

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Name of Program/Strategy: Familias Unidas

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1. Overview and description

Familias Unidas is a family-based intervention for Hispanic families with children ages 12-17. The program is designed to prevent conduct disorders; use of illicit drugs, alcohol, and cigarettes; and risky sexual behaviors by improving family functioning. Familias Unidas is guided by eco-developmental theory, which proposes that adolescent behavior is affected by a multiplicity of risk and protective processes operating at different levels (i.e., within family, within peer network, and beyond), often with compounding effects. The program is also influenced by culturally specific models developed for Hispanic populations in the United States.

The intervention is delivered primarily through multi-parent groups, which aim to develop effective parenting skills, and family visits, during which parents are encouraged to apply those skills while interacting with their adolescent. The multi-parent groups, led by a trained facilitator, meet in weekly 2-hour sessions for the duration of the intervention. Each group has 10 to 12 parents, with at least 1 parent from each participating family. Sessions include problem posing and participatory exercises. Group discussions aim to increase parents' understanding of their role in protecting their adolescent from harm and to facilitate parental investment.

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2. Implementation considerations (if available)

The intervention proceeds in three stages:

- Stage 1: The facilitator aims to engage parents in the intervention and create cohesion among the parents in the group.
- Stage 2: The facilitator introduces three primary adolescent "worlds" (i.e., family, peers, school), elicits parents' specific concerns within each world (e.g., disobedience within the family, unsupervised association with peers, problems at school), and assures parents that the intervention will be tailored to address these concerns.
- Stage 3: The facilitator fosters the parenting skills necessary to decrease adolescent problem behavior and increase adolescent school bonding and academic achievement. In this third stage, group sessions are interspersed with home visits, during which facilitators supervise parent-adolescent discussions to encourage bonding within the family and help parents implement the skills related to each of the three worlds (e.g., discussing behavior management, peer supervision issues, and homework). Each family receives up to eight home visits

Familias Unidas also involves meetings of parents with school personnel, including the school counselor and teachers, to connect parents to their adolescent's school world. Family activities involving the parents, the adolescent, and his or her peers and their parents allow parents to connect to their adolescent's peer network and practice monitoring skills.

The duration of the intervention ranges from 3 to 5 months depending on the target population. Facilitators must be Spanish speaking and bicultural, with a minimum of a bachelor's degree in psychology and 3 years of clinical experience, or a master's degree and 1 year of clinical experience.

3. Descriptive information

Areas of Interest	Mental health promotion Substance abuse prevention
Outcomes	1: Behavior problems 2: Family functioning 3: Substance use 4: Risky sexual behaviors 5: Externalizing disorders
Outcome Categories	Alcohol Drugs Family/relationships

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	Social functioning Tobacco Violence
Ages	6-12 (Childhood) 13-17 (Adolescent) 26-55 (Adult)
Genders	Female Male
Races/Ethnicities	Hispanic or Latino
Settings	Home School
Geographic Locations	Urban
Implementation History	Familias Unidas was first implemented in 1996 at the University of Miami's Miller School of Medicine with Hispanic families recruited from three public middle schools in low-income areas of Miami. An estimated 650 individuals have participated in the intervention. Three ongoing clinical trials are expected to serve more than 1,200 families.
NIH Funding/CER Studies	Partially/fully funded by National Institutes of Health: Yes Evaluated in comparative effectiveness research studies: Yes
Adaptations	No population- or culture-specific adaptations were identified by the applicant.
Adverse Effects	No adverse effects, concerns, or unintended consequences were identified by the applicant.
IOM Prevention Categories	Universal Selective Indicated

