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2. Grantee Name and Address: University of New Mexico Health Sciences Center, Financial Services MSC 09-5220, 1 University of New Mexico, Albuquerque, New Mexico 87131-0001

3. Telephone Number: (505) 272-6264

4. Project Title: Reflejos Familiares (Family Reflections): AIA Support Services for Families Affected by Substance abuse or HIV

5. Period of Performance: April 1, 2009 Thru October 31, 2009


7. Period Covered by Report: (check one)
   - First Semi-Annual Report
   - Second Semi-Annual Report √
   - Final Report

8. Principle Investigator’s Name and Telephone Number: Dr. Andrew Hsi; (505) 272-0979

9. Author’s Name and Telephone Number: Harrie Freedman (505) 272-0325

10. Date of report: 10.29.2009

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12. Name of Federal Project Officer: Patricia Campiglia

13. Date Reviewed by Federal Project Officer: 

14. Comments, (if any):
Reflejos Familiares (Family Reflections)
A Relationship-based, Comprehensive Support Service for Families Affected by Substance Abuse
Grant # 90–CB-0162: Second Half of Year One
April 1, 2009 – September 30, 2009

The following narrative incorporates information provided by the Reflejos Familiares administrative and clinical staff; specifically the Senior Program Manager, Harrie Freedman, the Principal Investigator, Dr. Andrew Hsi, the Senior Program Therapist, Nikki McCarthy, the Evaluation Coordinator, Patricia Peebles, the Evaluation Statistician, Marnie LaNoue and the Training and Development Consultant, Carolyn Hilton-Miney. Program information includes progress during this six-month reporting period, and projected activities for the first half of the next project year.

I. Major Activities and Accomplishments

GOAL I: Engage pregnant women in services through to delivery to improve their preparation for parenting

Objective IA (Activity): Provide intensive case-management services through to delivery to at least 65% of pregnant women who initiate services with the Project.

The Reflejos Familiares program received 35 referrals for intensive case management for pregnant women during the 6 month reporting period, making a total of 51 referrals for the first complete year of the project. Of the 51 referrals, six (6), did not engage in services, thus 88% of referrals have engaged in the program and are receiving services. Of the five women who did not engage in services, three (3) were referred at the time of the infant’s birth and are currently receiving services through FOCUS, our early intervention program. The majority of referrals have come from the Milagro Program (34), which provides prenatal care and substance abuse counseling to substance using pregnant women. Other referrals have come from the Family Practice Clinic, University Hospital Obstetrical Triage unit, community-based programs, and self referrals from women whose older children are currently enrolled in FOCUS, or who have been previously served by the program.

Of the women receiving services during pregnancy, 32 have delivered infants who are now enrolled in the FOCUS program for ongoing developmental monitoring, primary medical care, and continued family support including case management, developmental guidance, and emotional support. All services are coordinated with the substance abuse program in which the women are participating.

Regular monthly meetings have been established with the Milagro Program’s behavioral health and prenatal care nursing staff. RF case managers, along with the program’s senior program therapist and program manager, attend these meetings where individual cases are discussed. In addition, the case managers either meet with Milagro counselors...
or contact them by phone on a regular basis to coordinate services. Case managers also attend prenatal visits with their clients as needed.

Projected Activities Oct 09-Mar 10
Two additional case managers (2.0 FTE) are being hired in order to meet the increased case loads related to service provision for pregnant women, in addition to the infants and toddlers and their families, who continue to be referred for supports and services. One of the case managers will be replacing a case manager who left the program and the other is an additional hire. It is anticipated that the new staff will start at the end of October. Thus, there will be a total of nine case managers (9.0 FTEs) available to provide services to women who are referred to the Reflejos Familiares (RF) program for case management during their pregnancy, and to infants and their families who are referred to the FOCUS Program (formerly known as the Los Pasos Program) for developmental and case management services.

GOAL II: Promote parental efficacy that supports optimal development of infants and young children.

Objective IIA (Activity): Provide ten 12 week cycles of a Mi Hijito-Mi Hijita parent support group program to at least 100 mothers of infants aged 4-12 months.

