

For Submission to Children and Schools
Special Issue on Evidence Based Practice
Latino NIDA FAST Research paper

EVIDENCE BASED PRACTICE FOR BUILDING PROTECTIVE FACTORS TO ENHANCE CHILD FUNCTIONING IN URBAN SCHOOLS: A RANDOMIZED TRIAL OF FAST MULTI-FAMILY GROUPS ADAPTED FOR LATINO COMMUNITY

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[INSERT ABSTRACT]

What is Evidence Based Practice: Introduction

On June 7, 2002, the Director of the Substance Abuse and Mental Health Services Administration (SAMHSA) announced a list of 43 science based models which reduce substance abuse and enhance mental health at the National Press Club in DC. The structure created to review the research evidence for each candidate social program and the step by step process used to determine these 43 programs was described in a recent publication mailed to all US counties and communities (Schinke, et al, 2003). In addition, SAMHSA is awarding \$9 million three year grants to states for the purposes of replicating these models in local communities. This reflects a shift in federal policy towards accountability in use of tax dollars in the field of human services.

Of those identified in this list, ten evidence based models work directly in or with schools. This paper describes one of the ten school based prevention models and also summarizes the design and outcomes of one of the experimental studies supporting its inclusion as an evidence based model. The program is a multi-family group program called FAST (Families and Schools Together), first developed in 1988 in Madison, WI, by the first author, and since then replicated in 800 schools in 45 states and five countries. The randomized trial presented here was funded by NIDA (National Institute of Drug Abuse) and reports on the positive impact of FAST as it was adapted and implemented with Latino children and families in an urban, Midwestern setting.

What is FAST: Multi-Family Group Early Intervention

FAST is a multi-component intervention: Outreach (Home Visits), Engagement into multi-family groups to build relationships (8 weeks), and Community Development (2 years). FAST delivers multiple, research based, clinically powerful interventions organized around the social ecological model of child development in a multi-family group, community based, structure. Specifically, FAST consists of 1)parent delivered play therapy; 2)parent delivered compliance rehearsals for their children; 3)parent delivered, activity based, family therapy for their family, and 4)parent peers participating

together in the building of reciprocal, interpersonal community ties, i.e. social capital. A trained FAST team with community representation (culture and language) and between 25-50% consumer representation, does the outreach and facilitates the multi-family group activities. Multiple relationships in the child's social ecology are built and strengthened which will continue to support the child's development over time.

The basis for the FAST Program is both theoretical and application of published research: the central theories are family stress theory (Boyd-Franklin, 2000; Hill, 1959; McCubbin, 1983; McDonald, 1983; Walsh, 2003) and family systems theory (Minuchin, 1974; Szapoznick, 1999; Alexander; Satir, 1984); both of which are applied in the multi-family group approach.

FAST applies theory and research from several social science disciplines to create a tight package of interactive processes, which are led by trained local parents, paraprofessionals and professionals in fields unrelated to family therapy, family systems theory or family stress theory. (McDonald, et al, 1981; 1997; 1998; 1999; 2000; details of the research studies which underlie each separate activity are also on the web:

www.wcer.wisc.edu/FAST) Training consists of 3 full days for the FAST team with manuals by a Certified FAST Trainer; in addition, three local site visits for direct observation of program implementation monitors program integrity, and provides local, immediate feedback and negotiation of local adaptations of the processes. No professional training in family therapy or play therapy is needed to conduct a FAST multi-family group session. Certification standards are applied to provide quality assurance to the funders and practitioners, and an outcome evaluation is routinely provided with statistical tests. FAST is totally based on action oriented, participatory learning, without didactic presentations, written assignments, or reading requirements. This is important for cross-age, cross-generational activities, but also creates a goodness of fit for non-literate adults, and ESL families with school age children. Pedagogical theories underpinning this approach are that of Paulo Freire (1982); also, of Carol Gilligan (1986). The experiential lessons are imbedded into the structured processes repeated each week at the eight FAST sessions:

- Respect the parental hierarchy in the family.
- Respect each unique voice in the family.
- Have boundaries around the family (nuclear and extended).
- Promote cohesion (closeness) vs. disengagement (distance) in the family unit.
- Create protected time for spousal/parental dyads.
- Create protected positive time for parent/child dyads.
- Connect across families of same age children for parent support networks which are
 - interdependent
 - reciprocal and mutual
 - trusting and share information
 - supportive with emotional and other resources
 - norming and sanctioning

The sequenced, activities at the multi-family group sessions are described in Table I with identification of the protective factors being built, as well as the negotiated, Latino, cultural adaptations for each activity. The repetition of these activities each week for eight weeks are the structured processes through which the many relationships are strengthened both within family units, across families in the community, with the school and with community agencies. Each of these strengthened relationships provide the protective factors which foster the increased child functioning within the school setting.

Family stress theory is so relevant here, given the multiple stressors experienced by the Latino immigrant families. Poverty has a simple relationship with first admissions to state mental hospitals, alcohol abuse, auto accidents, cirrhosis of the liver, heart disease, functional disorders, infant mortality, crime, and suicides (Seidman and Rapkin, 1983). Poverty in the US often also leads to self-blame, and a sense of powerlessness. This in turn reduces the mobilization of local helping networks. (Sotomayor, 1991).

5)Community resources, including interpersonal, trusting, reciprocal, relationships between youth and adults available in neighborhoods, i.e. social capital, were determined to be inversely correlated with problem behavior of high risk adolescents (Jones, 2000). Specifically, positive community characteristics, residential stability had a strong protective effect on adolescent aggressive behavior. Living in communities with higher levels of community connections also reduced adolescent deviant behavior. (Jones, 2000)

5)Although family strengths and relationships with parent are important as protective factors for youth, one must also consider the relationships within the wider community as protective factors. In a longitudinal Hawaiian study on resilience, three protective factors stood out as altering the trajectory of the youth: inborn temperament, positive relationship with one's mother, positive relationship with another adult in the community (Werner and Smith, 2001) In a cross-sectional national study of about 10,000 youth avoidance of bad outcomes, (Resnick et al, 1997, JAMA), good relationships with parents and with the school were key predictors of good outcomes.