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4. Outcomes

Outcome 1: Behavior problems

Description of Measures	<p>Behavior problems were defined as conduct destructive to oneself or others and included intrapersonal (e.g., impulsivity) and interpersonal (e.g., aggression) aspects of functioning. The adolescent behavior problems composite score was calculated by summing the score on each of the following measures:</p> <ul style="list-style-type: none"> • Conduct Disorder, Socialized Aggression, Attention Problems, and Motor Excess subscales from the Revised Behavior Problem Checklist, an 89-item measure administered to parents to assess child behavior problems • Conners-Wells Self-Report Scale, a 27-item measure administered to adolescents to assess self-control and restlessness • Aggression subscale from the Interpersonal Competence Inventory, a 21-item measure administered to adolescents to assess aggression, popularity, and academic competence • Behavior Scale Part I, a 13-item index administered to adolescents to assess the frequency of deviant and antisocial behaviors
Key Findings	<p>Participants were randomly assigned to an intervention group receiving Familias Unidas or to a no- intervention control condition. Problem behaviors were assessed at baseline and 3, 6, 9, and 12 months after baseline. Results of this study showed a statistically significant difference between the two groups across time ($p < .006$). Specifically, behavior problems among adolescents in the intervention group steadily decreased from baseline through the assessment period, while behavior problems among those in the control group decreased from baseline to the 3-month follow-up, increased sharply from the 3- to 6-month follow-up, and decreased sharply between the 6- and 12-month follow-up.</p>
Studies Measuring Outcome	Study 1
Study Design	Experimental
Quality of Research Rating	3.9 (0.0-4.0 scale)

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Outcome 2: Family functioning

<p>Description of Measures</p>	<p>Family functioning was defined as parental involvement, positive parenting, family support, and parent-adolescent communication. The family functioning composite score was calculated by summing the score on each of the following measures, which were equally weighted:</p> <ul style="list-style-type: none"> • Parenting Practices Scale, a 25-item measure administered to parents to assess parental involvement and positive parenting • Parent-Adolescent Communication Scale, a 20-item measure administered to parents to assess effective parent-adolescent communication • Parent Relationship with Peer Group Scale, a 5-item measure administered to parents to assess parental monitoring • Social Support Appraisal Scale, a 31-item measure administered to adolescents to assess perceived support from family, peers, and teachers • Family Relations Scale, a 6-item measure administered to adolescents to assess family support
<p>Key Findings</p>	<p>Participants in one study were randomly assigned to an intervention group receiving Familias Unidas or to a no-intervention control condition. Family functioning was assessed at baseline and 3, 6, 9, and 12 months after baseline. Results of this study showed a statistically significant difference between the two groups across time ($p < .04$). Specifically, both groups had improvement in family functioning between baseline and the 3-, 6-, and 9-month follow-up.</p> <p>Subsequently, from the 9- to 12-month follow-up, both groups had a decrease in family functioning, with the decrease being more pronounced in the control group.</p> <p>In another study, participants were randomly assigned to one of three groups:</p> <p>An intervention group receiving Familias Unidas and Parent-Preadolescent Training for HIV Prevention (PATH), a Hispanic-specific, parent-centered intervention aimed at preventing adolescent substance abuse and unsafe sexual behaviors</p>

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	<p>A comparison group receiving English for Speakers of Other Languages (ESOL) classes, which aimed to help parents communicate more effectively in English, and PATH.</p> <p>A comparison group receiving ESOL and HeartPower for Hispanics, an intervention designed to reduce adolescents' risk for cardiovascular disease, promote cardiovascular health, and encourage parent involvement in their child's cardiovascular health</p> <p>In both comparison conditions, ESOL was used as an attention control for Familias Unidas (serving as a control by providing equivalent amounts of dosage and participant-facilitator contact). In the second comparison condition, HeartPower for Hispanics was used as an attention control for PATH. Participants were assessed at baseline and 6, 12, 24, and 36 months after baseline. Results of the study showed statistically significant differences in family functioning across time between the intervention group and the comparison groups receiving ESOL and PATH ($p < .02$) and ESOL and HeartPower for Hispanics ($p < .0005$), with family functioning increasing for the intervention group and decreasing for both comparison groups. These results had small effect sizes (Cohen's $d = 0.28$ and 0.38, respectively).</p> <p>In a third study, participants were randomly assigned to an intervention group receiving Familias Unidas or to a comparison group given referrals to community agencies that serve youth with behavior problems. Participants were assessed at baseline and 6, 18, and 30 months after baseline. From baseline to the 6-month follow-up, the intervention group had significantly greater improvements in family functioning than the comparison group ($p < .001$).</p>
Studies Measuring Outcome	Study 1, Study 2, Study 3
Study Design	Experimental
Quality of Research Rating	3.9 (0.0-4.0 scale)