Nikki McCarthy, the Sr. Social Worker on the project, has a new UNM job title, Sr. Program Therapist, which better matches the changes to her job duties as a result of her participation in the Reflejos Familiares project. Ms McCarthy also coordinates the referrals for parent-infant psychotherapy, which further supports families served by the Reflejos Familiares project and the FOCUS early intervention program.

Prior to the start of the first parent support group program on August 31st, Ms McCarthy and our Infant Mental Health Consultant reviewed the Circle of Security Interview (COSI) developed by the Circle of Security™ Project, and adapted it for the target age range of children previously established for the group. Items pertaining to specific procedures not intended for this group were removed from the interview. Bert Powell of the Circle of Security™ Project reviewed and approved our adaptations.

The Training and Development Consultant for the RF project obtained consent from nine mothers interested in participating in the support group. Pre-test instruments as well as the NCAST teaching observation, were completed by FOCUS staff and the Sr. Program Manager, respectively. Two of the nine mothers dropped out before the group started because of conflicting work or school commitments. One mother withdrew from the FOCUS Program altogether before the group started. Another mother who was starting Welfare to Work classes did not respond to messages from the Sr. Program Therapist suggesting she coordinate with TANF to permit her simultaneous participation in the parent support group and the required classes.

As of 8/31/09, the date of the first group session, five mothers were still interested in participating.
Procedures established for the group’s operation include:
1. The scheduling and payment for taxi cabs to transport mothers to and from the group every week, if needed (four out of the five mothers from the group needed it to attend).
2. The Sr. Program Therapist contacts each participant by phone on the Friday before Monday group sessions, to remind her about the group, and to verify transportation arrangements.
3. On Monday, if participants call to cancel, or do not attend the group, the Sr. Program Therapist contacts them the same day to offer support and assistance in resolving difficulties getting to the group meeting site.
4. The group is scheduled for two hours, starting with 30 minutes of “floor time”, when each mother plays and interacts with her child, using floor mats and toys made available by All Faith Receiving Home, the collaborating agency providing child care. This has also become a time when informal conversations occur among the women, “checking in” with each other about the week’s events, as well as commenting on what their children are doing developmentally, or making observations about similarities or differences between the children. Following the floor time, the children go to a separate room with a childcare worker provided by All Faith’s, and the women gather for parent discussion.
5. With permission from the Circle of Security™ Project, the Circle of Security Training video is being used as the primary curriculum for the group. The group is videotaped and the Sr. Program Therapist and IMH Consultant are consulting weekly with Bert Powell, from the Circle of Security Project, regarding use of the training video to support the psychoeducational process of the group interactions.

The first group intervention is currently mid-way through its 12 week cycle.

Projected activities Oct 09 – Mar 10
The Training and Development Consultant has begun recruiting participants for the second 12-week group, which is expected to start in February, 2010. Because of the high attrition rate, even before the first group commenced, up to 15 potential participants will be recruited for the second and subsequent groups, with the expectation that at least one-third may withdraw before the groups start.

The post-tests with participants from the first group, and pre-tests with participants for the second group will be completed in January, 2010.

**Objective II (Activity) - Dissemination Activity:** Develop a facilitator guide for Mi Hijito-Mi Hijita group program in order to disseminate information to the greater community of providers of services to infants at risk for abandonment.

This activity will occur during Year 3 of the RF project and according to the anticipated timeline submitted with the proposal.
GOAL III: Develop and sustain an integrated, community-based system of services for infants and young children prenatally exposed to drugs and alcohol and their families

Objective IIIA (Activity): Create an advisory council of community stakeholders that includes consumers, providers and others to inform and advise regarding the system of care for young children at risk.

The Training and Development Consultant, Carolyn Hilton Miney, provides ongoing coordination and support for this activity, and community stakeholders are being recruited on an ongoing basis. They include representatives from Children Youth and Families Department, The Albuquerque Partnership (an organization that works to identify and prevent substance abuse in the community), The Bernalillo Community Health Council, Parents Reaching Out, the Pregnancy to Three Network, HELP-NM, and others.

