

Evidence Based Treatment for Latino/a Patients – Promising Practices

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Background

- National demographics
- Demographics at ChangePoint
- My role at ChangePoint
- Changing paradigm in alcohol and drug treatment for Latinos
- Motivational Interviewing adapted for Latinos
- Matrix Model for Latinos



The national picture

- Latinos represent the largest ethnic minority group in the United States, or 13.3% of the population (U.S. Census Bureau, 2003).
- The 2004 National Survey on Drug Abuse (SAMHSA, 2005) reveals that 35% of Hispanics 12 years or older have used illicit drugs in their lifetime and 40% have used alcohol.

The national picture

- By 2050 the population of the USA is projected to reach 400,000, and 25% is projected to be Hispanic (U.S. Census Bureau, 2003).
- At this time 10% of non-Hispanic whites live in poverty, as opposed to 25% of Hispanic living in the USA.

ChangePoint demographics

- For FY04/05 ChangePoint treated about 2500 unduplicated clients, 18% female, 82% male, 60% between 25-44 years of age, **29.6% Latinos**, 61.1% white, 4.4% African American, 1.4% Asian/Pacific Islander/SE Asian, 1.3% Native American and 2.1% unknown.

CTN

- ChangePoint joined the CTN as part of the Oregon/Hawaii Node with the first wave of nodes in 1999/ 2000
- We have participated in two trials; MI and MET Spanish

Spanish MET

- Adaptation of a completed CTN trial that compared Motivational Enhancement Therapy (MET) (Miller & Rollnick, 2002) with counseling as usual added to the first month of treatment in five different sites in the country

Completed/ Under review

Spanish MET

- SMET was selected to be adapted for monolingual Spanish clients because of its focus on engagement and retention in treatment
- Spanish MET aimed at addressing alarming health disparities as presented by Dr. Alegria

Spanish MET

- MET is client centered, collaborative, respectful
- Hispanic culture share communalities with Motivational Interviewing (relationship-based, non directive, empathy-based, collaborative)
- Style is culturally sensitive
- Good fit for the Latino community
- Empirical data on effective alcohol and drug treatment is sparse for Latinos

Spanish MET

- Availability of research instruments in Spanish was a challenge
- With the exception of the ASI and CIDI, all other self report assessment instruments had to be translated into Spanish
- Lourdes Suarez-Morales has a paper on the challenges of designing and implementing the trial (Suarez-Morales et al, 2006, *Issues in Designing and Implementing a Spanish-Language Multisite Clinical Trial*)

Spanish MET – The trial

- The training was centralized for all nodes
- Supervisors and counselors got the training at the same time
- Supervisor also learned to use the tape rating
- The protocol manual was partially translated
- Several challenges with translating MI concepts such as “rolling with resistance” or “triggers” to Spanish
- Overall bi-lingual counselors learned the materials well

Challenges during the trial

- Attendance to all three MET sessions due to work schedule conflicts
- Many clients are under employed and work two jobs
- We had to schedule individual sessions right before the group sessions to accommodate schedule

Positive lessons

- Bi-lingual counselors got high levels of proficiency in MET
- Supervision was all in Spanish, role plays and audio tape listening and tape rating was a key component
- Client reported high levels of satisfaction
- Clients opened up much more as compared to CAU (evidenced during tape reviews)

Waiting for the results

- According to Bill Miller, most MI trials with sufficient sample of Latino clients have showed no difference in effects between whites and Latinos
- At ChangePoint we have adopted MI as a style of counseling for assessment, and group therapy, in addition to CBT and other therapeutic interventions

Matrix Model for Latinos

- The Matrix Model is an evidence-based Intensive Outpatient Treatment Program that was created by UCLA and The Matrix Institute in Los Angeles, and it has been tested through research, showing favorable outcomes.
- It is a manualized treatment program that is based on cognitive behavioral therapy models, relapse prevention and skill training, all presented in a Motivational Interviewing style (client-centered).

Why did we chose Matrix Model

- Manualized treatment for IOP
- Translated in Spanish
- Integrated family and support people into treatment
- Integrates CBT, MI, skill training (such as scheduling one's day), positive reinforcement through tracking of clean days, encouragement to attend AA
- Promising (not huge) outcomes in retention and number of clean days during treatment

Matrix Model

- Project Title: Countywide Methamphetamine Treatment Expansion and Enhancement
- Grantee: Multnomah County Oregon, Portland Oregon
- Funding: Center for Substance Abuse Treatment
- Grant Period: October 2004 through September 2007
- Project Manager: John F. Pearson, MSW
- Participating agencies : ChangePoint and Letty Owings Center

