

USING THE MULTIFAMILY GROUP PROGRAM TO IMPROVE EMPLOYMENT OUTCOMES

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Final Report to the Annie E. Casey Foundation – October 2013

Background

The Multifamily Group (MFG) program is one of the best-validated and most flexible evidence-based practices in the mental health field today (McFarlane, 2002). Prior to the project reported here, the Annie E. Casey Foundation supported a multi-year project that adapted the MFG for use with Spanish-speaking Latino families. The Latino MFG since has been implemented successfully in a number of mental health settings in the San Fernando Valley region of Los Angeles, which has a very large population of poor and vulnerable Latino, Spanish-speaking families (Backer et al, 2012; Kopelowicz & Backer, 2011).

The second phase of the Latino MFG project also included an effort to promote wider dissemination of the this EBP, through partnerships with the Latino Behavioral Health Institute and the National Network to Eliminate Disparities in Behavioral Health. A number of program adoptions resulted from this effort. This work is also supported by a recently-completed seven-year controlled study focused on using the MFG to promote medication adherence for adults with schizophrenia, conducted by Dr. Kopelowicz and funded by the National Institute of Mental Health (Kopelowicz et al, 2012). These projects all provided background for the development of the Employment MFG.

Objective

The objective of this three-year project (October 2011-September 2013) was to adapt the MFG model for use primarily with Latino and African American families of adults who are unemployed or seeking employment (many of them with diagnosed or undiagnosed mental health problems), with a particular focus on helping them stay employed - by better dealing with the day-to-day issues of the workplace. The focus of the Employment MFG was not just on the hard to serve/hard to employ, but on those with specific challenges of homelessness, addiction or mental health problems (even if undiagnosed). For such individuals, the type of employment for which they are best-suited (at least initially) often is un-benefitted and often is part-time – a step in the right direction to obtaining stable full-time employment at a living wage, which can be a longer-range goal.

Two sites were used for proof-of-concept testing of the Employment MFG: (1) *Family First Initiative* at Easter Seals Goodwill Industries of New Haven (ESGINH) in New Haven, CT, which serves one of the poorest neighborhoods in that community, and is supported by grants through Casey's Making Connections program (Family First is focused on hard-to-employ populations, such as single mothers out of work for 18 months or more); and (2) *San Fernando Mental Health Center* in Los Angeles, a Los Angeles County public mental health agency which also serves a poor neighborhood.

Family First's clients are predominantly African American and Latino; San Fernando MHC's is primarily first-generation Mexican immigrants. Family First has done economic coaching and job coaching with its clients, but the project has had difficulty helping participants overcome the many barriers to getting and staying employed. San Fernando MHC has a well-established supported employment program, which addresses the employment challenges of its seriously mentally ill population.

Activities

The following activities were undertaken from 2011-2013:

1 - An initial analysis was conducted of the Family First population and environment, and of resources currently available for economic, job and asset coaching. Because Drs. Kopelowicz and Zarate work at San Fernando Mental Health Center, its population (mostly Spanish-speaking adults with schizophrenia) and environment already were well-known. As mentioned, a supported employment program is already in place at San Fernando MHC.

2 - A Theory of Planned Behavior assessment was conducted of barriers to employment for the population of focus in the two sites, followed by creation of a set of skill-building interventions based on the Workplace Fundamentals Module (Wallace & Tauber, 2004) developed by UCLA for adults with mental illnesses. These in turn provided the content for an adapted version of MFG, the *Employment MFG*. Earlier research on uses of the MFG approach for employment-related purposes also was reviewed (e.g., McFarlane, et al 2000).

3 - Initial exploration of how the Employment MFG could be implemented in New Haven was done through a site visit by Drs. Kopelowicz and Backer. A more informal exploration was conducted at San Fernando MHC.

4 - Following agreement to implement the Employment MFG in both agencies, Dr. Kopelowicz and Dr. Zarate conducted staff training at both, the beginning step in implementing the program. The training session for Family First also included a group of other service nonprofits in the New Haven area, working together under Annie E. Casey Foundation support as part of an MFG Collaborative coordinated by Alice Forrester, CEO of Clifford Beers Clinic. Training at San Fernando MHC was quite informal (mostly focused on how to implement the specific Employment MFG intervention designed for this project) because staff there already are experienced in using the MFG. Arrangements were made at each site for integration with other services of the MFG program for family members and "supporters" such as a friend.

Evaluation data were gathered from the training done for Family First staff and staff of the other New Haven agencies that were part of the MFG Collaborative there.

Drs. Kopelowicz and Backer also provided technical assistance consultation on request to Family First and to other agencies participating in the MFG Collaborative described above. No separate evaluation data were gathered about the process or outcomes of this TA.

5 - The Employment MFG was implemented in each of the two settings, beginning with family/supporter and client interviews to determine specifically what employment-related problems needed to be the focus of the MFG program. Dr. Kopelowicz returned a third time to New Haven to conduct the family psychoeducation portion of the Employment MFG implementation. The adapted program involved 12 sessions over a 6-month period. It was conducted in Spanish at San Fernando MHC and in English at Family First.

6 - Evaluation data were gathered from MFG facilitators and administrative supervisors, from client records at the two agencies, and from participating family members/supporters, following an evaluation design used in both sites (design document attached).

7 - Results from the multi-part evaluation (reports attached) were analyzed to prepare the overall report presented here, which concludes with proposed recommendations for further work, and for improvements in the use of the Employment MFG approach by both agencies. The program is continuing to be implemented in both settings, as discussed below.

8 - Dr. Kopelowicz has used results from this study in a proposal to the National Institute of Mental Health for a controlled study of the adapted MFG for promoting employment sustainability for adults with mental health diagnoses. The proposal was rated favorably but not in fundable range, and is being revised (as is typical for NIMH research proposals). Such activities may provide significant leverage for Casey's investment of funds in this project.

Results

The seven Employment MFG evaluation data reports attached here were reviewed to yield an overall portrait of the success and challenges of these two pilot MFG programs. The evaluation design provides a template for how the data were collected (the training evaluation was based on an approach used by Drs. Kopelowicz and Backer in the earlier MFG projects mentioned above). Five areas of results emerge from this analysis:

1 – Overall Program Profiles

Family First Initiative Employment MFG

Target Population: supporters (family members or friends) of Family First Initiative clients aged 21-47 who are hard-to-employ, often homeless people

Subject Focus: helping clients find and keep a job in conjunction with a supported employment program

Facilitators: Darina Mitchell, Rose Garcia

Number of Supporters/Clients: 7(5 completed the program)

Performance Dates: May-November 2012

Number of Sessions: 12

San Fernando MHC Employment MFG

Target Population: families of Spanish-speaking adult Latinos aged 18-40 with psychotic disorders

Subject Focus: helping clients find and keep a job in conjunction with a supported employment program

Facilitators: Maria Morales, Dr. Roberto Zarate

Number of Families: 6 (all completed the program)

Performance Dates: January-July 2013

Number of Sessions: 12

2 – Family Member/Supporter Results

Family First Initiative Employment MFG

There were virtually no differences among supporters between pre-group and post-group knowledge about client work status or overall communication between supporters and

clients. Supporter responses did indicate some improvement regarding communication specifically about employment issues. Problem-solving activities were nearly unchanged from pre-group to post-group, but given the high levels of constructive communication and problem-solving measured pre-group, the lack of significant improvement may well be attributable to a "ceiling" effect.

Supporters reported substantial reductions from pre-group to post-group in the level of burden they experienced from having a relationship with the client. Moreover, these reductions were reported in every area of burden measured. Initial levels of hope for the client's future experienced by supporters in several areas (e.g., employment, communication, stress management) were very high, so there was only limited room for improvement (a possible ceiling effect again).

Supporters remarked on the valuable opportunity the Employment MFG experience provided them to improve communication and problem-solving regarding employment goals, obstacles and opportunities. Two of the supporters indicated that work within sessions helped reduce the number of arguments they have with the client - in general, not just about employment matters. As mentioned, supporters experienced a reduction in felt burden and an increase in optimism regarding the client's employment prospects. This was attributed to improved communication and problem-solving about employment issues. As expected in MFGs, participants valued the support that emerged within the group itself - as one supporter put it, "We can rely on each other for most things."

Based on their responses, supporters who were family members seemed to be quite familiar with most aspects of their relative's employment status, including work history, goals and limitations; however, they also acquired some new information through the MFG. In contrast, the one non-relative supporter reported having benefited more greatly from the educational component of the program: "I have learned many things I did not know about...I am more interested in learning even more."

When interviewed, supporters called the communication and problem-solving aspects of the Employment MFG "the most helpful part...it works." In turn, the improvements reported by supporters on their felt level of burden and hope were attributed to their improved ability to communicate and resolve employment issues, with resulting impact on the client's financial status and overall quality of life.

In the post-interviews conducted with supporters, they also reported improvements in prospects for employment for the client, and in daily activities such as finding appropriate transportation services. One supporter mentioned that now the client "and I believe she'll be able to keep her job" as a result of what they've done together in the MFG sessions. Another supporter said "I can talk with her about work without having an argument... she is much more motivated and self-confident about getting employment."

Supporters frequently suggested that it would be beneficial to include information regarding actual job leads as part of the MFG process, combined with extended job support, once employment is obtained. Help with transportation was mentioned as an improvement that could be made, along with having more problem-solving exercises as part of the sessions.

San Fernando MHC Employment MFG

Some 63% of the family members knew "a fair amount" or more pre-intervention about the client's work status, as compared to 100% post-intervention, but there were no differences in their interest in learning more. Only 17% spoke to an Employment Specialist "fairly often" pre intervention, but 84% reported speaking to a Specialist "fairly often" post

intervention. These data suggest that the MFG experience improves families' knowledge about vocational factors and increases their direct contact with the employment services personnel. There was only a small improvement from pre-group to post-group concerning the family's ability to communicate with each other in general, and to communicate with their ill relative on general topics – but much more significant improvement regarding communication about employment issues.

Pre-group to post-group improvements were small regarding the family's overall ability to solve everyday problems of their ill relative, but substantial regarding specific employment/school problems. It can be speculated that improvements in problem-solving skills were related to improvements in work/school status, observed in almost all participants, which in turn may have been conducive to more effective problem solving.

Regarding the burden the families experience in various aspects of their lives as a result of living with an under- or unemployed person with mental illness, there were considerable reductions from pre-group to post-group in the areas of financial burden, burden on the family's ability to engage in routine activities, and family interactions. Improvements in the other areas measured were small at most.

The overall reduction in burden for family members was rather considerable. Families who experienced noticeable reductions in levels of burden reported "great satisfaction" with this change. Families also reported significant improvements in their level of hope for the future in several areas (e.g., in regard to prospects for employment, improved communication, better stress management, etc.) For example, while pre-intervention only 17% held "much" or "great" hope, post-intervention, 50% reported these higher levels of hope.

The families' responses emphasized improvements they saw in communication and problem-solving skills. They also said that their family members were more able to overcome stigma, and to benefit from opportunities the family member had to provide emotional and instrumental support to their ill relative.

Although family members expressed rather high levels of hope at the outset of the program, the group format exposed them to other individuals with mental illness who were very motivated and capable of pursuing their personal/professional goals, which increased their feelings of hope for their own ill relative (including some "normalizing" of mental illness and a reduction in the perceived stigma of illness). The families reported that, in turn, this motivated them to more actively participate in their relatives' vocational/educational process. Their support was broad, from encouragement to assisting in problem-solving, to instrumental support (e.g., for transportation, obtaining employment-related forms, etc.).

Family members were particularly impacted by seeing their ill relatives provide support for each other in the group. In the interviews, they pointed out how quickly their ill relatives volunteered to provide potential solutions and alternatives for others during the problem-solving exercises. Family members also gained more familiarity with their ill relative's clinical status, vocational status, and the relationship between the two. Through the family workshop component of the Employment MFG, family members had exposure to psychoeducation about mental illness (e.g., causes, symptoms, course, etc.). Before the MFG, they had misconceptions about the implications of symptoms and side effects on work ability, e.g., believing that clients needed to be "symptom free" before attempting employment/school. The MFG experience helped them understand that clients can progress in employment goals even while they still have some symptoms.

Similarly, families learned the importance of helping their ill relative to tolerate medication side effects, in order to maximize their ability to perform work/school tasks as well as

behaviors such as being on time, communicating well with co-workers, prioritizing tasks, etc. These are all activities that can be performed better when appropriate medications are in place. Families stressed how involvement in the MFGs has had a "self-educating" effect to reduce stigma counterproductive to their ill relative's motivation to achieve recovery goals.

Interviews conducted after the MFG concluded show a similar pattern for both communication and problem-solving skills. While improvements in both skill areas became evident within various family contexts (e.g., general family topics, non-vocational/educational topics), improvements were most significant when communication or problem solving focused specifically on vocational/educational issues. For instance, family members felt that communication about their ill relative's problems in achieving vocational/educational goals would no longer result in an adversarial argument.

All family members reported great satisfaction at seeing their ill relative involved in a productive work activity, or achieving a work-related goal such as graduating from high school or college. One family member expressed enthusiasm at having contributed to the progress of the family member ("I feel I have done something very valuable"). Families felt the atmosphere of support and cooperation was an important ingredient ("My spouse and I can talk about work without having an argument"). Unanimously, family members pointed out how planning and problem solving during the sessions gave them a "road map" to follow in helping their ill relative on a day-to-day basis.

The main recommendation made by family members for improvement of the Employment MFG process was to extend the duration of the MFG program. This was a six-month program in contrast with Individual Placement and Support (IPC, the model of Supported Employment/Education used at San Fernando MHC), which offers unlimited, ongoing support. Also, families found very helpful the assistance provided with transportation (e.g., provision of bus tokens).