5)At the same time that research is clearly identifying the relationships within families and within communities as being critical protective factors for our next generation,
5)Harvard's political scientist, Putnam (2000) has studied a 500,000 people in US data set across 40 years and reports a dramatic decrease in social capital in recent years. His report highlights and summarizes many studies which demonstrate the inverse correlation on a community and on a state level of the relationships between good social capital and school drop out, crime, disease, and health. If there is high social isolation, there is also high child abuse and neglect, family and domestic violence, accidents, and illnesses with slow recovery.

5)
“Nonrespectful attitudes and practices based on a child's ethnicity, gender, socioeconomic status, disability, or family form have a negative impact on learning and the educational and emotional climate of the school, quality of peer interaction, parent involvement, and pupil and staff competence and self esteem. (p. 261, Germain, 1988)

5)“Ecological intervention requires restructuring the interaction of significant adults, changing expectations and priorities of individuals, and significant others, improving competencies of individuals, and developing support systems (Levine, et al., 1987)

5)Group work theory suggests noticing and knowing in a safe space, enables the emergence of resilience of immigrants and refugees (Woodcock, pages 5-17).

5)“To organize resilience-focused groups for children, group workers should adopt the perspective that the child’s resiliency may be enhanced only through the positive interactions of various systems (e.g. individual, family, and community) with the child as part of each system. Thus, they should focus on strengths, resources and resiliency for families and social support networks, in addition to children’s needs, problems and risk factors.” (p. 83, *Fostering Resiliency in Children through Group Work: Instilling hope courage, and life skills*, by Hirayama, Hisashi and Kasumi Hirayama)

5)Mutual aid groups for parents have a track record for reducing stress which in turn enhances their parental ability to be responsive and consistent with their children. Four types of support are exchanged as a result of participating in these groups: instrumental, emotional, informational and appraisal. (Gitterman, 2001)

Why Adapt FAST to Latino only populations?

Urgency of high drop out rates in schools for Latino children and increase in population in US.

1)The youngest and fastest growing population in the nation are Latinos (US Department of Commerce, US Census Bureau, 2001), representing about 12% (32.8 million) of the total US population. The Latino population is not homogeneous: 66% of the Latino population is Mexican in origin; 9% were Puerto Rican; 14.5% is Central/South American origin, 4% is Cuban, and 6.4% is other Hispanic. Latinos are more geographically concentrated than non-Hispanic Whites and are more likely to live inside central cities of metropolitan areas. Latinos live in family households size is larger than the average US family, with 30.6%, in 2000, living in a household consisting of 5 or more people (in contrast to 11.8% non-Hispanic White family households this large. About 25% single parent Latino families (vs. 40% single parent families). There are more Latino children and youth and fewer elderly, proportionally, than in the age distribution of the general population.

More than 2 in 5 (40%) have not graduated from high school. (US Census, 2000) Hispanic population 25 and older were less likely to have graduated from high school (57% vs. 88.4 %). Only 51% of Mexican Latino youth graduated from high school. In the US, of people living below the poverty level in 1999, 7.7% were non-hispanic white, vs. 22.8% Hispanic. 30% of Latino children were growing up in poverty.

“Review of a body of evidence showed 1)role of socioeconomic status and its relationships with health insurance coverage and adverse health outcomes 2)the

importance of family and community resources in improving Latino child health; 3) health system factors as key predictors of use of services, compliance behaviors, and health outcomes 4) Latinos are not a homogenous group. (Zambrana and Logie 2000)...

Parental factors, particularly education and literacy levels, play a direct role in Latino access. Families often not aware of services or fearful of providers place Latino children at risk for less use or preventive screening services, more lost school days, and potential health problems in adulthood. Providers' involvement with parents may significantly increase the use of prevention and primary care services. ...working in partnership with the community and its families to develop ethnic specific clinical screening services, parent education and outreach programs can help improve Latino child health. ..

How was FAST adapted to Latino population

[Table on protective factors, cultural adaptations, and FAST activities] FAST Program Components and Adaptations in Latino Communities

Activity: Component Description	Latino Cultural Adaptation	Protective Factors	Mental Health Research Base
Flag: Each family unit creates a family flag to set on the family's table for eight weeks. Parent is in charge of the process in which each family member adds x to flag.			Alexander; Minuchin.
Music: FAST song. Families are invited to bring songs to teach to others, and school songs can be shared.			Egeland.
Meal: Host family (preceding week's Lottery winners) gets money to buy food, plans menu, and prepares meal for 12 families. Families eat together at their family tables; to show parents respect, the team asks the parent to ask a child to serve them dinner. Child is proud to do this task.			Dunst; Minuchin; Wolin.
Scribbles: Drawing and talking game in which the parent asks a child to get papers, instructs family members to draw and then discuss pictures, and directs the conversation about the imaginative drawings. Lots of family laughter.			Alexander; Egeland; Minuchin; Schedler & Bloch.
Feelings Charades: Play-acting feelings to other family members; parent is in charge of bringing family to choose a feeling card, guessing and talking about feelings in turns.			Alexander; Beavers; Egeland; Schedler; Werner.
Kid's Play: Developmentally appropriate organized activities for the children, led by FAST team. Active and quiet time; positive peer group experiences without TV.			Minuchin; Rutter.
Parents Talk: Peer parent to parent adult time to connect privately, is followed by a mutual aid parent group. Parents share their own successes and help each other to help their children succeed in school. No outside expert brings a curriculum. Informal social support networks emerge.			Beavers; Belle; Egeland; Gilligan; Hill; Wahler; Werner; Wolf.
Parent-Child Special Play: Child-initiated play where parent is coached by team to follow the child's lead, rather than teach, direct or judge. Play materials are provided. Uninterrupted parental attention.			Barkeley; Guernney; Kogan; Minuchin; Schedler & Bloch; Webster-Stratton.