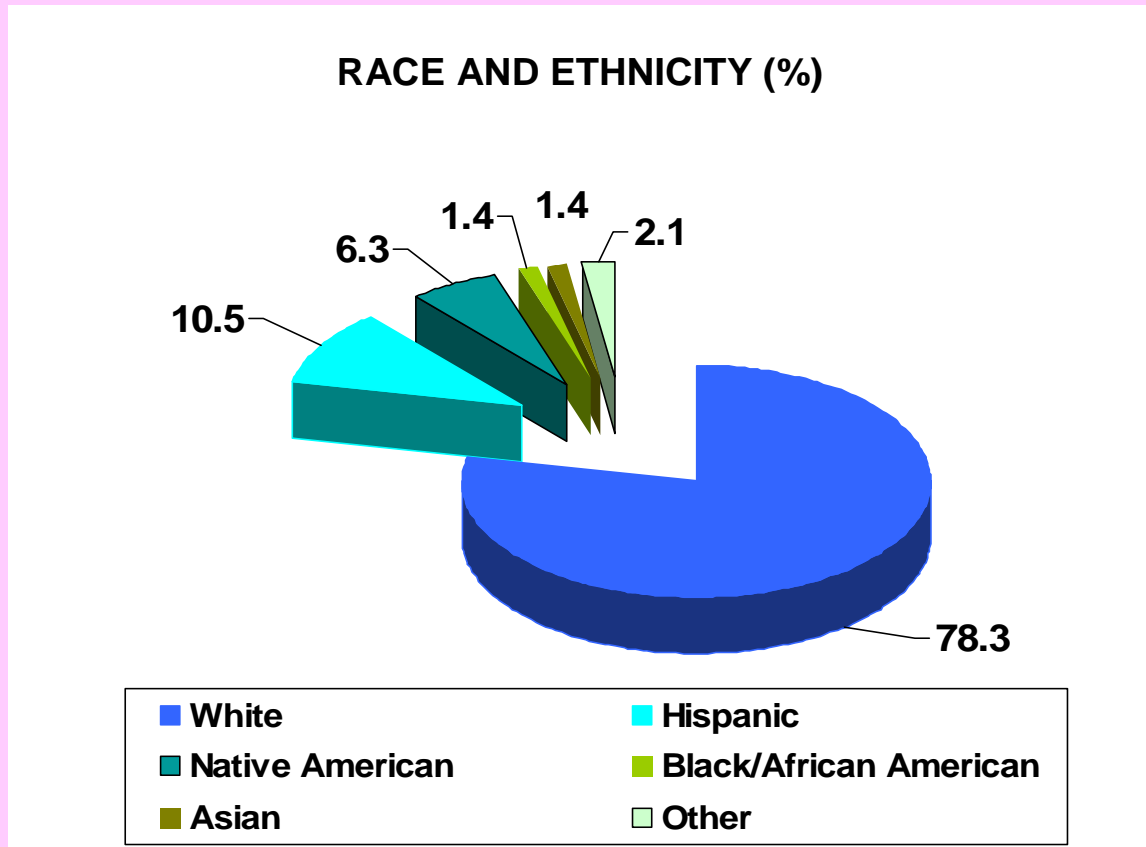


Matrix Model

- IOP Enrollments from October 2004 through September 2006 have totaled 143 (final target is 275).
- IOP follow-up rates for Discharge, 6-month and 12-month are 82.7%, 94.7% and 76.9%, respectively.

