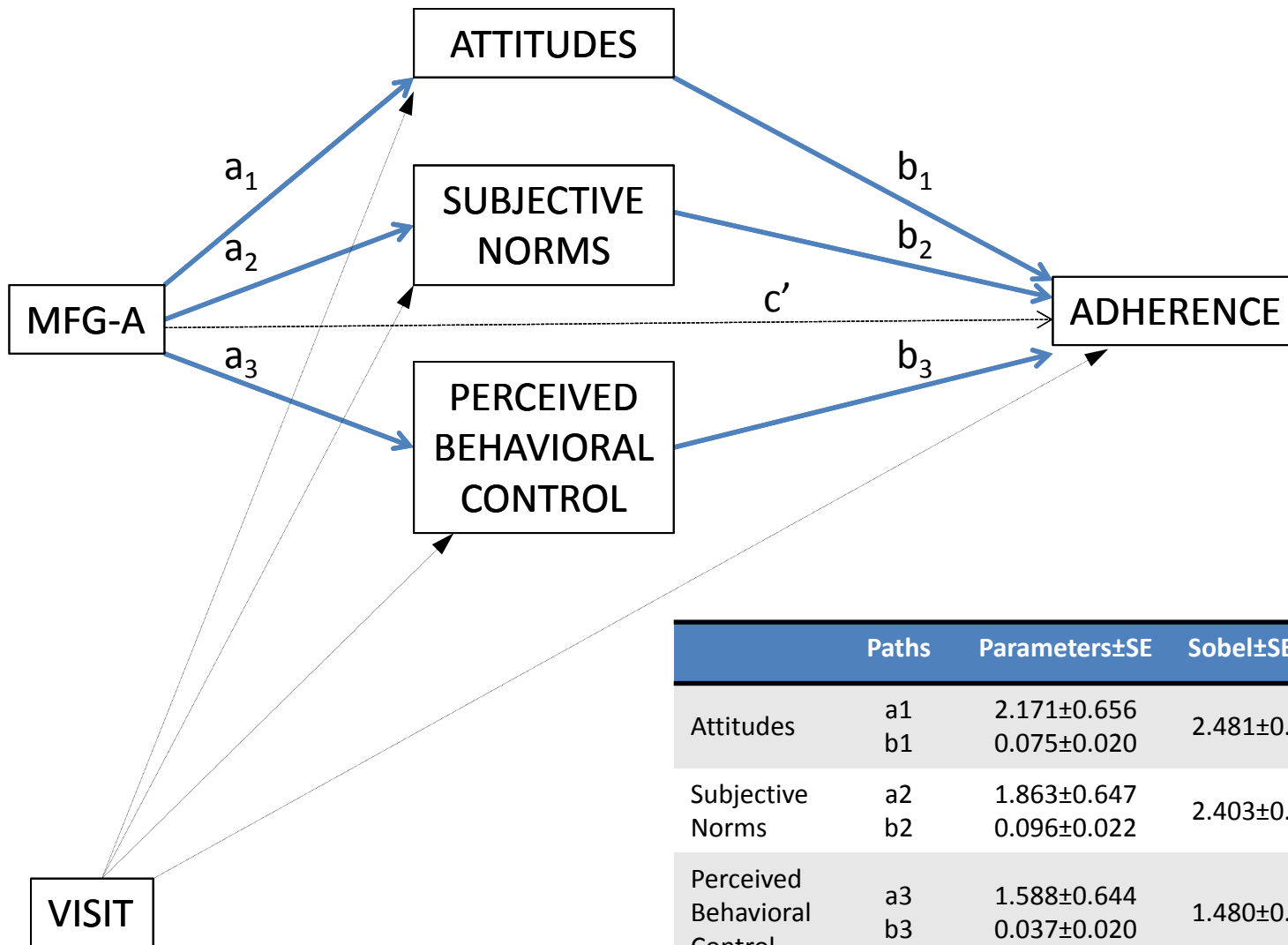
- Focus groups conducted to identify reasons for medication non-adherence
- Most common reasons included in a semi-structured instrument used to assess each patient's attitudes, subjective norms and perceived behavioral control on a 7-point scale (extremely bad or extremely unlikely)
- Each patient's highest scores used to select target of intervention

# Efficacy of MFG

- 174 Mexican-American subjects
- 1 year of treatment
- 1 year of follow-up
- Overall log-rank  $X^2=13.3$ ,  $df=2$ ,  $p=.001$ .