3 – Client Profiles and Results

Family First Initiative Employment MFG

The seven clients in the MFG ranged in age from 21-47 (two dropped out, as noted). All but one had a high school diploma or GED, and several had some college education. Most were in subsidized housing, though many had struggled with homelessness as well. At the end of the group, four were employed part-time, and three were unemployed. Two of them got jobs during the course of the group. None of the clients had diagnosed mental health problems, but behavioral health issues such as relationship problems with families were common, and it was speculated that many of these individuals in fact had mental health issues, but these had not been identified or diagnosed formally.

According to the facilitators and administrators of this program, the group coalesced into a supportive entity. A focus group was conducted by Family First staff to learn more about what participants got out of it. Participants reported that they "don't feel so alone anymore," and that they learned problem-solving methods that have really helped them. The MFG gave them an organized, structured process for learning of this sort. They also liked that it helped them to see that they have new options to pursue if they so choose. The consensus was that the group was informational, instructive, supportive and constructive.

The biggest impact, reported one group facilitator, was that clients "are now more loyal to their own career progress." Clients have a support network they can turn to when problems arise. They have all developed better skills with problem-solving, and consequently have gained more self-confidence.

Facilitators and administrators also stressed that clients learned a lot about how to manage the stresses of their life situations. They've made friends with other group members and have a support system which they believe won't end because the formal group has. The biggest issue now is getting stable housing for those that don't already have it. The two clients that got jobs during the Employment MFG's duration have so far kept these jobs.

San Fernando MHC Employment MFG

The six clients in the Employment MFG for San Fernando MHC ranged in age from 24-63. Only two had high school educations; the others ranged from 4th–10th grade educational attainment. Five had a diagnosis of schizophrenia, and one of major depressive disorder. They had been receiving services from San Fernando MHC for 2-16 years. Three were employed part-time at the end of the intervention; the other three were in school or unemployed. All were on antipsychotic medication, with only 17% presenting compliance problems, and those were of moderate intensity.

After the six-month Employment MFG intervention, post-treatment demographic and clinical data were collected on all six clients initially enrolled. All of the clients were one year older, as compared to pre-treatment age, maintained the same diagnoses initially reported and remained stable on the same antipsychotic medications.

After the program all six participants were rated as "medication compliant" by their clinicians and family members. Given the moderate to severe symptoms, cognitive and functioning deficits exhibited by the clients, in addition to poverty in their families, it is significant that all six participants attended at least half of the group sessions, and none experienced a deterioration in their functioning or clinical condition (there were no re-hospitalizations during the MFG's period of performance). Clients' overall functioning remained unchanged or improved in various areas, with the greatest improvement observed in their attainment of education or employment goals.

One client who was attending school part time prior to participating in the MFG did complete the school semester and obtained a Landscape Diploma. Three other participants were employed part-time before the MFG. After the group, one of these participants achieved full-time employment with a 4-month tenure and two remained part-time employed with the corresponding 6-month (duration of the intervention) increase in tenure. Increases in employment tenure must be emphasized, as job retention remains the greatest challenge to achievement of vocational goals for individuals with chronic mental illness. Finally, two participants were neither employed nor attending school pre-intervention. At post-intervention, the status of one of them remained unchanged, but the other obtained part-time employment, although inconsistently.

At the end of the group, all participants were medication compliant, showing symptom stability - although not symptom remission (as expected) with the exception of improvement in mood symptoms for some. The participant with thought disorder and prominent negative symptoms as well as cognitive deficits (i.e., information processing, memory, and problem solving) remained unemployed and was not in school. All participants monitored warning signs of relapse, with the support of their family members.

Overall, clients showed a mild improvement in functioning. All clients continued to live with immediate relatives in their own homes or in the homes of relatives. At post-intervention, all were contributing to home chores and were able to use transportation independently. All continue to receive SSI benefits, except for the participant who is now full time employed and is in the process of receiving full benefits from his employer. This participant is fully responsible for the financial support of his child.

Four participants reported having positive, close and healthy relationships with relatives. This was the case for only two participants at pre-intervention. One of the participants reported improved and more regular contact with his child. There was no deterioration in family relationships for any of the two remaining participants. Family relations were expected to improve as a result of the Employment MFG intervention, as this type of intervention promotes support, normalization, and family cooperation. Functioning in the area of socialization/recreation remains unchanged from pre-intervention levels.

Based on an update of clients' vocational and educational profile conducted by the Employment and Education Specialist at San Fernando MHC, the intervention seemed to reduce barriers to employment and education in the areas of cognitive deficits, managing stress and other problems, motivational factors, and communication. Overall, participants were better able to focus on work-related tasks such as updating resumes and completing job applications, as well as to problem-solving to address routine stresses at work or school.

Ongoing support from MFG facilitators, family members and the Employment and Education Specialist was instrumental in improving job tenure, motivation and adherence to medication treatment. Communication skills training improved the quantity and quality of communication between participants and their relatives in both directions. One of the participants showed greatly improved communication with his work supervisor.

4 – Overall Results - Administrator/Facilitator Appraisals

Family First Initiative Employment MFG

As mentioned above, two of the six MFG participants for Family First dropped out. One had difficult life circumstances and was not able to find a support person during her brief tenure with the group – the entire group served as her support person. The other's support person changed her work hours and could no longer attend the MFG sessions, so the client dropped out.

Family First administrators and the group facilitators emphasized that attendance is one of the biggest challenges for a program like this. Often attendance difficulties are the product of problems participants have in finding transportation, especially if they don't have a car. Even though the program provided bus tokens, clients aren't always near a bus stop and it can take them an hour or more to get to the group meeting site. Child care also was a challenge for some participants.

It would be wonderful, said one interviewee, to figure out how to motivate both clients and supporters to attend regularly and on time, but this is a great challenge. The MFG offered food, child care and bus tokens. This interviewee noted: "I don't know what more we can do. I think they have to find their own motivation for that."

The facilitators said they considered having a staff member pick participants up and drop them off, but if the client has to bring children or anyone else along there is legal liability for the clinic, so they are not able to do this. And some clients simply weren't familiar with Family First, so they were more reluctant to get involved.

The evening sessions were also a burden for the facilitators. They already had had a long work day as case workers. An intern was selected to take on the co-facilitator role for the second group to be started up by Family First (see below), since they don't have full-time caseloads. This also is an advantage since it means that at least one of the facilitators will not also be the client's case worker, which is sometimes problematic.

San Fernando MHC Employment MFG

The leadership at San Fernando MHC was supportive of the Employment MFG program. Supervisors for the Wellness Program in which the Supported Employment and Education program is based secured space for the group meetings and allocated staff time for conducting them. Moreover, the direct supervisor for one of the co-facilitators assured her that her time was protected, so that she could devote sufficient effort to the MFG activities.

In addition, the Program Head for the SFMHC provided leadership support for the MFG by encouraging SFMHC staff to refer clients to the MFG clinicians for screening. She also offered her assistance to Dr. Kopelowicz and Dr. Zarate in addressing any obstacles encountered during the course of the program. Finally, the District Chief of the Los Angeles County Department of Mental Health was briefed by Dr. Kopelowicz on the goals and accomplishments of the MFG project. She was impressed with the group and its impact, and inquired about the possibility of exporting the Employment MFG to other community mental health centers in LA County.

The San Fernando MHC's Wellness Center Supported Employment and Education Specialists closely collaborated with the Employment MFG facilitators, so that both efforts were integrated into clients' recovery goals. The Specialists and facilitators stressed how the MFG provides a forum where multiple issues encountered by participants working toward their vocational goals could be addressed, without requiring individual time on the part of the Specialists, who carry large case loads.

As the literature shows regarding work tenure, individuals with psychosis and severe mood disorders frequently lose their jobs due to deficits in communication and/or ability to cope with stress. Facilitators emphasized that communication and problem-solving skills occupied most of the MFG sessions - as requested by participants. Both sets of skills were applied to multiple types of interactions and situations in the work and school contexts.

Finally, facilitators strongly recommended the regular involvement of family members in supporting clients' vocational and educational efforts. This helps family members overcome stigmatizing attitudes about clients' vocational/educational capabilities. And in turn such activities also motivate family members to continue their support for clients between sessions, a factor of great value since the MFG sessions were only twice a month.

5 – New Haven Training Results

Through pre- and post-surveys (taken just before and just after the training was conducted), participants from the group of New Haven agencies (including Family First) reported the following overall level of knowledge about the MFG approach:

	<i>Before</i>	<i>After</i>
<i>Very low</i>	44%	0%
<i>Low</i>	28%	0%
<i>Medium</i>	11%	17%
<i>High</i>	11%	55%
<i>Very high</i>	5%	28%

As can be seen, there was a significant increase in staff knowledge about the MFG approach. Participants had a number of positive comments about the MFG approach, such as "It allows families an opportunity to join others that have similar barriers and build a network of support and learning about community resources."

Participants also saw a number of challenges in implementing this program successfully in their own settings. "Getting families to participate" was a challenge expressed in a number of different ways (and this does indeed turn out to be a major challenge, as already stated above). Participants felt they learned a lot in the workshop about the components of the MFG approach and how to both understand and use them. They also commented after the training that in future such trainings they would prefer to see "less role playing" and "more time spent on the problem-solving method." A number of participants also felt that the training time allotted simply was too short to permit the best learning to take place.

Other Activities

The Employment MFG Project also included the following activities:

- In January 2013, Drs. Kopelowicz and Backer presented a workshop on the Employment MFG model and the research about it to the California Implementation Science Symposium in Sacramento.

- Dr. Kopelowicz provided supervision to Chuck Rodriguez, a masters-level student who was selected to serve as co-facilitator for a second Families First Employment MFG. An initial effort to launch this group was not successful, but Mr. Rodriguez recently reported that he has begun joining sessions for a second Employment MFG and it should be fully operational shortly.

- The PowerPoint slide presentations developed for this project have been posted on the Human Interaction Research Institute website, for use by others seeking to replicate this model:

- Family Workshop - English
- Family Workshop - Spanish
- Staff Introduction
- Staff Training

Recommendations

Results from this project will be shared via the Human Interaction Research Institute website, as just mentioned. They also can be shared through a project that may be funded in the future by NIMH, as mentioned above. In addition, the Annie E. Casey Foundation's Evidence2Success program may provide a vehicle for further dissemination. This program aims to demonstrate that public systems, schools and communities working in partnership to guide public investment toward proven programs and services will have a significant impact on children's healthy growth and development. Already working in one community, Evidence2Success is intended to spread to other communities which can then adopt evidence-based programs like the MultiFamily Group program. If desired by the Foundation, information about the Employment MFG project (and its placement on the HIRI website) could be offered through the Evidence2Success website.

More Employment MFGs are likely to be conducted at San Fernando MHC, since Drs. Kopelowicz and Zarate work there. Currently there are four agencies still involved with operating employment MFGs in New Haven: Clifford Beers Clinic, Marrakech Inc., Easter Seals Goodwill Industries Rehabilitation Center Inc., and Community Action Agency of New Haven. Each organization has a group facilitator who participates in a monthly learning collaborative meeting facilitated by Clifford Beers, and funded by Annie E. Casey Foundation.

Each New Haven agency has started or will soon start up a second Employment MFG. These are being initiated with new staff members in some cases due to staff turnover, and training is being offered to the new personnel (HIRI recently provided the four PowerPoint presentations created for this project and other learning materials for use in this training, along with an offer of technical assistance consultation). The learning collaborative continues to meet regularly, with a speaker each month to help each agency become better aware of resources that exist in New Haven around employment. Another success is that many of the clients who participated in MFG last year continue to use each agency as a resource and keep in touch with them about the success they had using the problem solving technique.

In addition, the following recommendations are made for possible future changes in the Family First and SFMHC MFG programs:

1 – The two biggest challenges of the Employment MFG are the same as for MFGs of all types – (a) getting and keeping client and family/supporter participants, who are often difficult to engage and challenging to keep involved; and (b) providing financing for the modest costs of these programs. Involving past participants in “marketing” new offerings of the MFG may be useful to overcome recruitment challenges. Consultation with other local agencies that have been able to provide financing for MFG programs might yield suggestions that would be of value.

2 – Financial support for transportation and child care is particularly important, as challenges in these areas can greatly reduce participation in an MFG program. Identifying the specific problems faced by a particular group of participants is essential – e.g., providing bus tokens may be of little value if many participants don’t live near a bus stop, or if transfers are required that greatly lengthen the trip. Then the only viable option may be taxicab vouchers, or access to a publicly-financed van transport program.

3 – The employment challenges are great for the kinds of clients who would be likely to participate in an Employment MFG – even though the model is powerful, it is a difficult population to work with in terms of developing job-seeking skills, and finding and keeping employment. Setting goals appropriately, e.g., for part-time, un-benefitted jobs, may be critical to success.

4 – There seem to be few differences between the Supporter and Family Member models for conducting the MFG - both work if there is a caring person to participate in the MFG. This reality can be kept in mind when developing an Employment MFG, particularly when it involves homeless and/or mentally ill participants who may not have much contact with immediate family.

5 – Financial support is an issue of particular concern today because of the many fiscal pressures on nonprofit service agencies. Paying for transportation, food or child care may be a real issue, as may be funding the staff time to keep a program going. These realities need to be addressed up-front, even if that means delaying the start of an Employment MFG until the resources are available to properly fund it. Starting up a program without the minimal required financial resources is likely to lead to failure and to subsequent resistance to starting up such a program again.

6 – Sustainability of the Employment MFG approach also is a challenge. Without Annie E. Casey “seed” funding the long-term lifetime of these programs may still be limited – just like it is harder for a poor person to keep a job than to get employed. But, as noted, more Employment MFGs are being implemented in New Haven by some of the original group of

adopters (including Easter Seals and Goodwill Industries of New Haven), and at San Fernando Mental Health Center.

