HARNESSING THE STRENGTHS OF FAMILIES OF COLOR IN PARENT-CHILD INTERACTION THERAPY

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Presentation Outline

- Brief overview of the changing faces of families in the U.S.
- Challenges confronting parents and children of color
- Central role of social contextual factors in everyday life experiences of families of color
- Implications of mundane environmental stressors for therapeutic approaches and strategies
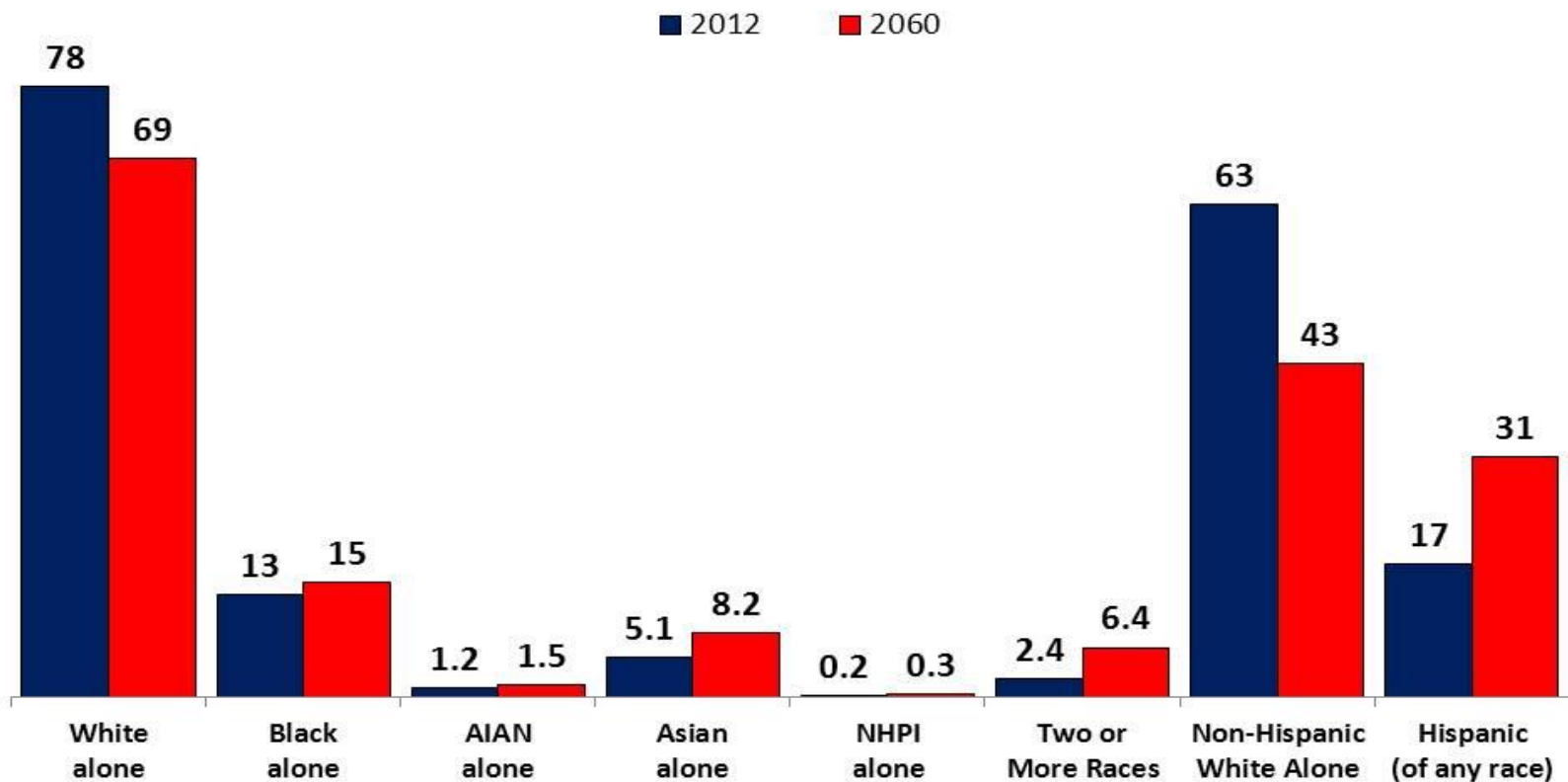- Merging preventive intervention science with parent-interaction therapy

Clarification of Terminology

- What is race?
- What is ethnicity?
- What is culture?
- Limitations of term usage

Population Shift in the United States

Population by Race and Hispanic Origin: 2012 and 2060
(Percent of total population)

Legend: ■ 2012 ■ 2060

Category	2012	2060
White alone	78	69
Black alone	13	15
AIAN alone	1.2	1.5
Asian alone	5.1	8.2
NHPI alone	0.2	0.3
Two or More Races	2.4	6.4
Non-Hispanic White Alone	63	43
Hispanic (of any race)	17	31

AIAN=American Indian and Alaska Native; NHPI=Native Hawaiian and Other Pacific Islander

