The Cultural Accommodation Model of Substance Abuse Treatment (CAM-SAT) for Latino Adolescents

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Webinar Overview
1) Why are Latino adolescents in need of efficacious substance abuse treatments?
2) Do Latino adolescents benefit from culturally adapted treatment?
3) What is the CAM-SAT?
4) How has the CAM-SAT been used in the context of clinical trials for Latino adolescents?

Acknowledgements
• National Hispanic and Latino ATTC
• Central Rockies ATTC
• University of Utah
  – Utah Addiction Center
  – Dept. of Educational Psychology
• Community Partners
• Webinar Participants
Q1: Substance Abuse Treatment?
- 54 million Latinos in the U.S.
  - 1/3 under the age of 18
- Higher rates of substance use disorders (14%)
  - White (12.7%)
  - African American (7%)
- Standard versions of EBTs for substance use disorders
  - were not developed or designed for Latinos
  - not extensively examined for Latino adolescents

Source: Casa, 2011, Huey et al., 2014; U.S. Census, 2013

Q2: Benefit from Culturally Adapted?
- Compared to treatment-as-usual or standard (i.e., non-adapted) versions of treatment
  - appear to benefit but results are mixed
- Compared to a standard (i.e., non-adapted) version of the same treatment
  - benefits moderated by cultural variables
- Look at prior webinar for more information (Feb, 2015):
  - Central Rockies ATTC webpage, click on Special Topics, scroll down for “Culturally Adapted…….”

Q3: What is the CAM-SAT?
- Cultural Accommodation Model for Substance Abuse Treatment (CAM-SAT)
  - Sources of Information
  - Accommodation Practices
  - Initial Testing
  - Comparative Testing

Source: Burrow-Sanchez, et al., 2011
Q4: CAM-SAT and Clinical Trials?

Overview of VIDA Study

- Study 1: Focus Groups
  - Goal: development of culturally accommodated treatment

- Study 2: Pilot Study, 35 Latino Adolescents
  - Goal: feasibility testing

- Study 3: Randomized Clinical Trial, 70 Latino Adolescents
  - Goal: test of intervention efficacy
VIDA: Study 1

- Focus Groups
  - Local Latino Community:
    - Latino Parents
    - Latino Adolescents
    - Latino Community Leaders
  - Juvenile Justice:
    - Probation Officers
  - Substance Abuse Providers:
    - Therapists

Source: Burrow-Sanchez et al., 2011

Perspectives on:
- Latino adolescents
- Substance Abuse Treatment for Latino Adolescents
- Latino Families
- Acculturation
- Ethnic Identity

Major Themes:
- Family
- Acculturation
- Ethnic Identity
- Substance Abuse Treatment
- Barriers to Treatment

Source: Burrow-Sanchez et al., 2011

<table>
<thead>
<tr>
<th>Major Theme</th>
<th>Subtheme</th>
<th>Accommodation Practice</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnic Identity</td>
<td>Loss of self/lack of self; importance of ethnic ID</td>
<td>Treatment Content</td>
<td>Development of new module; therapist discusses issues during treatment</td>
</tr>
<tr>
<td>Family</td>
<td>Parental involvement and support; family protective and risk factors</td>
<td>Treatment Content and Delivery</td>
<td>C: Infused role-plays with relevant family situations; D: Increased contact with parents</td>
</tr>
<tr>
<td>Barriers to Services</td>
<td>Cost; work and family obligations; language difficulties; services not welcoming</td>
<td>Treatment Delivery</td>
<td>Bilingual staff interacting with parents/adolescents; scheduling based on needs of family bus tokens; location</td>
</tr>
</tbody>
</table>

Source: Burrow-Sanchez et al., 2011
VIDA: Practical Issues

- Language
  - Adolescents, Parents and Study Staff
- Recruitment
  - Social Validity
- Engagement and Retention
  - Reasons to continue involvement

VIDA: Studies 2 and 3

- Treatment
  - Standard Cognitive Behavioral Treatment (S-CBT)
    - Cognitive-Behavioral Coping Skills Therapy Manual
      (Kadden et al., 1992)
  - Accommodated Cognitive Behavioral Treatment (A-CBT)
    - Integration of cultural elements into treatment content and delivery (Burrow-Sanchez et al., 2011)
- Delivery
  - Small group-based (6-10 adolescents)
  - 1 ½ hour weekly sessions over 12 weeks
  - Community Center
  - Bilingual doctoral student therapists

Sources: Burrow-Sanchez & Wrona, 2012; Burrow-Sanchez et al., 2015
## VIDA – Treatment Content

<table>
<thead>
<tr>
<th>Session</th>
<th>Standard</th>
<th>Accommodated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Intro and Engagement</td>
<td>Intro and Engagement</td>
</tr>
<tr>
<td>2</td>
<td>Problem Solving</td>
<td>Problem Solving</td>
</tr>
<tr>
<td>3</td>
<td>Decision Making Chains</td>
<td>Decision Making Chains</td>
</tr>
<tr>
<td>4</td>
<td>Problem Solving Maps</td>
<td>Problem Solving Maps</td>
</tr>
<tr>
<td>5</td>
<td>Coping with Cravings/Urges</td>
<td>Coping with Cravings/Urges</td>
</tr>
<tr>
<td>6</td>
<td>Communication Skills</td>
<td>Ethnic Adjustment and Identity</td>
</tr>
<tr>
<td>7</td>
<td>Drug Refusal Skills</td>
<td>Communication Skills</td>
</tr>
<tr>
<td>8</td>
<td>Relapse Prevention</td>
<td>Drug Education and Refusal</td>
</tr>
<tr>
<td>9</td>
<td>Anger Management</td>
<td>Relapse Prevention</td>
</tr>
<tr>
<td>10</td>
<td>Mood Management</td>
<td>Anger Management</td>
</tr>
<tr>
<td>11</td>
<td>Social Support</td>
<td>Mood Management</td>
</tr>
<tr>
<td>12</td>
<td>Skill Review and Termination</td>
<td>Skill Review and Termination</td>
</tr>
</tbody>
</table>

