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

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Acknowledgements

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• Central Rockies ATTC
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  – Dept. of Educational Psychology
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Latinos, Substance Use, and 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

Sources: Casa, 2011, Huey et al., 2014; U.S. Census, 2013
Benefit from Culturally Adapted?

• Compared to treatment-as-usual or standard (i.e., non-adapted) version of another 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……”
What is the CAM-SAT?

• Cultural Accommodation Model for Substance Abuse Treatment (CAM-SAT)

Four Stages:
  – Sources of Information
  – Accommodation Practices
  – Initial Testing
  – Comparative Testing

Source: Burrow-Sanchez, et al., 2011
Cultural Accommodation Model for Substance Abuse Treatment
(CAM-SAT; Burrow-Sanchez et al., 2011)
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
VIDA: Study 1

- 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>ID of self; lack/loss 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></td>
<td></td>
<td></td>
<td></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</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>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
What can you expect?

Study process begins here:

Parent signs referral form with PO

FIFTH MEETING
(Twelve months after Treatment)

FOURTH MEETING
(Six months after Treatment)

THIRD MEETING
(Three months after Treatment)

SECOND MEETING
(Immediately after Treatment)

INFORMATIONAL/SCREENING SESSION
(At least one parent must attend)

FIRST MEETING

TREATMENT
- 12 sessions of treatment in a group with 9 other adolescents
- Weekly, 90 minutes each session
- Randomly assigned to one of two treatments

**Assessment Meetings will last around 2 hours and participants will be compensated for their time.**

Please contact us if you have any questions or want more information!
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 Craving/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 Mailings</td>
</tr>
<tr>
<td>1</td>
<td>Attendance Reminder Call (ARC)</td>
<td>ARC and Post Session #1 Call, Mailings</td>
</tr>
<tr>
<td>2</td>
<td>ARC</td>
<td>ARC</td>
</tr>
<tr>
<td>3</td>
<td>ARC</td>
<td>ARC</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, Mailings</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, Mailings</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>
<tr>
<td>Demographic Variable</td>
<td>S–CBT (n = 36)</td>
<td>A–CBT (n = 34)</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>----------------</td>
<td>----------------</td>
</tr>
<tr>
<td><strong>Adolescents</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>69%</td>
<td>53%</td>
</tr>
<tr>
<td>Mexico</td>
<td>28%</td>
<td>44%</td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Parents</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>6%</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>16%</td>
<td>12%</td>
</tr>
<tr>
<td>Annual Family Income:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25,000 or less</td>
<td>72%</td>
<td>71%</td>
</tr>
<tr>
<td>25,000 – 45,000</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>17%</td>
</tr>
</tbody>
</table>
VIDA: Outcomes for Study 3

**Retention:**
- 73% treatment completion and 84% T2/T3 assessments
  - 67% for S-CBT and 79% 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 group
- **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

S-CBT = Standard Cognitive-Behavioral Treatment; A-CBT= Accommodated Cognitive-Behavioral Treatment; COM = Commitment subfactor of ethnic identity.
Exploration Moderator

S-CBT = Standard Cognitive-Behavioral Treatment; A-CBT = Accommodated Cognitive-Behavioral Treatment; EXP = Exploration subfactor of ethnic identity
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
Familism Moderator

S-CBT = Standard Cognitive-Behavioral Treatment; A-CBT = Accommodated Cognitive-Behavioral Treatment.
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


Contact Information

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THANKS FOR LISTENING!!