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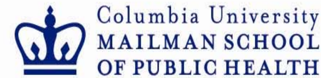

Psychosocial, therapeutic models and intervention programs for children and families: a matrix of recommended programs for the Louisiana Family Recovery Corps.

Children's Health Fund Team	Paula A. Madrid, Psy.D
	Rita Domnitz, MS, Ed Psych.
	Elizabeth Fuller, MSPH
	Roy Grant, MA
Project Coordinator	Misha Rao, BA
Research Assistant	Laura DallaBetta, MPH Candidate

215 West 125th Street, 3rd Floor, New York NY 10027 ~ 212.535.9400

Introduction

This report is a compilation of psychosocial, therapeutic models and intervention programs for children and families as well as recommendations for appropriate application of models taking into account population characteristics such as culture, socioeconomic status, trauma history, among relevant factors.

For the first draft of the report, we examined 130 articles, reports, book chapters and websites and selected 54 programs to be included in draft of the matrix. (See attached). This document represents the final draft as requested by LFRC. Pursuant to LFRC's request, we have selected 14 interventions/models we consider most conducive to LFRC's mission with children, families and adults, including (to a lesser extent) older adults. A total of 37 resources were utilized to put together the final matrix and an additional 25 articles were used to gather information for the narrative portion of this report. The majority of the articles were peer-reviewed, authored by researchers and government agencies and dated from 1967 to 2006.

Objective: The purpose of the matrix is to give the reader a brief snapshot of each intervention or Program. We believe these interventions could be helpful to families after the devastation of Hurricanes Katrina and Rita.

The matrix provides an overview of programs that were located and found to be applicable to populations impacted by Hurricanes Katrina and Rita. It is not intended as an exhaustive description of each program, but as a starting point for discussion and further inquiry. The programs described target issues such as preventing domestic violence, conduct disorders, anxiety, interpersonal problems, communication skills, parenting, HIV/STD and pregnancy prevention, aggression, coping skills, disaster preparedness, resilience building, healthy management of emotions, problem solving, substance abuse, hyperactivity, PTSD, and traumatic reactions. When empirical data were not available, CHF staff used clinical judgment to determine the program's relevance to populations impacted by Hurricanes Katrina and Rita (Column VI).

When possible, we provided contact information for the developer of the model and/or contact information for purchasing manuals and training information. Much of the cost estimate information was gathered from direct conversations with the model developers; however, in some situations, the developers were not available. In these situations, we utilized information from websites or other articles. In the entries describing individual psychotherapy or group approaches, the cost of the intervention is linked to the setting where it is being provided; in many cases, the estimate is the professional fee for providing the therapy.

We engaged in as much fact checking, as we were able to do within the time constraints. However, since websites are constantly changing and being updated, some of the contact information may not be applicable at the time of submission.

The Matrix
The matrix is organized into seven columns containing information for the end-user

I. Program: Provides the name of the intervention or model

II. Setting: Provides locations where interventions can be implemented (i.e. school-based, community center, home-based, recreational facility, inpatient, outpatient clinic) as suggested by program developers or inferred by CHF's team based on the program description.

III. Program/Intervention Description: This section describes the program structure and when available materials and staffing needs, including any licensing requirements. It may include description of the target population: for example, demographics such as age, gender and ethnicity of the specific population for which the program was developed and/or tested.

IV. Target Concern: A brief, detailed description of the main goal of the intervention or program; for example, "this program seeks to prevent male-perpetrated domestic violence in couples who wish to remain together".

V. Program information: Any information regarding cost and feasibility of program implementation; for example, cost and availability of materials, website, contact person or institution, where it was developed, is included.

VI. Relevance to children and families impacted by the Hurricane: This section gives a brief statement of how the particular program could be helpful to the population; for example, "this program addresses violence in a "family systems" approach. With increasing chronic stress on families after Hurricanes Katrina and Rita, domestic violence has increased. Domestic violence has negative health and behavior outcomes for women and children."

VII. Notes: Additional information found regarding the program, as well as articles or resources that were helpful when finding the program information. When the information was available, relevant research findings were also included.

Thank you for the opportunity to assist you in the process of finding appropriate clinical and psychosocial models to help children and families affected by Hurricanes Katrina and Rita. As you are aware, our work in the Gulf Coast begun soon after the Hurricane and our mission is to provide direct services and support training, advocacy and public policy issues as they impact children and families impacted by Hurricanes Katrina and Rita. We would value the opportunity to continue our relationship with LFRC perhaps by proving consultation or direct services implementing relevant, outcome- based health programs for members of your community during the aftermath of Hurricanes Katrina and Rita.

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Paula A. Madrid, Psy.D.
Director, Mental Health Services

Helping Underserved Adults and the Elderly: Relevant Information for Survivors of Hurricanes Katrina and Rita

Barriers to effective mental health services for African Americans: Key findings

- Perhaps because of a history of self-reliance and mistrust of mental health providers, many African Americans appear to deny mental health problems.
- When symptoms appear, they may be acknowledged more readily if understood as traditional, folk-based disorders, and if self-reliance and prayer are considered in response.
- Mental illness continues to retain a considerable stigma for African Americans, in particular, low income families.
- *Support from significant others and fellow community members may be sought but only indirectly, in the form of reassurance, companionship and advice defined other than mental health terms.*
- It is important also to avoid overgeneralization. Factors such as age, gender, along with socioeconomic differences are to be taken into account because of their strong associations with help-seeking.
- *To improve African Americans' access to services, there appears to be a need for more and better public education, emphasizing that services and programs are available and that recipients are better of than those who abstain.*
- *Active outreach into African American communities, engaging opinion leaders and gatekeepers of the community is also necessary.*
- During treatment, it is essential to engage the 'client/patient' in participating in his/her treatment plan and programs in so far as they achieve these objectives.