Children like this the best.			
Lottery: Rigged so that each family wins once over the eight-week program duration. The winning family is showcased and receives many prizes for family members. Winning family plans and cooks the next week's meal.			Dunst; Hill; Minuchin.
Closing Circle: All participants gather into large circle for announcements (clapping), singing for birthdays, etc. A final ritual of nonverbal movements is passed around the circle in silence, making sounds of rain followed by a sun emerging in the group. Whole community activity.			Imber-Black.
Daily Homework for Parents, Special Play: Parents are expected to do Special Play every day at home as "homework." A chart and stickers are given to parents.			
Substance Abuse Info (5th Session): Staff presentation made to children and parents on substance use and abuse. This breaks the "no-talk" rule in families. Often "using" parents self-refer for "treatment" over time.			
Graduation (8th Session): Ceremony held at school to graduate the families. Parents encouraged to plan the event and invite guests; school principal gives framed certificates of completion. Graduation hats and <i>Pomp and Circumstance</i> add to the celebration, foreshadowing high school graduation. Parents receive positive affirmations.			
FASTWORKS (two years): Monthly meetings for two years in which interdependent parent graduates determine the agenda, receive a small budget, and get support from the school. Parents choose goals, or more training or outings.			

[Research base]

Use of FAST multi-family groups since 1991 with Latino communities has been popular:

The biggest multi-family FAST groups to graduate to date have been in Latino communities: Chicago, Ill.: 24 families graduated; San Jose, Calif. 25 families; the largest FASTWORKS in US are primarily Latino families: San Antonio, Texas. Last year the Kathleen McDonald FAST National Parent Leadership Award was made to a Latina FAST parent in Texas. She received the award at a national conference with over 100 state leaders of delinquency prevention initiatives. After she shared her story of becoming a parent leader (see the story of her from the newspaper coverage below), she was given a standing ovation.

The feedback from Latino parents who completed FAST has been positive (give a few quotes in Spanish from parents?). When considering retention rates, the Latino families as a cultural group have had the highest retention rates of any US group over 90% if a family attends once, whereas, the average US retention rate is just over 80%. Families have participated enthusiastically, and each newly trained site is always evaluated with

standardized instruments with reliability and validity. FAST outcome evaluations have shown positive impact for Latino children as reported by parents in the past.

However, we have until now not conducted a randomized experimental study on the impact of FAST specifically on Latino children. This study enabled the report about the children in school by the independent observer of the teacher two years after FAST to be analyzed. This offered us the opportunity to contrast the effects of FAST vs. those children who did not get FAST, over time. This paper reports on one aspect of this experimental study and one of its outcomes: teacher reports of Latino children at two years after FAST vs. FAME.

Randomized Trial in Urban Schools Research Questions and Hypotheses

The hypothesis, based on hundreds of previous implementations, was that:

FAST Latino children vs. control would show statistically significant differences two years later when compared to the comparison group children on teacher assessments of Social skills and Acting out/aggressive behaviors and academic performance.

Measures and Methods

Describe NIDA study

[INSERT: Research Design, Procedure, Measures, Data Analysis]

Results

Retention rates

- Universal recruitment was used in 2nd grade classrooms.
Of those who attended once, 83% of families who participated at the Milwaukee schools serving predominantly Latino children graduated from FAST; this was the highest of any cultural group in the Milwaukee study. Milwaukee NIDA data showed the average overall was 78% in contrast to the Latino only which were 83%. If you compare the Latino schools 83% with the rest of the cycles at Milwaukee schools in the study, their average was 76%.
National averages have been 80%, and nationally Latino rates are the highest. Their retention rates are above average.
- This population was inner city, low income, limited education, and the children were?
 - Gender
 - poverty
 - Level of problems at pre?

Means on Dependent Variables over time:

- Pre versus two years later, with teachers blind to condition

Teacher report: FAST Child Behavior vs. FAME:

- CBCL: Externalizing scale –aggression significantly less than FAME
- SSRS: Social skills significantly better than FAME

Teacher report on FAST vs FAME :

- Academic Behavior: statistically significantly better than control

These results reported by teachers in the schools about the FAST children, are consistent with the improvement reported by the parents over two years:

- FAST Child Behavior
- CBCL: Externalizing —aggression significantly reduced over time
- SSRS: Social skills significantly improved over time

Latino parents:

- School satisfaction: FAST significantly more positive than FAME

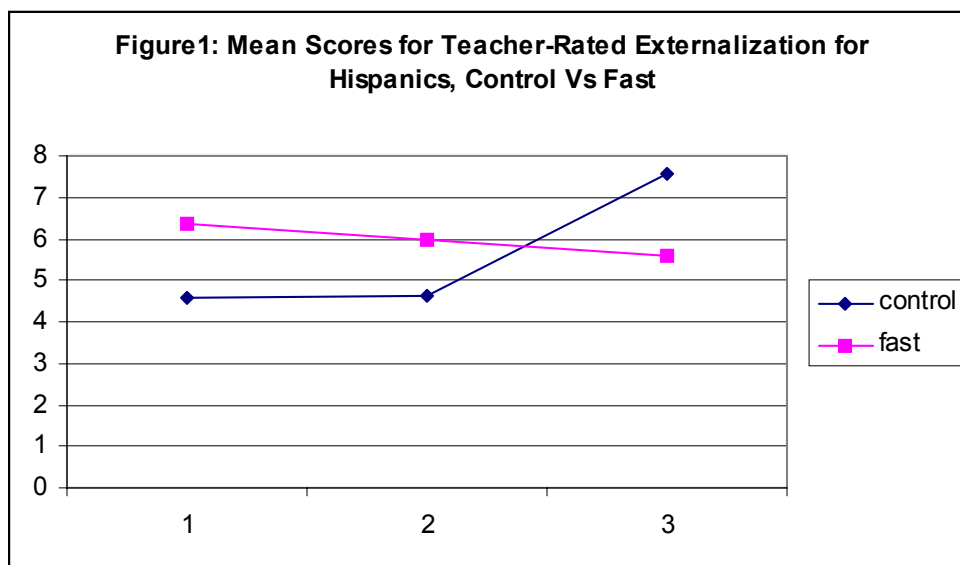
Externalization of Hispanics for the Fame vs Fast group

We do some preliminary exploratory analysis to see the behavior of externalization of Hispanic students. First point to note is that, the FAST group of Hispanic students start off at a relative disadvantageous situation compared to FAME group. For example, mean scores of FAST group of students (N=103) is 6.38 as compared to 4.59 (N=71) for FAME group before the implementation of the programs. Figure 2 shows the distribution of externalization scores at the pre-stage. More probability is concentrated in the score range 0-10 (80%) for the FAME group as compared to the FAST group (75%).