A vision of sustainability started to unfold among the people involved with the Employment MFG programs in the two communities reported here. As one put it: "MFG is a technology all of us are going to learn, and that can be adapted for a lot of different purposes. Families are desperate for intentional communities because people have no connections they can count on. The Learning Collaborative will be supported by Casey through 2013, after which its fate is unknown. It will be interesting to sustain it by working with facilitators who are not clinicians and in a non-clinical setting. In this environment, what really are mental health services are offered to people by non-clinicians because that's what is necessary."

7 – The Annie E. Casey Foundation may be able to provide additional support by making its Evidence2Success Financing Toolkit available for those who need help in getting financial support for starting up groups as well as maintaining them whether basic or employment-related. The materials now available on the internet from this project also can support the basic program model.

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Attachments

- 1 - Family First Supporter Pre-Post Data
- 2 - Family First Client Pre-Post Data
- 3 - San Fernando MHC Family Pre-Post Data
- 4 - San Fernando MHC Client Pre-Post Data
- 5 - Family First Administrator/Facilitator Data
- 6 - San Fernando Administrator/Facilitator Data
- 7 - New Haven/Family First Staff Training Evaluation Data
- 8 - Evaluation Design

**Family First MFG Program - Pilot Implementation
SUPPORTER DATA**

REPORT – Attachment 1

Key Supporters of the participants were evaluated before and after their participation in the Multi-Family Group program on the following topics:

- a. Information/Knowledge about their Relative’s Work Status
- b. Family Communication and Problem Solving
- c. Burden
- d. Hope for the Future

Results are presented below, followed by responses to a short set of general interview questions.

Regarding **Information/Knowledge on the part of the Supporter about the Participant’s Work Status**, there were virtually no differences between pre-group to post-group responses on the majority of the items.

1 - How much do you know now about the reasons/factors responsible for your family member’s/friend’s (un)employment status?

	PRE	POST
Very Little	25%	0%
A fair amount	50%	67%
Quite a bit	0%	0%
A great deal	25%	33%

2 - Are you interested in learning more?

	PRE	POST
Not much	0%	0%
Somewhat interested	0%	67%
Pretty interested	50%	0%
Very interested	50%	33%

3 - How often do you talk with a health or employment professional about your family member’s/friend’s problems, and about the services s/he can be/is receiving?

	PRE	POST
Very rarely	75%	67%
A few times	0%	33%
Fairly often	25%	0%
Very often	0%	0%

Regarding **Communication**, there were no differences between pre-group to post-group responses regarding communication among the relatives/friends or with the participant, but there was improvement regarding communication about employment issues. Regarding **Problem Solving**, the responses were nearly unchanged from pre-group to post-group. Given the high levels of constructive **communication** and **problem solving** pre-group, the lack of significant improvement can be attributed to a “ceiling” effect.

4 – In general, how well does your family/friends communicate with each other?

	PRE	POST
Not very well	0%	0%
Somewhat well	0%	0%
Pretty well	25%	33%
Very well	75%	67%

5 – In general, how well does your family/friends communicate with your relative/friend who is (un-under) employed?

	PRE	POST
Not very well	0%	0%
Somewhat well	0%	0%
Pretty well	25%	33%
Very well	75%	67%

6 – How well do you communicate about employment issues with your relative/friend who is (un-under) employed?

	PRE	POST
Not very well	0%	0%
Somewhat well	0%	0%
Pretty well	50%	0%
Very well	50%	100%

7 – How well does your family/friends solve everyday problems together?

	PRE	POST
Not very well	0%	0%
Somewhat well	0%	0%
Pretty well	100%	67%
Very well	0%	33%

8 – How well does your family/friends solve general problems that involve your relative/friend who is (un-under) employed?

	PRE	POST
Not very well	0%	0%
Somewhat well	0%	0%
Pretty well	75%	67%
Very well	25%	33%

9 – How well does your family/friends solve specific employment related problems that involve your relative/friend who is (un-under) employed?

	PRE	POST
Not very well	0%	33%
Somewhat well	50%	0%
Pretty well	25%	33%
Very well	25%	33%

Regarding the **Burden** the relatives/friends may experience in several aspects of their lives, as a result of living/having a relationship with an (un-under) employed person, there were substantial reductions from pre-group to post-group participation. Moreover, these reductions were reported in every area of **burden**.

A. Financial Burden

	PRE	POST
No burden	0%	33%
Mild burden	0%	67%
Moderate burden	75%	0%
Severe burden	25%	0%

B. Routine Family Activities

	PRE	POST
No burden	50%	33%
Mild burden	0%	67%
Moderate burden	50%	0%
Severe burden	0%	0%

C. Leisure

	PRE	POST
No burden	25%	67%
Mild burden	25%	33%
Moderate burden	50%	0%
Severe burden	0%	0%

D. Family Interaction

	PRE	POST
No burden	50%	67%
Mild burden	25%	34%
Moderate burden	25%	0%
Severe burden	0%	0%

E. Effect of Physical and Mental Health of Others

	PRE	POST
No burden	75%	100%
Mild burden	0%	0%
Moderate burden	25%	0%
Severe burden	0%	0%

F. Other Areas/Ways

	PRE	POST
No burden	0%	100%
Mild burden	50%	0%
Moderate burden	50%	0%
Severe burden	0%	0%

TOTAL BURDEN

	PRE	POST
No burden	0%	100%
Mild burden	75%	0%
Moderate burden	25%	0%
Severe burden	0%	0%

Regarding **Hope for the Future**, the relatives/friends may hold for their (un-under) employed relative/friend in several areas (e.g., employment, communication, stress management, etc.), there was limited room for improvement (i.e., ceiling effect). However, it is noteworthy that across supporters and all **Hope** areas, the level was 100%.

	PRE	POST
No hope	0%	0%
Little hope	0%	0%
Moderate hope	0%	0%
Much hope	25%	0%
Great hope	75%	100%

Interview Responses

Information was obtained from the three key supporters who could be reached. One of the supporters was a friend, the other two were relatives. Individual interviews were conducted using the five questions stated below.

1. Overall, how helpful has participating in this group been for you in dealing with your family member?

Supporters remarked on the valuable opportunity the multifamily groups provided them to be able to improve communication and problem solving regarding employment goals, obstacles and opportunities. Two of the supporters indicated how the work within sessions has helped reduce arguments in general. Consistent with the interview data, all three supporters felt a reduction in burden across the multiple areas and an increase in optimism regarding employment prospects. Interestingly, this was attributed to improved communication and problem solving about employment issues. As expected in multifamily groups, participants valued the support that emerged within the attendees; one supported mentioned “We can rely on each other for most things”.

2. How helpful has the education part of the program been?

Based on their responses, both relative/supporters seemed to be quite familiar with most aspects of their relative’s employment status, including work history, goals and limitations, however they both acquired some new information. In contrast, the non-relative supporter reported having benefited considerably from the educational component of the program. He stated “I have learned many things I did not know about...I am more interested in learning even more”.

3. How helpful has the communication and problem-solving part of the program been?

“Very helpful”; “The most helpful part... It works”; “We work together... We listen to each other’s work concerns” were some of the remarks made by supporters regarding improvements in communication and problem solving concerning employment issues. In turn, the remarkable improvements reported by supporters on level of burden and hope were attributed to their improved ability to communicate and resolve employment issues with the resulting financial and quality of life effects.

4. Can you give an example or two of how the group has helped you and your relative/friend?

Improvements in support were highlighted in various areas including “transportation and other daily things”. Also, improvements were reported regarding the prospect of employment. One supporter mentioned that now “She and I

believe she'll be able to keep her job". Another supporter mentioned "I can talk with her about work without having an argument... much more motivated and self-confident about getting employment."

5. Is there anything about the group that you would change when it's offered again?

The most common suggestion made by supporters was the beneficial inclusion of information regarding "job leads", combined with extended job support, once employment is obtained. Other, secondary suggestions included having more attendees, help with transportation, and an extended duration to conduct more problem solving exercises.

**Family First Employment Multifamily Group Program
CLIENT EVALUATION DATA FORM – PRE-DATA**

Agency:	Easter Seals Goodwill Industries	Date of Data Collection:	6/4/12
Client Code Letter:	ESGI-A	Date First Served By Agency:	1/7/10
Current Diagnosis & DSM IV Code:	Disadvantaging Condition (Financial/ Environmental)		
Employment Status:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input checked="" type="checkbox"/> Not Employed		
If Employed, Tenure in Job:	___ months	Age:	21
		Highest Grade Completed in School:	Diploma + Some college
Summary of Overall Functioning (Work Habits, Job Search Habits, Social/Family Relationships):	Client is an ambitious learner and hard worker. She strives to do her best so that her daughter can have a better life. She meets with this staff regularly and is always looking for ways to improve the quality of her life. Her family relationships have been suffering since before she joined the program. In fact, it was one of the main reasons she decided to enroll in FFI. Any assignments she has been given by staff have been completed and turned in on time.		
Specific Mental Health Problems Being Addressed:	N/A		
Specific Employment Problems Being Addressed:	Client has been attending Gateway College but recently completed Dental school in the interim. She is looking for a hygienist position currently so that she can afford her own place and thus discontinue dealing with homelessness and unstable living conditions.		
Medication Status:	<input checked="" type="checkbox"/> No Medications <input type="checkbox"/> Medications Being Taken Currently		
If on Medications, List Medications (Type And Dose):	N/A		
Medication Compliance:	<input type="checkbox"/> No Problems <input type="checkbox"/> Some Problems <input type="checkbox"/> Serious Problems		

**Family First Employment Multifamily Group Program
CLIENT EVALUATION DATA FORM – PRE-DATA**

Agency:	Easter Seals Goodwill Industries	Date of Data Collection:	6/4/12		
Client Code Letter:	ESGI-B	Date First Served By Agency:	10/9/10		
Current Diagnosis & DSM IV Code:		Disadvantaging Condition (Financial)			
Employment Status:	<input type="checkbox"/> Full-Time <input checked="" type="checkbox"/> Part-Time <input type="checkbox"/> Not Employed				
If Employed, Tenure in Job:	<u>14</u> months	Age:	23	Highest Grade Completed in School:	GED + Certificate Program
Summary of Overall Functioning (Work Habits, Job Search Habits, Social/Family Relationships):		Client is a very hard worker. She was homeless when she came to the program but worked hard to change her situation for both herself and her daughter. She is constantly trying to increase her education so as to increase her finances so that she and her daughter can live more comfortably. She has had major relationship issues with family but has found a way to cope and continue to focus on the improvement of her and her daughter's life.			
Specific Mental Health Problems Being Addressed:		N/A			
Specific Employment Problems Being Addressed:		Client is only working part time at this point and would like a full time position with benefits that can develop her professional skills and promote growth.			
Medication Status:	<input checked="" type="checkbox"/> No Medications <input type="checkbox"/> Medications Being Taken Currently				
If on Medications, List Medications (Type and Dose):		N/A			
Medication Compliance:	<input type="checkbox"/> No Problems <input type="checkbox"/> Some Problems <input type="checkbox"/> Serious Problems				

**Family First Employment Multifamily Group Program
CLIENT EVALUATION DATA FORM – PRE-DATA**

Agency:	Easter Seals Goodwill Industries	Date of Data Collection:	6/4/12		
Client Code Letter:	ESGI-C	Date First Served By Agency:	11/9/11		
Current Diagnosis & DSM IV Code:		Disadvantaging Condition (Financial, Educational, Social)			
Employment Status:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input checked="" type="checkbox"/> Not Employed				
If Employed, Tenure in Job:	___ months	Age:	25	Highest Grade Completed in School:	10-11 grade
Summary of Overall Functioning (Work Habits, Job Search Habits, Social/Family Relationships):		<p>Client has a hard time keeping focused on tasks at hand. He has had a rough upbringing at times where he was belittled and put down constantly. When it comes to searching for jobs, if he does not have direct support it may not be done (properly). Family and other interpersonal relationships are hit and miss depending on his current mood and/or his past experience with the individual.</p>			
Specific Mental Health Problems Being Addressed:		N/A			
Specific Employment Problems Being Addressed:		<p>Client has never been employed but has done freelance with his father's company from time to time. Therefore, along with a limited education, client needs to figure out what his skills and limitations are so that he can find appropriate employment.</p>			
Medication Status:	<input checked="" type="checkbox"/> No Medications <input type="checkbox"/> Medications Being Taken Currently				
If on Medications, List Medications (Type and Dose):		N/A			
Medication Compliance:	<input type="checkbox"/> No Problems <input type="checkbox"/> Some Problems <input type="checkbox"/> Serious Problems				

**Family First Employment Multifamily Group Program
CLIENT EVALUATION DATA FORM – PRE-DATA**

Agency:	Easter Seals Goodwill Industries	Date of Data Collection:	6/4/12
Client Code Letter:	ESGI-D	Date First Served By Agency:	7/14/11
Current Diagnosis & DSM IV Code:	Disadvantaging Condition (Financial)		
Employment Status:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input checked="" type="checkbox"/> Not Employed		
If Employed, Tenure in Job:	___ months	Age:	47
		Highest Grade Completed in School:	Diploma + Certificate program
Summary of Overall Functioning (Work Habits, Job Search Habits, Social/Family Relationships):	Client worked in his last position for 18 years but was laid off. He has admitted to not seeking employment immediately following being laid off because it was the first time he had a break. He has a close knit family who has encouraged him to get back to work as he is growing bored at home.		
Specific Mental Health Problems Being Addressed:	N/A		
Specific Employment Problems Being Addressed:	Finding a supervisory position where he can thrive and work until retirement. (Specifically a supervisory position because he feels that he wouldn't work well with fellow co-workers). He would like to start making his own money again so as to satisfy the desires of his 6 children.		
Medication Status:	<input checked="" type="checkbox"/> No Medications <input type="checkbox"/> Medications Being Taken Currently		
If on Medications, List Medications (Type and Dose):	N/A		
Medication Compliance:	<input type="checkbox"/> No Problems <input type="checkbox"/> Some Problems <input type="checkbox"/> Serious Problems		