Selected Findings from Various Articles

Given the importance of religion for many African Americans, it could be useful to ally faith communities and research investigators to provide a rationale for why care giving investigators & African American faith communities should collaborate.

Studies show that African American caregivers tend to be more religious, pray more frequently and are more likely to receive support from ministers. In addition they consider God a member of their social support network.

Studies show that greater religiosity is associated with African American's reporting more positive aspects of and greater satisfaction with care giving.

The majority of African Americans conceptualize personal distress with a religious framework. As such, this population is more likely to seek help from clergy that Caucasians. Moreover, it is recommended that counseling help places a greater emphasis on spirituality in the healing process.

UNDERSTANDING AFRICAN-AMERICAN PARTICIPATION IN A BEHAVIORAL INTERVENTION; RESULTS FROM FOCUS GROUPS

This reports a qualitative study involving an in-depth examination of the subjective experience of African-American participants in the intervention arm of The Heart Failure Adherence & Retention Trial (HART). The specific aims were to understand, from the patients' perspective, what AA participants were learning from the intervention, what factors promote retention in the groups and what factors limit retention in the groups.

Findings: Despite low resource availability of underserved minority participants, the results demonstrated that skills dealing with self-care can be taught, even in populations with deficits in literacy. Also, despite sporadic attendance of some members, groups provide a safe place for participants to talk about their experience with HF. Being aware of and addressing culturally sensitive issues such as diet and spirituality allows greater synchronicity with general cultural context of the individual.

The indications and recommendations from this study seem to have good applicability to mental health services and the power and success of group dynamics within diverse populations.

GROUP INTERVENTIONS WITH LOW-INCOME AFRICAN AMERICAN WOMEN RECOVERING FROM CHECMICAL DEPENDENCY

This study looked at group interventions that seek to empower people and heighten social awareness & personal understanding of what creates negative outcomes. Empowerment requires that people increase & strengthen personal efficacy, which then enables them to overcome challenges and barriers and establish new roles.

Four sources of self-efficacy are emphasized in working with clients suffering from long-term substance abuse: 1) vicarious experiences; 2) emotional arousal; 3) verbal persuasion; 4) practicing new ways of behaving and performing; and 5) witnessing life history events.

Five intervention activities are highlighted: 1) gestalt exercises; 2) sharing prayerful homework; 3) reflecting and discussing powerful stories about female role models; 4) discussing successful African American women; and 5) analyzing and discussing visual art to promote reflection associated with change, inherent in recovery.

Participants reported benefits from: "calming & releasing energy", improved decision-making; confronting chemical dependency by addressing denial, fears and reasonable risk-taking; the "safe" environment of the group.

Tentative findings suggest that recovery interventions incorporating sources of self-efficacy may facilitate empowerment of women coping with serious challenges to achieving substance-free lives. This study is helpful to understand the importance of maintaining sensitivity to the cultural and ethnic nature of each intervention would seem to improve the relevance and success of participants' outcomes. It also provides insight into what appears to be helpful working with "avoidant" populations such as those abusing substances.

AFRICENTRIC YOUTH & FAMILY RITES OF PASSAGE PROGRAM: PROMOTING RESILIENCE AMONG AT-RISK AFRICAN AMERICAN YOUTHS

This is a 3-yr.program for at-risk AA boys between ages 11.5 and 14.5 years with no history of substance abuse and referred from the criminal justice system, diversion programs, & local schools.

This is a strengths-based perspective grounded in the principles of "Nguzo Saba" which has as its principles: Unity, Self-Determination, Collective Work & Responsibility, Cooperative Economics, Purpose, Creativity and Faith.

The group process consists of an 8-week preinitiation/orientation phase followed by weekly meetings emphasizing AA culture. The final phase consists of the "transformational ceremony" during which the youths demonstrate their personal growth, knowledge and skills to an audience of family members, friends, staff and significant other individuals.

There are 3 interventions: 1) After-school component; 2) Family enhancement; and, 3) Individual and family counseling.

The effects of this program demonstrated that the youths acquired much knowledge and positive values. There were significant gains in self-esteem and knowledge about drug abuse. There were sizable increases in racial identity and cultural awareness between pre- and post-tests, albeit statistically insignificant. There were no significant gains in academic orientation.

The after-school component and the youth retreat promoted collaborative activities and enhanced bonding by increasing trust and respect.

The program had positive (but statistically insignificant) effects on the parents and guardians of the youths. Five themes were repeatedly identified as contributing to the program's success: holistic, family-oriented, Africentric, strength-based and indigenous staff. Also, it was found that other programs which focus strictly on the youth (non-holistic) have not been successful.

Reasons for Recommending 13 Programs

According to LFRC guidelines, we selected thirteen programs/models that would best suit the populations of interest. We recommended behaviorally oriented programs involving parents and other adults. Special attention was paid to programs that were supported across multiple studies. We also took into account the cost-effectiveness of programs when the information was available. Special attention was paid to programs that we felt would be relevant to various settings and those what would lend themselves to implementation by well-trained community workers or other paraprofessionals.

We found programs that reported being most “relevant to parents in temporary or poverty-affected areas” as well as those that involved self-administered parent support training so that they would serve as realistic and empowering tools for families in non-traditional settings. Treatment and supportive approaches were recommended given their relevance to LFRC’s mission and target populations. Nonetheless, the literature and our extensive clinical experience suggests that taken resilience building needs to be taken into account in particular when dealing with underserved populations with a history of trauma and violence exposure/victimization. As such we recommended a program that takes into account all aspects of resilience and its role in strengthening children and families.