But the FAST group of students make rapid strides after 8 weeks and after 2 year evaluation periods. Figure1 shows that mean externalization score for FAST group of students have fallen consistently over time while it has gone up consistently for the FAME group of students. The spike in mean externalization scores for FAME group is dramatic during the post-2 phase. Although the mean scores are not statistically different

from each other at post1, they are statistically different from each other at 10% level of significance for a one-tailed test AT Post2. Figure 3 &4 corroborate this evidence. There is not much a change in distribution of externalization scores for both the groups in Post1, while a drastic change in distribution occurs in Post 2. Figure shows that less probability is concentrated in the low score range 0-10 for FAME (70%), while there is a palpable increase in probability for the FAST group in the same range (almost 80 %). Also, for the high score group (20-30), percentage of people declines drastically for the FAST group in Post2 as compared to Post1 and also with regards to FAME in Post 2.

The picture becomes very interesting if we look at the race distribution of students who have shown improvements from Pre to Post1 and from Post1 to Post2 (Table 2). First of all, 101 students in FAST as compared to 65 in FAME group have improved on their externalization scores from Pre to Post1; the figures are 60 vs 36 for Post1 to Post2 and 21 vs 11 for consistent improvement for all periods (Last row of Table 2). Hispanics seem to be doing much better than other communities over the long period. From Post1 to Post2, Hispanic proportions in FAST group goes up to 51.67% from 35.92%, and it further goes up to 57% in Post2.



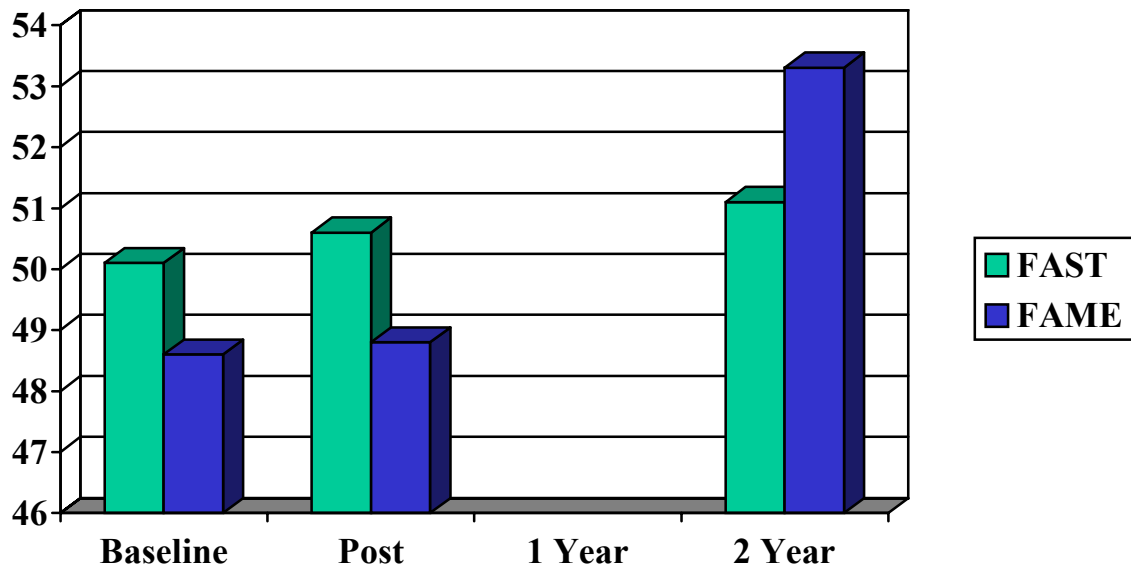
1=Pre, 2=8 Week Post, 3= 2 Year Post.

Table 1: Comparison of Mean Scores of Teacher-rated Externalization for Fast vs. Control for Hispanics in Post1 & Post2

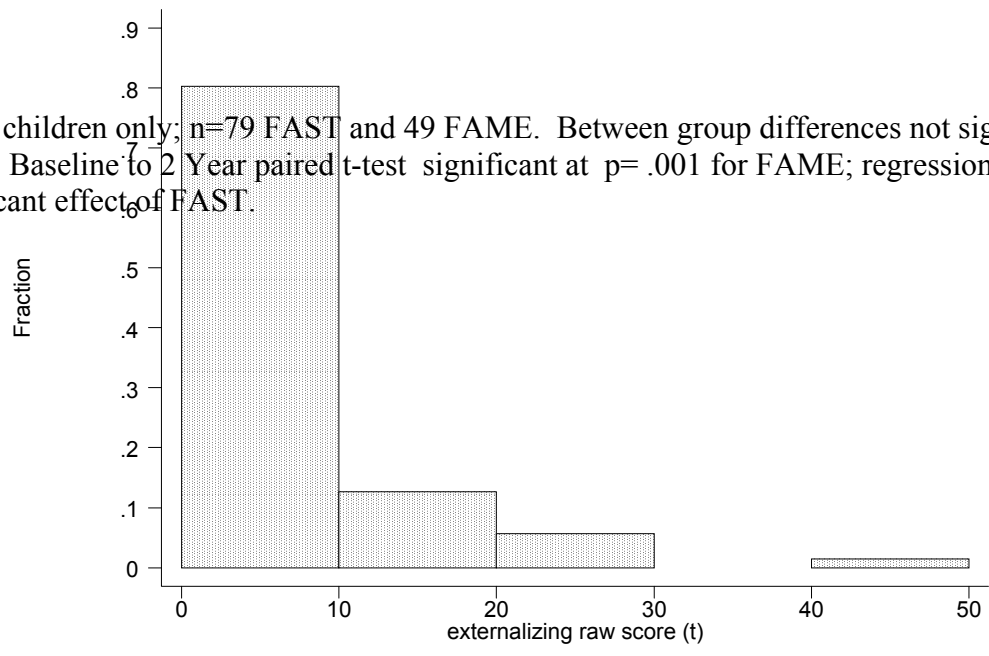
Post1			POST2		
CONTROL	FAST	T-TEST(p-val)	CONTROL	FAST	T-TEST(p-val)
4.63	5.97	-1.09 (0.15)	7.56	5.58	1.30(0.10)

* The null hypothesis is that mean values have either increased or decreased. It is a one tailed test.

