

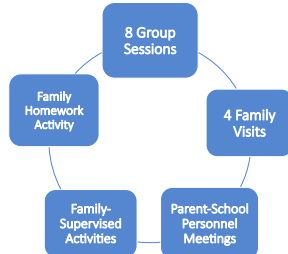


Familias Unidas Overview of Clinical Activities






Familias Unidas consists of...



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    A[8 Group Sessions] --- B[Family Homework Activity]
    A --- C[4 Family Visits]
    B --- D[Family-Supervised Activities]
    C --- E[Parent-School Personnel Meetings]
    D --- E
  
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Intervention Session Outline

Family Visit #1: Engagement and Orientation to Familias Unidas

- Group Session #1: Family Functioning: Parental Investment in "Adolescent Worlds"
- Group Session #2: Family Functioning: Enhancing Communication Skills

Family Visit #2: Family Functioning: Enhancing Communication Skills


- Group Session #3: Family Functioning: Supportive Relationships / Behavior Management
- Group Session #4: Family Functioning: Parental Monitoring of Peer World
- Group Session #5: Adolescent Drug Use/Peer Pressure

Family Visit #3: Parental Monitoring of Peer World / Drug Use

- Group Session #6: Parental Investment in School
- Group Session #7: Adolescent Risky Sexual Behavior and HIV

Family Visit #4: Adolescents Risky Sexual Behavior and HIV

- Group Session #8: Prevention Has to Be Achieved All Over Again Everyday




To date we have trained 132 facilitators across all clinical trials

Facilitators' backgrounds:



All of the trained facilitators have a bachelor's or master's degree in social work, psychology or some other mental health counseling program.




Training of Facilitators

The Familias Unidas Manual serves as the framework for the training

- Mix of didactic, role plays and analysis of previously videotaped groups and family sessions.
- Brief training on adherence/fidelity to the model.
- Same clinical strategies of the intervention are utilized in the way training is conducted.
- Two facilitators conduct the groups with 12-15 families



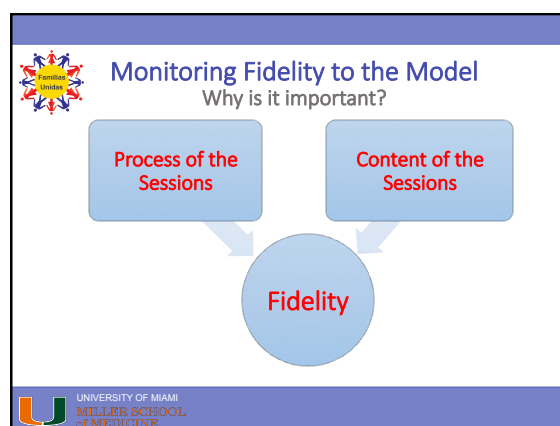
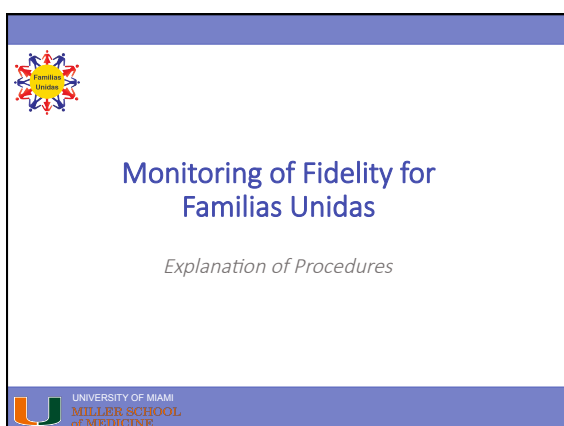
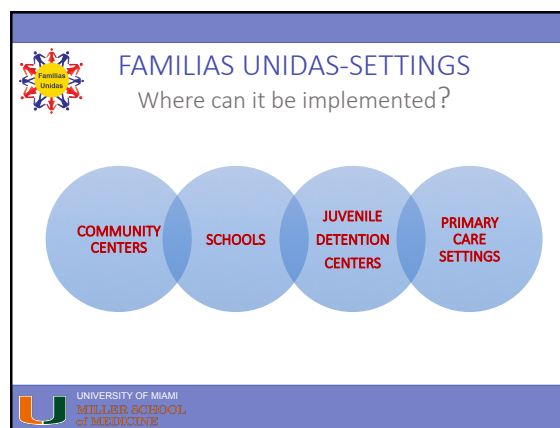

Clinical strategies:


- 1) Joining techniques (to develop the family-facilitator relationship).
- 2) Group process techniques (e.g., building a cohesive group environment).
- 3) Participatory learning (learning through dialogue, posing questions, rather than instruction).
- 4) We prepare facilitators to record their sessions and receive supervision during implementation.
- 5) Each facilitator is responsible for half of the families in his or her group.







