



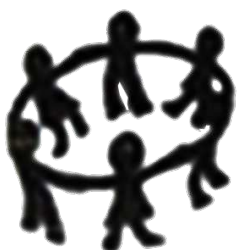
Mahgul Mansoor, MSc-GH 2nd Year

Faculty Lead: Dr. Eve Puffer

OBJECTIVES

Recognizing a need within the community for mental health resources amidst a pandemic, a family-strengthening program was adapted and piloted in North Carolina. Previously developed for use in Kenya, this program was adapted for virtual delivery due to social distancing requirements.

Through partnerships with community organizations (West End Community Foundation, and Together for Resilient Youth), and direct feedback from community stakeholders, the content was also adapted to better reflect community needs. This program maintained its core features of non-clinician delivery and focus on building resilience against stressors through strong family relationships.

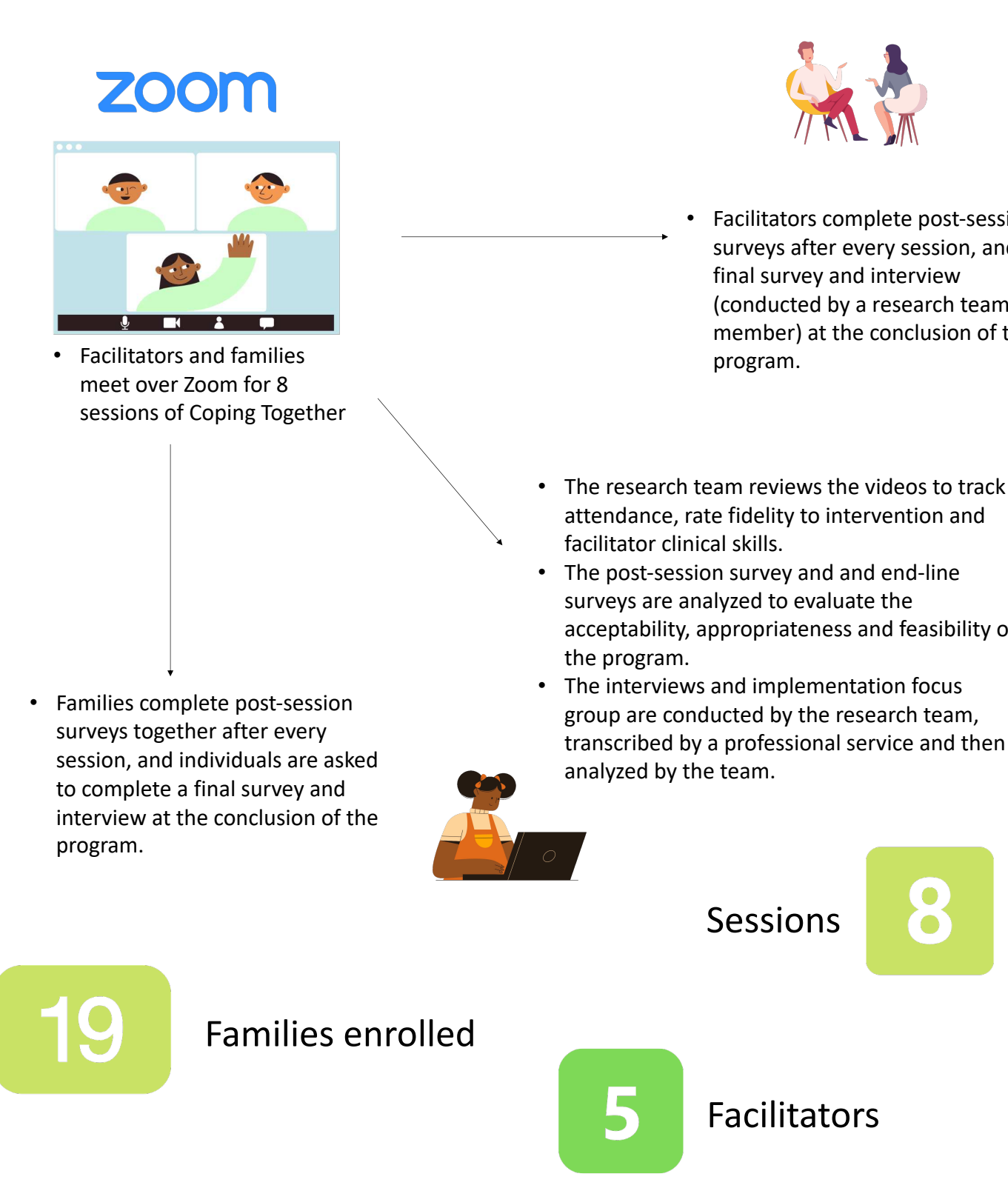


- Pilot an adapted family-strengthening program, Coping Together, for use in NC
- Delivery by non-clinicians, virtually through Zoom
- Evaluate implementation success through fidelity to intervention, facilitator clinical skills scores, acceptability, appropriateness, and feasibility of intervention