The group first met in June, 2009 and established its name/identity as the Bernalillo Alcohol, Tobacco, and Other Drug Abuse (ATODA) Collaborative. These community stakeholders are networked via a private website and ongoing blog hosted by Wiggio and managed by the RF Project. The online community has 24 members, each representing a community organization that has an interest in reducing the impact of substance abuse on families and children in Bernalillo County. The consensus of the group is that a large barrier to transforming the system of care and reducing risk for families is a lack of adequate quantitative data on the impact of substance abuse, specifically as it pertains to people of color. The group is focusing on its primary objectives: a) to identify what data already exists, by ethnicity/race and census tract, b) share data including archival, needs assessments and formal reports, and c) utilize the internet site Wiggio to post census specific data. There is also a lack of qualitative data on ATODA impact, and the group is hoping that the Family Solutions Council, which consists of parent representatives from the FOCUS Program and Reflejos Familiares Project, will yield families willing to share their experiences.

The Family Solutions Council has undergone a transformation due to lack of response and engagement. Instead of trying to get interested parents together on a monthly basis, the Training and Development Consultant is touching base with interested parents each month, and soliciting feedback on the nature of services, and what can be done to better address their needs. This feedback revealed that families would like events arranged for the whole family. As a result, the first Family Solutions Council family event, a picnic, was held in August with over 25 attendees.

Projected activities Oct 09-Mar 10
A winter family event has been suggested, probably to be held in the Christmas period. At present the feedback process is fairly informal. In the next reporting period, the RF Training Consultant will establish a formal set of questions to be asked each time, as well as retaining the opportunity for participants to talk about their individual experiences. A
short report on feedback will be produced each quarter. Hopefully, this process will also yield qualitative data that can be shared with the Bernalillo ATODA Collaborative.

**Objective IIIB (Activity): Dissemination Activity:** By the end of the fourth year of the project, develop a web-based community resource guide and training module for general dissemination.

The Training and Development Consultant has been granted server space for the Reflejos Familiares web page within the University of New Mexico, Center for Development and Disability’s web site, and has drafted the page design in compliance with the web guidelines for the Center for Development and Disability. The page is now active and is being updated on an ongoing basis. The web address is: http://cdd.unm.edu/reflejos/index.html

The Training and Development Consultant has created, updated, and disseminated a variety of recruitment materials including three different brochures targeting both clients and community stakeholders, and a number of flyer templates to advertise events and meetings. These outreach and information brochures and flyers have been distributed at various meetings and events. This includes, but is not limited to, the Family Leadership in Education, Culture healthcare Access (FLECHA) training at Parents Reaching Out, the Nonprofit Collaboration Fair organized by HELP-NM, and the Southwest Conference on Disability where Ms. Miney facilitated a poster session about the Reflejos Familiares Project.

**Evaluation Activities and Accomplishments:**

Data collection and analysis began during the second six (6) months of the project, and will continue during each subsequent funding cycle for the following Objectives:

- **Objective IB (Outcome):** Women who have received the project’s pre-natal case-management services demonstrate an increased preparation for parenting between time of enrollment in the Milagro Program and time of enrollment at FOCUS after delivery.
- **Objective IC (Outcome):** Women who have received the project’s pre-natal case-management services demonstrate greater preparation for parenting and less parental stress after the birth than the women in a comparison group comprising women who join the FOCUS program after delivery.
- **Objective IIB (Outcome):** Women who participate in the 12 week Mi Hijito-Mi Hijita parent support group program demonstrate more parental efficacy than women in matched comparison groups who receive case management services but do not participate in the group.
- **Objective IIC (Outcome):** A greater proportion of infants whose mothers participate in the Mi Hijito-Mi Hijita program demonstrate typical socio-emotional development than infants whose mothers are in matched comparison groups, receiving services but not participating in the support group.
- **Objective IID (Outcome):** Families where mothers participate in the 12 week Mi Hijito-Mi Hijita group program demonstrate greater improvement in their scores on the North
 Objective IIE (Outcome): Families where mothers participate in the Mi Hijito-Mi Hijita group program have a greater number of contacts with services in the period from birth to completion of the support group than families in matched pairs comparison groups who receive services but do not participate in the group.

1. IRB approval
The application for approval of the evaluation design and implementation was submitted to the Full Human Research Review Committee (HRRC) of the University of New Mexico’s Institutional Review Board in February 2009, and approved in April, 2009. The HRRC required us to apply for an NIH Certificate of Confidentiality to afford our study participants extra protection. This was awarded on June 12th, and involved the addition of four paragraphs of text to each of our study’s four informed consent forms.