**Family First Employment Multifamily Group Program
CLIENT EVALUATION DATA FORM – PRE-DATA**

Agency:	Easter Seals Goodwill Industries	Date of Data Collection:	6/8/2012
Client Code Letter:	ESGI-E	Date First Served By Agency:	1/27/2010
Current Diagnosis & DSM IV Code:	N/A		
Employment Status:	<input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not Employed Client is employed five days a week as a home care aide off the books for one client. Currently has a weekend client, as well, through another agency. Technically, she is working 7 days a week, but pay is not very high.		
If Employed, Tenure in Job:	<u>12</u> months	Age:	36
		Highest Grade Completed in School:	HS Diploma + Some college
Summary of Overall Functioning (Work Habits, Job Search Habits, Social/Family Relationships):	Lives with teenage daughter in apartment partially funded via Section 8; has boyfriend staying with her, at times. Has worked retail jobs; before current difficult period, client says she had no trouble finding a job. Started post high school work at Gateway Community College, struggled and left school before completing a semester. Mostly hangs out at home. Has difficult relationships with family.		
Specific Mental Health Problems Being Addressed:	N/A		
Specific Employment Problems Being Addressed:	Lack of livable wage work		
Medication Status:	<input checked="" type="checkbox"/> No Medications <input type="checkbox"/> Medications Being Taken Currently		
If on Medications, List Medications (Type and Dose):	N/A		
Medication Compliance:	<input type="checkbox"/> No Problems <input type="checkbox"/> Some Problems <input type="checkbox"/> Serious Problems		

**Family First Employment Multifamily Group Program
CLIENT EVALUATION DATA FORM – PRE-DATA**

Agency:	Easter Seals Goodwill Industries	Date of Data Collection:	6/8/2012		
Client Code Letter:	ESGI-F	Date First Served By Agency:	11/23/2009		
Current Diagnosis & DSM IV Code:		N/A (The only diagnosis that is known of is an unspecified learning disability which makes client eligible for SSDI payments)			
Employment Status:		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input checked="" type="checkbox"/> Not Employed Client is currently on the "roster" of a home care agency, but has not been called in to work in many months.			
If Employed, Tenure in Job:	___ months	Age:	25	Highest Grade Completed in School:	HS Diploma + CNA License
Summary of Overall Functioning (Work Habits, Job Search Habits, Social/Family Relationships):		Mother passed away at a young age; adopted by aunt. Receives SSI and SSDI payments that were inaccessible for many years, then had a conservator and only recently has control over her own funds. Has a 3-year-old daughter, lives in own apartment with subsidized rent. Wants to work in home care; is always looking for work and applying.			
Specific Mental Health Problems Being Addressed:		N/A			
Specific Employment Problems Being Addressed:		Finding steady, accessible, livable wage work			
Medication Status:		<input checked="" type="checkbox"/> No Medications <input type="checkbox"/> Medications Being Taken Currently			
If on Medications, List Medications (Type and Dose):		If client is on medication, it is unknown to worker.			
Medication Compliance:		<input type="checkbox"/> No Problems <input type="checkbox"/> Some Problems <input type="checkbox"/> Serious Problems			

**Family First Employment Multifamily Group Program
CLIENT EVALUATION DATA FORM – PRE-DATA**

Agency:	Easter Seals Goodwill Industries	Date of Data Collection:	6/8/2012
Client Code Letter:	ESGI-G	Date First Served By Agency:	5/2/2012
Current Diagnosis & DSM IV Code:	N/A (Unknown if there are issues)		
Employment Status:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input checked="" type="checkbox"/> Not Employed		
If Employed, Tenure in Job:	___ months	Age:	30
		Highest Grade Completed in School:	HS Diploma + currently in college
Summary of Overall Functioning (Work Habits, Job Search Habits, Social/Family Relationships):	Currently, client is attending school at Gateway Community College. She lives in New Haven Housing Authority public housing with her 9 year old daughter. Has some DCF involvement, was mandated anger management and substance abuse support group. Is very interested in moving ahead, getting her AS in Human Services and finding work helping young people.		
Specific Mental Health Problems Being Addressed:	N/A		
Specific Employment Problems Being Addressed:	Lack of work		
Medication Status:	<input checked="" type="checkbox"/> No Medications <input type="checkbox"/> Medications Being Taken Currently		
If on Medications, List Medications (Type and Dose):	N/A		
Medication Compliance:	<input type="checkbox"/> No Problems <input type="checkbox"/> Some Problems <input type="checkbox"/> Serious Problems		

**Family First Employment Multifamily Group Program
CLIENT EVALUATION DATA FORM – POST-DATA**

Agency:	Easter Seals Goodwill Industries	Date of Data Collection:	12/21/2012
Client Code Letter:	ESGI-A	Date First Served By Agency:	1/7/10
Current Diagnosis & DSM IV Code:	Disadvantaging Condition (Financial/ Environmental)		
Employment Status:	<input type="checkbox"/> Full-Time <input checked="" type="checkbox"/> Part-Time <input type="checkbox"/> Not Employed		
If Employed, Tenure in Job:	<u> 5 </u> months	Age:	21
		Highest Grade Completed in School:	Diploma + Some college
Summary of Overall Functioning (Work Habits, Job Search Habits, Social/Family Relationships):	Client is an ambitious learner and hard worker. She strives to do her best so that her daughter can have a better life. She meets with this staff regularly and is always looking for ways to improve the quality of her life. Her family relationships have been suffering since before she joined the program. In fact, it was one of the main reasons she decided to enroll in FFI. Any assignments she has been given by staff have been completed and turned in on time.		
Specific Mental Health Problems Being Addressed:	N/A		
Specific Employment Problems Being Addressed:	Client has been attending Gateway College but recently completed Dental school in the interim. She is looking for a hygienist position currently so that she can afford her own place and thus discontinue dealing with homelessness and unstable living conditions.		
Medication Status:	<input checked="" type="checkbox"/> No Medications <input type="checkbox"/> Medications Being Taken Currently		
If on Medications, List Medications (Type And Dose):	N/A		
Medication Compliance:	<input type="checkbox"/> No Problems <input type="checkbox"/> Some Problems <input type="checkbox"/> Serious Problems		

**Family First Employment Multifamily Group Program
CLIENT EVALUATION DATA FORM – POST-DATA**

This is Pre Data info; client left the group after the Psychoeducational workshop

Agency:	Easter Seals Goodwill Industries	Date of Data Collection:	12/21/2012		
Client Code Letter:	ESGI-B	Date First Served By Agency:	10/9/10		
Current Diagnosis & DSM IV Code:		Disadvantaging Condition (Financial)			
Employment Status:	<input type="checkbox"/> Full-Time <input checked="" type="checkbox"/> Part-Time <input type="checkbox"/> Not Employed				
If Employed, Tenure in Job:	<u>14</u> months	Age:	23	Highest Grade Completed in School:	GED + Certificate Program
Summary of Overall Functioning (Work Habits, Job Search Habits, Social/Family Relationships):		Client is a very hard worker. She was homeless when she came to the program but worked hard to change her situation for both herself and her daughter. She is constantly trying to increase her education so as to increase her finances so that she and her daughter can live more comfortably. She has had major relationship issues with family but has found a way to cope and continue to focus on the improvement of her and her daughter's life.			
Specific Mental Health Problems Being Addressed:		N/A			
Specific Employment Problems Being Addressed:		Client is only working part time at this point and would like a full time position with benefits that can develop her professional skills and promote growth.			
Medication Status:	<input checked="" type="checkbox"/> No Medications <input type="checkbox"/> Medications Being Taken Currently				
If on Medications, List Medications (Type and Dose):		N/A			
Medication Compliance:	<input type="checkbox"/> No Problems <input type="checkbox"/> Some Problems <input type="checkbox"/> Serious Problems				

**Family First Employment Multifamily Group Program
CLIENT EVALUATION DATA FORM – POST-DATA**

Agency:	Easter Seals Goodwill Industries	Date of Data Collection:	12/21/2012
Client Code Letter:	ESGI-C	Date First Served By Agency:	11/9/11
Current Diagnosis & DSM IV Code:		Disadvantaging Condition (Financial, Educational, Social)	
Employment Status:	<input type="checkbox"/> Full-Time <input checked="" type="checkbox"/> Part-Time <input type="checkbox"/> Not Employed		
If Employed, Tenure in Job:	<u>4</u> months	Age:	26
		Highest Grade Completed in School:	10-11 grade
Summary of Overall Functioning (Work Habits, Job Search Habits, Social/Family Relationships):		Client has a hard time keeping focused on tasks at hand. He has had a rough upbringing at times where he was belittled and put down constantly. When it comes to searching for jobs, if he does not have direct support it may not be done (properly). Family and other interpersonal relationships are hit and miss depending on his current mood and/or his past experience with the individual.	
Specific Mental Health Problems Being Addressed:		N/A	
Specific Employment Problems Being Addressed:		Client has never been employed but has done freelance with his father's company from time to time. Therefore, along with a limited education, client needs to figure out what his skills and limitations are so that he can find appropriate employment.	
Medication Status:	<input checked="" type="checkbox"/> No Medications <input type="checkbox"/> Medications Being Taken Currently		
If on Medications, List Medications (Type and Dose):		N/A	
Medication Compliance:	<input type="checkbox"/> No Problems <input type="checkbox"/> Some Problems <input type="checkbox"/> Serious Problems		

**Family First Employment Multifamily Group Program
CLIENT EVALUATION DATA FORM – POST-DATA**

Agency:	Easter Seals Goodwill Industries	Date of Data Collection:	12/21/2012		
Client Code Letter:	ESGI-D	Date First Served By Agency:	7/14/11		
Current Diagnosis & DSM IV Code:		Disadvantaging Condition (Financial)			
Employment Status:	<input type="checkbox"/> Full-Time <input checked="" type="checkbox"/> Part-Time <input type="checkbox"/> Not Employed				
If Employed, Tenure in Job:	<u>1</u> months client does freelance work while looking for FT employment	Age:	47	Highest Grade Completed in School:	Diploma + Certificate program
Summary of Overall Functioning (Work Habits, Job Search Habits, Social/Family Relationships):		Client worked in his last position for 18 years but was laid off. He has admitted to not seeking employment immediately following being laid off because it was the first time he had a break. He has a close knit family who has encouraged him to get back to work as he is growing bored at home.			
Specific Mental Health Problems Being Addressed:		N/A			
Specific Employment Problems Being Addressed:		Finding a supervisory position where he can thrive and work until retirement. (Specifically a supervisory position because he feels that he wouldn't work well with fellow co-workers). He would like to start making his own money again so as to satisfy the desires of his 6 children.			
Medication Status:	<input checked="" type="checkbox"/> No Medications <input type="checkbox"/> Medications Being Taken Currently				
If on Medications, List Medications (Type and Dose):		N/A			
Medication Compliance:	<input type="checkbox"/> No Problems <input type="checkbox"/> Some Problems <input type="checkbox"/> Serious Problems				

**Family First Employment Multifamily Group Program
CLIENT EVALUATION DATA FORM – POST-DATA**

Agency:	Easter Seals Goodwill Industries	Date of Data Collection:	12/21/2012
Client Code Letter:	ESGI-E	Date First Served By Agency:	1/27/2010
Current Diagnosis & DSM IV Code:	N/A		
Employment Status:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input checked="" type="checkbox"/> Not Employed Client is no longer working.		
If Employed, Tenure in Job:	<u>N/A</u>	Age:	36
		Highest Grade Completed in School:	HS Diploma + Some college
Summary of Overall Functioning (Work Habits, Job Search Habits, Social/Family Relationships):	Lives with teenage daughter in apartment partially funded via Section 8. Has normally worked retail jobs. Continues to look for jobs in retail and service sector. Still prefers staying home to going out. Has difficult relationships with family members, but has discussed this less. Recently has started going to therapy to help with difficulties with her daughter. Periodically exercises, which is an improvement in health. Can be very depressed about unemployment.		
Specific Mental Health Problems Being Addressed:	N/A		
Specific Employment Problems Being Addressed:	Lack of livable wage work / Lack of employment		
Medication Status:	<input checked="" type="checkbox"/> No Medications <input type="checkbox"/> Medications Being Taken Currently		
If on Medications, List Medications (Type and Dose):	N/A		
Medication Compliance:	<input type="checkbox"/> No Problems <input type="checkbox"/> Some Problems <input type="checkbox"/> Serious Problems		

**Family First Employment Multifamily Group Program
CLIENT EVALUATION DATA FORM – POST-DATA**

This is Pre Data info; client left the group after the Psychoeducational workshop

Agency:	Easter Seals Goodwill Industries	Date of Data Collection:	12/21/2012
Client Code Letter:	ESGI-F	Date First Served By Agency:	11/23/2009
Current Diagnosis & DSM IV Code:	N/A (The only diagnosis that is known of is an unspecified learning disability which makes client eligible for SSDI payments)		
Employment Status:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input checked="" type="checkbox"/> Not Employed Client is currently on the "roster" of a home care agency, but has not been called in to work in many months.		
If Employed, Tenure in Job:	___ months	Age:	25
		Highest Grade Completed in School:	HS Diploma + CNA License
Summary of Overall Functioning (Work Habits, Job Search Habits, Social/Family Relationships):	Mother passed away at a young age; was adopted by aunt. Receives SSI and SSDI payments that were inaccessible to her for many years, then had a conservator and only recently now has control over her own funds. Has a three year old daughter, lives in own apartment via the New Haven Housing Authority with subsidized rent. Wants to work in home care; is always looking for work and applying.		
Specific Mental Health Problems Being Addressed:	N/A		
Specific Employment Problems Being Addressed:	Finding steady, accessible, livable wage work		
Medication Status:	<input checked="" type="checkbox"/> No Medications <input type="checkbox"/> Medications Being Taken Currently		
If on Medications, List Medications (Type and Dose):	If client is on medication, it is unknown to worker.		
Medication Compliance:	<input type="checkbox"/> No Problems <input type="checkbox"/> Some Problems <input type="checkbox"/> Serious Problems		