**TRF Externalizing Scale
(T-Score)**



Latino children only; n=79 FAST and 49 FAME. Between group differences not significant at any point. Baseline to 2 Year paired t-test significant at $p = .001$ for FAME; regression models indicate significant effect of FAST.



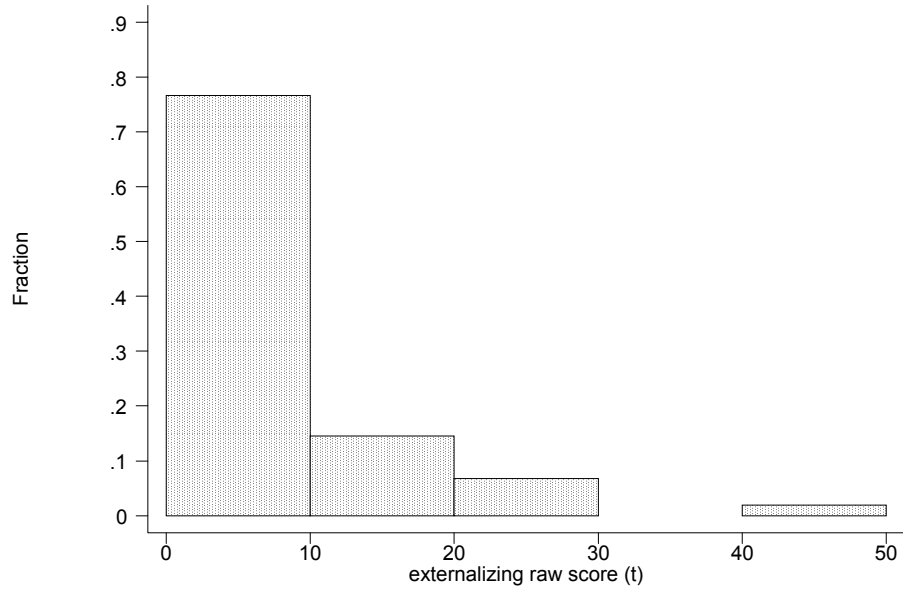


Figure3: Distribution of Teacher Rated Externalization Scores for Control Group and Hispanic Students, Post1, Control Vs Fast

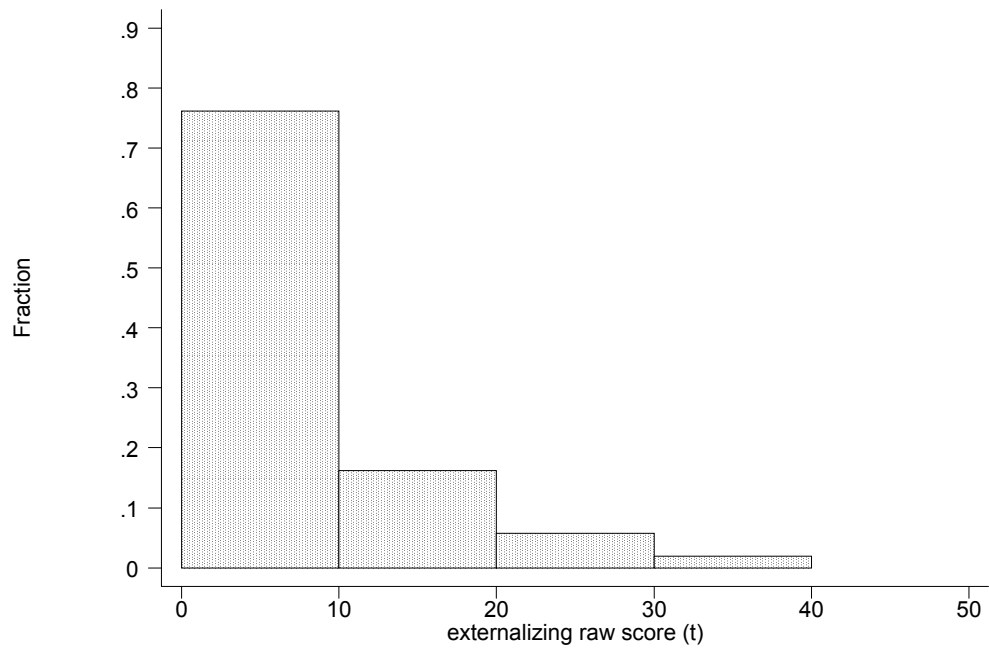
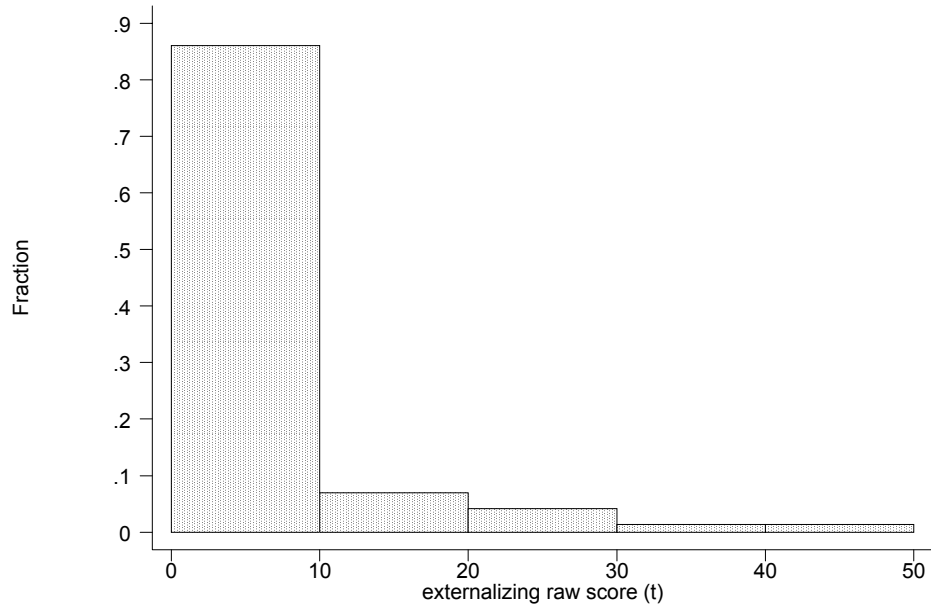