METHODOLOGY

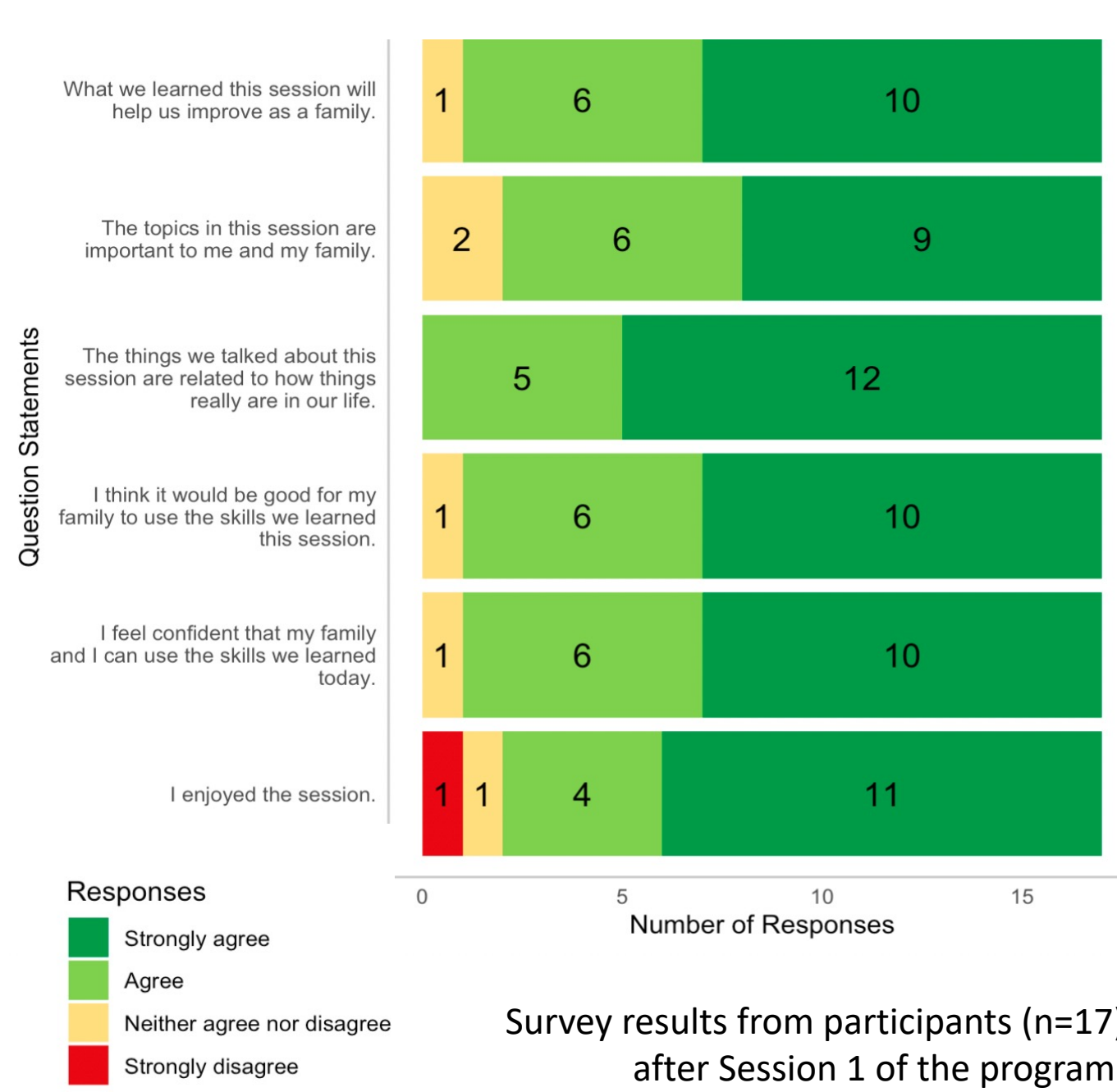
This is a mixed methods study that uses survey instruments to capture participant and facilitator perceptions of acceptability, appropriateness and feasibility. Both Likert scale and open-ended responses were captured after every session and at end line.

The study also uses qualitative data collection methods such as semi-structured interviews and focus groups.



INITIAL RESULTS

Participants reflected on the acceptability (enjoyments) and appropriateness (usefulness and relevance) of the content after each session.



NEXT STEPS

- Data collection: attendance and reach tracking; rating fidelity and clinical skills
- Qualitative data analysis of interviews and focus groups
- Conducting more individual interviews and focus groups (focused on implementation and youth perspectives)