

# CBPR to Develop Cultural Adaptation of Brief Motivational Intervention



Patricia Juárez, M.S.  
Supervisor and Training Coordinator  
University of Texas El Paso



PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE  
SYSTEMS-CENTERED OUTCOMES RESEARCH INSTITUTE





# Brief Interventions for Alcohol Problems

- 🔥 For every **9** Brief Interventions provided **1 DWI arrest** is prevented (Schermer et al., 2006).
- 🔥 Cochrane's Review reports significant reductions in **alcohol related injuries** ranging from 27% to 65% (Dinh-Zarr, 2004).
- 🔥 Brief Intervention saves **\$3.81 in healthcare costs** for every dollar spent (Gentilelo, 2005).



# In the general population...

- 🔥 **Binge alcohol use** is highest among Hispanics compared to other races and ethnicities (NSDUH, 2009).
- 🔥 Hispanics are more likely than non-Hispanic whites to have recurrent or persistent **dependence** (Chartier et al., 2010).
- 🔥 Hispanic drinkers have greater odds than non-Hispanic whites to report **negative social and legal consequences** due to drinking (Mulia et al., 2009).
- 🔥 Hispanics are **less** likely than non-Hispanic whites to receive **treatment** (Chartier & Caetano, 2010).



# Ethnic differences in drinking outcomes following brief alcohol intervention in the trauma care setting

Craig A. Field, Raul Caetano, T. R. Harris, Ralph Frankowski & Bahman Roudsari  
Addiction, 105, 62-73

- Hispanics reduced their rates of at risk drinking by **25%**.
- Hispanics reduced % days Heavy Drinking by **20% at 6 and 12 months\***
- Hispanics reduced maximum amount consumed by **9 standard drinks** at 6 and 12 months\*
- Hispanics reduced risk of **AUD** (OR=.59,.4-.9)

# The Role of Ethnic Matching Between Patient and Provider on the Effectiveness of Brief Alcohol Interventions with Hispanics

Craig Field and Raul Caetano

Alcoholism: Clinical and Experimental Research Vol 34, No. 2 February 2010

- 🔥 Ethnic match between patient and provider, led to significant reductions in
  - 🔥 Volume per week
  - 🔥 Maximum amount in one occasion.
- 🔥 Hispanics with higher **acculturation or US Born** were less likely to benefit from ethnic match.

# The case for Cultural Adaptations

- 🔥 The benefits of the BMI among Latinos in our prior study were the result of minor **“surface structure”** (Resnicow et al., 2000) changes to the BMI.
- 🔥 Cultural adaptations of evidenced based interventions are strongly justified, if an evidence-based intervention is **insufficiently successful** in changing clinical outcomes for a particular ethnic group (Lau, 2006).
- 🔥 A recent meta-analysis found that mental health treatments were **four times more effective** when culturally adapted (Griner & Smith, 2006).

# Culturally Adapted Brief Motivational Intervention for Heavy Drinking Hispanics?

By accounting for risk (i.e., acculturative stress) and protective factors (i.e., familismo) among heavy drinking Latinos, we hypothesize that a **CA-BMI** will significantly decrease alcohol use and alcohol problems, and increase help seeking and treatment utilization among heavy-drinking Mexican and Mexican American adult males.