Figure 4: Distribution of Teacher Rated Externalization Scores for Hispanic Students, Post2, Control Vs Fast

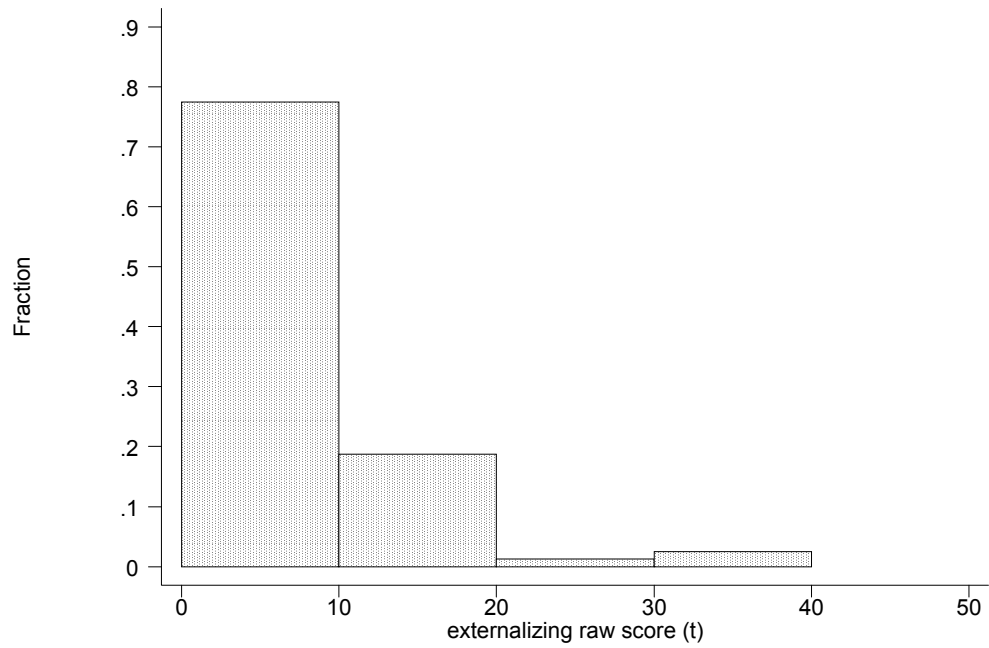
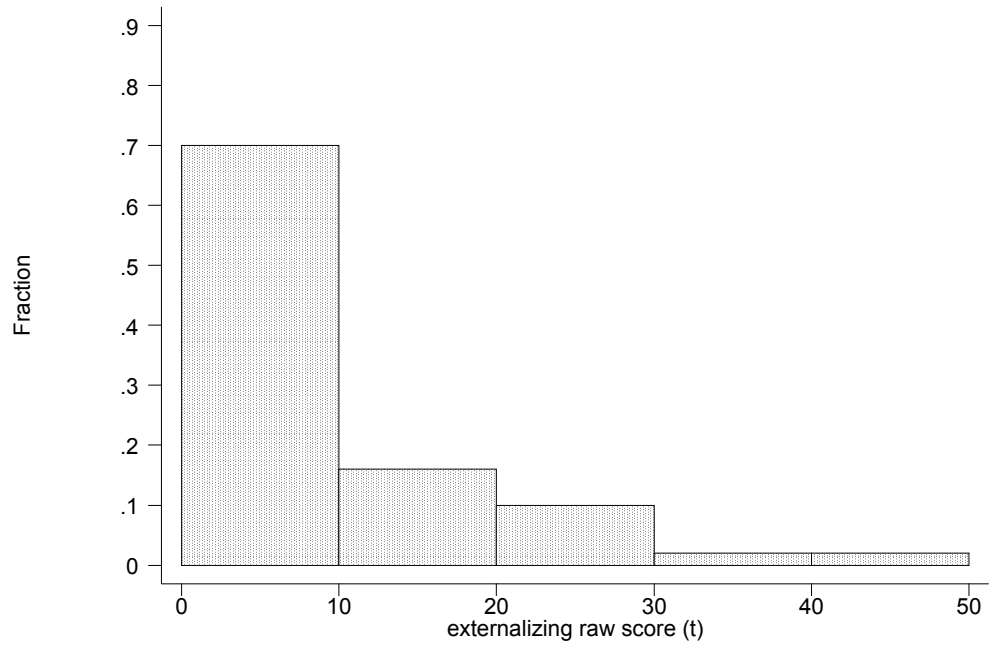


TABLE2: TOTAL NUMBER AND PROPORTIONS OF STUDENTS WITH DECREASE IN EXTERNALIZATION SCORES IN DIFFERENT RACE CATEGORIES

Race	Pre to Post1		Post1 to Post2		Post1 to Post2 and Post2 to Post3	
	Control	Fast	Control	Fast	Control	Fast
Blacks	36 (55.38)	55 (53.40)	16 (44.44)	21 (35.00)	4 (36.36)	7 (33.33)
Hispanics	22 (33.85)	37 (35.92)	13 (36.11)	31 (51.67)	5 (45.45)	12 (57.14)
Whites	6	3	6	4	2	0
Others	1 (1.54)	8 (7.77)	1 (2.78)	4 (6.67)	0 (0)	2 (9.52)
Total	65	101	36	60	11	21

*The numbers in parenthesis denotes percentages of column totals.

