Familias Unidas

- Evidence-based, culturally-informed intervention for Hispanic youth and their families

- Parent-centered

- Delivered through 8 family-centered, multi-parent groups that place parents in the change agent role and through 4 family sessions
Social-Cultural Context

Parental Resources/Stressors
- Parents’ Social Support
- Parents’ Work/Occupation Stress

Family Microsystem
- Positive Parenting
- Communication
- Parental Involvement
- Communication about sex
- Family Support

Family-School Mesosystem
- Parental involvement in school

School
- School Bonding
- Academic Achievement

Family-Peer Mesosystem
- Parental monitoring of peers

Peers
- Substance use w/ friends
- Peer sexual risk behaviors

Cultural Mismatch
- Immigration Policy

Economy

Language Problems
How does Familias Unidas accomplish its goals?

- Instills hope in parents
- Places parents in positions of leadership
- Strengthens parental investment/collaboration with adolescent worlds
- Creates support networks for parents
- Provides skills to effectively deal with youth substance use and risky sexual behaviors
- Restructures interactions with family, school, and peer relationships
Familias Unidas: Effective in Reducing Drug Use and Sexual Risk Behaviors

Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention

BluePrints
Figure 1. Stages of Research and Phases of Dissemination and Implementation

- Preintervention
- Efficacy Studies
- Effectiveness Studies
- Adoption
- Implementation w/ Fidelity
- Dissemination and Implementation Studies
- Sustainment Scaling Up

IOM 2009
Familias Unidas Efficacy Studies

Effects of a Family Intervention in Reducing HIV Risk Behaviors Among High-Risk Hispanic Adolescents
A Randomized Controlled Trial
Guillermo Prado, PhD; Hilda Panin, PhD; Shi Huang, PhD; David Cordova, PhD; Maria I. Tapia, MSW; Maria-Rosa Velazquez, MFA; Meghan Calfee, MS; Shandey Malcolm, MPH; Margaret Arzon, BS; Juan Villamar, MS; Giselle Leon Jimenez, MFT; Nicole Cano, BS; C. Hendricks Brown, PhD; Yannine Estrada, MEd

Published online October 3, 2011.

Efficacy of a Brief Intervention to Reduce Substance Use and Human Immunodeficiency Virus Infection Risk Among Latino Youth
Yannine Estrada, Ph.D.1, 2, Alexa Rosen, M.P.H.4, Shi Huang, Ph.D.3, Maria Tapia, L.C.S.W.4, Madeline Sutton, M.D., M.P.H.1, Leigh Willis, Ph.D., M.P.H.3, Ana Quevedo, M.A.3, Cecilia Condo, M.A.1, Denise C. Vidot, Ph.D.3, Hilda Panin, Ph.D.1, and Guillermo Prado, Ph.D.1

1 Department of Public Health Sciences, University of Miami, Miami, Florida
2 Division of HIV/AIDS Prevention, Centers for Disease Control and Prevention, Atlanta, Georgia
3 Department of Social Work, Universidad Catolica de Santiago de Guayaquil, Guayaquil, Ecuador

Article history: Received May 11, 2015; Accepted July 17, 2015
Keywords: Latino adolescent; HIV/AIDS; Substance use; Prevention efficacy trial; family-based intervention

A Randomized Controlled Trial of a Parent-Centered Intervention in Preventing Substance Use and HIV Risk Behaviors in Hispanic Adolescents
Guillermo Prado and Hilda Panin
University of Miami

Ervin Briones
University of Tennessee at Martin

Seth J. Schwartz, Daniel Feaster, Shi Huang, Summer Sullivan, Maria I. Tapia, Eduardo Sabillon, Barbara Lopez, and José Szapocznik
University of Miami

A Randomized Controlled Trial of Familias Unidas for Hispanic Adolescents With Behavior Problems
Hilda Panin, PhD, Guillermo Prado, PhD, Barbara Lopez, PhD, Shi Huang, PhD, Maria I. Tapia, MSW, Seth J. Schwartz, PhD, Eduardo Sabillon, MS, C. Hendricks Brown, PhD, and Jennifer Branchini, BS
Effectiveness Trial Study Design

Recruitment and Screening

Baseline Assessment

Randomization (n = 746)

Familias Unidas (n=376)

Community Control (n=370)

6 months post-baseline
93% retention

30 months post-baseline
86% retention

18 months post-baseline
90% retention
Participants

- 746 Hispanic 8th grade youth
- 52% male, 47% female
- Mean age = 13 years, SD = 0.67
- 67% of the families reported household incomes lower than $30,000 per year
- 55% of adolescents were born in the U.S.
CONSORT Diagram

Enrollment

Assessed for eligibility (n=989)

Randomized (n=746)

Excluded (n=243)
- Not meeting inclusion criteria (n=85)
- Declined to participate (n=172)
- Other reasons (n=6)

Allocation

Allocated to intervention (n=376)
- Received allocated intervention (n=323)
- Did not receive allocated intervention (n=53)