**Family First Employment Multifamily Group Program
CLIENT EVALUATION DATA FORM – POST-DATA**

Agency:	Easter Seals Goodwill Industries	Date of Data Collection:	12/21/2012
Client Code Letter:	ESGI-G	Date First Served By Agency:	5/2/2012
Current Diagnosis & DSM IV Code:	N/A (Unknown if there are issues)		
Employment Status:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input checked="" type="checkbox"/> Not Employed		
If Employed, Tenure in Job:	___ months	Age:	30
		Highest Grade Completed in School:	HS Diploma + currently in college
Summary of Overall Functioning (Work Habits, Job Search Habits, Social/Family Relationships):	<p>Currently, client is attending school at Gateway Community College. She lives in New Haven Housing Authority public housing with her 9 year old daughter. Has some DCF involvement, was mandated anger management and substance abuse support group. Is very interested in moving ahead, getting her AS in Human Services and finding work helping young people.</p> <p>Is now pregnant.</p>		
Specific Mental Health Problems Being Addressed:	N/A		
Specific Employment Problems Being Addressed:	Lack of work		
Medication Status:	<input checked="" type="checkbox"/> No Medications <input type="checkbox"/> Medications Being Taken Currently		
If on Medications, List Medications (Type and Dose):	N/A		
Medication Compliance:	<input type="checkbox"/> No Problems <input type="checkbox"/> Some Problems <input type="checkbox"/> Serious Problems		

**San Fernando MHC MFG Program - Pilot Implementation
FAMILY DATA**

REPORT – Attachment 3

Six participants and their key relatives agreed to participate in the San Fernando Mental Health Center’s Multifamily Group (MFG) program to enhance the Supported Employment and Education (SEE) program. All participants and their relatives attended at least 50% of the group sessions. The key relatives were interviewed by Dr. Roberto Zarate (also one of the group facilitators) before and after their participation in the MFG program, using an interview schedule covering four topics:

- e. Information/Knowledge about their Relative’s Work Status
- f. Family Communication and Problem Solving
- g. Burden
- h. Hope for the Future

Results are presented below. These are followed by responses to a short set of interview questions, asked by Dr. Zarate in a separate interaction with each family member.

Regarding **Information/Knowledge about their Relative’s Work Status**, 63% of the relatives knew “a fair amount” or more pre-intervention as compared to 100% post-intervention, but there were no differences in their interest in learning more. Most notably, only 17% spoke to an Employment Specialist “fairly often” pre intervention, however, 84% reported speaking to a Specialist “fairly often” post treatment. These data suggest that providing MFGs to enhance a SEE program improves relatives’ knowledge about vocational factors and increases direct contact with the SEE Specialist.

1 - How much do you know now about the reasons/factors responsible for your family member’s (un)employment status?

	PRE	POST
Very Little	33%	0%
A fair amount	50%	50%
Quite a bit	17%	33%
A great deal	0%	17%

2 - Are you interested in learning more?

	PRE	POST
Not much	0%	0%
Somewhat interested	0%	0%
Pretty interested	50%	50%
Very interested	50%	50%

3 - How often do you talk with a health or employment professional about your family member’s problems, and about the services s/he can be/is receiving?

	PRE	POST
Very rarely	50%	0%
A few times	33%	17%
Fairly often	17%	84%
Very often	0%	0%

Regarding **Communication**, there was a mild improvement from pre-group to post-group responses concerning the family's ability to communicate with each other in general, and to communicate with their ill relative on general topics. However, there was significant improvement regarding communication about employment issues.

Results regarding **Problem Solving** mirror those on **Communication**. Pre- to post-improvements were mild when it came to the family's overall ability to solve every day problems as well as general issues related to their ill relative, but substantial regarding specific employment/school problems of their ill relative. It can be speculated that improvements in problems solving skills were related to improvements in work/school status, observed in almost all participants, which in turn may have been conducive to effective problem solving.

4 – In general, how well does your family communicate with each other?

	PRE	POST
Not very well	33%	17%
Somewhat well	33%	33%
Pretty well	17%	33%
Very well	17%	17%

5 – In general, how well does your family communicate with your family member who is (un-under) employed?

	PRE	POST
Not very well	17%	0%
Somewhat well	33%	33%
Pretty well	33%	33%
Very well	17%	33%

6 – How well do you communicate about employment issues with your family member who is (un-under) employed?

	PRE	POST
Not very well	33%	0%
Somewhat well	33%	33%
Pretty well	17%	33%
Very well	17%	33%

7 – How well does your family solve everyday problems together?

	PRE	POST
Not very well	50%	33%
Somewhat well	17%	17%
Pretty well	33%	33%
Very well	0%	17%

8 – How well does your family solve general problems that involve your family member who is (un-under) employed?

	PRE	POST
Not very well	33%	17%
Somewhat well	50%	33%
Pretty well	0%	33%
Very well	17%	17%

9 – How well does your family solve specific employment related problems that involve your family member who is (un-under) employed?

	PRE	POST
Not very well	33%	17%
Somewhat well	33%	17%
Pretty well	17%	17%
Very well	17%	50%

Regarding the **Burden** the relatives may experience in several aspects of their lives, as a result of living with an (un-under) employed person with mental illness, there were considerable reductions from pre to post participation in the areas of **financial** burden, burden on the family’s ability to engage in **routine activities**, and **family interactions**. Improvements in the other areas were mild at best.

The overall reduction in burden (“Total Burden”) was rather considerable as well. Relatives who experienced noticeable reductions in levels of **burden** reported “great satisfaction” with this change.

A. Financial Burden

	PRE	POST
No burden	17%	50%
Mild burden	33%	33%
Moderate burden	50%	17%
Severe burden	0%	0%

B. Routine Family Activities

	PRE	POST
No burden	33%	67%
Mild burden	33%	17%
Moderate burden	33%	17%
Severe burden	0%	0%

C. Leisure

	PRE	POST
No burden	33%	50%
Mild burden	33%	17%
Moderate burden	33%	33%
Severe burden	0%	0%

D. Family Interaction

	PRE	POST
No burden	33%	50%
Mild burden	17%	33%
Moderate burden	33%	17%
Severe burden	17%	0%

E. Effect on Physical and Mental Health of Others

	PRE	POST
No burden	33%	50%
Mild burden	33%	33%
Moderate burden	33%	17%
Severe burden	0%	0%

F. Other Areas/Ways

	PRE	POST
No burden	0%	17%
Mild burden	83%	67%
Moderate burden	17%	17%
Severe burden	0%	0%

TOTAL BURDEN

	PRE	POST
No burden	17%	50%
Mild burden	50%	33%
Moderate burden	33%	17%
Severe burden	0%	0%

Regarding **Hope for the Future** relatives may hold in several areas (e.g., employment, communication, stresses management, etc.) for their (un-under) employed relative with mental illness, the improvements were also significant. While pre-intervention only 17% held “much” or “great” hope, post-intervention 50% reported these levels of **hope**.

	PRE	POST
No hope	0%	0%
Little hope	17%	17%
Moderate hope	66%	33%
Much hope	17%	33%
Great hope	0%	17%

Interview Responses

A second set of interviews was conducted with the six key relatives who participated in the MFG. The six key relatives were: a father, a mother, a sister, and three spouses/companions. Responses to the five questions asked of each are summarized below.

1. Overall, how helpful has participating in this group been for you in dealing with your family member?

The relatives’ responses emphasized several points including the improvement in communication and problem-solving skills, overcoming stigma, and the opportunity to provide emotional and instrumental support to their ill relative. Their reports are consistent with responses to other interviews/instruments post intervention.

Although the relative expressed rather high levels of hope at the outset of the program, it was the group format that exposed them to other individuals with mental illness who were very motivated and capable of pursuing their personal/professional goals. The progress the relatives observed group wide was the main factor in establishing a sense of “normalization” and anti-stigma. The relatives reported that, in turn, “normalization” and overcoming stigma motivated them to take advantage of the opportunity to more actively and closely participate in their ill

relatives' vocational/educational process. Their support was broad, from encouragement to assisting in problem solving, to instrumental support (e.g., transportation, obtaining forms, etc.).

One issue of particular interest was the extraordinary experience the relatives had as they observe their ill relatives provide support for each other. They pointed out how quickly the ill relatives volunteered to provide potential solutions and alternatives during the problem solving exercises.

2. How helpful has the education part of the program been?

Based on their responses, the relative gained considerable familiarity with multiple aspects of their ill relative's clinical status, vocational status, and the relationship between the two. Relatives had already had exposure to psychoeducation about mental illness (e.g., causes, symptoms, course, etc.), however, they had misconceptions about implications of symptoms and side effects on work ability, suggesting that clients needed to be "symptom free" before attempting employment/school.

Similarly, relatives learned the importance of balancing symptom reduction with tolerability of side effects in order to maximize ability to perform work/school tasks as well as prevocational/educational skills (e.g., being on time, communication with co-workers, prioritizing tasks, etc.). Relatives stressed how involvement in the MFGs has had a "self-educating" effect to reduce stigma counterproductive to their ill relative's motivation to achieve their recovery goals.

3. How helpful has the communication and problem-solving part of the program been?

Post-intervention responses to the interviews show a similar pattern for both communication and problem-solving skills. While improvements in both skill areas became evident within various family contexts (e.g., general family topics, non-vocational/educational topics), improvements were significant when communication or problem solving focused specifically on vocational/educational issues. Relatives felt that communication about their ill relative's problems in achieving vocational/educational goals would no longer result in an adversarial argument.

4. Can you give an example or two of how the group has helped you and your relative?

All relatives reported great satisfaction seeing their ill relative involved in a productive activity. Most, whose ill relative showed progress toward their vocational/educational goals (e.g., graduating), reported how very gratified they felt. One relative expressed enthusiasm at having contributed to the progress of clients "I feel I have done something very valuable". Relatives felt the atmosphere of support and cooperation was an important ingredient: "My spouse and I can talk about work without having an argument." Unanimously, relatives pointed out how planning and problem solving during the sessions gave them the "road map" to follow.

5. Is there anything about the group that you would change when it's offered again?

The overwhelming recommendation from relatives was to extend the duration of the MFG program. This was a six-month program in contrast with Individual Placement and Support (the model of Supported Employment/Education at San Fernando MHC), which proposes unlimited, ongoing support. Also, relatives found most helpful the assistance provided with transportation. As needed, participants received bus tokens to facilitate their assistance to the MFGs.

San Fernando MHC MFG Program - Pilot Implementation
CLIENT DATA

REPORT – Attachment 4

At the San Fernando Mental Health Center, six Latino clients (four US born, one born in Mexico and one in El Salvador) and their key relatives participated in the Employment MFG, oriented to clients with serious mental illness who are interested in developing their vocational and/or educational goals as a key element in their recovery. The main elements of the MFG intervention were: Support (emotional and instrumental), Problem Solving (focused on employment/education issues), Communication Skills Training and Stress Management (both focused on employment/education issues as well).

The participants were recruited from a large number of clients participating in the Supported Employment/Education program at San Fernando MHC. These participants were at different points (e.g., job search, job maintenance, registered at school) in the pursuit of their vocational/educational goals. Below are demographic and clinical data for these six participants.

Ages & Gender

1 Participant, 63 years old (male)
1 Participant, 48 years old (male)
1 Participant, 37 years old (male)
1 Participant, 33 years old (female)
1 Participant, 29 years old (male)
1 Participant, 24 years old (male)

Highest Level of Education

2 – High School
1 – 10th Grade
2 – 9th Grade
1 – 4th Grade

Diagnoses

5 Participants had a diagnosis of Schizophrenia
1 Participant had a diagnosis of Major Depressive Disorder

Time at Agency Before Participation in MFGs

1 – 16 years
1 – 15 years
1 – 6 years
2 – 5 years
1 – 2 years

Employment/School Status & Tenure

1 – School – Part Time – 8 Months
3 – Employment – Part Time – 12 as a Security Guard; 2 as Construction Worker; 60 at Swap Meet.
2 – Not Employed/School

Medications & Compliance Problems

Five of six participants had a diagnosis of schizophrenia, and most of them were on antipsychotic medication. Below are the daily medication prescribed to each participant. Most participants were medication compliant.

1 Participant on Invega: 234 mgs.
1 Participant on Saphris: 5 mgs. – Wellbutrin: 200 mgs. – Celexa: 20 mgs.
1 Participant on Abilify: 20 mgs. – Wellbutrin: 300 mgs. – Trazadone: 50 mgs.

1 Participant on Abilify: 10 mgs. – Propranolol: 40 mgs. – Invega: 234 mgs. – Celexa: 20 mgs. – Wellbutrin: 150 mgs. – Trazadone: 50 mgs.
1 Participant on Inderal: 30 mgs. – Ativan: 1 mg. – Trazadone: 100 mgs. – Remeron: 15 mgs.
1 Participant on Invega: 234 mgs.

83% of Participants presented No Compliance Problems
17% of Participants presented Moderate Compliance Problems

Specific Mental Health Problems Addressed

Based on medical chart information and interview data collected from the various clinicians (e.g., psychiatrist, mental health worker, etc.) working with the participants, the mental health problems identified were in three categories: Positive Psychotic Symptoms and Mood Symptoms, Relapse Prevention, and Cognitive Deficits.

Positive Symptoms:

Client is stable on medications.
Client is stable on medication. Symptoms are under control.
Client has been stable regarding psychotic as well as mood symptoms for an extended period.
Client shows a considerable degree of thought disorder.
Client has chronic problems sleeping. Has depression and anxiety. Client isolates and has communication deficits. Client lacks motivation to improve his life.
Main focus is psychotic symptoms, particularly paranoia.

