CBPR to Develop Cultural Adaptation of Brief Motivational Intervention

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Funded by: pcori
Window of Opportunity

- Alcohol is involved in half of all treated injuries.

- **75%** of acutely intoxicated patients are currently experiencing two or more alcohol problems.

- Intoxicated patients are **2.5** times more likely to be readmitted for injury in a two year follow-up.

- Admission for severe injury creates a “**teachable moment.**”
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)
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 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).
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).
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**.
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

- Health Problems
- Relationship Problems
- Personal Problems
- Risky Behavior
- Neglecting Responsibilities
- Legal Problems

Levels: Low, Medium, High
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).
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.
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\textsuperscript{rd} 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.
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

<table>
<thead>
<tr>
<th>Being Loved</th>
<th>Family</th>
<th>Friendship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulfill the Role of a Man</td>
<td>Being a Gentleman</td>
<td>Justice</td>
</tr>
<tr>
<td>Be Loving</td>
<td>Romance</td>
<td>Being Respected</td>
</tr>
<tr>
<td>Responsibility</td>
<td>Rationality</td>
<td>Self Respect</td>
</tr>
<tr>
<td>Tradition</td>
<td>Being Accepted</td>
<td>Honesty</td>
</tr>
<tr>
<td>Spirituality</td>
<td>Health</td>
<td>Wealth</td>
</tr>
<tr>
<td>Being Friendly</td>
<td>Genuineness</td>
<td>Being Polite/Respectful</td>
</tr>
<tr>
<td>Comfort</td>
<td>Knowledge</td>
<td>Trustworthy</td>
</tr>
</tbody>
</table>
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
- Adaptable/Flexible
- Considerate
- Determined
- Responsible
- Forgiving
- Healthy
- Understanding
- Perceptive
- Assertive
- Resourceful
- Enthusiastic/Lively
- Empathic
- Happy
- Pro-active
- Persistent
- Committed
- Willing
- Tolerant
- Confident
- Focused
- Loving
- Honest
- Receptive
- Reasonable
- Strong/Tough
- Patient
- Optimistic/Positive
- Adaptable/Flexible
- Considerate
- Determined
- Responsible
- Forgiving
- Healthy
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- Strong/Tough
- Patient
End Result

Both interventions adheres to MI 3rd 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