2. Investigator training
The Training and Development Consultant and the Sr. Program Manager developed an orientation training for all project staff about the Reflejos Familiares evaluation study that included the goals of the study, participant recruitment and the administration of the evaluation instruments: the Adult-Adolescent Parenting Inventory, the Parenting Stress Index, the ASQ-SE questionnaire the NCFAS which will be administered by the case managers. This orientation was provided on May 27, 2009.

3. Participant Recruitment
Prior to the HRRC approval, recruitment materials and consent procedures, including the development of the script now used in the consent process, were developed in accordance with the HRRC recommendations.
The Training and Development Consultant began gathering consents from interested participants at their homes in June, and a database for tracking clients as they join the study was developed. Between June 6 and September 30, 2009, 33 participants have consented to join the study.
Recruitment for the evaluation continues on an ongoing basis

4. Data Collection
The evaluation team including the Evaluation Coordinator, the Sr. Program Manager the Sr. Program Therapist, and the Training and Development Consultant continue to meet with the evaluation statistician to implement the data bases and procedures for data collection and analysis.

a) Databases created
After consultation with the program staff, a method for entering collected data, which will maximize analytic potential and minimize staff data entry burden, was decided on. Specifically, it was decided that the following databases would be maintained:
  o Master Intake Database (Excel file), containing all the intake variables from the cross-site forms for participants at all time points;
Stage 1 database, containing all the collected assessment instruments for incoming participants to the RF program (both program mothers and comparison mothers). This is a SPSS data file;
Stage 2, Pre, Post, Follow-Up1 and Follow-Up2 databases (4 total SPSS data files), containing the assessments for enrolled participants at these points.
All of these databases were successfully created and are located on the common drive. See below for description of all databases.

b) Codebook
A code book was created with copies of all the instruments and their entry guidelines. A list of procedures was created for data entry. Determination was made for specific entry guidelines for each instrument and this information was coded in the codebook. At this stage the references for the scales that are in use are identified and their reliability-validity information will be entered in this codebook.

c) Data Decisions
The following decisions were made regarding data collection/data entry: A shortened version of the NCFAS will be used. Progress was made on the use of the parent support group interview as a part of assessment procedures and quantitative data collection. The online interface with the AAPI assessment tool was successfully created, and staff was trained in the correct entry and reporting procedures for this instrument. Specifically, a method for online reporting that maintains participant confidentiality was implemented.

II. Project Problems and Barriers

1. Staffing (including staffing impact on the Reflejos Project and the FOCUS program):
   a) As a result of the Reflejos Project, there has been an increase in referrals of infants prenatally exposed to drugs and alcohol, over and above the families who typically enter the FOCUS program (IDEA Part C early intervention). In the spring months there is always an additional case overload for staff as the 3-year-olds do not exit the program until the August start of the school year.
   b) One of the case managers resigned in May. Thus the client/case manager ratio became higher than usual.
   c) A position request to replace the case manager was initiated in a timely manner, however the overall budget issues facing the University and state as a whole slowed down the posting and recruiting process. The case management position was posted by the end of June, candidates were interviewed by mid July and HR approved the candidate by early August. Unfortunately the candidate had accepted another job, and the position was reposted. By this time there had been another influx of referrals including the delivery of a number of the women enrolled in the Reflejos project. A request was made to hire an additional case manager so that 2.0 FTEs (one replacement and one additional FTE) could be hired. This occurred by the end of August and the program is currently waiting for the final HR approval and start dates for two candidates who have accepted the positions.
2. Implementation of study procedures
a) After three to four months conducting the study, it became evident that our case managers cannot adequately fulfill the role of study investigators. The additional job responsibility of this data collection was unrealistic given their case loads and ongoing case management responsibilities. Naturally, case managers respond to the urgency of their clients' challenging domestic situations at the expense of the study priorities. As a result there was too much lag time between women joining the study and the first "pre-test" assessments being completed. This problem has been addressed by the requested study amendments outlined above.
b) A problem with recruiting study participants has been making the initial contact. Ms. Hilton Miney, the Training and Development Consultant, is counteracting this problem by attending clinic on a weekly basis and meeting clients. Having more client contact has made it considerably easier to connect with clients regarding consents, and finding possible participants for the Family Solutions Council.