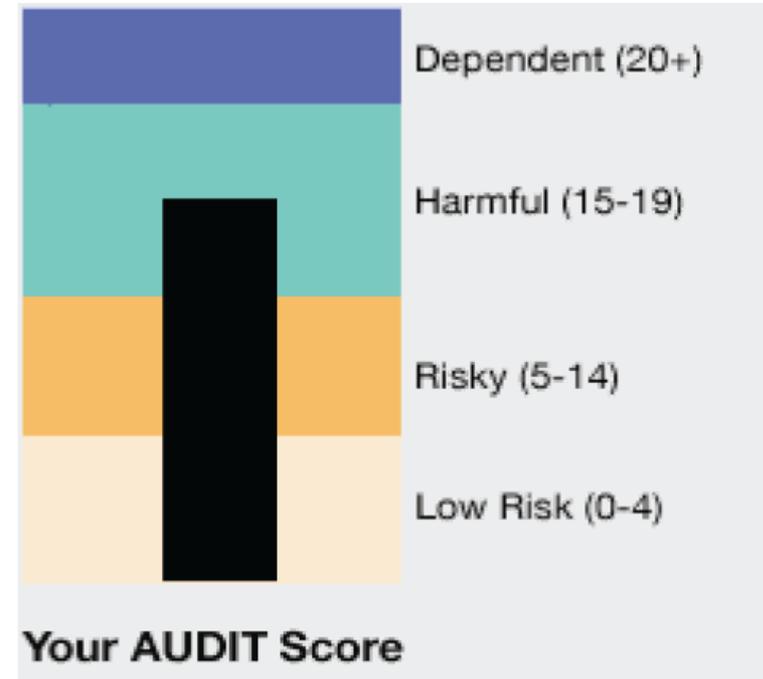
(adapted from Lau, 2006)

# PROPOSED Primary Adaptations

---

- 🔥 Personalized feedback on acculturative stress to decrease temptation and increase confidence.
- 🔥 Integrate family and community as reasons for change and as agents of behavior change (based on Lee, et al. 2011 and Anez et al., 2005).

# Personalized Feedback



On the AUDIT, you received a score of **16**.  
Based on your response, your risk level of having alcohol related problems or developing dependence is: **Harmful**.

# Normative Feedback

Based on what you reported:

You drink **60 *standard drinks*** per month.

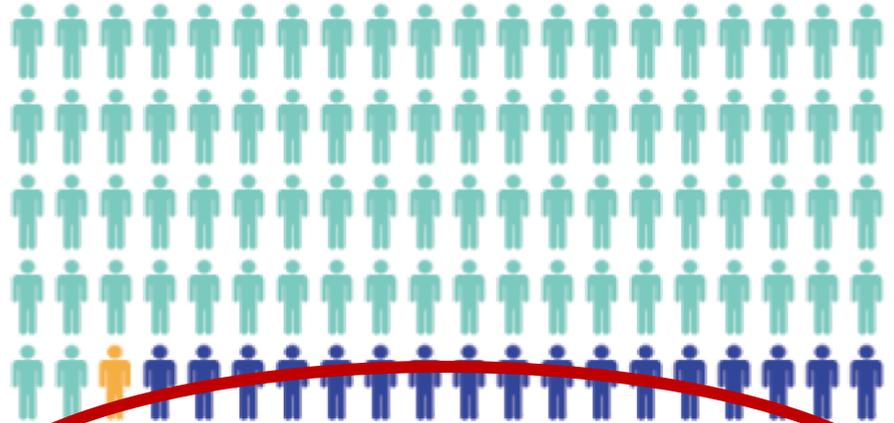
In a typical week you drink **15 *standard drinks***.

---

Based on the amount of alcohol you reported:

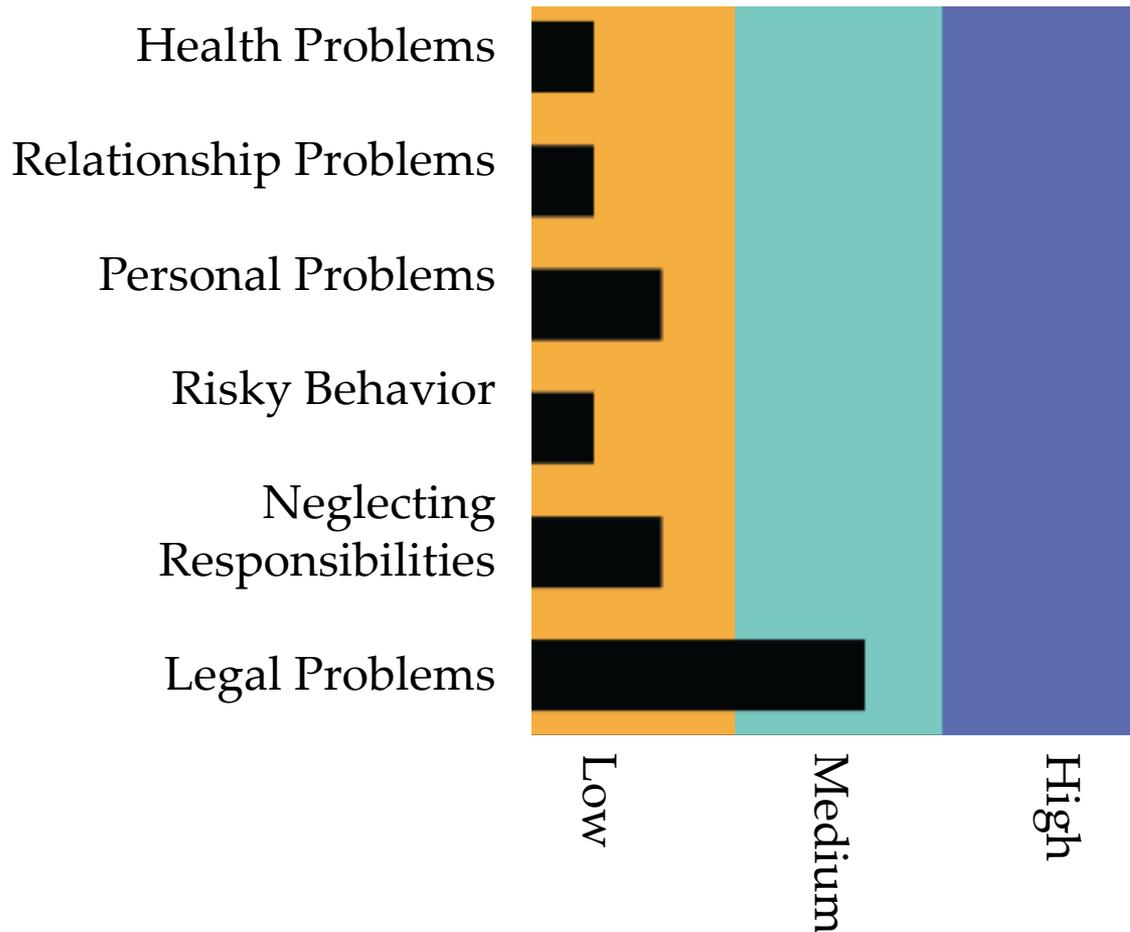
**83%** of American men drink less than you in a typical week.

This means that out of 100 people, 83 drink less than you, or that 17 drink more than you.



This information comes from a large national survey of U.S. adults, conducted in 2010. The survey asked adults all over the country about their drinking.

# Personalized Feedback



# PROPOSED Supplemental Modifications

- Personalized feedback to compare drinking norms and alcohol problems among Mexican-origin men from the Hispanic American Baseline Alcohol Survey or HABLAS (Caetano).
- Use a broader definition of treatment utilization (i.e., help seeking).
- Change plan will address barriers and facilitators to help seeking or treatment utilization (e.g. cultural attitudes and beliefs about help seeking and treatment utilization).

# Patient Materials

- 🔥 The cultural backgrounds of patients need to be considered in developing or adapting written materials for non-English speaking audiences.
- 🔥 All material originally written in English should go through a process of **CULTURAL ADAPTATION** as opposed to just translation, to better suit the needs and characteristics of the Latino population regarding health care.
- 🔥 Written materials must reflect an understanding of the patient's way of life. A person's beliefs, needs, interests, and norms emerge from a history of experiences and social processes or patient's "lived experiences"

# Engaging Community Advisory Board and Expert Consultants

- Presented background and rationale for study and proposed modifications.
- Group interviews regarding alcohol problems in their community.
- Engaged in development and interpretation of patient focus groups.
- Trained in Brief Motivational Intervention.
- Engaged four expert consultants and trainers.