## VIDA – Treatment Delivery

<table>
<thead>
<tr>
<th>Session</th>
<th>Standard</th>
<th>Accommodated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre</td>
<td>Phone Contact</td>
<td>Phone Contact and Mailing</td>
</tr>
<tr>
<td>1</td>
<td>Attendance Reminder Call (ARC)</td>
<td>ARC and Post Session #1 Call, Mailing</td>
</tr>
<tr>
<td>2</td>
<td>ARC</td>
<td>ARC</td>
</tr>
<tr>
<td>3</td>
<td>ARC</td>
<td>ARC and Post Session #3 Call, Mailing</td>
</tr>
<tr>
<td>4</td>
<td>ARC</td>
<td>ARC</td>
</tr>
<tr>
<td>5</td>
<td>ARC</td>
<td>ARC</td>
</tr>
<tr>
<td>6</td>
<td>ARC</td>
<td>ARC and Post Session #6 Call, Mailing</td>
</tr>
<tr>
<td>7</td>
<td>ARC</td>
<td>ARC</td>
</tr>
<tr>
<td>8</td>
<td>ARC</td>
<td>ARC</td>
</tr>
<tr>
<td>9</td>
<td>ARC</td>
<td>ARC and Post Session #9 Call, Mailing</td>
</tr>
<tr>
<td>10</td>
<td>ARC</td>
<td>ARC</td>
</tr>
<tr>
<td>11</td>
<td>ARC</td>
<td>ARC</td>
</tr>
<tr>
<td>12</td>
<td>ARC</td>
<td>ARC and Post Session #12 Call</td>
</tr>
</tbody>
</table>

### Demographic Variable S-CBT (n = 36) A-CBT (n = 34)

<table>
<thead>
<tr>
<th>Variable</th>
<th>S-CBT</th>
<th>A-CBT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Youth</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>15.31 (1.28)</td>
<td>15.09 (1.19)</td>
</tr>
<tr>
<td>Male</td>
<td>88.9%</td>
<td>91.2%</td>
</tr>
<tr>
<td>Language Spoken at Home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spanish</td>
<td>58%</td>
<td>85%</td>
</tr>
<tr>
<td>English</td>
<td>28%</td>
<td>9%</td>
</tr>
<tr>
<td>Both</td>
<td>14%</td>
<td>6%</td>
</tr>
<tr>
<td>Birth Country</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S</td>
<td>98%</td>
<td>95%</td>
</tr>
<tr>
<td>Mexico</td>
<td>2%</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Parents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother Birth Country</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mexico</td>
<td>67%</td>
<td>82%</td>
</tr>
<tr>
<td>U.S</td>
<td>25%</td>
<td>9%</td>
</tr>
<tr>
<td>Other</td>
<td>8%</td>
<td>9%</td>
</tr>
<tr>
<td>Father Birth Country</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mexico</td>
<td>78%</td>
<td>85%</td>
</tr>
<tr>
<td>U.S</td>
<td>8%</td>
<td>9%</td>
</tr>
<tr>
<td>Other</td>
<td>15%</td>
<td>6%</td>
</tr>
<tr>
<td><strong>Annual Family Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 – 24,999</td>
<td>72%</td>
<td>71%</td>
</tr>
<tr>
<td>25,000 – 44,999</td>
<td>20%</td>
<td>23%</td>
</tr>
<tr>
<td>45,000 or more</td>
<td>8%</td>
<td>6%</td>
</tr>
<tr>
<td>Did not answer</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>
VIDA: Outcomes for Study 3

- **Retention**: 73% treatment completion and 84% T2/T3 assessments
  - 62% for S-CBT and 75% for A-CBT (Tx Comp)
- **Attendance**: S-CBT = 10.42 (SD=1.14); A-CBT = 10.59 (SD=1.05)
- **Substance Use Levels**
  - Time: decrease in substance use across time for both groups
  - Time by Group: change in substance use was not different by group across time
  - Moderators: change in substance use across time was moderated by cultural variables

**Commitment Moderator**

![Graph showing commitment moderator](image)

**Exploration Moderator**

![Graph showing exploration moderator](image)
Major Points for Ethnic Identity

- Substance use outcomes were better when:
  - Ethnic identity and treatment were *culturally congruent*
    - Low ethnic ID and standard treatment
    - High ethnic ID and adapted treatment
  
- Substance use outcomes were worse when:
  - Ethnic identity and treatment were *not culturally congruent*
    - Low ethnic ID and adapted treatment
    - High ethnic ID and standard treatment

Source: Burrow-Sanchez et al., 2015

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**Familism Moderator**

- Substance use outcomes were better when:
  - Familism and treatment were *culturally congruent*
    - Low familism and standard treatment
    - High familism and adapted treatment
  
- Substance use outcomes were worse when:
  - Familism and treatment were *not culturally congruent*
    - Low familism and adapted treatment
    - High familism and standard treatment

Source: Burrow-Sanchez et al., 2015

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Major Points for Familism (Parent)

- Substance use outcomes were better when:
  - Familism and treatment were *culturally congruent*
    - Low familism and standard treatment
    - High familism and adapted treatment
  
- Substance use outcomes were worse when:
  - Familism and treatment were *not culturally congruent*
    - Low familism and adapted treatment
    - High familism and standard treatment

Source: Burrow-Sanchez et al., 2015
References


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