Relapse Prevention:

Continuous monitoring of warning signs of relapse due to school stress
Client is in a dysfunctional relationship, which presents challenges to prevent a relapse.

Cognitive Deficits:

Deficits in cognitive functions (information processing, memory, and problem solving).
Client's negative (avolition, alogia, flat affect), and cognitive symptoms are prominent and resistant to treatment. This presents a challenge to the client's employment goals.

Overall Functioning

Functioning data presented here were obtained from medical charts and interviews with the various clinicians working with the participants, and organized according to four major areas of functioning (Independent Living, Socialization/Recreation, Family Relations, and Employment/Education).

Independent Living:

All participants were receiving SSI.
One participant is financially independent.
All participants live with relatives at their home.
One participant cares for her daughter.
All but one participant contribute to home chores.
All but one participant use transportation independently.

Socialization/Recreation:

For many participants, socialization/recreation is mostly with immediate family.
One participant also socializes at school but minimally, and attends rehabilitation groups.
Two participants have no friends of their own.

Family Relations:

Two participants have positive, close and healthy relationships with relatives.
Four participants have complex relationships with relatives, characterized by conflict their partners and/or with their parents (overly protective or being abandoned), and none or limited contact with their own children.

Employment/Education:

1 Participant was registered at trade school to obtain a certificate in landscaping, but dropped out. Client is currently re-registered and attending school for landscaping.
1 Participant has been employed either full-time or part-time for over 12 months.

1 Participant worked full time at a factory for an extended period. She was laid off, but then was rehired. Client had a work accident with undetermined physical injuries, and for several months has been unemployed and involved in a workers' comp case.

1 Participant was employed for a rather brief period doing pizza delivery. Client was unable to keep the Job and had multiple difficulties organizing his tasks. Client quit without informing his supervisor. Client has been unemployed for many months now. Client has limited motivation and lacks the skills and ability to plan and to execute a job search and beyond.

1 Participant works in construction about two days per week. Client left previous work (gardening) due to conflict with his supervisor. Client is not looking for any other job or to work more than 2-3 days/week.

1 Participant helps his father two days per week in the father's swap meet business. Client is not taking initiative to look for any other job. He lacks job seeking skills.

Specific Employment Problems Being Addressed

Based on a Vocational/Educational Profile conducted by the Employment/Education specialist, the key deficits and barriers to successful employment/education experienced by the participants were classified along the areas of Cognitive Deficits, Managing Stress and other Problems, Motivational Factors, and Communication.

Cognitive Deficits:

Client has deficits in information processing, memory and problem solving.

While employed, client had great difficulty with problem solving (e.g., was unable to find his destination while delivering pizzas, then, he would eat the pizza and pay for it; client left job without any advance notification).

Management of Stress and other Problems:

Client dropped out of school last semester unable to deal with the stress of exams with a risk of relapse. Client requires ongoing support by Employment Specialist. Client needs this support, particularly, at times of stress. Being a Security Guard is stressful in certain situations where there is threat. Client has transportation problems at times.

Client experiences anxiety and stress.

Client has difficulties with medication side effects that interfere with job performance.

Motivational Factors:

Client seems to have lost motivation to get employment. We speculate that client is in a Workers' Comp case and therefore advised by her lawyer not to work.

Although client verbalized interest in working, he seems to have limited motivation to follow through with the steps required to pursue job leads (e.g., attending meetings to complete applications, updating his resume, etc.). Client requires abundant support to remain active in the job development process.

Client lacks energy.

Communication:

Client did not take initiative to communicate with instructor or case manager about his anxiety over the exams.

Client has difficulties communicating with others at work.

Post Data

After a six-month group intervention, post-group demographic and clinical data were collected on all six Latino clients and key relatives initially enrolled. All of the clients were one year older, as compared to pre-group age, maintained the same diagnoses initially assigned, and remained stable on the same psychotropic medications. After the program all six participants (as compared to five at pre-intervention) were rated as "medication compliant" by their doctors and relatives. Given the moderate to severe symptoms, cognitive and functioning deficits exhibited by the clients, in addition to poverty in their families, it is of great significance to note that all six participants attended at least half of the group sessions, and none had experienced a deterioration in their functioning or clinical condition (no hospitalizations). Functioning remained unchanged or improved in various areas, with the greatest improvement observed in Employment/Education.

Employment/School Status & Tenure One client who was attending school part time pre-intervention did complete the school semester and obtained his Landscape Diploma. Pre-intervention, three participants were employed part-time. Post-intervention, one of these participants achieved full-time employment with a 4-month

tenure and two remained part-time employed with the corresponding 6-month (duration of intervention) increase in tenure. Increases in employment tenure must be emphasized, as it remains the greatest challenge to the vocational goals of individuals with chronic mental illness. Finally, two participants were neither employed nor attending school. At post-intervention, the status of one of them remained unchanged, but the other obtained part-time employment, although inconsistently.

Mental Health Status For post-intervention data collection on mental health status, the procedures and sources were the same as those at pre-intervention, that is, the medical chart and interviews with the various clinicians (e.g., psychiatrist, mental health worker, etc.) working with the participants, were used.

Regarding positive and negative psychotic symptoms as well mood symptoms, all participants were medication compliant, showing symptom stability, although not symptom remission as expected with the exception of improvement in mood symptoms. The participant with thought disorder and prominent negative symptoms as well as cognitive deficits (i.e., information processing, memory, and problem solving) remained unemployed and not attending school. All participants monitored warning signs of relapse, with the support of their relatives.

Overall Functioning For post-intervention data collection on overall functioning, the procedures and sources were the same as those at pre-intervention, that is, the medical chart and interviews with the various clinicians working with the participants.

Participants showed a mild improvement in functioning (aside from vocational functioning). All participants continued to live with immediate relatives in their own homes or at the relatives' homes. All contribute to home chores and use transportation independently. And all continue to receive SSI, except for the participant who is now full time employed and is in the process of receiving full benefits from his employer. This participant is fully responsible for the financial support of his child.

Four participants reported having positive, close and healthy relationships with relatives. This was the case for only two participants at pre-intervention. One of the participants reported improved and more regular contact with his child. There was no deterioration in family relationships for any of the two remaining participants. Family relations were expected to improve as a result of the multifamily group intervention, as this type of intervention promotes support, normalization, and family cooperation. Functioning in the area of socialization/recreation remains unchanged from pre-intervention levels.

Based on an update of the Vocational/Educational Profile conducted by the Employment and Education Specialist, the intervention seemed to reduce barriers to employment and education along the areas of Cognitive Deficits, Managing Stress and other Problems, Motivational Factors, and Communication. Overall, participants were better able to focus on tasks such as updating resumes and completing applications, and to engage in good problem solving about routine stressors at work or school. Ongoing support from group facilitators, relatives and the Employment and Education Specialist was instrumental in improving tenure, motivation and adherence to medication treatment. Communication skills training improved the quantity and quality of communication between participants and their relatives in both directions. One of the participants showed greatly improved communication with his work supervisor.

Family First Employment Multifamily Group Program
END-OF-GROUP INTERVIEWS WITH FACILITATORS/ADMINISTRATORS

REPORT – Attachment 5

Facilitator/Administrator: Roseana Garcia

Date of Interview: 11-12-12

Interviewer: Julaine Konselman

1. What have the overall outcomes been from the Employment MFG program?

Two of the clients got jobs and are still working. The group as a whole has coalesced into a working entity. We did a focus group to see what they got out of it, and the feedback was that they don't feel so alone anymore, they learned the problem-solving methods that have really helped them. It has given them an organized, structured process. They also liked that it helped them to see they have different options and choices. The consensus was that the group was informational, instructive, supportive and constructive.

Comments on the two drop-outs: Lolita had difficult life circumstances and other issues as well as not being able to find a support person. Uniese did complete, in fact she was probably the best attended participant.

2. What evidence of actual impact is there for families and for clients?

The two clients that got jobs and have so far kept them is good evidence. There is no concrete measure to prove this, but we feel that everyone in the group has a better self-awareness and confidence.

3. What have been the challenges of the program?

Attendance is a big challenge. Transportation is a problem, especially for people without a car. Even though we provide bus tokens, clients aren't always near a bus stop and it can take them an hour or more to get here. More motivation is needed, because everyone is in a really different place. Some have never worked before, some have had previous jobs, and some have child care issues. It's difficult to deal with all these different problems in one group.

4. Do you have any suggestions for improvement of the program overall?

The element of intensiveness is difficult as far as the staff goes. They are case workers all day and then they have to find a way to take on the role as facilitators. We've found it's very hard to have case workers as facilitators, so the next time we have a group we're going to have our intern act as facilitator. It's better to have a different person in this role than the case worker.

Facilitator/Administrator: Monique Turner
Date of Interview: 11-12-12

Interviewer: Julaine Konselman

1. What have the overall outcomes been from the Employment MFG program?

The biggest thing for me was seeing people who are now more loyal to their own career progress. Those who attended now have a support network they can turn to when problems arise. Some have found employment. They have all developed better skills with problem-solving and consequently have gained more confidence.

2. What evidence of actual impact is there for families and for clients?

The biggest evidence of impact is that some have gotten jobs. We will be surveying parents to ask them how the group helped them. People tend to vote with their feet - if they aren't getting something out of it they wouldn't come back. They've learned a lot about how to manage the stress of their life situations. They've made friends and potentially have four people who could babysit for them if needed.

3. What have been the challenges of the program?

Attendance is the biggest challenge. It's difficult to see people drift away. Transportation is a problem even though we give bus tokens. We would love to be able to have a staff member pick them up and drop them off, but if the client has to bring children or anyone else there is a terrible liability for us, so we can't do it. Also, people who go to the big facilities, like the Clifford Beers clinic, are used to working in groups. Family First Initiative is new, so they're not familiar with us, and not expecting to be put in a group. The weather also complicated things a bit.

4. Do you have any suggestions for improvement of the program overall?

We've found that, for us, it's better to have facilitators who are not the client's case worker. We're lucky to have an intern who will take on this role the next session. We would love to find another one.

Facilitator/Administrator: Darina Marshall

Date of Interview: 12-13-12

Interviewer: Julaine Konselman

1. What have the overall outcomes been from the Employment MFG program?

Almost half of the participants have jobs. Their big issue now is housing and we are working with them on that.

Lolita only attended the psychoeducational session and never came back. We don't know why.

Teresa's support person's work hours changed and couldn't come any more, so she decided to drop out.

2. What evidence of actual impact is there for families and for clients?

Some are more motivated now to actively pursue employment. One (Uniese) has a child care issue but she is working on it. She has been the most consistent attendee of this whole group in spite of the difficult issues she's had to deal with at home.

3. What have been the challenges of the program?

Attendance is the biggest challenge. They've usually come only sporadically or they're late, so they're not getting everything they need.

4. Do you have any suggestions for improvement of the program overall?

No, I don't. I'd like to figure out how to motivate them to attend regularly and on time. We offered food, child care and bus tokens, so I don't know what more we can do. I think they have to find their own motivation for that.

SAN FERNANDO MHC
Multifamily Group to Enhance Supported Employment & Education

ADMINISTRATOR & FACILITATOR REPORT – Attachment 6

The leadership of the San Fernando Mental Health Center was very helpful to the implementation and conduct of the Employment MFG program. Specifically, supervisors who head the Wellness Program in which the Supported Employment and Education program is based, facilitated these efforts by securing the space and allocating the time for the group to be conducted. Moreover, the direct supervisor for one of the MFG co-facilitators assured her that her time was protected, so that she could devote sufficient effort to the MFG activities (participant recruitment, engagement, treatment adherence, MFG intervention, and collaboration with the Supported Employment and Education Specialists).

In addition, the Program Head for San Fernando MHC provided leadership support for the MFG by encouraging SFMHC staff to refer potential clients to the MFG clinicians for screening. She also offered her assistance to Dr. Kopelowicz and Dr. Zarate in addressing any obstacles encountered during the course of the program. Finally, the District Chief of the LA County Department of Mental Health (Service Area 2), was briefed by Dr. Kopelowicz on the goals and accomplishments of the MFG project. She was impressed with the efforts to date and inquired as to the possibility of exporting this group to other community mental health centers in LA County.

The San Fernando MHC Wellness Center's Supported Employment and Education Specialists closely collaborated with the MFG facilitators so that both efforts were integrated into the participants' recovery goals. The specialists and facilitators stressed how the MFG provides a forum where multiple issues, encountered by the participants working toward their vocational goals, could be addressed without requiring individual time on the part of the specialists, who carry large case loads. Feedback and support from other program members and relatives during the MFGs was considered an essential piece.

As the literature shows regarding work tenure, individuals with psychotic and severe mood disorders frequently lose their jobs due to deficits in communication and/or ability to cope with stress. Facilitators emphasized that communication and problem solving skills occupied most of the MFG sessions as requested by participants. Both sets of skills were applied to multiple types of interactions and situations in the work and school contexts.

Finally, facilitators strongly recommend the regular involvement of relatives in supporting the clients' vocational and educational efforts. It helped relatives overcome stigma about the clients' vocational/educational capabilities. This, in turn, motivated relatives to sustain support for the clients between sessions, a factor of great value since MFGs are maintained twice per month.

Interviewees:

Alex Kopelowicz, MD, Medical Director, San Fernando Mental Health Center
Maria Morales, Community Worker, MFG Co-Facilitator
David McCreary, Employment/Education Specialist
Shannon Hamilton, Employment/Education Specialist

Interviews conducted by: Roberto Zarate, PhD, MFG Co-Facilitator

**New Haven/Family First Employment MFG - Staff Training 3/15-16/12
Pre- and Post- Survey Results**

REPORT – Attachment 7

Pre-Training Survey

1. I interact directly with families of clients as part of my work:

Only a little	28%
A fair amount	11%
A great Deal	16%
Continuously	44%

2. I'd rate my current level of knowledge about the Multifamily Group approach as:

Very Low	44%
Low	28%
Medium	11%
High	11%
Very high	5%

3. What are the main benefits you see to setting up Multifamily Groups at your Center?

Engaging families more effectively in a group setting.