# Focus Groups with Patients: **Purpose**

---

- 🔥 Inform the adaptation of a BMI targeting heavy drinking Latino men in a trauma setting.
- 🔥 Themes expected a priori:
  - 🔥 Acculturative stress
  - 🔥 Familism
  - 🔥 Family support
- 🔥 Identify additional factors relevant to alcohol use.

# Focus Groups with Patients: **Procedures**

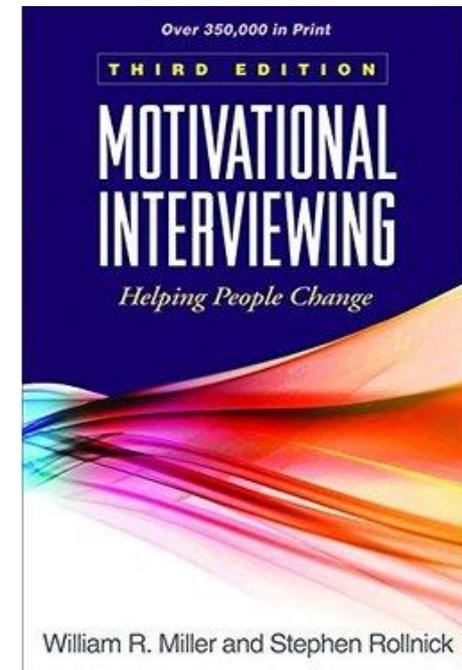
- 🔥 Recruited in person (while in hospital) or via mail (after discharge).
- 🔥 In-depth interview (n=25): in person, one-on-one.
- 🔥 Approximately 1.5 hours; compensation: \$40.
- 🔥 Interviews were transcribed and coded.
- 🔥 Thematic analysis (Braun & Clarke, 2006); iterative process between two coders.

# Potential Adaptations

- 🔥 Systematic feedback levels of acculturative stress and negative affect, as well as drinking levels.
- 🔥 **Agenda setting** that allows for discussion of, any/all factors for engaging client and evoking change talk.
- 🔥 “Culturally relevant” values clarification that includes familism, trust, & autonomy.

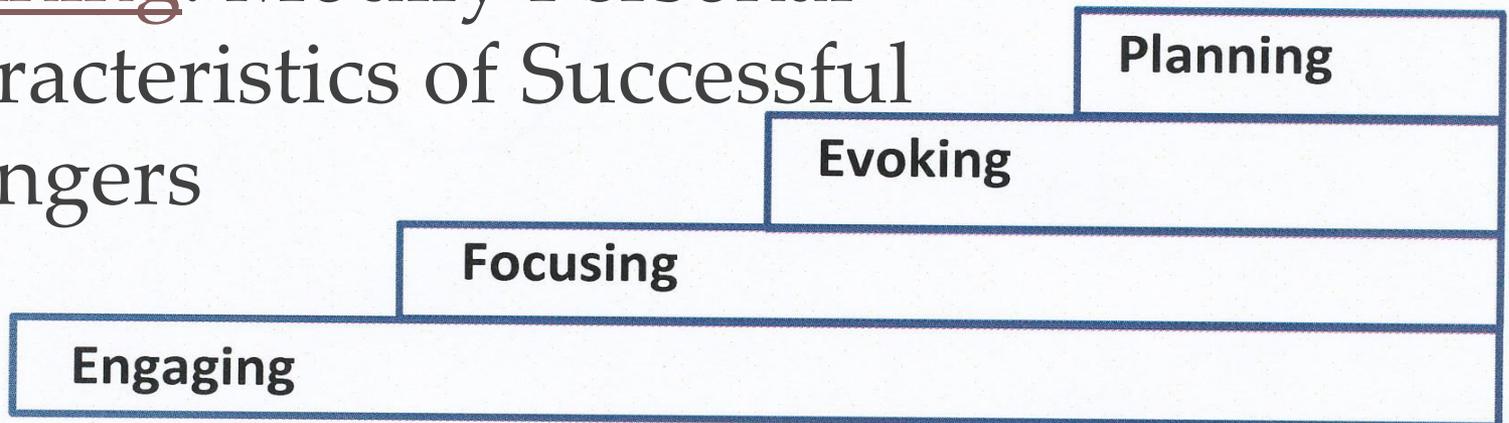
# Feedback from External Experts, Patients and Community