# Health Status of Children of Color

- Minority children are more likely to be uninsured than non-Hispanic whites
- Less likely to have regular doctor visits
- Receive preventive care
- Sicker when care is received
- Are in fair or poor health
    - 1 in 5 American Indian children
    - 1 in 6 Latino children
    - 1 in 9 Black children
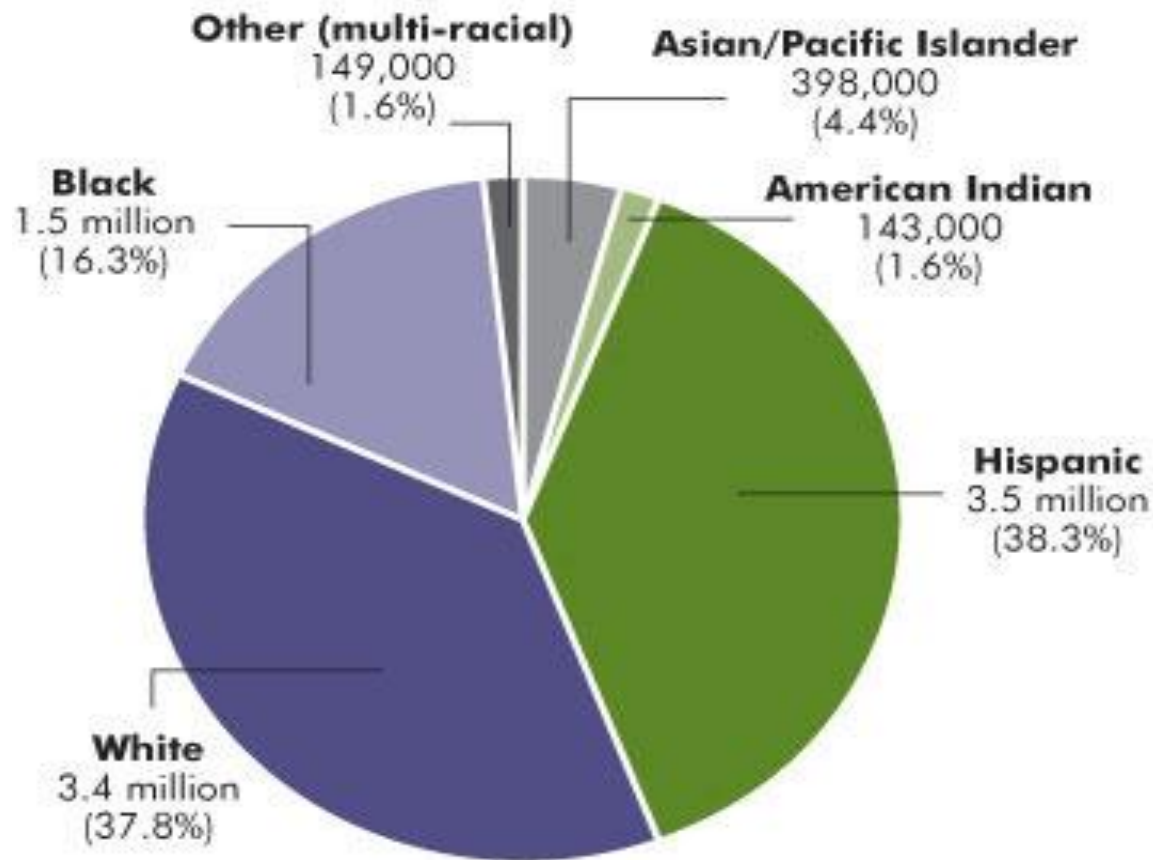   - 1 in 9 Asian/Pacific Islander children

Contributions of Social Contextual Processes to Health Functioning

- Poverty
- Inequity and Race/ethnic related stress
- Community distress in America
- Access to opportunities

Median Household Income of Racial and Ethnic Groups: 1990-2000
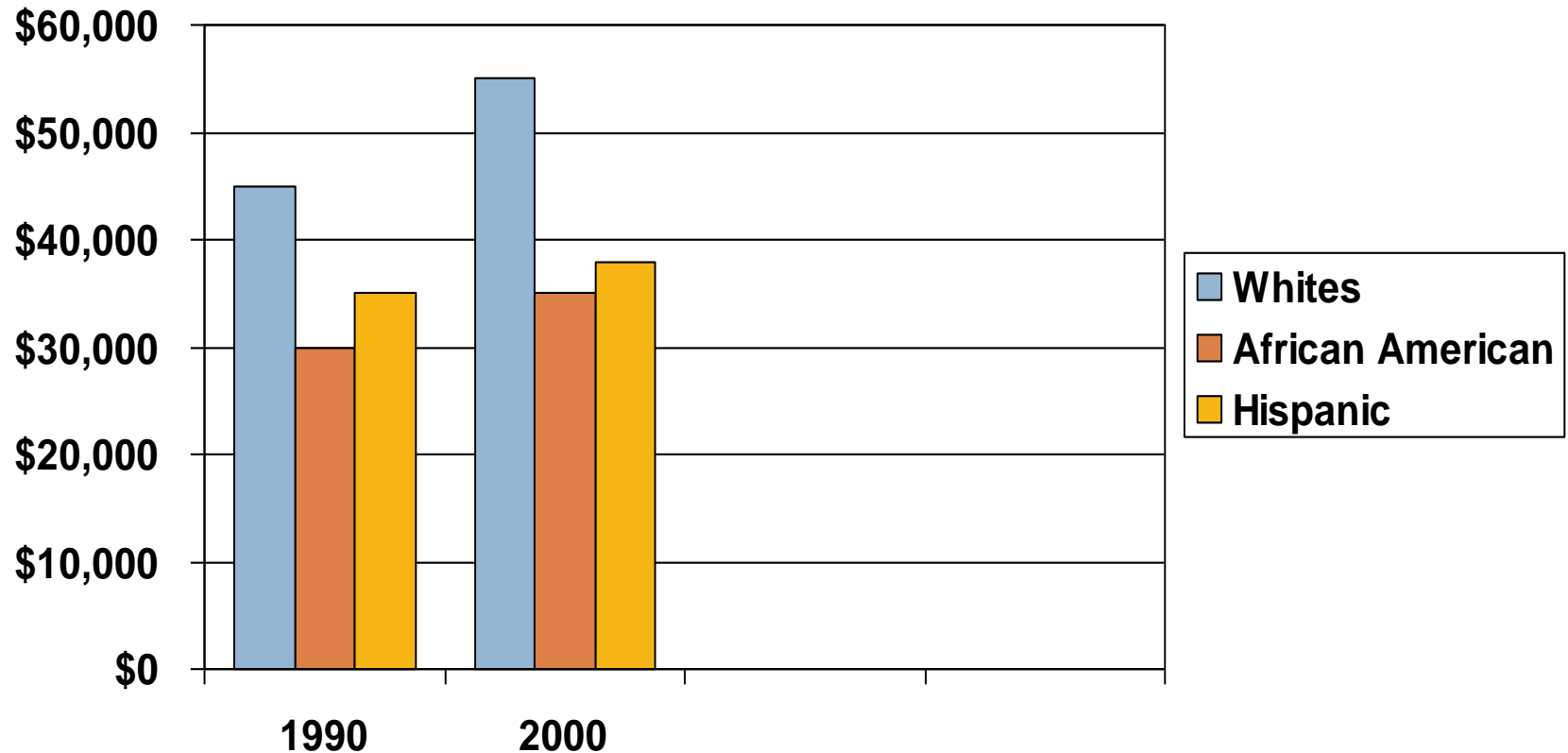
Distribution of Uninsured