Discussion About Latino Culture

FAST works for Latino children and families. Parents tried it out and then decided they liked it well enough to continue to participate. 83% graduated in a ceremony at the end of 8 weeks. In addition, teachers two years later assessed the behaviors of the FAST children as statistically significantly better than the randomly assigned comparison group.

They were assessed as having better social skills and fewer behavior problems of aggression in the classroom.

Why? Perhaps retention rates were high because the facilitating team looked like the families? Perhaps it was because the FAST activities were compatible with traditional Latino values from Mexico, Puerto Rico, Cuba, Latin America, South America of respecting the importance of families in raising children, of respecting the parents, of obedience, of having nurturing relationships between parents and child, of having lots of contact with informal social support networks, having music and good food cooked by the other parents, and of the importance of hanging out, spending time and having fun with each other in community.

By doing outreach and 8 weekly FAST engagement, multi-family group meetings, relationships are further developed which are expressing the values of the participating Latino parents. These in turn lead to improved relationships with the school personnel, increased parent involvement in the school because of the relationships, and for those children whose parents took the time to make these relationships, the children maintained their good behavior at the school, both social skills and lack of aggression.

However, the control group children did not maintain, in fact they deteriorated in several areas of functioning over the next two years by teacher reports. The teachers were blind to the condition of the children, i.e. they did not know whether children were in FAST vs. FAME. The non-FAST children's behavioral trajectory shifted into a negative direction, and these shifts were across several domains of functioning in the school. Without FAST, these children began to resemble the national statistics about Latino school performance.

Discussion and Latino Literature Review

- 1) Latino children (ESL) risk for problems: 2000 school dropout and poverty rates, substance abuse, gangs, violence, other criminal activity, but underserved in traditional mental health and school system
- 2) Non-traditional, outreach and engagement, family approach needed for ESL, migrant, stressed, Latinos who are marginalized and low utilizers of existing services
- 3) Latino values---Respecting hierarchy and elders, respecting roles in extended family systems and respecting the cohesion of the family unit, understanding as primary values which matches a preference for Latino interventions to be family based.
- 4) Confianza et confianza—mutual reciprocity in the close community, or social capital
- 5) Building protective factors of strong families and interdependent, reciprocal, local multi-family groups, closer ties to schools and community agencies are basic to effective, school based, school drop out, violence and substance abuse prevention.

Policy recommendations which came from the literature review and from expert opinions show that health equity cannot be achieved without improving economic equity and access to clinical preventive screening and primary care services; “family focused primary and preventive health care services located in the community (with schools as important “window of clinical opportunity”) can effectively decrease health risks for children and families. (Zambrana and Logie, 2000)

Educational problems experienced by Latino children are critical, and include Latino parents sense of powerlessness in advocating for their children, and low levels of parent involvement in the schools. Yet there are fewer services available and used....disproportionate problems and disproportionate services

2)Because about 56% of Latino adults are functioning illiterate in English, (1988, Orum), they may have not felt effective in educational systems themselves, and in addition may feel powerless because of language and cultural barriers, to advocate for their children in school., especially large schools—where the numbers alone seem overwhelming, as well as the bureaucratic process, which is not relationship based. Attitudes and lack of school personnel competency in respecting parents with ESL may also contribute to this hesitation.

2)“The major problem in most schools is the lack of positive, cooperative relationships among students, staff, parents, and administration (Mintzies & Hare, 1985) The limited parental involvement of Hispanic parents in education is in part due to language barriers, lack of familiarity with structural arrangements of schools, and negative attitudes that are shared by both school authorities, and parents. Increased parental involvement can change attitudes of both school staff and parents and have a positive effect on Hispanic children’s school performance.

2)The incarceration data, is most alarming, with the highest increase in Latino youth in detention centers and living outside the home over the last decade. There is a culturally disproportionate representation in the delinquency courts of Latino youth.

Studies on Drug use in the Latino community show that it is becoming a serious problem (De La Rosa and White 2001) also did a critical review of recent and ongoing drug abuse studies which support earlier findings that social support systems plays an important role in preventing drug abuse among Hispanics. Familial factors, peer influences, involvement with religious institutions, and after school activities have a powerful impact on the drug using behaviors of Latino child, youth and adult drug users. Drug treatment and prevention programs will be more successful if they incorporate social support systems into their programs (2001)

2)Finally, in assessing Latino family access to social and health/mental health care services, low service-utilization rates reflect two different but interrelated views. One focuses on factors such as: lack of acculturation into the majority culture and lack of

skills to negotiate large helping systems. The other focuses on how barriers in societal institutions might include insensitivity of service providers to cultural and linguistic differences, or even discriminatory agency policies and procedures which discourage accessibility to services. (Sotomayor, 1991)

The need to develop culturally competent interventions and to train therapists to be sensitive to which approaches are effective, was addressed recently by Bean, Perry and Bedell (2001), to address the increasing number of needs with effective strategies. In addition a 2002 Sage Publication by Santiago-Rivera, Arredondo, Gallardo-Cooper Counseling Latinos and la Familia, is full of good material on culturally sensitive strategies for working with the mental health needs of Latino families.

2)The Latino tradition of relying on extended families and the informal networks may help to explain the low utilization rates of the formal human services networks, which are characterized by paid professionalism, (usually non-Latino) with a low emphasis on relationship building over time.

Add here: a recent research study (2001) showed that social support approaches are the treatment of choice for Latino families for drug abuse prevention. The supportive approach vs. the confrontational approach, reflects the similar research about positive impact of nurturing relationships vs. monitoring and disciplining with Latino youth for drug prevention seems to distinguish Latino youth from those youth from other cultures.