Allocated to intervention (n=370)
- Received allocated intervention Unknown
- Did not receive allocated intervention Unknown

Follow-Up: 6 months

Lost to follow-up (n=12)
Discontinued intervention (n=18)

Lost to follow-up (n=5)
Discontinued intervention (n=14)

Follow-Up: 18 months

Lost to follow-up (n=7)
Discontinued intervention (n=32)

Lost to follow-up (n=6)
Discontinued intervention (n=26)

Follow-Up: 30 months

Lost to follow-up (n=6)
Discontinued intervention (n=44)

Lost to follow-up (n=2)
Discontinued intervention (n=43)
Fidelity

• Bilingual school counselors/social workers trained

• 4 days of intensive training in the intervention

• Mean fidelity of 4.12 (SD = 0.57) on a 0-6 scale
Engagement Rates

• 78% engaged

• Mean number of sessions attended 6.4, SD 4.2
Effects on Parental Monitoring of Peers

Mean parental monitoring of peers

Baseline 6 Month

- Familias Unidas
- Community Practice Control
## Condition effects on drug use trajectories

<table>
<thead>
<tr>
<th></th>
<th>Drug use vs. Non drug use</th>
<th>Drug use frequency</th>
<th>Model fit indices</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Slope</td>
<td>Slope</td>
<td>AIC / BIC</td>
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<tr>
<td>Est. (SE)</td>
<td>95% Cl</td>
<td>p</td>
<td></td>
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<tr>
<td>Intercept</td>
<td>.06 (.22)</td>
<td>-</td>
<td>.31 (.13)</td>
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<tr>
<td></td>
<td>-.36, .49</td>
<td>.77 1</td>
<td>.16, .45</td>
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<tr>
<td>Condition</td>
<td>-.12 (.20)</td>
<td>-</td>
<td>-.20 (.04)</td>
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<tr>
<td></td>
<td>-.28, .51</td>
<td>.57 5</td>
<td>-.29, -.10</td>
</tr>
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</table>

- Drug use: 1708.50 / 1991.39
Scale up of a cost-effective intervention

Familias Unidas

Reach

- Brochures
- Self Help Guides
- Brief Counseling
- Group Programs

Impact
eHealth Interventions

- *eHealth* interventions provide flexibility
- Several interventions are being developed and tested for internet delivery
  - Strengthening parenting
  - Obesity prevention
  - Mental health promotion
- Widespread internet use
eHealth Familias Unidas Website
eHealth
Familias Unidas

Building Parental Investment in Adolescent’s Worlds - Interactive Exercise 02

Haga su propia lista. Seleccione y coloque sus metas en el mundo de la familia.

La familia
Online Family Sessions
Study Design

Pilot Study

Recruitment and Screening

Baseline Assessment

Randomization $n = 230$

Familias Unidas $n = 113$

Control $n = 117$

3 Assessment Time Points

Baseline

3 months

12 months
Participants

- 113 Adolescent-parent dyads
- Adolescent mean age = 14.19 (SD = 0.73)
- 62% of adolescents were males
- 58% of adolescents were born in the U.S.
Engagement Research Questions

- Describe participation in the eHealth Familias Unidas Intervention

- Compare participation between eHealth and face-to-face Familias Unidas

- Examine predictors of eHealth Familias Unidas participation
Results: Engagement and Attendance

- 82% (n=93) of families initially engaged in the intervention
- Families participated in an average of 8.94 out of 12 sessions ($SD=4.87$)
- Parents participated in a mean of 5.93 ($SD=3.32$) parent group sessions
- For the family sessions:
  - 71% (n=81) completed all four sessions
  - 9% (n=11) completed 1, 2, or 3 sessions
  - 18% (n=21) completed 0 sessions
Results: Comparison to Face-to-Face Familias Unidas

- eHealth Familias Unidas total attendance (8.94 mean sessions) >
  - Efficacy trial: 6.9 sessions ($SD =4.04$) ($p<0.001$)
  - Effectiveness trial: 6.4 sessions ($SD=4.2$) ($p<0.001$)

- eHealth Familias Unidas group attendance (5.94 mean sessions) >
  - Efficacy trial: 3.9 sessions (SD=2.8) ($p<0.001$)
  - Effectiveness trial: 3.7 sessions (SD=2.9) ($p <0.001$)

- Significant difference between participation at family sessions in the current study and the effectiveness trial ($X^2=19.3$, df=2, $p<0.001$)
## Results: Final Models