3. Parent support group:
a) Because of unanticipated difficulties identifying and obtaining consent from families with children between the ages of 5 and 12 months, the curriculum was reviewed and it was decided that the upper age would be raised to include children up to 14 months without compromising the assumptions that underlie the hypothesis of Goal II of the project. Although the first group cohort included children whose ages did range from 5 to 14 months, the mother-child dyads who were actually able to participate had children between 5 and 8 months of age when the group started.
b) Attendance for the group has been inconsistent. Despite phone messages to remind participants of the group, they sometimes have forgotten, and either “no-showed”, or refused the cab when it arrived. Reasons for cancellation have included illness, medical appointments, a court hearing, or incarceration for probation violation. One woman, who had forgotten the first meeting, has had a relapse, and dropped out without participating in any sessions. Another woman dropped out of the group because there was only one other participant the time she came, and she did not find it interesting enough.
c) The 10-day intensive training, June 16-25, on the Circle of Security Intervention that was to be held in New Mexico was canceled due to lack of registrants. This was intended to give staff good background knowledge about the scope and objectives of the parent support group. The training has now become incorporated into the scope of work of another project and is being rescheduled for the spring of 2010. RF staff will be able to attend this training.

4. Family Solutions Council
Recruiting parents for the Council has been challenging. Five parents indicated they were interested, a meeting was arranged, but the parents did not attend. Lack of transportation was identified as a barrier, as well as the need for direct contact from the Training and Development Consultant.
III. Significant Events and Other Activities

1. Dr. Hsi, the Principal Investigator, Patricia Peebles, the Evaluation Coordinator, and Harrie Freedman, the Sr. Program Manager attended the AIA Annual Meeting April 2009.

2. Ms. Freedman, the Sr. Program Manager, Nikki McCarthy, the Sr. Program Therapist, and other staff, participated in ongoing committees that address the needs of Reflejos Familiares and FOCUS families, including: New Mexico Association for Infant Mental Health including the IMH Endorsement Committee; The Bernalillo County Local Collaborative (Behavioral Health); The Children’s Sub Committee of the NM Behavioral Collaborative; the Metro Region Family Infant-Toddler Program Provider meetings and the Metro Region Transition Team. The RF Training & Development Consultant participates in NM Statewide Prevention and Planning (Bernalillo County Division), and HELP NM Family Services Division committees.

3. Dr. Andrew Hsi presented the following:

**Guest speaker**, "Effects of Adverse Childhood Experiences." Lecture to Phase 1 Medical Student Transitions Block, UNM School of Medicine, Albuquerque, NM. 8 April 2009

**Guest speaker**, "Prenatal Drug Abuse and Effects in Pregnant/Parenting Women and Effects on the Neonate." Presentation to College of Pharmacy Program course on substance abuse, Albuquerque, NM 20 April 2009


**Co-Presenter**, with Jane Clarke, PhD, and April Land, JD, “Reflective Review of Family Affected by Multiple Environmental Issues Reported to Child Protection.” Citizens’ Review Board, Las Cruces, NM 16 May 2009


**Guest speaker**, "Breastfeeding Problems." House staff conference for Obstetrics, Family Medicine Maternal and Child Health, and Pediatrics, University Hospital, Albuquerque, NM. 8 June 2009

**Guest speaker**, "A Step Ahead; Community not-for-profit efforts for families at risk.” Presentation to Community Builders class, Albuquerque Academy, Albuquerque, NM. 23 June 2009

**Guest speaker**, "Adverse Childhood Events and Influences on Health Behavior and Health Risks over the Lifespan: A case study for collaboration between the clinical law program and the FOCUS Program.” Lecture to Clinical Law Student Program Class at University Hospital, UNM School of Law, Albuquerque, NM 1 July 2009

**Guest speaker**, "Roundtable on Public Health Interventions." Introduction to Public Health Principles course for entering UNM Medical Students, UNM School of Medicine, Albuquerque, NM. 24 July 2009
Guest speaker, "Essentials of Newborn Discharge." Housestaff conference for Pediatrics, University Hospital, Albuquerque, NM. 10 Sept 2009