Forum for parents to feel less isolated, use each other as resources/support.

It allows families an opportunity to join others that have similar barriers and building a network of support and learning about community resources.

Extra support for families and client empowerment.

Providing a sense of support among members. Members will become more comfortable with socializing and searching for solutions to their situations.

To improve family engagement and service results.

Providing support to families around securing and maintaining employment.

Allowing the various clients to interact and assist/motivate each other by forming connections.

Bringing families together to support each other in problem solving. (Something I can't make out) for each other and building positive support system among families.

To involve families in treatment.

The approach/information.

Support.

Working with the extended family members and other agencies.

Many of our families share the same dreams/hopes and challenges – they need the power of group work.

To get families of my consumers more involved in the consumer's goals for recovery.

Getting family members to understand their role in supporting their loved one with reaching/maintaining their employment goals.

To connect families, as many are disconnected.

4. What do you think will be the main challenges of implementing the MFG approach at your Center?

Getting families to participate.

Getting family members to attend who are not connected with family members – also these family members may still behave nastily toward the client due to not understanding the client's illness.

Connecting the level of care with other agencies.

The organization of the team/group who will implement this approach in our office.

How families are so different.

Unsure – my center is pretty open to implementing new approaches that would be beneficial for the children and families that we work with.

Space, childcare, attendance.

Because the focus seems to be employment, the greatest challenge is obtaining employers that will guarantee the participants an opportunity to be employed.

Finding a time to meet that works for families and keeping client engagement up.

Getting started and members getting accustomed to a group such as this one.

Not sure at this point.

Engagement and continual involvement.

Continued client attendance.

Buy in from families.

Commitment of families to participate.

We are already nearly overwhelmed with crisis intervention.

The lack of family involvement per consumer's request and the lack of family connection our consumers have.

5. What would you most like to learn about from this training?

Everything, as I have no knowledge about the training.

Not sure yet.

How to engage families into their loved ones' services and better understand their role in supporting them and how to engage consumers into the idea of involving their families in their services and how they may benefit from it.

Role of each agency.

How to keep the joy and excitement in group work that is goal directed.

Get ideas on how to implement a group.

A clear application of the model.

Everything that can help.

Enhance my skill set around running effective groups and engaging families in the process.

Different techniques in engagement and learning about cultural differences that affect the way families learn.

The MFG process.

How to make sure the meetings are effective and how to make the meetings interesting in such a way that members continue to attend meetings regularly.

Basic concept and practice of model applicability to our services and how to implement and sustain model with this agency.

Multi-family group techniques and ability to facilitate group.

Engaging the client into the group.

Engaging families to buy in to MFG. Building relationships and prospective employees. Job development.

How to best use MFG within my program.

Post-Training Survey

1. I'd currently rate my level of overall knowledge about the Multifamily Group approach as:

Very low	0%
Low	0%
Medium	17%
High	55%
Very high	28%

2. I'd currently rate my knowledge and skill level about the "Joining" aspect of the MFG approach as:

Very low	0%
Low	0%
Medium	22%
High	55%
Very high	22%

3. I'd currently rate my knowledge and skill level about the "Family Psychoeducational Workshop" aspect of the MFG approach as:

Very low	0%
Low	17%
Medium	50%
High	22%
Very high	11%

4. I'd currently rate my knowledge and skill level about "Problem Solving" and other "Ongoing Sessions" aspects of the MFG approach as:

Very low	0%
Low	0%
Medium	11%
High	67%
Very high	22%

5. I'd rate the likelihood of implementing the MFG approach in my agency within the next six months as:

Very low	0%
Low	0%
Medium	0%
High	22%
Very high	72%
Not sure	5%

6. Overall, what were the most important aspects of this training:

The goal of the approach and the success rates.

It appears to be a very concrete model that could have a good effect with clients.

Seeing a group "role played."

Joining role plays and review of problem solving techniques.

Professionalism, energy level and engagement of trainers who demonstrate deep experience.

Problem solving.

Introduction and lectures.

Problem-solving method – steps and tips in using this method to guide the group process.

Motivation and attitude of participants. Joining session II/III; role play and presenter as facilitator particularly engaging; joining member(s) and getting buy in.

Overview/exercise of problem solving methods.

Sample joining sessions with families problem solving process.

Good overview of technique and preparation for pilot.

Learning about how to engage consumers and family members into the MFG groups through joining sessions.

Problem solving steps and the format.

The joining aspect on how to approach and get the family to want to help with the goal/problem of the client.

Problem-solving method.

Joining – I will not only use this for the MFG approach but also in my everyday work and even personal life.

The support group members can give to one another.

7. How could this training session be improved in the future?

I think modeling or “role plays” could be conducted by facilitators exclusively on the first day and then attendees could try on day two.

Honestly – to be longer. I would think that for each part of the training session (Joining (I, II, III) workshop, the MFG group should have their own few hours of a training session.

More conversation about co-facilitation implementation. Less time could have been spent on joining and more on problem solving.

Have video of actual groups that have occurred to see it applied in a real group setting.

Maybe a video of a sample MFG session.

Stop the role playing.

Ongoing role plays were beneficial.

Less role playing.

Role plays were helpful but a bit too long.

A bit less role plays – time got away and they tended to drag just a bit.

Share with all participants the ideas generated by the admin group at lunch about potential to connect with ongoing collaborative efforts to improve NH quality of life.

More time spent on problem solving method. (Role play of that method in addition to or instead of joining the role play.)

More time on workshop preparation – how to get buy in from family members to attend.

I have nothing to compare it to but would have loved to have more time.

I'll have to let you know on next meeting, but this training was great.

Maybe a smaller group of agencies should be included in future trainings.

8. What needs to be done now to promote implementation of the MFG approach in your agency?

We will begin implementing in the next few weeks.

You come to a meeting at clinic for the Hispanic Clinic.

Find consumers/family members to join. Advertisement and incentives.
Disclosure or permission with/from our clients to connect with family members

Trying it and evaluating the results.

Discussion with consumers about the MfG group. Discussions around space, incentives, efficient use of time and how to account for this time.

Reconceptualize "client" as a parent. Determine collaborative relationship with job development coach.

Engagement with families.

At this point, we are committed to implementation – so we just need to get it done.

CBC Team to meet: reflect on training, what we are already doing, what we need/can do. Resources needed. Brainstorm to have a plan.

Adapt to client & population.

Conversation/communication around barriers to implementation on an agency level and strengths/benefits of implementation.

Discussion of who the leaders will be. Engaging client's family. Setting dates and logistics, budget for food.

Budget for food – staff to provide child care – logistics – create agenda for workshop.

Administrative buy in. Review of access to resources including \$2500 minigrant. Sharing with leadership staff. Checking with initiative leadership (Clifford Beers Clinic & Casey) as well as learning collaborative numbers (or could be members).

Employment Multifamily Group Project EVALUATION DESIGN May 2012 – Attachment 8

Sites: New Haven Family First Initiative, San Fernando Mental Health Center

Evaluation Objective: The objective of this evaluation is to gather data on pilot tests of an Employment MFG program in two clinical settings: (1) New Haven Family First Initiative, with families of adult clients having severe employment challenges, many of them also with diagnosed or undiagnosed mental health problems; and (2) San Fernando Mental Health Center, with Latino, Spanish-speaking families of adult clients aged 18-40 with psychotic disorders. Evaluation data will (a) confirm the impact of the Employment MFG on family members, and on employment outcomes; (b) provide input for its improvement; and (c) identify opportunities and challenges that may be helpful in an effort to promote its wider dissemination. The basic MFG model already has been validated in controlled research.

Evaluation Activities Evaluation data are being collected at both New Haven Family First Initiative and San Fernando Mental Health Center, the two agencies at which the program is being implemented. The following activities are being conducted:

Activity 1 – Using Forms 1 and 2, gather pre- and post- training evaluation data from participants in New Haven Family First Initiative staff training for the MFG, conducted by Dr. Alex Kopelowicz and Dr. Roberto Zarate on March 15-16, 2012. Responses on Forms 1 and 2 will be tabulated and a data summary prepared. No formal staff training program is needed at San Fernando.

Activity 2 - Gather basic information on the sites and the employment challenges of typical clients at New Haven Family First Initiative, through a telephone interview conducted by Alex Kopelowicz and Roberto Zarate on January 13, 2012. These challenges also have been summarized for San Fernando.

When specific clients and families have been identified, New Haven and San Fernando staff will prepare a brief summary (can be shared via e-mail) of client characteristics:

- * number of families confirmed to participate in the group
- * identity of staff facilitators for the group
- * time schedule and number of sessions to be conducted

Activity 3 - Gather pre- (before the family psychoeducation session begins) and post- (after the last session of the MFG) evaluation survey data from families participating in each MFG. A two-page Family Interview form (English-Form 3, Spanish-Form 3-S) will be administered verbally, to gather information about (a) knowledge about mental health and employment problems, (b) family burden, (c) hopes for the future, and (d) family communication and problem-solving. Interviews will be conducted in person or by phone by Dr. Roberto Zarate. Form 3-A is for use when at least some MFG participants are not family members.

The Family Interview Form is based on the Family Burden and Hope for the Future scales used in the Kopelowicz NIMH study; problem-solving items from T.J. D’Zurilla & A.M. Nezu (1990), Development and preliminary evaluation of the Social Problem-Solving Inventory, *Psychological Assessment: A Journal of Consulting and Clinical Psychology*, 2, 156-163; and general information and communication skills items from the Kopelowicz NIMH study and from William McFarlane’s original studies validating the MFG.

Activity 4 - Gather initial service data on each client at the time the MFG program begins (these data will be gathered by New Haven and San Fernando staff from case files and will not be identified by client name, so there will be no issues about confidentiality), using an Evaluation Data Form (Form 4). Data gathered will include: (a) date of first service by agency, (b) diagnosis (if one is available), (c) age, (d) highest grade completed in school, (e) current status - overall functioning, specific mental health problems being addressed by service providers, employment status and specific employment problems being addressed by service providers, and (f) medication status (what medications, if any, client is taking; compliance problems rated on a three-point scale: No Problems, Some Problems, Serious Problems).

Activity 5 - Gather similar clinical data after final session of the MFG (also gathered by New Haven and San Fernando staff), using Form 5.

Activity 6 - Gather data after the final session from New Haven and San Fernando MFG facilitators and administrative supervisors at each agency (Form 6; interviews to be done by Julaine Konselman, and a summary report prepared). Data gathered will include responses to these questions: (a) What have the overall outcomes of the group been?; (b) What evidence of actual impact is there for families and for clients (especially on employment status)?; (c) What have been the challenges of the program?; and (d) Do you have any suggestions for improvement of the Employment MFG?

Activity 7 - Using Form 7, gather overall data after the final session from New Haven and San Fernando family group participants, on the following questions (interviews to be done by Dr. Roberto Zarate, and a summary report prepared): (a) Overall, how helpful has participating in this group been for you in dealing with your family member and his/her employment problems?; (b) How helpful has the education part of the program been?; (c) How helpful has the problem-solving part of the program been?; (d) Can you give an example or two of how the group has helped you and your family member?; and (e) Is there anything about the group that you would change when it's offered again?

Evaluation Reporting Data from all seven sources will be integrated into one evaluation report, with recommendations for future dissemination and implementation of the program.

Attachments Forms attached are: (1-2) Pre/Post Training Surveys; (3) Pre/Post Family Interview Form (English and Spanish); (4-5) Pre/Post Client Data Forms; (6) General Post Family Interview Form; and (7) Facilitators/Administrators Interview Form

**Employment Multifamily Group
STAFF TRAINING - QUICK EVALUATION FORM 1**

We'd like to get some preliminary information from participants in this training, to improve future training offerings. Could you please take a moment to fill this out, and we'll collect before the session begins? Only a summary of responses will be reported - we only need your name to link your responses with what you report after the session. Thanks!

NAME: _____

1 - I interact directly with families of clients as part of my work:

Only a little ___
A fair amount ___
A great deal ___
Continuously ___

2 - I'd rate my current level of knowledge about the Multifamily Group approach as:

Very low ___
Low ___
Medium ___
High ___
Very high ___

3 - What are the main benefits you see to setting up Multifamily Groups at your Center?

4 - What do you think will be the main challenges of implementing the MFG approach at your Center?

5 - What would you most like to learn about from this training?

**Employment Multifamily Group
STAFF TRAINING - QUICK EVALUATION FORM 2**

Before you leave the training room, would you please fill out this form and return to us? Again, only a summary of all responses will be reported. Thanks!

NAME: _____

1 - I'd currently rate my level of overall knowledge about the Multifamily Group approach as:

Very low ___
Low ___
Medium ___
High ___
Very high ___

2 - I'd currently rate my knowledge and skill level about the "Joining" aspect of the MFG approach as:

Very low ___
Low ___
Medium ___
High ___
Very high ___

3 - I'd currently rate my knowledge and skill level about the "Family Psychoeducational Workshop" aspect of the MFG approach as:

Very low ___
Low ___
Medium ___
High ___
Very high ___

4 - I'd currently rate my knowledge and skill level about "Problem-Solving" and other "Ongoing Sessions" aspects of the MFG approach as:

Very low ___
Low ___
Medium ___
High ___
Very high ___

6 - I'd rate the likelihood of implementing the MFG approach in my agency within the next six months as:

- Very low ___
- Low ___
- Medium ___
- High ___
- Very high ___
- Not Sure ___

7 - Overall, what were the most important aspects of this training?

8 - How could this training session be improved in the future?

9 - What needs to be done now to promote implementation of the MFG approach in your agency?