Spillover effects of Poverty for Children's Health Functioning Health

- Lead poisoning
  - Learning disabilities
  - I.Q decline
  - Behavioral problems
  - Stunted growth and hearing problems
    - More common among children of color than white children
      - 3.5% Black children
- Obesity most prevalent among Black and Latino children
  - Early onset of chronic diseases – Type 2 diabetes and its consequences,

- Higher rates of mental health needs
- Suicide rates are higher among Latino children
- Less likely to be identified as having a mental health disorder

- Black children more likely to be sent to juvenile justice system for behavior problems than receive mental health care

EXAMINING REAL LIFE EXPERIENCES OF FAMILIES OF COLOR

Findings from the African American Family and Community Health Study

Conger, Simons, Gibbons, Cutrona, Brody, & Murry, 1995

Overarching Questions About Depression

1. How prevalent is depression among African American children? (Measure: Diagnostic Interview Schedule For Children)

2. What factors are associated with increased depressive symptoms?

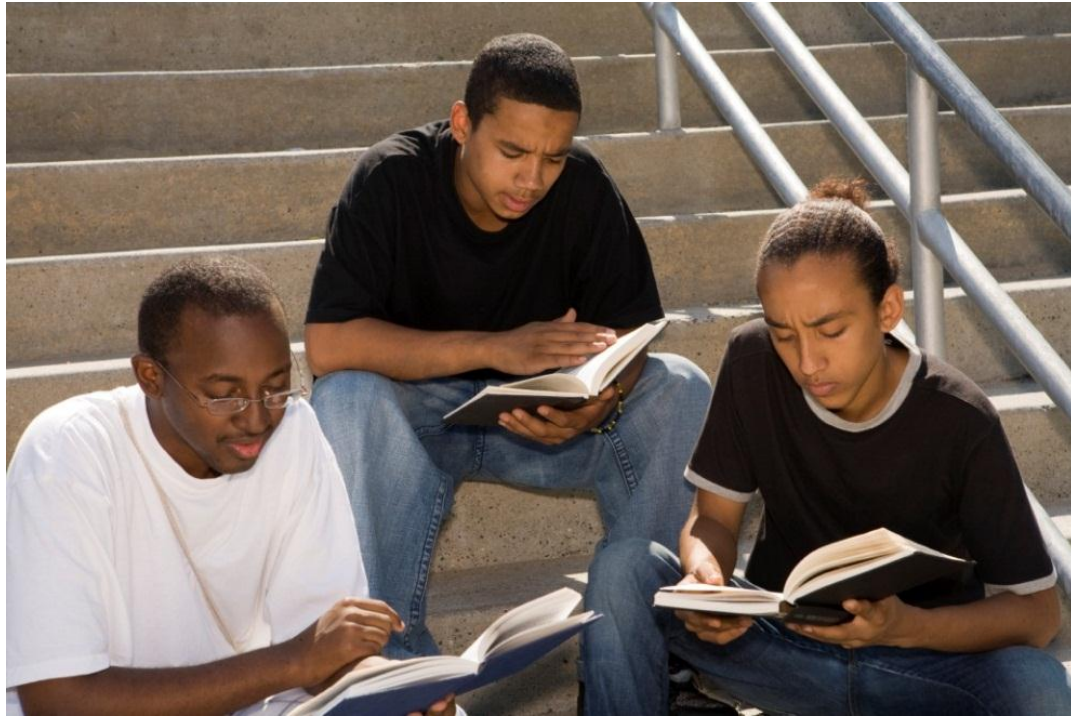3. What factors buffer or protect children from depression?