- 🔥 Focus on individual and cultural **STRENGTHS** (to the exclusion of discussion of problems and barriers).
- 🔥 Address unique cultural factors without stereotyping.
- 🔥 Adhere to MI 3<sup>rd</sup> Edition.



# Collaborative Intervention Development

- 🔥 Engaging and Focusing: Use Agenda Mapping
- 🔥 Evoking: Modified Personal Values Card Sort
- 🔥 Planning: Modify Personal Characteristics of Successful Changers



# Use Agenda Mapping: Engaging and Focusing

- 🔥 Use agenda setting to introduce culture specific stressors or risk factors that may influence drinking or changing drinking behavior.



Loss/ Grief

Boredom

Unemployment/  
Underemployment

Work-Related Stress

Social Life

Legal  
Problems

Language

Living on the  
Border

Immigration  
Status

Traditions

Discrimination

Family Conflict

Tragedy

Other

# Personal Values Card Sort

- ✦ Trim from 80 personal values (from MI3) to approximately 20.
- ✦ Identify most relevant to community members and target population.
- ✦ Eliminate irrelevant items.
- ✦ Add culturally relevant values.



# CAB Engagement

- 🔥 Conducted traditional card sort with them to demonstrate (personal values).
- 🔥 Identify 20 most relevant values to their community.
- 🔥 Rank top ten for target population.



# Personal Values

Being Loved

Family

Friendship

Fulfill the Role of a Man

Being a Gentleman

Justice

Be Loving

Romance

Being Respected

Responsibility

Rationality

Self Respect

Tradition

Being Accepted

Honesty

Spirituality

Health

Wealth

Being Friendly

Genuineness

Being Polite/  
Respectful

Comfort

Knowledge

Trustworthy

# Personal Characteristics of Successful Changers: Exploring Change

- 🔥 Trim from 100 characteristics of Successful Changers (from MI3) to approximately 20.
- 🔥 Identify most relevant to community and target population.
- 🔥 Eliminate irrelevant items.
- 🔥 Add culturally relevant values.



# Personal Strengths

Optimistic/  
Positive

Understanding

Pro-active

Loving

Adaptable/  
Flexible

Perceptive

Persistent

Honest

Considerate

Assertive

Committed

Receptive

Determined

Resourceful

Willing

Reasonable

Responsible

Enthusiastic/  
Lively

Tolerant

Strong/  
Tough

Forgiving

Empathic

Confident

Patient

Healthy

Happy

Focused

# End Result

- 🔥 Both interventions adheres to MI 3<sup>rd</sup> Edition.
- 🔥 Culturally Adapted Intervention is distinct from Non-adapted.
- 🔥 Culturally Adapted Intervention focuses on values and strengths, and addresses cultural risk factors without stereotyping.

# Special Thanks!

- 🔥 Craig Field, PhD, MPH
- 🔥 Kenneth Resnicow, PhD
- 🔥 Maria Fernandez, PhD
- 🔥 Carolina Yahne, PhD
- 🔥 Theresa Moyers, PhD
- 🔥 Katherine Houck, LCSW
- 🔥 Rebeca Ramos, MA, MPH & Rosalba Ruiz from the Alliance of Border Coalitions