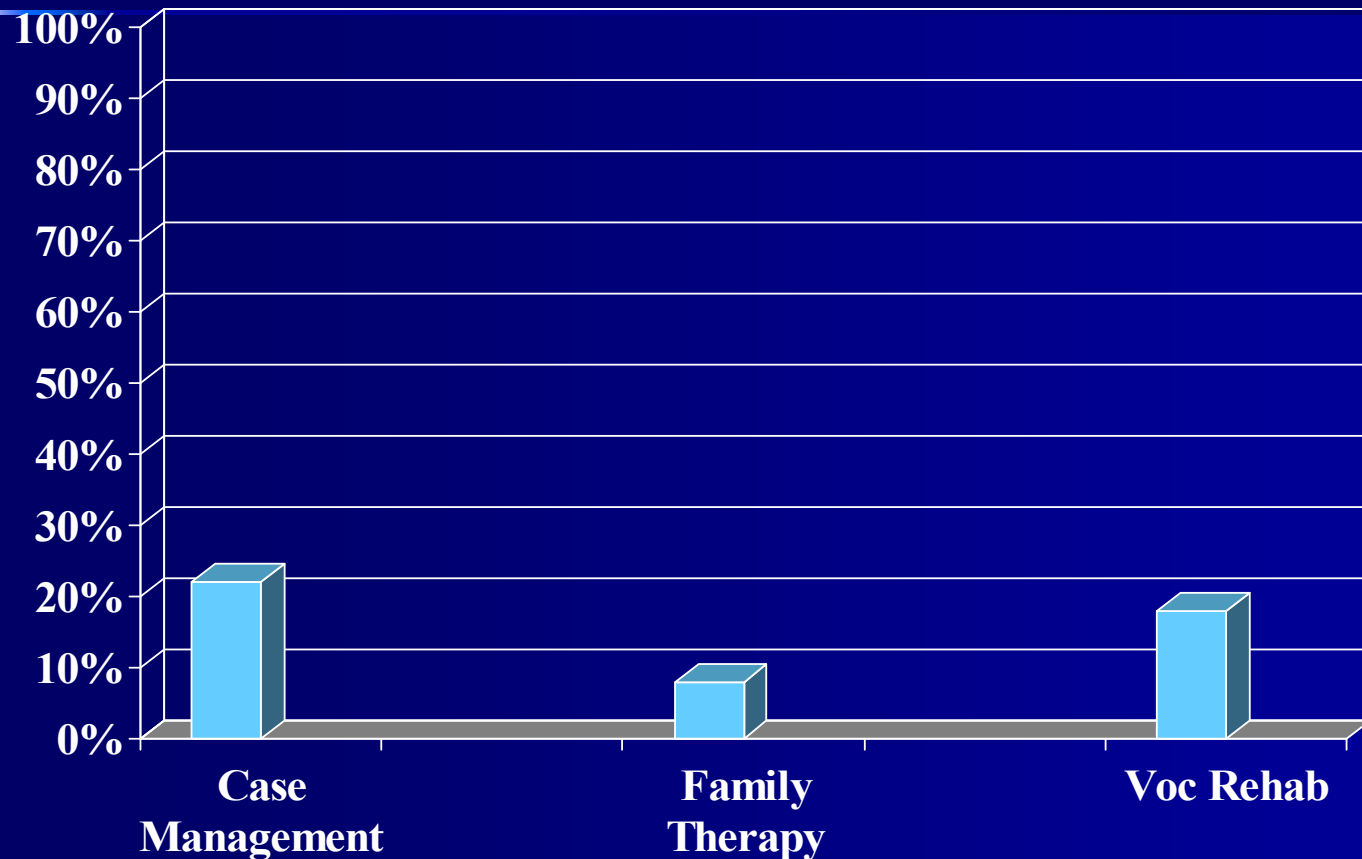






	Paths	Parameters $\pm$ SE	Sobel $\pm$ SE	p
Attitudes	a1	2.171 $\pm$ 0.656		
	b1	0.075 $\pm$ 0.020	2.481 $\pm$ 0.066	0.013
Subjective Norms	a2	1.863 $\pm$ 0.647		
	b2	0.096 $\pm$ 0.022	2.403 $\pm$ 0.074	0.016
Perceived Behavioral Control	a3	1.588 $\pm$ 0.644		
	b3	0.037 $\pm$ 0.020	1.480 $\pm$ 0.040	0.139
Residual Direct Path	c'	0.467 $\pm$ 0.292	z=1.60	0.110

# Rates of Conformance with PORT Treatment Recommendations



APA Office of Quality Improvement and Psychiatric Services, 2003

# Dissemination and Implementation of MFG Approach

- Raising the Bar project
  - Training program and technical assistance to implement MFG in four community mental health centers
  - Educational program to familiarize several smaller mental health agencies about MFG (with four agreeing to adopt and having started several groups)
- Latino MFG project (Phase I)
  - Training program and technical assistance to implement Spanish-language MFG for adolescents
  - LMFG Manual developed and pilot tested at two agencies

# Latino MFG Project (Phase II)

- National dissemination and implementation effort
- Partnership with Latino Behavioral Health Institute and National Network to End Disparities in Behavioral Health
- Creation of an NNED Community of Practice offering training via webinars, ongoing technical assistance and peer networking
- Participation of more than 20 agencies