Guest speaker, "Adverse Childhood Events and Influences on Health Behavior and Health Risks over the Lifespan: A case study for collaboration between the clinical law program and the FOCUS Program.” Lecture to Clinical Law Student Program Class at University Hospital, UNM School of Law, Albuquerque, NM 15 Sept 2009

Guest speaker, "Effects of Adverse Childhood Experiences.” Lecture to Student Health Center staff, UNM, Albuquerque, NM. 29 Sept 2009

4. Presentations by other Reflejos staff include:


Presenter: Nikki McCarthy, LISW; “Working with Substance-Abusing Parents: An Infant Mental Health Perspective”, presented to the Parent-Infant Study center, Albuquerque, NM 22 April, 2009


Guest Lecturer: Harrie Freedman, RN, MS “Love and Learn! Promoting the Importance of Healthy, Happy Babies”, UNM School of Occupational Therapy, Albuquerque, NM 8 Sept 2009

Presenter: Monica Lucero, BS (case manager for RF) “Nutrition for Children Part 1” presentation to women enrolled in the Milagro program, Albuquerque NM 22 May 2009

Presenter: Monica Lucero, BS (case manager for RF) “Nutrition for Children Part 2” presentation to women enrolled in the Milagro program, Albuquerque, NM 26 June 2009


Roundtable Session on “Transforming Parents into Advocates” by Carolyn Hilton Miney, MA, RF Training and Development Consultant at the Southwest Disability Conference 30 Sept-1 Oct 2009

5. FOCUS and RF Program staff participated in a variety of trainings and workshops during this reporting period including:

Presentation on Buprenorphine by Dr. Bruce Trigg, April 15, 2009;

“Looking Back, Moving Forward: Helping Parents Find the Best Within Them, Whatever Their History” a presentation by Martha Erickson, May 7, 2009;

Diagnosing Infants and Young Children Using the 2005 Revision of the DC: 0-3R with Donna Weston, PhD, June 9, 2009; Assessment, Relationships and diagnostic Thinking with Donna Weston, PhD, June 10, 2009;
Building a new Substance Abuse Treatment Model in New Mexico: Best Practices and Implementation in Action” June 25, 2009

“Using Videotaping to Support Nurturing Caregiving Interactions” by Jacqui Van Horn, June 24 & Aug 21, 2009

“Promoting Infant Mental Health: Intervention Focused on the Parent-Child Relationship”, Barbara Kalmanson, PhD and Janet Dean, LCSW presenters; Sept. 14 & 15 2009

“Trauma Stewardship: Integrating Theory and Practice to Transform Our Response to Secondary Trauma”, presented by Laura van Dernoot Lipsky, September 24, & 25, 2009

IV. Activities Planned for the Next Reporting Period

1. Program Activities:
   a) Continued outreach to Family Practice clinics, the Maternal and Infant Program that provides prenatal care to low income women, WIC and other community programs will occur during the next six months of the project and ongoing in subsequent funding periods. The Case Management staff of the RF and FOCUS Programs are our ambassadors in the community and support outreach activities for recruiting eligible women. It is anticipated that the rate of enrollment will continue so that two to four referrals are received most weeks.

   b) Project staff is considering ways to increase parent group size without compromising the capacity for individual participation in the discussion. Because it was planned to include considerable time for viewing and discussing individual dyad interactions, the group size had originally been limited to eight parent-infant dyads that could be served over the 12-week course of the group. However, in pacing the parent discussions and the video reviews, it was found that there could be sufficient time available to accommodate up to 12 parent-child dyads using the basic curriculum. Thus, the project plans to recruit a larger cohort for the second group, due to start February 2010.

   c) The Training and Development Consultant has begun recruiting participants for the second 12-week group, which is expected to start in February, 2010. The initial post-tests with participants from the first group, and pre-tests with participants for the second group will be completed in January, 2010.

   d) Based on the experience with this first group, access to transportation is a significant factor in the ability of FOCUS clients to participate. Thus the project will continue to provide taxi cab service.

   e) The statistician working on the project has expressed an interest in researching the literature related to validating our adapted COSI. It is anticipated that these discussions will continue about the feasibility of collecting data for instrument validation.

   f) The Bernalillo ATODA Collaborative will meet to develop a set of shared values and goals and identify ways it can interface with the activities of the NM Behavioral Collaborative Children’s Sub-Committee on a System of Care for Children.

   g) The Training and Development Consultant will organize and facilitate a focus group of parent/family consumers who would like to share their experiences, needs, and system issues with the the Bernalillo ATODA Collaborative. The Project will continue trying to
recruit at least two parent/family representatives for the Bernalillo ATODA Collaborative.
h) A winter event has been suggested by families contacted through the Family Solutions Council feedback process and will be formalized during the next reporting period.