- Logistical issues:**
- 1) Each facilitator is responsible for half of the families in his/ her group.
 - 2) Four days of training = 32 hours
 - 3) To deliver 8 groups (2 for the group, 1 hour of preparation) = 24 hours
 - 4) Family visits 1 hour (1 hour of preparation) X 6 families = 48 hours
 - 5) Group Supervision is 2 hours weekly total of 12 weeks = 24 hours
- Total number of hours required including training hours per facilitator for 3 months = 128*
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Facilitator's comments:

- ❖ "Video taping was beneficial, it was intimidating at first, but it was helpful to see myself."
- ❖ "[Familias Unidas] allows more participatory learning in my interaction with parents."
- ❖ "[From this program] I feel more comfortable in talking and demonstrating condom use."

How else do we maximize the impact of Familias Unidas?




Created a Research Infrastructure Capable of Reducing Drug Abuse and Sexual Risk Behaviors







Facilitators from the Chile Team






FAMILIAS UNIDAS CHILE

Adaptation and implementation in a Latin American country








San Carlos de Maipo Foundation

SAN CARLOS DE MAIPO FOUNDATION

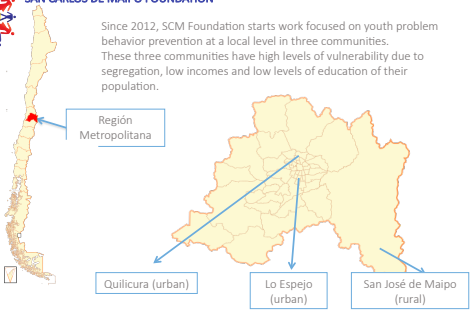


San Carlos de Maipo (SCM) Foundation is a private non profit organization based in Santiago of Chile dedicated to link people and organizations to develop a better future for children an their families, through the implementation of evidence based programs.

Our work focuses on strengthening communities, families and organizations and building capacities to ensure positive environments for child and youth development.

SAN CARLOS DE MAIPO FOUNDATION




Since 2012, SCM Foundation starts work focused on youth problem behavior prevention at a local level in three communities. These three communities have high levels of vulnerability due to segregation, low incomes and low levels of education of their population.

In this context, SCM Foundation decides to implement the Communities that Care (CTC) system in these three municipalities.

This system was implemented in 2014 by a collaborative effort between the University of Washington and the Foundation.

CTC helps communities promote the positive development of children and youth as well as to prevent adolescent problem behavior throughout the implementation of evidence-based programs.

To do so, CTC assesses communities risk and protector factors using CTC Youth Survey. In Chile, data was collected in 2014 from over 2,000 adolescents.

The principal results are:

- Community disorganization is a higher risk factor in all communities, with almost 70% of their 8th grade adolescents at risk.
- The protective factors related to family are more depressive than those related to school.




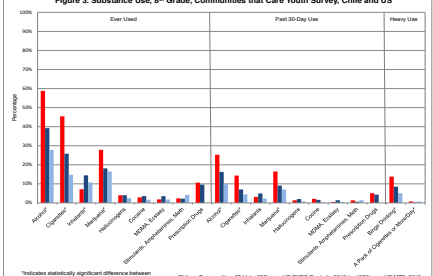





Figure 3. Substance Use, 8th Grade, Communities that Care Youth Survey, Chile and US



Y-axis: Percentage (0 to 100). X-axis: Substances (Alcohol, Cigarettes, Marijuana, Heroin, Cocaine, MDMA, Ecstasy, Prescription Drugs, Other Drugs). Legend: Chilean Communities, 2014 (n=380); US CYOS Census, 2012 (n=1538); US WTP, 2013.

Source: Eisenberg, M., Brown, E.C., Brung, J.S., Berlitz, J., Castillo, D., Main-Land, G., Menz, C., Hawkins, J.D. & O'Leary, S. (2015). Assessing Risk and Protective Factors for Adolescent Drug Use and Problem Behaviors: Comparing Youth in Chile and the United States. Poster presented at the annual meeting of the Society for Prevention Research (SPR), May 2015, in Washington DC.



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The three communities **prioritized poor family functioning to work it through CTC**. They emphasized the importance of family in prevention.

Also, these three communities **have high levels of substance use of marijuana, alcohol and cigarettes (ever used, past 30 days) and binge drinking**.

SCM Foundation was searching for an evidence-based program that prevents substance abuse by working with the families of the prioritized municipalities.

Familias Unidas is the only Spanish-speaking program that has been evaluated and has shown results in Latino families in reducing drug use and risky sexual behavior among youths, and improving family functioning.

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FAMILIAS UNIDAS CHILE

In October 2014 the SCM Foundation contacted the University of Miami to begin developing a plan that would implement and evaluate the Familias Unidas program in Chile.

The Scope of work of Familias Unidas Chile includes two main processes: Technology transfer process and adaptation and evaluation of the program.