Matrix Model

- Two year data

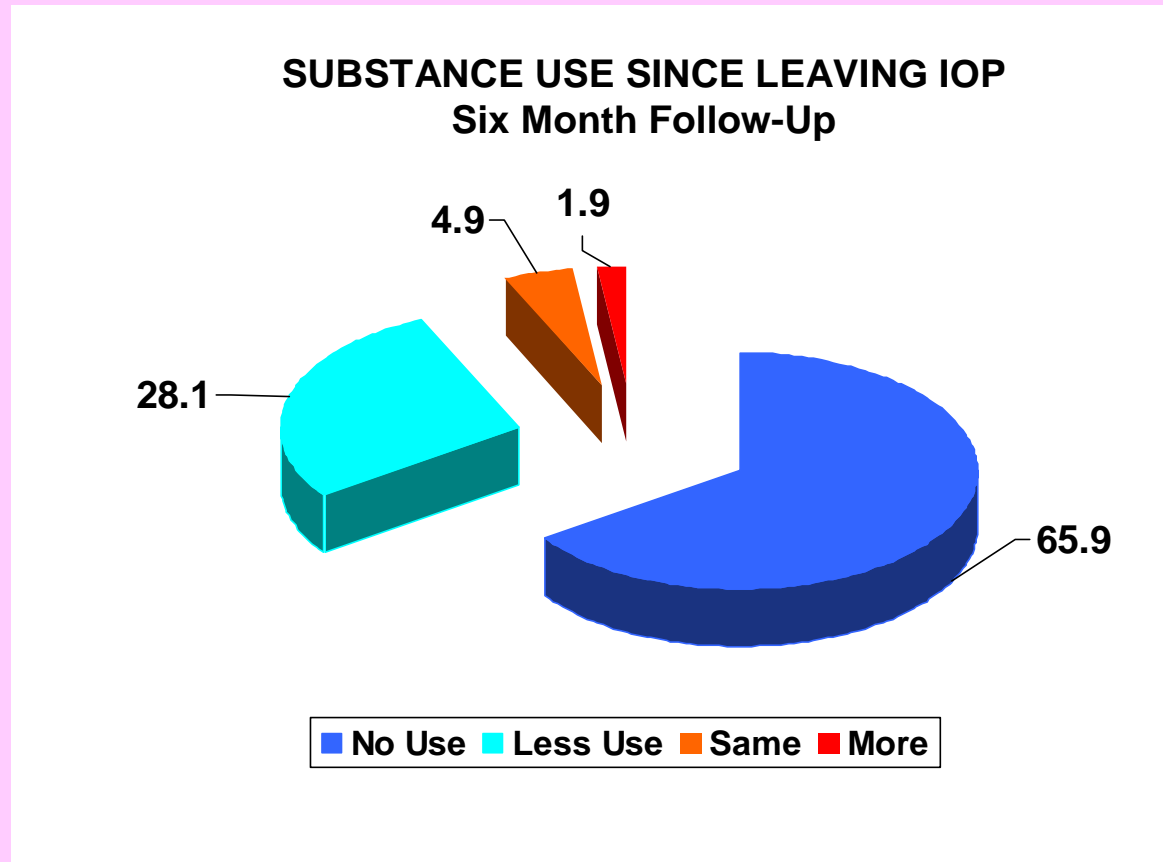


Matrix Model Retention and Completion

- The successful completion rate for the treatment program is 51%, with “successful completers” staying for an average of 144.7 days (n = 57) and “other discharge types” staying for an average of 132.5 days (n = 54).
- Before Matrix Model our average retention rate for meth clients was an average of 114 days, and completion rate was 41%

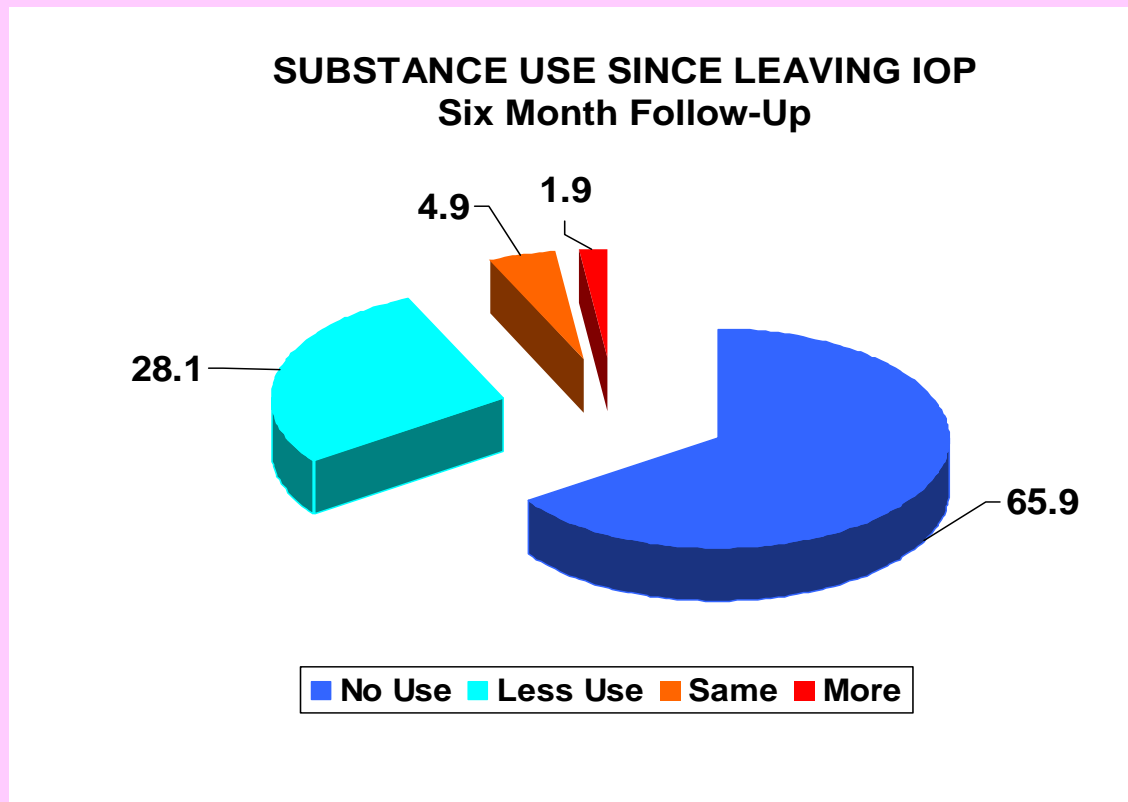
Matrix Model

- Six-month follow up self report



Matrix Model

- Client satisfaction at six-month follow up



Adaptation for Latinos

- Translation is literal
- Bi-lingual counselors have to fill in the blanks
- Manual was written for mostly white middle class male clients
- Bi-lingual counselor has to make it relevant using culturally relevant examples
- Pacing of the manual is fundamental due to literacy issues.

