



The cross-cultural transfer of evidence based treatments

The example of “FAST Netherlands”

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Introduction

The Problem: Families with increased risk often receive less care

- Families with a high degree of psycho-social risk often don't find the way to appropriate mental health and social services.
- The risk to develop mental health, academic and social problems as well as the risk for child abuse and neglect are elevated for this group.
- Families and Schools Together (FAST - an evidence based prevention program) reduces psycho-social risk factors and has an excellent record in recruiting marginalised families.

What is special about FAST?

- Multi-systemic: 8-10 whole families in one room at school
- Coaching instead of teaching: “experienced based learning”
- Multi-agency: school, mental health and social services
- A parent as part of the team
- Ethnical representation (team looks like community)
- Low threshold for participation: all the family can attend, food is provided, warm and fun atmosphere, each family wins a lottery once
- 8 weekly sessions, then two years monthly self-help group
- Builds strong and lasting relationships between parent and child, among parents, with peers, with community agencies and within the society

The Project – Bringing FAST into the Netherlands

Aims of the Pilot Study: 2008-2009

1. ADAPTABILITY: to adapt the program to the Dutch circumstances
2. FEASIBILITY: to test the feasibility of FAST Netherlands
3. EFFECTS: to get an impression of effects/effect size in the NL

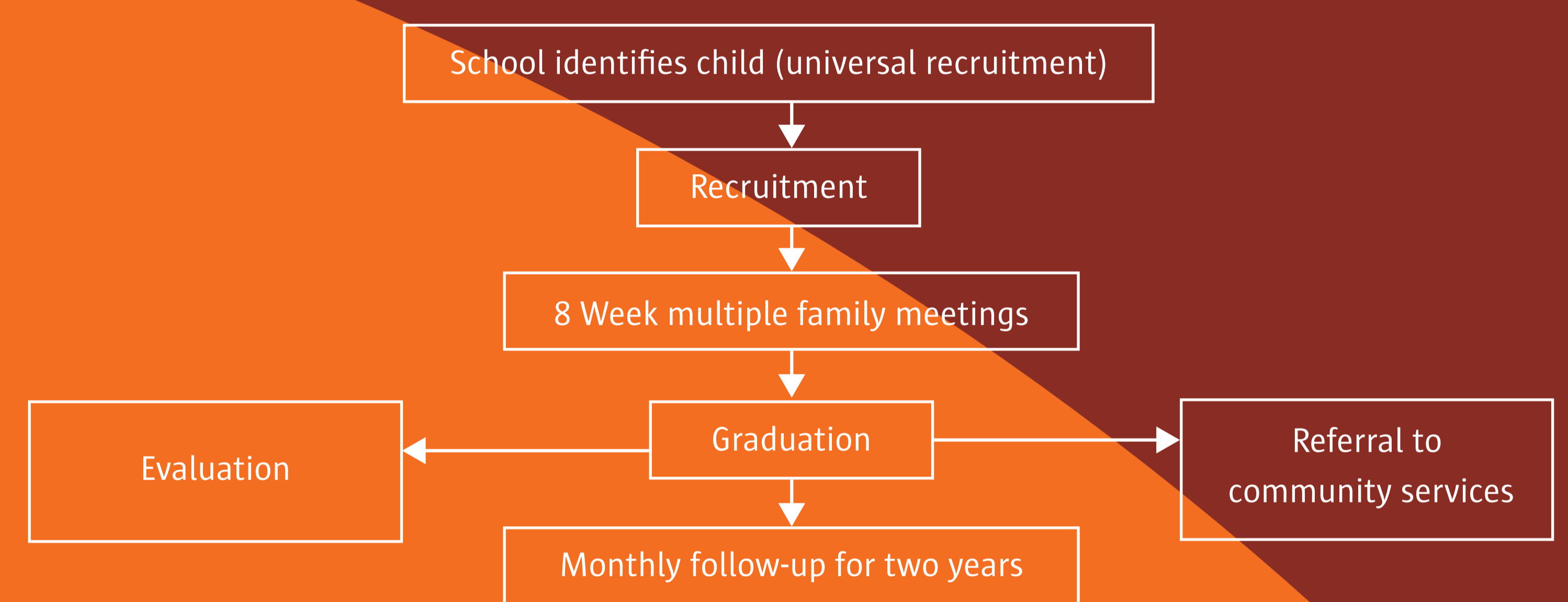
Methods of the Pilot Study

- Create a team from a parent partner, education-, social- and mental health services
- Fit FAST into existing management and collaborative structures
- Translate manual and materials
- Run 3 groups of FAST in 2 schools
- Build capacity in terms of certified FAST team members and trainers

Evaluation relating to the aims

1. ADAPTABILITY: largely qualitative through process evaluation in close co-operation with users and developers of the program
2. FEASIBILITY: semi-structured interviews with managers of services and policy makers, study of policy documents
3. EFFECTS: pre- and post measurements using a number of standardised instruments (incl.: SDQ, SSR, CBCL, NOSI-K)

FAST Process



Preliminary Results

Adaptability

- The program is quite flexible and stands open for cultural adaptations
- A number of aspects of the program (e.g. timings of program components etc.) had to be adapted to fit Dutch circumstances and culture
- Although some aspects of the program were experienced as being quite “American” FAST was very well received by children and parents

Feasibility

- The biggest hurdle to feasibility is the difficulties schools experience to free one of their staff to participate in FAST

Effects (cave, small numbers!)

- The first data analysis indicates significant improvements in family cohesion, parent-child relationship, reciprocal parental support and parent-school involvement
- In contrast to the USA teachers did not find any improved behaviour, but parental satisfaction with the program was exceptionally high (9.8 out of 10)

Overall the results are promising enough to warrant a full scale effectivity study.

The evidence from the USA (4 RCTs)

- Family cohesion and family atmosphere improve
- Reduction of in- and externalising problems in children
- 80% of parents make lasting friends through FAST
- Better academic achievements in children
- On a US government list rating evidence based programs (SAMHSA) FAST has the highest status of a “model program”