Depressive Symptomology of African American youth

A significant proportion of children report depressive symptoms

➤ 88% of the children reported at least one symptom of depression during the previous year

➤ 38% reported three or fewer

➤ 20% reported 10 or more symptoms

Exposure to Discrimination

Exposure to Discrimination

- How prevalent are incidences of racial discriminatory experiences?
  - 67% had been insulted because they were African American
  - 46% had experienced racial slurs
  - 43% had been suspected of doing something wrong because they were African American
  - 33% has been excluded from an activity because of race

Consequences of Unmet Mental Health Problems

- Problems in school
  - Chronic absenteeism (8th graders missed 3 > days/month)
    - 11%Asian/Pacific Islanders
    - 28% American Indians/Alaska Natives
    - 23% Black
    - 22% Hispanic
    - 19% Whites
  - Poor grades
  - Early school leaving – dropout

- Suspended or expelled
  - 21% black students retained K-12 grade
  - 12% White, Hispanic, and Asian students
  - 43% Black students suspended
  - 16% White
  - 22% Hispanic
  - 11% Asian
  - 14% American Indian/Alaska Native
  - 25% of biracial students

- Associated with 70% of youth in detention systems

Manifestation of Poverty in the Lives of Children of Color – Community Level

- Residential instability
- Lack of access to resources
- High concentration of violence
- Deteriorated housing
- Limited opportunities for meaningful employment
- Service delivery agencies and personnel are often characterized as intolerant, low acceptance, and non-inclusion of minorities

Implications of poverty on families

- Poverty and its consequences
- Challenges associated with rearing children in resource scarce communities
- Parents' stress, distress, and poor psychological functioning
- Family and marital instability
- Conflict, and violence in the home

- Vulnerability to multiple negative family life events
- Strain and challenges associated with single-parent households

- Balancing demands from relatives, with family, work and community responsibilities

Barriers to Help-Seeking Behaviors

- Few providers specialize in issues confronting families of color

- Social stigma regarding mental health problems in communities of color

- Minimize mental health problems – just got the blues, feeling low

- View depression as a sign of weakness, not a legitimate problem

- Communal stigma about "putting our business in the street" airing dirty laundry

- Reluctant to seek professional care, rely on ministers, prayer, confiding in relatives, friends

- Often go untreated because of:
  - suspicious of professional mental health care providers
  - lack of access to mental health care
  - recipients of poor service

Socio-Cultural Contextual Theoretical Frameworks
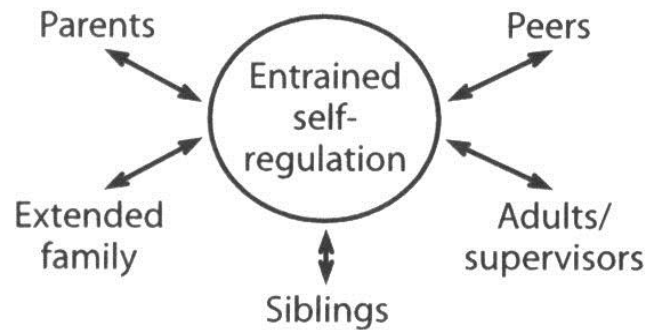
Context Matters: Because Families' Surroundings ……

☐ Impact individuals' mental health functioning

☐ Influence access to resources, including mental health services

☐ Influence parents and children's ability and capacity to develop and sustain caring friendships and relationship with others

☐ Influences belief systems about mental health and help-seeking behaviors

Source: Pittman, Irby, et al. (2001). Preventing problems, promoting development, encouraging engagement competing priorities or inseparable goals. Tacoma Park, MD: Forum for Youth Investment

Parental Protective Processes

- Enculturation, acculturation, and racial/ethnic socialization
- Implications for child development and adjustment

Context and Parenting

□ Family relationship quality

- Social interaction patterns
- Family expressions of affect, warmth, acceptance
- Belief systems
- Parental goals for childrearing
- Parental efficacy

Buffering Effect of Families & Communities

- Parental involvement
- Neighborhood cohesion
- Community racial/ethnic identity

Studies Focusing on Adult Outcomes
Depression and Relationship Quality

Source: Murry, et al., 2001, 2002; 2009)

Studies on African American Mothers

- How do stressful life events affect parenting among African American mothers?
- What is the additive effect of racial discrimination on these links?

Factors that Buffer African American Couples

- Having a stable, satisfying relationship with spouse or intimate partner
- Embedded in a network of family and friends that support their relationship