Scope of Work Familias Unidas Chile

TECHNOLOGY TRANSFER PROCESS

ADAPTATION AND EVALUATION → **PILOT STUDIES** → **MAIN STUDY**

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TECHNOLOGY TRANSFER PROCESS

A collaborative effort was established between the UM and the Foundation in Chile to develop a research infrastructure that would enable Chilean researchers to adapt, implement and evaluate Familias Unidas.

A team of 18 Chilean researchers and practitioners were trained not only on the technical aspects of delivering Familias Unidas but also on the implementation of clinical trials.

TECHNOLOGY TRANSFER PROCESS

FAMILIAS UNIDAS METHODOLOGY GOOD CLINICAL PRACTICES

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ADAPTATION AND EVALUATION

The scope of work included conducting two pilot studies to assess the feasibility and identify the necessary adaptations of a main study that measures the efficacy of the program in a Chilean population.

Study Design

Pilot study 1	Pilot study 2	Main study
Assess feasibility and identify the necessary adaptations to implement Familias Unidas in Chile	Try the necessary adaptations identified in the pilot 1 before the implementation of the main study.	Measure the efficacy in reducing substance use and sexual risk behaviors in Chilean youth.
42 families 3 CENTERS 12 families per group	40 - 50 families 4 CENTERS 13 families per group	240 families 3 CENTERS in 3 COHORTS 13 families per group
No control group	No control group	120 intervention 120 control group

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ADAPTATIONS

To implement and evaluate the program in Chile, cultural adaptations were needed.

In pilot 1, we made changes only related to language terminology in the manuals, videos which are shown in the sessions, and the surveys that are used for assessments.

These adaptations were identified in the pilot study 1, and are currently being tested in pilot study 2.

No other adaptations were needed, even though we thought that families would be very different. Families in both contexts behaved in similar ways. Strategies and interventions used in the US were adequate for Chile.

In pilot 2, we are identifying new possible adaptations and adjustments, like the type of schools/centers, and new strategies to engage families to complete the 12 sessions.

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FAMILIAS UNIDAS CHILE


LEARNINGS →

- Multilevel family-based intervention.
- Methodology in conducting clinical trials.
- Good clinical practices standards.

GOOD EXPERIENCE →

- Collaborative effort with UM.
- Social research with international standards.
- Contribution to Chilean vulnerable families.


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Community Level Implementation of Famílias Unidas

Chester County Pennsylvania
A Collaborative Pilot Program

Johnna Goodridge
Prevention Programs Director




The Collaboration

who we are...

- ♦ The COAD Group
- ♦ Chester County Children, Youth and Families (CYF)
- ♦ Kennett Consolidated School District (KCSD)
- ♦ University of Miami

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Our Community

- ♦ 48.8% Hispanic
- ♦ 48.2% White
- ♦ 3% Other
- ♦ Family Median Income \$106,712
- ♦ Poverty rate: 11.9%
- ♦ Kennett Consolidated School District
 - ♦ 6 Schools
 - ♦ 4231 Students
 - ♦ 41% Hispanic
 - ♦ 41.3% Students Receiving Free or Reduced Lunch

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The Need

- ♦ CYF Referrals Increasing
- ♦ Economic Disparities
- ♦ Acculturation Issues
- ♦ Attendance/Academic Issues
- ♦ Parental Engagement

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Sharing the Vision & Putting the Right Team into Place

- ♦ Identifying *Key Stakeholders*
 - ♦ School District
 - ♦ County Social Workers
 - ♦ Community Businesses and Organizations
- ♦ Identifying *Facilitators* - Where are they?
 - ♦ Qualities
 - ♦ Training
 - ♦ Commitment

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Recruitment

Focus Recruitment Efforts on a Specific Target Audience



NORMALIZE PARTICIPATION

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Recruitment Goals

To create an approach that:

- ♦ Is involving, evokes feelings and meets needs
- ♦ Demonstrates credibility of Familias Unidas
- ♦ Reflects a logical and rewarding investment for the family

Facilitators are the **KEY** to success in this process!





The Process

Engagement

- ♦ Building relationships
- ♦ Addressing Individual Needs
- ♦ Incentivize

Empowerment

- ♦ Group Dynamics
- ♦ Facilitation vs. Teaching

Family Visit

***VIDEO CLIP HERE**





The Results

Three Main Outcomes:




Outcome	Effect Size (Cohen's D)
Positive Parenting	0.15
Parent-Adolescent Communication	0.55
Parental Involvement	0.65

Challenges → Solutions


Facilitator Recruitment	→	<ul style="list-style-type: none"> ♦ Community relationships ♦ Address District needs to create support for staff to be involved
Family Recruitment	→	<ul style="list-style-type: none"> ♦ Address needs of each individual family ♦ Establish rapport
Family Attendance/Retention	→	It's all about RELATIONSHIPS






Where do we go from Here?

- ♦ New Communities are waiting!
- ♦ Juvenile Justice
 - ♦ Within the Juvenile Justice facilities
 - ♦ Diversionary Opportunities
- ♦ Truancy
- ♦ Expansion in CYF





Chester County Pennsylvania



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Thank you!