2. Planned training activities include:
a) The Sr. Program Therapist will participate in the 10-day Circle of Security® intensive training now tentatively scheduled for the spring of 2010. In addition to the 10 day training, a 2 day introductory training will be offered to all home visiting staff in programs serving infants and toddlers. It is anticipated that all of the RF case managers will be able to attend this valuable training.
b) A presentation by Dr. Lawrence Leeman of Obstetrical Care for Pregnant Women who are using Drugs and Alcohol;
c) Review of the effects of prenatal opiate and amphetamine exposure on newborns by Dr. Andrew Hsi;
d) Additional training, such as Safety for Home Visitors, Motivational Interviewing, and Promoting Mental Health During Pregnancy (NCAST training) will be planned.

3. Dissemination Activity:
A web-based community resource guide is in development.

4. Evaluation Activities
Since the approval at the beginning of this reporting period, several amendments to the initial application have been submitted to the HRRC, as challenges and issues ‘on the ground’ became apparent when evaluation procedures for the Reflejos Project were implemented. James Bell Associates, who provide technical assistance to the AIA projects’ evaluation designs, were also consulted for assistance in amending the data collection protocols. The following amendments were submitted to the HRRC, with approval of these changes expected November/December 09. Changes will be implemented immediately:
a) Case managers will be replaced as study investigators. The RF Training and Development Consultant who currently undertakes the consenting process will carry out all the assessments for Stage 1 of the study (Obj. 1B & 1C) in place of the case managers. She will have met all the subjects during the consenting process and can quickly schedule the completion of the pre-test assessments soon after she has obtained the consents. She is the person responsible for tracking subjects so will ensure that the post-tests are conducted at the correct time as well. As a part-time doctoral student at UNM in the Dept of Organizational Learning & Instructional Technology, she is well-qualified to carry out this function;
b) The NCFAS scale has poor inter-rater reliability so, to help ensure reliability, we decided one person will complete the scale for all participants. The RF Sr. Program Therapist will undertake this function instead of the case managers;
c) The NCFAS scale is also very time-consumming to apply. Thus, to use the time of our investigator and our study participants more expediently, only two of the seven NCFAS subscales, which are directly relevant to our research hypotheses, will be used for Stage 2 (Obj. C, D, & E) of the study: (i). Parental Capabilities: This gives us information on
supervision of children, developmental opportunities, use of drugs/alcohol interferes with parenting, controls access to media/reading material) is not duplicated. (ii). Family Interactions: This gives us extra information on communication with children, family routines, and family play activities.

d) All the other Stage 2 assessments (ASQ-SE, AAPI, PSI and NCFAS) will be conducted by the Sr. Program Therapist, instead of the case managers, apart from the NCAST activity, which will continue to be conducted on a separate occasion by the Sr. Project Manager, as described in the RF research protocol.

e) The NCFAS assessment will be dropped altogether as an assessment for Stage 1 subjects. It does not provide enough new information in relation to hypotheses 1a and 1b to warrant the expenditure of time and travel for our senior therapist visiting the homes to apply the assessment.

f) The value of the gift vouchers awarded in each assessment phase of Stage 2 will be increased to $25, since these women are giving more time to the study than Stage 1 participants. The introductory flyer for stage 2 will be amended accordingly.

5. Data collection activities

a) Syntax files will be written and saved that perform all the necessary operations on the raw scores to compute their final analytic form;

b) When the databases contain a minimum number of participants, some preliminary analyses will proceed. Specifically, initial analyses will focus on screening the incoming data for completeness for the purposes of tracking/quality assurance on the data collection and management processes. Also, the statistician will attempt to estimate the magnitude of proposed treatment effects on the basis of actual data, which is often useful for determining the minimum number of participants needed to detect an effect. Actual hypothesis testing will take place when data collection is closed.

c) HRRC approved amendments to study procedures will be implemented.