Adaptation for Latinos

- Family education materials are very didactic – we have changed many sessions to be more interactive, social, we bring food and also use interactive games, so it becomes more culturally relevant
- The video series from the Matrix Model is in English; need for creativity to come up with relevant teaching tools in Spanish
- We base our teaching style on Popular Education principles

Popular Education

- Popular education begins on a local level, with logical debate focusing on the problems, or deficiencies of society. The discussion searches for answers to conflict between individuals and within their everyday lives. It works by:
 - * Identifying the problems, expectations and expressed needs of a community;
 - * Identifying areas of change relevant to the groups' needs;
 - * Considering the community's history, its local power base and economic distribution;
 - * Understanding why there are those who are disadvantaged, or oppressed, and what they need.
- Developed by Brazilian educator, Paulo Freire.
- (http://adulted.about.com/cs/learningtheory/a/pop_education.htm)

Counselors quotes on challenges

- “Many of my clients were not used to the idea of “treatment” as this society is, for most of them they are coming to “school” to learn some thing new.”
- “Another barrier we experience was the illiteracy issues, and the special accommodations needed to resolve the illiteracy issues i.e. having to spend more time explaining and helping the client read and write, which can distract and break the flow of the sessions.”

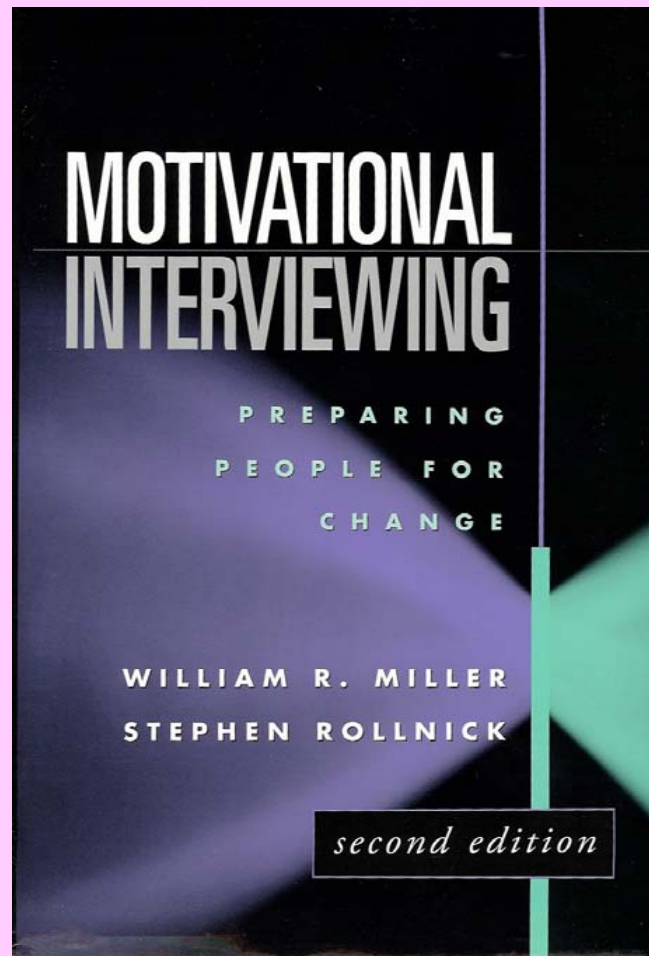
Quotes from clients during focus groups

- “ I like the program for the fact that now I have more money in my pocket – not spending money on drugs and alcohol”
- “I like the workbook, it makes me concentrate and learn what I need to learn to stay clean”
- “At first I did not like the daily scheduling, but now that I am graduating, I see the importance of organizing my life to stay out of trouble”
- “At first I didn’t like coming here, but now I see coming to group is good. Here we have no pointing fingers. We are all here for the same reason. In group we all learn from each other.”

Limitations of our data

- Cohort study with no data other than retention and completion rates collected prior to introduction of Matrix Model
- Not a randomized clinical trial
- No control group
- Follow up done through self report

More resources



More resources

- www.motivationalinterviewing.org
- www.changepointinc.com
- www.matrixinstitute.org

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