**Employment Multifamily Group Program
FAMILY INTERVIEW (Form 3)**

Parent/Family Name _____ Date _____ Pre ___ Post ____

Client's Name _____ Interviewer _____

We are trying to evaluate how much information you have about your family member's employment functioning and any mental health problems he/she might have, what challenges you're facing, and what hopes you have for the future. Please tell me your thoughts on these issues.

Information

1 - How much do you know now about the nature of your family member's mental health?

Not very much A fair amount A great deal

2 - Are you interested in learning more?

Not that interested Somewhat interested Very interested

3 - Does your family member have a specific mental health problem or disorder?

Yes No Not Sure

4 - How often do you talk with a mental health professional about your family member's problems and about any services he or she is receiving?

Not very often Fairly often Very often Date of most recent talk: _____

5 - How much do you know about employment-related problems of your family member?

Not very much A fair amount A great deal

6 - Are you interested in learning more?

Not that interested Somewhat interested Very interested

Challenges (Ask these if response to item 3 is Yes or Not Sure)

7 - How much of a burden has it been to pay for your family member's treatment for the mental health disorder he or she has?

No burden Moderate burden Severe burden

8 - How much of a burden has your family member's mental disorder been for the rest of your family, in terms of daily activities like his or her participation in housework?

No burden Moderate burden Severe burden

9 - How much of a burden has your family member's mental disorder been, in terms of his or her participation in family leisure activities?

No burden Moderate burden Severe burden

10 - How much of a burden has your family member's mental disorder been, in terms of the amount of time others in the family take care of him or her?

No burden Moderate burden Severe burden

11 - How much has your family member's mental disorder affected how family members get along with each other?

No burden Moderate burden Severe burden

12 - How much has your family member's mental disorder affected emotional problems in the rest of the family?

No burden Moderate burden Severe burden

13 - How much has your family member's mental disorder affected physical health problems in the rest of the family?

No burden Moderate burden Severe burden

Hope

14 - How much hope do you have that your family member's situation will improve?

Little hope Some hope Great hope

15 - How much hope do you have that your family's ability to cope with the challenges we've discussed will improve?

Little hope Some hope Great hope

16 - How much hope do you have that your family's relationship will improve with your family member?

Little hope Some hope Great hope

17 - How much hope do you have that your family member will have a good, healthy life in the future?

Little hope Some hope Great hope

Family Communication and Problem-Solving

18 - In general, how well does your family communicate with each other?

Not very well Somewhat well Very well

19 – In general, how well does your family communicate with your family member?

Not very well Somewhat well Very well

20 – How well does your family solve everyday problems together?

Not very well Somewhat well Very well

21 – How well does your family solve problems that involve your family member?

Not very well Somewhat well Very well

Employment Multifamily Group Program
ENTREVISTA FAMILIAR (Form 3-S)

Padres/Familia _____ Fecha _____ Pre ___ Post ___

Cliente _____ Entrevistador _____

Quisieramos evaluar cuanto conocimiento tiene usted sobre el funcionamiento laboral de su familiar y si el o ella tiene algunos problemas emocionales. Tambien quisieramos saber a que retos se estan enfrentando y que esperanza tiene usted para el futuro. Le agradecemos que nos de informacion sobre estos temas.

INFORMACION

1 – Cuanto sabe usted sobre la salud mental de su familiar?

No mucho Bastante Mucho

2 – Esta interesado/a en aprender más?

No muy interesado/a Bastante interesado/a Muy interesado/a

3 – Tiene su familiar un problema con su salud mental?

Si No No se

4 – Con qué frecuencia habla usted con un profesional de la salud mental sobre los problemas de su familiar y sobre los servicios que está recibiendo?

No muy frecuente Bastante frecuente Muy frecuente

Cuando fue la última vez (fecha): _____

5 – Cuanto sabe usted sobre los problemas de empleo de su familiar?

No mucho Bastante Mucho

6 – Esta interesado/a en aprender más?

No muy interesado/a Bastante interesado/a Muy interesado/a

RETOS (Ask these if response to item 3 is Yes or Not Sure)

7 – Cuanta carga económica ha sido para usted tener que pagar los gastos del tratamiento de su familiar por el trastorno mental que tiene?

Ninguna carga Una carga moderada Una carga severa

8 - Cuanta carga ha sido el trastorno mental de su familiar para el resto de su familia, en cuanto a tareas diarias, como ayudar con los quehaceres de casa?

Ninguna carga Una carga moderada Una carga severa

9 - Cuanta carga ha sido el trastorno mental de su familiar, en cuanto a su participación en actividades de recreo de la familia?

Ninguna carga Una carga moderada Una carga severa

10 - Cuanta carga ha sido el trastorno mental de su familiar, en cuanto al tiempo que otros miembros de la familia se toman para cuidarle/a?

Ninguna carga Una carga moderada Una carga severa

11 - Cuanto ha afectado el trastorno mental de su familiar a como se llevan entre ustedes el resto de la familia?

Ninguna carga Una carga moderada Una carga severa

12 - Cuanto ha afectado el trastorno mental de su familiar a los problemas emocionales en el resto de la familia?

Ninguna carga Una carga moderada Una carga severa

13 - Cuanto ha afectado el trastorno mental de su familiar a los problemas de salud física en el resto de la familia?

Ninguna carga Una carga moderada Una carga severa

ESPERANZA

14 - Cuanta esperanza tiene en que la situación de su familiar mejore?

Poca esperanza Bastante esperanza Mucha esperanza

15 - Cuanta esperanza tiene en que la capacidad de su familia para afrontar los retos de que hemos hablado, mejorara?

Poca esperanza Bastante esperanza Mucha esperanza

16 - Cuanta esperanza tiene en que la relación de los miembros de su familia con su familiar mejorara?

Poca esperanza Bastante esperanza Mucha esperanza

17 - Cuanta esperanza tiene en que su familiar llegara a tener una vida sana y saludable?

Poca esperanza Bastante esperanza Mucha esperanza

COMUNICACION y SOLUCION de PROBLEMAS entre La FAMILIA

18 – En general, tienen buena comunicación dentro de la familia?

No muy buena Bastante buena Muy buena

19 – En general, tienen buena comunicación los miembros de la familia con su familiar?

No muy buena Bastante buena Muy buena

20 – Como solucionan dentro de la familia los problema diarios?

No muy bien Bastante bien Muy bien

21 – Como solucionan dentro de la familia los problemas relacionados con su familiar?

No muy bien Bastante bien Muy bien

Employment Multifamily Group Program
CLIENT EVALUATION DATA FORM - BEGINNING OF GROUP (Form 4)

Agency:

Date of Data Collection:

(Note - use same client letter to identify client when end-of-program data are collected)

Client Code Letter: ____

Date First Served by Agency: _____

Current Diagnosis & DSM-IV Code: _____

Employment Status: __ Full-Time __ Part-Time __ Not Employed

Tenure in Job If Employed: ____ Months

Age: ____

Highest Grade Completed in School: ____

Summary of Overall Functioning (Work Habits, Job Search Habits, Social/Family Relationships):

Specific Mental Health Problems Being Addressed:

Specific Employment Problems Being Addressed:

Medication Status: __ No Medications __ Medications Being Taken Currently

If on Medications:

List Medications (Type & Dose):

Medication Compliance: __ No Problems __ Some Problems __ Serious Problems

Employment Multifamily Group Program
CLIENT EVALUATION DATA FORM - END OF GROUP (Form 5)

Agency:

Date of Data Collection:

(Note - use same client letter to identify client when end-of-program data are collected)

Client Code Letter: ____

Date First Served by Agency: _____

Current Diagnosis & DSM-IV Code: _____

Employment Status: __ Full-Time __ Part-Time __ Not Employed

Tenure in Job If Employed: ____ Months

Age: ____

Highest Grade Completed in School: ____

Summary of Overall Functioning (Work Habits, Job Search Habits, Social/Family Relationships):

Specific Mental Health Problems Being Addressed:

Specific Employment Problems Being Addressed:

Medication Status: __ No Medications __ Medications Being Taken Currently

If on Medications:

List Medications (Type & Dose):

Medication Compliance: __ No Problems __ Some Problems __ Serious Problems

Employment Multifamily Group Program
END OF PROGRAM FAMILY MEMBER GENERAL INTERVIEW (Form 6)

Family Member:

Date of Interview:

Interviewer:

1. Overall, how helpful has participating in this group been for you in dealing with your family member?

2. How helpful has the education part of the program been?

3. How helpful has the problem-solving part of the program been?

4. Can you give an example or two of how the group has helped you and your family member?

5. In there anything about the group that you would change when it's offered again?

Employment Multifamily Group Program
END-OF-GROUP INTERVIEWS WITH FACILITATORS/ADMINISTRATORS (Form 7)

Facilitator/Administrator:

Date of Interview:

Interviewer:

1. What have the overall outcomes been from the Employment MFG program?

2. What evidence of actual impact is there for families and for clients?

3. What have been the challenges of the program?

4. Do you have any suggestions for improvement of the program overall?

Employment Multifamily Group Program
FAMILY INTERVIEW (Form 3A – Alternative for Support Person)

Relative/Friend's Name: _____ Date: _____ Pre ___ Post ___

Client's Name: _____ Interviewer: _____

We are trying to evaluate how much information you have about your family member's/friend's work status, how you communicate and problem solve around these issues, what difficulties you might have with your family member/friend, and what your hopes are for the future for that person.

Information/Knowledge

1 - How much do you know now about the reasons/factors responsible for your family member's/friend's (un)employment status?

Very Little A fair amount Quite a bit A great deal

2 - Are you interested in learning more?

Not much Somewhat interested Pretty interested Very interested

3 - How often do you talk with a health or employment professional about your family member's/friend's problems and about the services he/she can/is receiving?

Very rarely A few times Fairly often Very often

Date of most recent talk: _____

Family Communication & Problem-Solving

4 - In general, how well does your family (or friends) communicate with each other?

Not very well Somewhat well Pretty well Very well

5 - In general, how well does your family (or friends) communicate with your family member who is (un or under)employed?

Not very well Somewhat well Pretty well Very well

6 - How well do YOU communicate about employment issues with your family member who is (un or under) employed?

Not very well Somewhat well Pretty well Very well

7 - How well does your family solve everyday problems together?

Not very well Somewhat well Pretty well Very well

8 – How well does your family (or friends) solve general problems that involve your family member who is (un or under) employed?

___ Not very well ___ Somewhat well ___ Pretty well ___ Very well

9 – How well does your family (or friends) solve specific employment related problems that involve your family member who is (un or under) employed?

___ Not very well ___ Somewhat well ___ Pretty well ___ Very well

Burden

Scale: 0 = No Burden 1 = Mild Burden 2 = Moderate Burden 3 = Severe Burden

A. Financial Burden (With respect to ECONOMIC issues ...)

1. What effect has unemployment had on the financial status of your relative/friend?
()
2. Has any family member had to stop working because of your relative's status? ()
3. How much has his/her unemployment cost you? ()
4. Has his/her unemployment caused other economic effects? ()

B. Routine Family/Friendship Activities (For relatives/friends, what degree of problem is it that ...)

1. your relative/friend doesn't work or go to school? ()
2. your relative/friend may not help with housework? ()
3. your relative/friend may not pay attention to his/her family/friends? ()
4. you don't have time for other members of the family or friends? ()

C. Leisure (With respect to LEISURE time, what degree of problem is it that ...)

1. his/her unemployment may deprive the family/friends of certain fun activities?()
2. his/her unemployment may take time away from vacations? ()
3. a relative/friend has to use leisure time to assist your relative/friend? ()
4. In what other ways has his/her unemployment affected your leisure time? ()

D. Family/Friendship Interaction (How has his/her unemployment ...)

1. affected how his/her family/friends get along with each other? ()
2. caused friction among family members or friends? ()
3. caused isolation between family members or friends? ()
4. caused other effects within the family's relationships or friendships? ()

E. Effect on Physical and Mental Health of Others (The unemployment ...)

1. has caused some health problems in other family members or friends? ()
2. has caused some emotional problems in other family members or friends? ()
3. has caused worsening in a family member's or friend's illness? ()

F. To what extent has your family/friendship suffered as a result of your relative's/friend's unemployment in any other ways/areas?

()

Total

()

Hope for the Future

**Scale: 1 = No Hope 2 = Little Hope 3 = Moderate Hope 4 = Much Hope
5 = Great Hope**

How much hope do you have that:

1. His/Her unemployment will improve? ()
 2. Your relative/friend will take medications IF prescribed by a doctor? ()
 3. Your relative/friend will become aware and pay attention to signs of stress better? ()
 4. Your relative/friend will know how to communicate feelings/needs with others better?
()
 5. Your relative/friend will learn to deal with stress better? ()
 6. Your relative/friend will become aware of signs of urges to use substances (if applicable)?
()
 7. Your relative/friend will know how to take the correct steps to prevent a relapse (if
applicable)? ()
 8. You will know how to help your relative/friend with warning signs of stress or relapse?
()
 9. You will know how to communicate with your relative/friend better? ()
 10. Your relation with your relative/friend will improve? ()
 11. The relation of the rest of the family/friends with your relative/friend will improve? ()
 12. The negative consequences of unemployment on the family/friends will diminish? ()
 13. You will be able to enjoy together the good things in life? ()
 14. Your relative/friend will become an active person who contributes to the community?
()
 15. Your relative/friend will be able to depend less on you? ()
 16. Your relative/friend will learn how to face daily problems alone without "breaking down"?
()
 17. Your relative/friend will be able to work and earn a salary? ()
 18. Your relative/friend will have (more – better) friends? ()
 19. Your relative/friend will attend and follow this program consistently? ()
 20. Your relative/friend will be able to overcome the stigma associated with unemployment?
()
 21. Your relative/friend will be able to develop goals for the future? ()
- Total ()