Get Your Mind Right: Feasibility of a mental health intervention for African American fathers in North Omaha

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Purpose

• Using the Community-Based Participatory Research approach, determine the feasibility of a cognitive behavior therapy (CBT) mental health intervention embedded in a parenting program.

Background

• Urban African American (AA) fathers are 1.5 times more likely to have depressive symptoms than the general population.
• AA fathers have disproportionate rates of comorbid anxiety and substance use.
• AA fathers are more likely to experience: High unemployment levels, Discrimination, Poverty, Disruptions in family functioning (e.g. separations).
• Parental distress is linked to adverse child mental health outcomes.
• Fathers who experience mental illness may have impairments in parenting practices; Inadequate parenting increases risk of mental illness and poor functioning in children.
• Mental health status of AA’s are underreported in many behavioral surveys.
• Barriers to AAs’ use of mental health services include: Fear of disclosing personal information, Fear of being perceived as ‘weak’ by community, Negative perceptions or experiences with formal mental health providers.
• AAs prefer to seek psychological advice from informal supports.

Aims

Aim 1: To examine the process of implementing a mental health intervention, using individual and group Cognitive Behavior Therapy, embedded into Fathers for a Lifetime, an existing parenting program for fathers.
Aim 2: To assess the mental health status and daily functioning of fathers.

Approach

• Intervention (Table 1) will utilize CBT to: Focus on resolution of current problems, Identify distorted or unhelpful thinking patterns, Recognize and change inaccurate beliefs, Relate to others in more positive ways.
• Participants in the intervention arm will receive: 12-weekly, one-hour sessions of the ‘Fathers for a Lifetime’ (FFL) program with curriculum topics broken into three categories: 1) personal responsibility, 2) responsibility to your child, and 3) responsibility to your family and community.
• 12 weekly, one-hour, group CBT sessions.
• Three, one-hour, on-one-one therapy sessions.

Inclusion criteria:
• Self identify as AA
• A father
• 19 years and older
• Reside within the zip codes of 68104, 68110, 68111, 68112, and 68131.

Table 1: Intervention description

<table>
<thead>
<tr>
<th>Comparison group: FFL only</th>
<th>Time: 1 hour</th>
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<tbody>
<tr>
<td>Intervention group: FFL + CBT</td>
<td>Time: 5 hours</td>
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Arms Assigned Interventions

- Standard 12-week program curriculum for Fathers For a Lifetime: 1 hour
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- Group CBT: 1 hour (after FFL session/same day)
- Three one-on-one independent therapy sessions during the 12 weeks: 1 hour each (3 hours total)

Future Direction

• Preliminary data will be used to:
• Improve intervention implementation
• Pilot test the intervention for effectiveness
• Examine the scalability of the intervention.

• Attempt to secure extramural funding from one of the following sources:
• Omaha Community Foundation
• Sherwood Foundation Urban Community Partnerships
• The National Institute of Mental Health
• The National Institute on Minority Health and Health Disparities.

Contact Information

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Data Collection Process

- Recruitment (2-6 weeks prior)
- Baseline measures
  - FFL intake forms
  - DLA 20
  - Comprehensive assessment (mental health diagnosis w/ DSM-V & GAF)
- Enrollment (Informed Consent)
- Randomization
  - FFL Only
  - FFL + CBT (3) counseling sessions
  - DLA 20
- 12 weeks measure

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