The Strong African American Families (SAAF) Program

Funding Support

- National Institute of Mental Health
- National Institute on Alcohol Abuse and Alcoholism
- National Institute on Drug Abuse
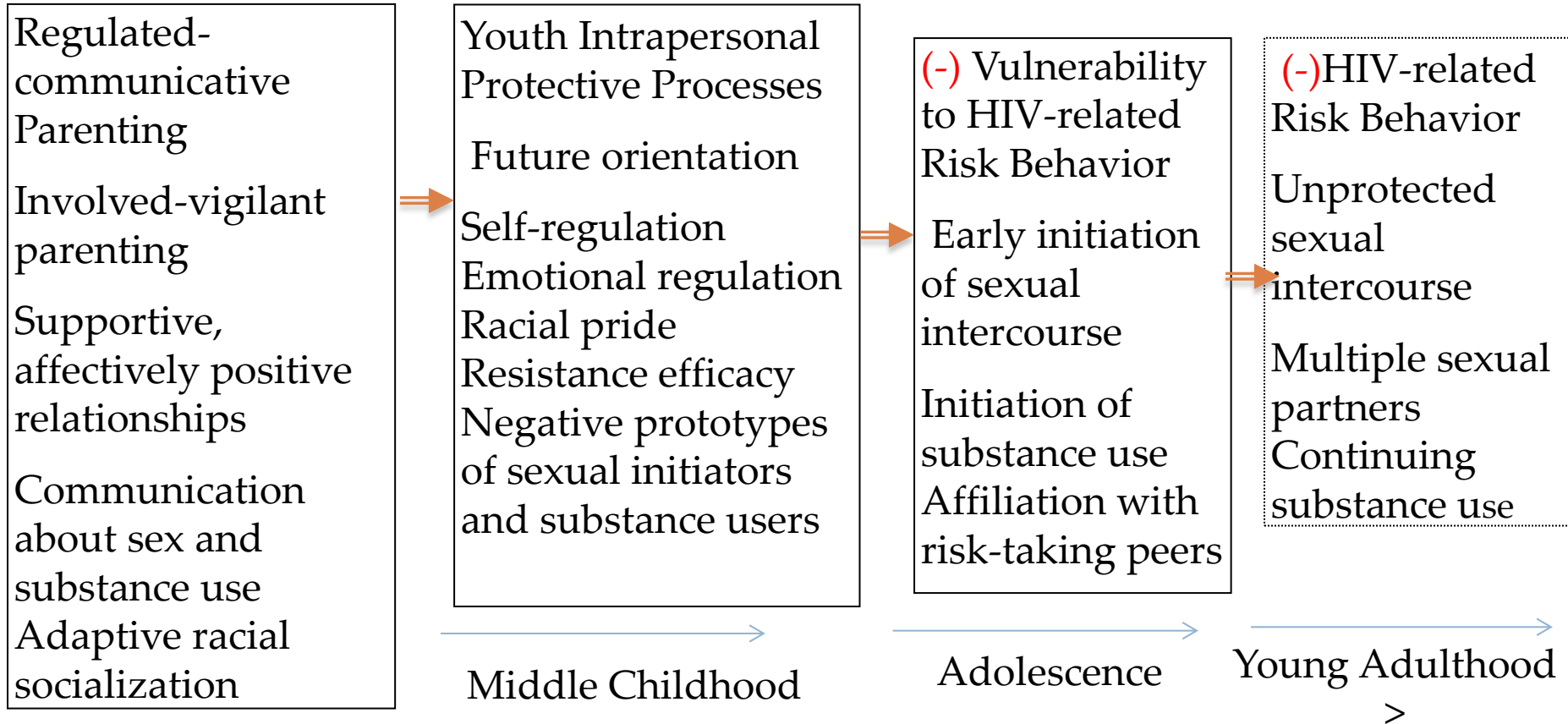
Translating Basic Research to Practice

Longitudinal, Developmental

• Contextual pathways to psychological

Prevention/Intervention
Strong African American Families Program (SAAF)

SAAF Heuristic Model

Regulated-communicative Parenting

Involved-vigilant parenting

Supportive, affectively positive relationships

Communication about sex and substance use
Adaptive racial socialization

Youth Intrapersonal Protective Processes

Future orientation

Self-regulation
Emotional regulation
Racial pride
Resistance efficacy
Negative prototypes of sexual initiators and substance users

(-) Vulnerability to HIV-related Risk Behavior

Early initiation of sexual intercourse

Initiation of substance use
Affiliation with risk-taking peers

(-)HIV-related Risk Behavior

Unprotected sexual intercourse

Multiple sexual partners
Continuing substance use

Middle Childhood

Adolescence

Young Adulthood >

SAAF Content – 7 Sessions

- Caregiver sessions (1hr each session)
  - nurturance, monitoring, control, and consistent non-punitive discipline
  - establishing clear expectations regarding alcohol use
  - strategies for communicating about sex
  - strategies for adaptive racial socialization

- Youth sessions (1hr each session)
  - importance of having and abiding by household rules
  - negative attitudes regarding the use of alcohol and other drugs
  - similarities and differences between themselves and peers who use alcohol
  - resistance efficacy
  - adaptive behavioral strategies to use when encountering racism

- Joint family sessions (1hr each session)
  - communication skills and activities aimed at increasing family cohesion and children's positive involvement with their families