Outcome 3: Substance use

Description of Measures	Substance use was measured using the Monitoring the Future
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	questionnaire. Adolescents reported whether they used cigarettes, alcohol, marijuana, or another illicit drug in the 30 or 90 days prior to each assessment.
Key Findings	<p>In one study, participants were randomly assigned to one of three groups:</p> <ul style="list-style-type: none"> • An intervention group receiving Familias Unidas and Parent-Preadolescent Training for HIV Prevention (PATH), a Hispanic-specific, parent-centered intervention aimed at preventing adolescent substance abuse and unsafe sexual behaviors • A comparison group receiving English for Speakers of Other Languages (ESOL) classes, which aimed to help parents communicate more effectively in English, and PATH • A comparison group receiving ESOL and HeartPower for Hispanics, an intervention designed to reduce adolescents' risk for cardiovascular disease, promote cardiovascular health, and encourage parent involvement in their child's cardiovascular health <p>In both comparison conditions, ESOL was used as an attention control for Familias Unidas (serving as a control by providing equivalent amounts of dosage and participant-facilitator contact). In the second comparison condition, HeartPower for Hispanics was used as an attention control for PATH. At baseline and 6, 12, 24, and 36 months after baseline, adolescent participants were asked about their substance use in the past 90 days. Results of this study included the following:</p> <ul style="list-style-type: none"> • There were no statistically significant differences in alcohol use between adolescents in the intervention group and those in the comparison groups. • Across time, cigarette use significantly decreased among adolescents in the intervention group relative to those in the comparison groups receiving ESOL and PATH ($p < .002$) and ESOL and HeartPower for Hispanics ($p < .008$), findings associated with medium (Cohen's $d = 0.54$) and large (Cohen's $d = 0.80$) effect sizes, respectively. • Between the 24- and 36-month follow-up, use of illicit drugs significantly decreased among adolescents in the intervention

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	<p>group and increased among those in the comparison group receiving ESOL and HeartPower for Hispanics ($p < .05$), a difference associated with a medium effect size (Cohen's $d = 0.58$). No significant differences in use of illicit drugs were found between adolescents in the intervention group and those in the comparison group receiving ESOL and PATH.</p> <p>In another study, participants were randomly assigned to an intervention group receiving Familias Unidas or to a comparison group given referrals to community agencies that serve youth with behavior problems. At baseline and 6, 18, and 30 months after baseline, adolescent participants were asked about their substance use in the past 30 days.</p> <p>Results of this study indicated a significant difference in substance use between intervention and comparison group adolescents across time ($p < .02$), a finding associated with a small effect size (Cohen's $d = 0.25$). Specifically, the percentage of intervention group youth reporting substance use increased from 15% at baseline to 21% at the 6-month follow-up; it then remained stable, with 25% of intervention youth reporting substance use at the 30-month follow-up. Meanwhile, among comparison group youth, the percentage reporting substance use increased steadily from 13% at baseline to 34% at the 30-month follow-up.</p>
Studies Measuring Outcome	Study 2, Study 3
Study Design	Experimental
Quality of Research Rating	3.9 (0.0-4.0 scale)

Outcome 4: Risky Sexual Behavior

Description of Measures	Risky sexual behaviors were assessed using the Sexual Behavior Instrument. Adolescents reported whether they had sex without a condom the last time they had sex or in the past 90 days.
Key Findings	<p>In one study, participants were randomly assigned to one of three groups:</p> <ul style="list-style-type: none"> • An intervention group receiving Familias Unidas and Parent-Preadolescent Training for HIV Prevention (PATH), a Hispanic-

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	<p>specific, parent-centered intervention aimed at preventing adolescent substance abuse and unsafe sexual behaviors</p> <ul style="list-style-type: none"> • A comparison group receiving English for Speakers of Other Languages (ESOL) classes, which aimed to help parents communicate more effectively in English, and PATH • A comparison group receiving ESOL and HeartPower for Hispanics, an intervention designed to reduce adolescents' risk for cardiovascular disease, promote cardiovascular health, and encourage parent involvement in their child's cardiovascular health <p>In both comparison conditions, ESOL was used as an attention control for Familias Unidas (serving as a control by providing equivalent amounts of dosage and participant-facilitator contact).</p>
Studies Measuring Outcome	Study 2, Study 3
Study Design	Experimental
Quality of Research Rating	3.9 (0.0-4.0 scale)