<table>
<thead>
<tr>
<th>Predictor(s)</th>
<th>Model 1- Initial Engagement</th>
<th>Model 2- Total Participation</th>
<th>Model 3- Parent Group Session Participation</th>
<th>Model 4- Family Session Participation</th>
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<tbody>
<tr>
<td></td>
<td>B</td>
<td>SE</td>
<td>p</td>
<td>B</td>
</tr>
<tr>
<td>Youth Gender</td>
<td>.312</td>
<td>.364</td>
<td>.392</td>
<td>1.369</td>
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<tr>
<td>Family Income</td>
<td>.229</td>
<td>.333</td>
<td>.492</td>
<td>.671</td>
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<tr>
<td>Parent Acculturation (Hispanicism-Americanism difference)</td>
<td>.022</td>
<td>.014</td>
<td>.129</td>
<td>.074*</td>
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<tr>
<td>Family Stress</td>
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<td>.115</td>
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<tr>
<td>Family Occupational-Economic Stress</td>
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<td>Effective Parenting</td>
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<td>.071</td>
<td>.080</td>
<td>-.553*</td>
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<td>Youth Behavior Problems</td>
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<td>.005</td>
<td>.525</td>
<td>-.027†</td>
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<tr>
<td>Facilitator Experience</td>
<td>.525†</td>
<td>.312</td>
<td>.093</td>
<td>1.080</td>
</tr>
</tbody>
</table>

### Model Fit

- Model 1: $\chi^2 = 16.411$, df=20, $p=0.690$, CFI=1.00, RMSEA<0.0001
- Model 2: $\chi^2 = 19.850$, df=20, $p=0.976$, CFI=1.00, RMSEA<0.0001
- Model 3: $\chi^2 = 19.647$, df=20, $p=0.977$, CFI=1.00, RMSEA<0.0001
- Model 4: $\chi^2 = 17.676$, df=20, $p=0.608$, CFI=1.00, RMSEA<0.0001

† significant at 0.10 level  * significant at 0.05 level  ** significant at 0.01 level
Effects of eHealth Familias Unidas on Family Functioning

- **eHealth Familias Unidas (relative to control)**
  - $\beta (SE): 0.118 (0.057), \ p = 0.037; \text{ effect size } = 0.33$

- **Parent-adolescent communication**
  - $R\text{-square } = 0.48$
  - $\beta (SE): 0.102 (0.057), \ p = 0.05; \text{ effect size } = 0.30$

- **Parental monitoring of peers**
  - $R\text{-square } = 0.47$
  - $\beta (SE): 0.118 (0.057), \ p = 0.037; \text{ effect size } = 0.33$
Effects of eHealth Familias Unidas on Past 90-Day Substance Use

$\beta(OR): -1.425 \pm .240, \ p = .045$
Effects of eHealth Familias Unidas on Past 90-Day Alcohol, Cigarette, Hard Drug Use, and Marijuana Use

\[ \beta(\text{OR}) : -1.762 (.172), p = .049 \]
\[ \beta(\text{OR}) : -0.817 (.442), p = .486 \]
\[ \beta(\text{OR}) : -0.727 (.483), p = .318 \]
\[ b(\text{IRR}) : -1.608 (.200), p = .003 \]
The Feasibility and Acceptability of Familias Unidas in Primary Care
Familias Unidas Preventive Intervention
Methods

Recruitment in Pediatric Primary Care Clinics

- eHealth Familias Unidas
  - N= 31
  - Post Intervention Assessment
  - Focus Groups

- Treatment as Usual
  - N= 13
  - Post Intervention Assessment
Feasibility and Acceptability

• Quantitative and qualitative data collection and analysis

• All but two families approached agreed to participate

• 93.5% of families engaged in the intervention

• 90% of those engaged “attended” all sessions
Parent Perspective: Focus Group

Themes

• Recruitment:
  • Trusting of their child’s primary care Pediatrician
  • Comfortable with Familias Unidas research team
  • Preferred primary care setting over a school setting

• Intervention:
  • Excellent facilitator engagement
  • eHealth format provided scheduling flexibility
  • Familias Unidas provided a mental health service

• Outcomes:
  • Improved parent-adolescent communication and parental monitoring
  • Can apply skills learned in Familias Unidas to other children
Parent Perspective

“In the school system you don’t meet anyone unless you have a huge problem. They don’t call you saying your kid is on honor roll, they call you only if there’s a problem with the child so it would be different.”
Clinic Personnel and Facilitator Perspective: One-on-One Interviews Themes

• Recruitment:
  – Appropriate setting and population
  – Logistical Barriers:
    • Disruption of Clinic Flow
      – Time
      – Space
    – Recommendations:
      • Clinic Orientation
      • Progress Reports
Clinic Personnel and Facilitator Perspective: One-on-One Interviews Themes

• Intervention:
  – Value Familias Unidas
  – Flexible and convenient to deliver intervention via Internet

• Feasibility:
  – Implementation of Familias Unidas in Pediatric Primary Care is Feasible
  – Importance of clinical staff buy-in
  – Recommendations:
    • Reimbursed via Insurance
    • Clinic staff member to be involved with recruitment, intervention and follow up
Clinic Personnel and Facilitator Perspective

“I think it could work in the pediatric primary care setting especially because for a lot of the families this is the only health care provider [pediatricians], they have no mental health provider that they are involved with so this is someone that they meet with regularly....”
Future Directions

• Continue to streamline the online intervention
• Interventions that focus on common mechanisms of action which target:
  – Drug use
  – Sexual Risk behaviors
  – Internalizing symptoms
  – Obesity related outcomes

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Thank you, Dr. Willy Prado.

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