Murry, McNair, et al (2013): The long-term effects of SAAF intervention on youths' risky behavior involvement through the mediation of youths' perceptions of norms/expectations.
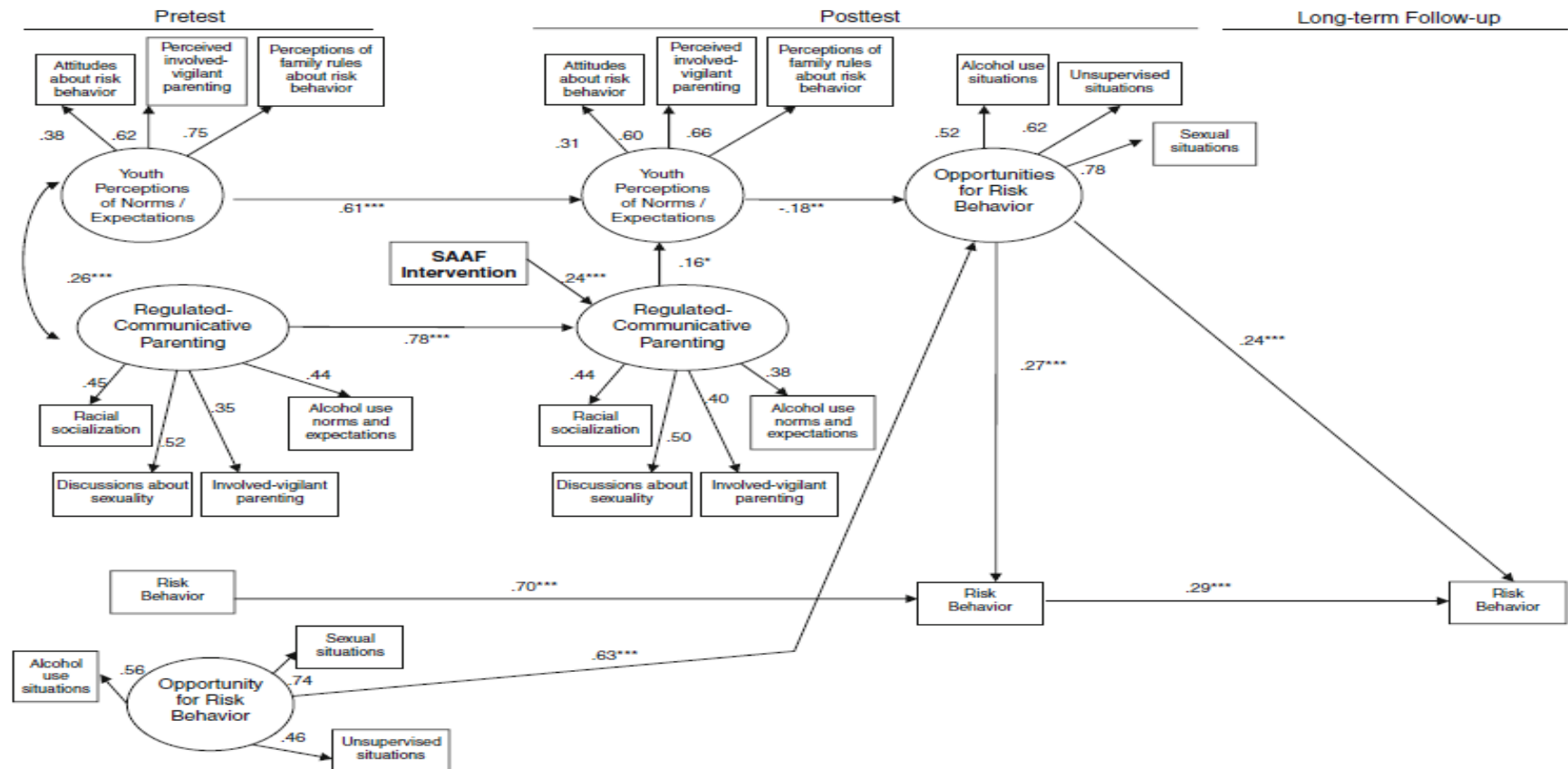

Fig. 2 Results of the structural equation modeling analysis for the primary hypotheses with standardized coefficients. SAAF = Strong African American Families Program. * $p < .05$, ** $p < .01$, *** $p < .001$

Murry, Berkel (2011): The influence of SAAF intervention on youths' sexual risky behavior involvement through the mediation of youths' self pride and sexual norms (65 months after the intervention).
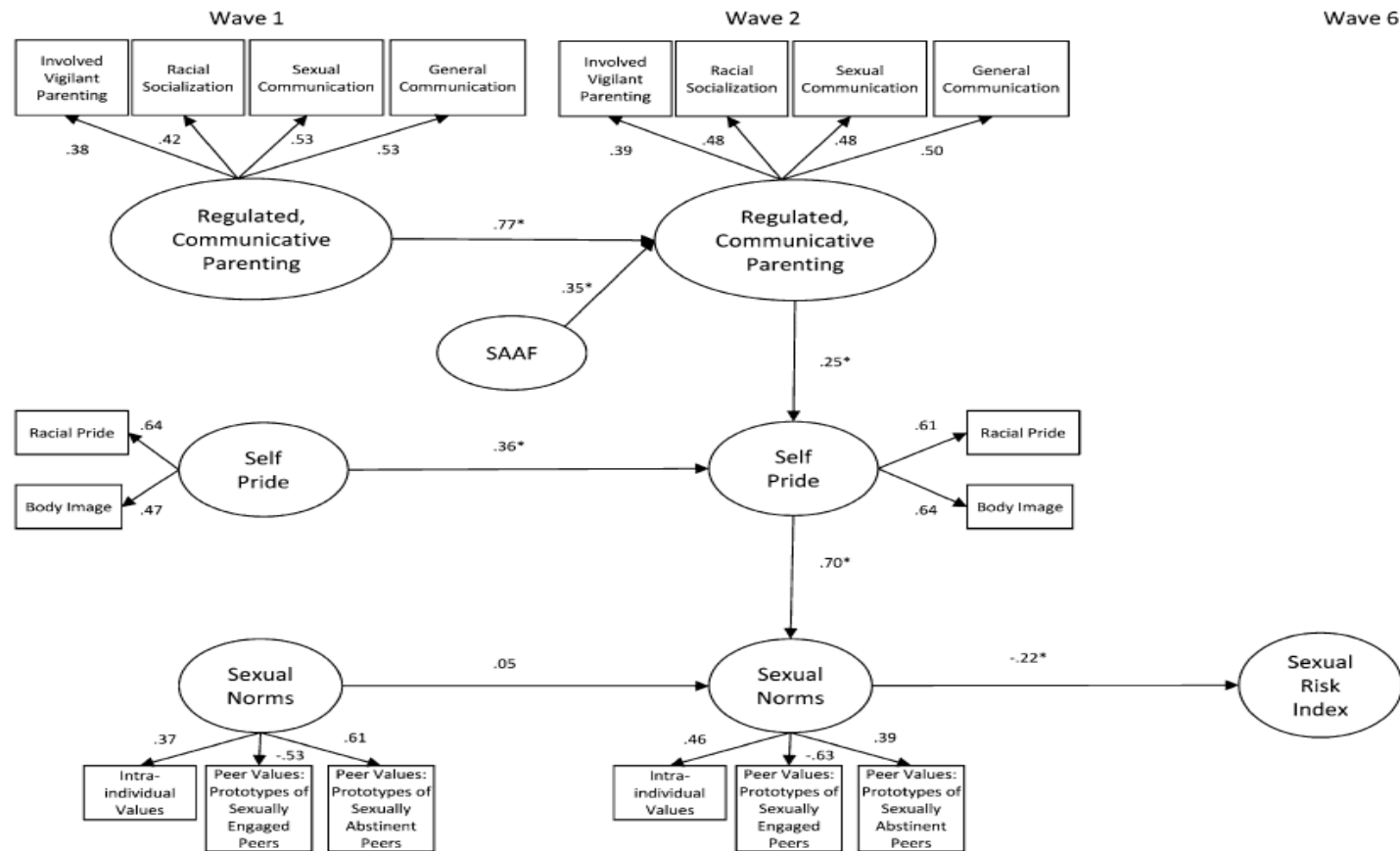
Note: $\chi^2_{(150)}=167.36$ p=.156; CFI=.98; RMSEA=.02 (.00, .04)