Outcome 5: Externalizing disorders

Description of Measures	<p>Externalizing disorders, including attention-deficit/hyperactivity disorder, oppositional defiant disorder, and conduct disorder, were assessed using parent reports on the Diagnostic Interview Schedule for Children. Parents reported on externalizing behavior problems in the past 90 days.</p>
Key Findings	<p>Participants in one study were randomly assigned to an intervention group receiving Familias Unidas or to a comparison group given referrals to community agencies that serve youth with behavior problems. At baseline and 6, 18, and 30 months after baseline, parents reported on their child's externalizing disorders.</p> <p>The proportion of youth with reported externalizing disorders decreased at a faster rate in the intervention group (from 68.2% at baseline to 32.6% at the 30-month follow-up) than in the comparison group (from 64.7% at baseline to 41.0% at the 30-month follow-up). This result, however, was not statistically significant ($p < .10$) and had a very small effect size (Cohen's $d = 0.18$).</p>

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	Among those not reporting an externalizing disorder at baseline, 32% of Familias Unidas adolescents and 61% of comparison group adolescents were reported to have an externalizing disorder at least once across all follow-up assessments ($p < .03$).
Studies Measuring Outcome	Study 3
Study Design	Experimental
Quality of Research Rating	3.8 (0.0-4.0 scale)

5. **Cost effectiveness report (Washington State Institute of Public Policy – if available)**
6. **Washington State results (from Performance Based Prevention System (PBPS) – if available)**
7. **Who is using this program/strategy**

Washington Counties	Oregon Counties

8. Study populations

The studies reviewed for this intervention included the following populations, as reported by the study authors.

Study	Age	Gender	Race/Ethnicity
Study 1	6-12 (Childhood)	61.1% Male	100% Hispanic or Latino
	13-17 (Adolescent)	38.9% Female	
	26-55 (Adult)		
Study 2	13-17 (Adolescent)	51.9% Female	100% Hispanic or Latino
	26-55 (Adult)	48.1% Male	
Study 3	13-17 (Adolescent)	63.8% Male	100% Hispanic or Latino
	26-55 (Adult)	36.2% Female	

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9. Quality of studies

The documents below were reviewed for Quality of Research. Other materials may be available. For more information, contact the developer(s).

Study 1

Pantin, H., Coatsworth, J. D., Feaster, D. J., Newman, F. L., Briones, E., Prado, G., et al. (2003). Familias Unidas: The efficacy of an intervention to promote parental investment in Hispanic immigrant families. *Prevention Science*, 4(3), 189-201.

Study 2

Prado, G., Pantin, H., Briones, E., Schwartz, S. J., Feaster, D., Huang, S., et al. (2007). A randomized controlled trial of a parent-centered intervention in preventing substance use and HIV risk behaviors in Hispanic adolescents. *Journal of Consulting and Clinical Psychology*, 75 (6), 914-926.

Study 3

Pantin, H., Prado, G., Lopez, B., Huang, S., Tapia, M. I., Schwartz, S. J., et al. (2009). A randomized controlled trial of Familias Unidas for Hispanic adolescents with behavior problems. *Psychosomatic Medicine*, 71(9), 987-995.

Supplementary Materials

Prado, G., Huang, S., Maldonado-Molina, M., Bandiera, F., Schwartz, S. J., de la Vega, P., et al. (in press). An empirical test of eco-developmental theory in predicting HIV risk behaviors among Hispanic youth. *Health Education and Behavior*.

Prado, G., Pantin, H., Schwartz, S. J., Lupei, N. S., & Szapocznik, J. (2006). Predictors of engagement and retention into a parent-centered, eco-developmental HIV preventive intervention for Hispanic adolescents and their families. *Journal of Pediatric Psychology*, 31(9), 874-890.

Prado, G. J., Schwartz, S. J., Maldonado-Molina, M., Huang, S., Pantin, H. M., Lopez, B., et al. (2009). Eco-developmental x intrapersonal risk: Substance use and sexual behavior in Hispanic adolescents. *Health Education and Behavior*, 36(1), 45-61.