Language for Immigrant families is often an issue which obscures parent adolescent distancing and lack of family cohesion. English has fewer built in words which show honor and respect than Spanish (and other languages). English has a lesser vocabulary for demonstrating politeness and deference for elders and parents. This information must be taken into account as one considers the adolescent wish to increase his/her sense of power within the family, and the likelihood of some parents to resist that transition. In a recent study the quality of relationships between immigrant parents and adolescents were examined, the distant, conflicted and more troubled parent-youth relationships were characterized by use of English. (Tseng and Fuligni, 2000)

“quote by Sotomayor, 1991

2)For most Hispanics, the family continues to be the most important resource for coping with life's stresses, regardless of length of time in the US, social class, religious preference, or geographical area of residences. ...Although the make-up of the family varies substantially among and within Hispanic subgroups, some values and cultural attributes are shared. For example, closely knit extended families are an advantage and cultural value for Hispanics. Reciprocal help among members and across generations has been considered the main support in managing stresses of daily life and in coping with discrimination. Traditionally, the Hispanic family has been described as an interdependent and interactive kin network that allows for mutual and reciprocal help among its members. The Hispanic extended family differs from that of the dominant

white majority in two main aspects: for the dominant society, the extended family is seen as a kin system organized along consanguinal rather than conjugal lines, consisting of a network of sub-families often residing in the same household. For most Hispanics, the extended family includes relationships other than those defined by consanguinal and/or conjugal lines.

3) Zuniga-Martinez (1979) describes Mexican culture as being family oriented and the family as being extended and intradependent. She found that Mexican Americans, like their counterparts in Mexico, maintain the primacy of the family as a cultural tradition in the barrios (neighborhoods) of the US. Kin live next door, on the same block or within a short walking distance of one another, forming supportive intradependent relationships.

3) According to Valle and Martinez (1980), the aid that Hispanic families provide to members is critical to their survival. Sabogal and Marin (1987) found that despite differences in national origin, family support appeared to be the most essential dimension of Hispanic familism. They reported that the perception that family support would be available when needed did not diminish with the level of acculturation. The protective function of family support in preventing stress or in mitigating impact of stress was reported as greater as a buffer against development of stress in 533 Mexican Americans than in 635 white non-Hispanics (Keefe, Padilla, Carolos, 1979). Szapoznick's research has suggested that family systems interventions with structural family theory at their base, and using systemically informed outreach to engage whole families, are particularly effective for Latino families with acting out youth.

3) Sociedades mutualistas, or mutual aid societies were a central protective factors for Mexican Americans during the European colonization of the Southwest at the turn of the century. These provided sources of economic and social support and had the values of unity, work, education, faith and brotherhood...for example, members might be educated on ways to confront employment and wage discrimination. In Velez (1983) study of support and resource exchange networks among Mexican and Mexican Americans, he proposes that these informally exchange systems reduced stress for the participants.

3) Three central factors characterized these networks:

- confianza (mutual trust) which held the reciprocal exchange relationships together—which was further expanded by the concept of
- Confianza en confianza (trusting mutual trust) and which in turn referred to a degree of trust that commands
- respeto (respect). Social participation needed these features to be meaningful and lasting.

Family support and peer modeling combined in an adolescent alcohol, tobacco and marijuana use and gang involvement with predominantly Hispanic sample of 236 8th graders attending a public school in a high density impoverished Miami neighborhood with high rates of criminal activity, substance abuse and other stressors. After the intervention within an ecosystemic model. The participants reported a reduction of deviant peer influence if high social support was received from family members, and

deviant peer modeling was strongly associated with levels of problem behaviors in drug use and gang involvement (Frauenglass, Susan, Routh, Donald, Pantin, Hilda, and Mason, Craig 1997)

Statistics of school failure and early drop out of Latino children are high in the US, parental levels of education for Mexican immigrants particularly are low, and at the same time the number of Latino children in the schools are dramatically increasing. Because of the alarming disconnect between parents and the schools, something should be done. What can be done?

Perhaps having schools institutionalize a FAST welcome program for all families, e.g. all kindergartners go to FAST, could help ESL families and immigrant families to experience a positive offering through the school for their families. As they chose to participate in this opportunity to meet other families and made friendships, as well as school personnel, FAST parent graduates could then build relationships of social support to help them raise their children. Institutionalizing FAST could address the lack of trust, relationship, reciprocity, etc. between Latino parents and schools in the US. By building relationships systematically and efficiently, in only 8 short weeks, the school and the community would benefit for many subsequent years, as would the children and their families, by positive ties with interdependent small groups of parents. This would be creating policies to create structures to support the development of social capital. Everyone benefits from increased social capital.

Even if the Latino family moved to another school district, if the FAST groups were offered everywhere, they could merge into an informal social structure for families of children attending that school. Positive structures for easily initiating social connections for Latino parents to raise children while connecting to schools would be there.

Although local communities make the choice of having mono-cultural or multi-cultural FAST multi-family groups, through the positive experience of building social networks of friends who have in common that they are raising same aged children in the same community at the same life cycle stage, whether or not they are from another country or speak Spanish. Because of the interdependent networks of parents, there will be reduced need for additional mental health counseling for Latino parents and youth because of the normal safety net which has been systematically (rather than naturally created and then disrupted by immigration or migrant living).

FAST also provides the first step into a structured experience in which mental health professionals are present. This takes place in a safe and public setting, the school, and the relationships are begun during the casual encounters at the multi-family groups. If over time, referrals to mental health professionals are needed (when we track FAST families over the years, 27% self refer for counseling and 8% self refer for drug treatment), those trusting relationships will already be in place. FAST parent graduates can discreetly self-refer to known entities, or will trust the school personnel to facilitate

referrals, because of the collaborative FAST team which had representation from those community mental health agencies in the communities.

SUMMARY

Advocacy: Latino population is growing, poverty and problems are increasing, integration into the majority culture is important but slow, treatment structures are not compatible with values of Latino traditional cultures, and social support for the Latino parents have been disrupted by immigration or moves or illegal status or language barriers. Stress and isolation is bad for children and for families. FAST addresses these in a positive way, and shows some promise through its retention rates and impact on childrens behaviors, studied in a rigorous experimental study in Milwaukee, and replicated across many communities with similar results.

[INSERT]

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