Beach, Kogan, Brody et al (2008): Mediation of the effect of intervention on mother's depressive symptoms by change in regulated-communicative parenting
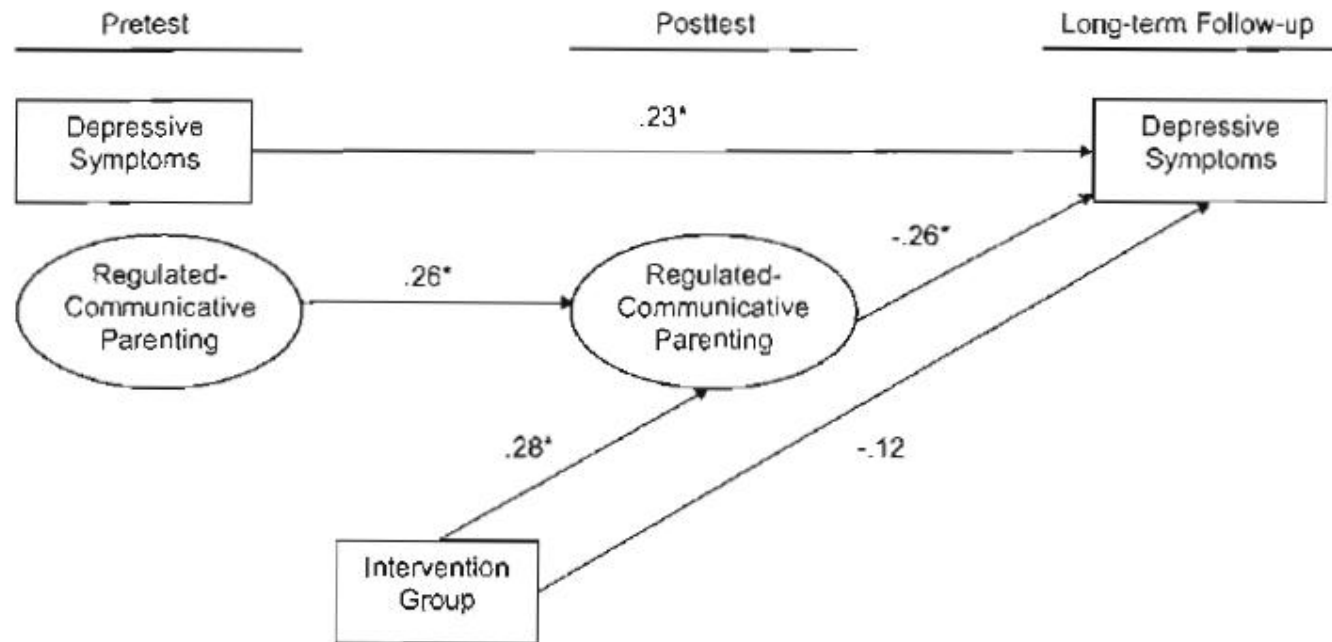

Figure 2. Mediation of the effect of intervention on mother's depressive symptoms by change in regulated-communicative parenting. Child gender, economic distress, parental education, and single-parent status are controlled. *p < .05.