Quality of Research Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity

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- 4. Missing data and attrition
- 5. Potential confounding variables
- 6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see Quality of Research.

Outcome	Reliability of Measures	Validity of Measures	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Overall Rating
1: Behavior problems	4.0	3.8	4.0	4.0	3.5	4.0	3.9
2: Family functioning	4.0	3.8	4.0	4.0	3.5	4.0	3.9
3: Substance use	4.0	4.0	4.0	4.0	3.5	4.0	3.9
4: Risky sexual behaviors	4.0	4.0	4.0	4.0	3.5	4.0	3.9
5: Externalizing disorders	4.0	4.0	3.5	4.0	3.5	4.0	3.8

Study Strengths

The studies were carefully designed and executed. The measures used either were taken from existing instruments with documented psychometric properties or were composites of scales from such instruments. Thus, in general, reliability and validity had been demonstrated for these measures. Considerable time and resources were dedicated to ensure implementation fidelity, and the multifaceted efforts were thoroughly described. Participant selection and attrition were described clearly. Attrition was relatively low and did not appear to influence the findings. Missing data were effectively addressed in the data analytic strategies. In all studies, participants were randomly assigned to conditions, and baseline differences were assessed to determine whether randomization had generated equivalent groups. Identified baseline differences were addressed in the subsequent data analyses. The data analytic strategies were sound and focused on the hypotheses posed at the outset of the studies.

Study Weaknesses

Some potential confounding variables, such as those resulting from self-selection and the use of self-report instruments, were not adequately addressed.

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10. Readiness for Dissemination

The documents below were reviewed for Readiness for Dissemination. Other materials may be available. For more information, contact the developer(s).

Dissemination Materials

Pantin, H. M. (2009). Familias Unidas adherence forms for family visits. Miami, FL: Author. Pantin, H. M. (2009). Familias Unidas adherence forms for group visits. Miami, FL: Author. Pantin, H. M. (2009). Familias Unidas adolescent assessment battery. Miami, FL: Author. Pantin, H. M. (2009). Familias Unidas parent assessment battery. Miami, FL: Author.

Pantin, H. M. (2009). The Familias Unidas training presentation for facilitators [PowerPoint slides]. Miami, FL: Author.

Pantin, H. M., Prado, G., Tapia, M. I., Branchini, J., Donahue, S., & Velazquez, M. R. (2009). Familias Unidas adherence manual. Miami, FL: University of Miami Health System.

Pantin, H. M., Prado, G., Tapia, M. I., Branchini, J., Donahue, S., & Velazquez, M. R. (2009). Familias Unidas facilitator's manual. Miami, FL: University of Miami Health System.

Pantin, H. M., Prado, G., Tapia, M. I., Branchini, J., Donahue, S., & Velazquez, M. R. (2009). Familias Unidas manual de los padres. Miami, FL: University of Miami Health System.

Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see Readiness for Dissemination.

Implementation Materials	Training and Support Resources	Quality Assurance Procedures	Overall Rating
3.0	3.5	3.3	3.3

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Dissemination Strengths

Implementation materials are comprehensive, well organized, and straightforward. Goals and outcomes for each group session and family visit are well defined in terms of clinical processes, materials needed, and intervention strategies. A comprehensive, 5-day training is offered, and its goals and objectives are clearly defined in the training materials. The fidelity and outcome measures are comprehensive and include a structured protocol used to rate the fidelity of videotaped sessions.

Dissemination Weaknesses

The materials do not contain sufficient information regarding methods for recruiting participants. The fidelity and outcome measures, which appear to have been developed for use in research studies, may not be easily adapted to routine intervention settings because of the time required to administer them.

11. Costs (if available)

The information below was provided by the developer and may have changed since the time of review. For detailed information on implementation costs (e.g., staffing, space, equipment, materials shipping and handling), contact the developer.

Item Description	Cost	Required by Program Developer
Implementation package	\$50,000 per site	Yes

Additional Information

The implementation package includes five 1-day workshops for up to 10 participants, 48 hours of adherence monitoring and supervision over 3 months, and evaluation assistance.

12. Contacts for more information

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