Beach, Brody, Kogan, et al (2009): Change in caregiver depression scores as a function of genetic risk status and intervention assignment
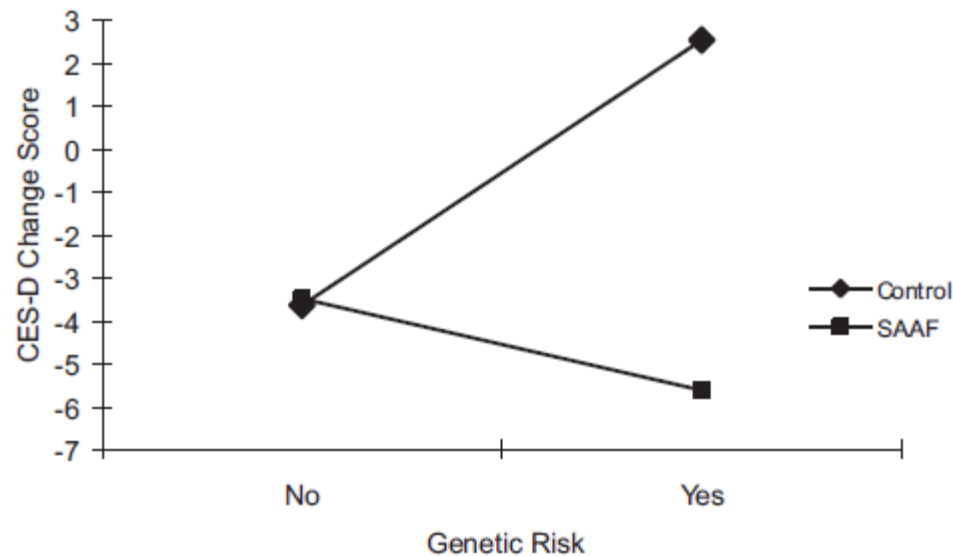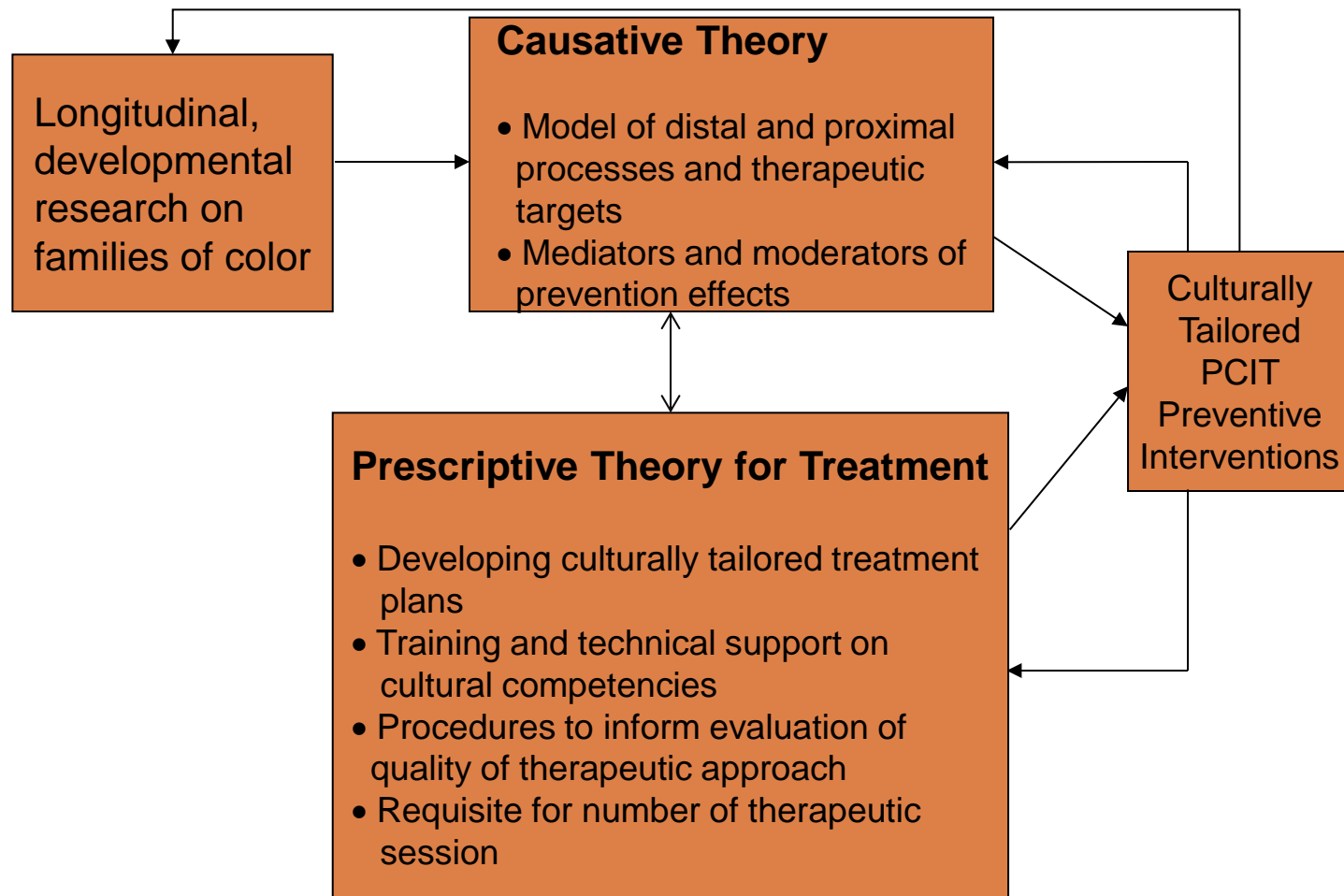

Figure 1. Change in CES–D scores as a function of genetic risk status and intervention assignment. CES-D = Center for Epidemiologic Studies—Depression Scale; SAAF = Strong African American Families Program.

Integrative model for PCIT

Conceptual Model for the Development and Implementation of Family-Centered PCIT for Families of Color

Causative Theory

- Model of distal and proximal processes and therapeutic targets
- Mediators and moderators of prevention effects

Longitudinal, developmental research on families of color

Culturally Tailored PCIT Preventive Interventions

Prescriptive Theory for Treatment

- Developing culturally tailored treatment plans
- Training and technical support on cultural competencies
- Procedures to inform evaluation of quality of therapeutic approach
- Requisite for number of therapeutic session

Source: Murry, V.M. (2013). Integrative model to guide PCIT for families of color.

Implications for Preventive Interventions

- Therapeutic models for families of color should include factors specific to the everyday life experiences of the targeted cultural group

- Context is important in designing treatment plans

- Family-focused efforts should include skills aimed at not only preparing parents to foster positive child development but also include ways to prepare their children to acquire strategies for addressing and managing discrimination

- Integrate EBP family-focused preventive interventions in clinical approaches

THANK YOU

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