GENDER DIFFERENCES AND RISK FACTORS FOR SUBSTANCE USE AMONG HISPANIC/LATINO YOUTH

MAITE P. MENA, PSY.D.

UNIVERSITY OF MIAMI SCHOOL OF EDUCATION AND HUMAN DEVELOPMENT
SEPTEMBER 14, 2016
• HISPANIC/LATINO YOUTH ARE AN IMPORTANT POPULATION ESPECIALLY GIVEN THE RATE OF THEIR GROWTH IN THE U.S.

• HISPANIC/LATINO YOUTH IN THE US ARE AT RISK FOR A NUMBER OF POOR HEALTH OUTCOMES:
  • HIGHER RATES OF DEPRESSION
  • SUBSTANCE USE (EATON ET AL., 2012)
  • PREGNANCY AND BIRTHS (VENTURA, ABMA, MOSHER, & HENSHAW, 2009), AND
  • FAILURE TO COMPLETE HIGH SCHOOL (CHAPMAN, LAIRD, IFIL, & KEWALRAMANI, 2011).
HISPANIC/LATINO STUDENTS HAVE A HIGHER PREVALENCE THAN WHITE AND BLACK STUDENTS OF:

• FEELING SAD OR HOPELESS AND HAVING MADE A SUICIDE PLAN
• DRINKING ALCOHOL BEFORE AGE 13 YEARS;
• EVER USING SYNTHETIC MARIJUANA; EVER USING COCAINE, ECSTASY, INHALANTS
• EVER TRIED CIGARETTE SMOKING, SMOKING A CIGARETTE BEFORE AGE 13 YEARS, SMOKING MORE THAN 10 CIGARETTES PER DAY,
• EVER USING ELECTRONIC VAPOR PRODUCTS,
• USUALLY USING MARIJUANA BY SMOKING IT,
• BEING CURRENTLY SEXUALLY ACTIVE
• DRINKING ALCOHOL OR USING DRUGS BEFORE LAST SEXUAL INTERCOURSE
• BEING FORCED TO HAVE SEXUAL INTERCOURSE, PHYSICAL AND SEXUAL DATING VIOLENCE,

(YRBSS, 2015)
AMONG FEMALE STUDENTS (YRBSS, 2015)

- The prevalence of having ever drunk alcohol was highest among Hispanic/Latino females (68.6%)
- The prevalence of having drunk alcohol for the first time before age 13 was highest among Hispanic/Latino females (19.0%)
- The prevalence of reporting 10 or more as the largest number of drinks in a row was highest among Hispanic/Latino females (3.6%)
Among female students (YRBSS, 2015)

- The prevalence of **Having ever used marijuana** was highest among Hispanic/Latino females (45.3%)
- The prevalence of **Having tried marijuana before age 13 years** was highest among Hispanic/Latino females (8.2%)
- The prevalence of **Having ever used synthetic marijuana** was highest among Hispanic/Latino females (10.3%)
AMONG FEMALE STUDENTS (YRBSS, 2015)

- The prevalence of **Having ever had sexual intercourse** was highest among Hispanic/Latino females (39.8%)
- The prevalence of **Having drunk alcohol or used drugs before last sexual intercourse** was highest among Hispanic/Latino female (17.7%) students
Among female students (YRBSS, 2015)

- The prevalence of **having felt sad or hopeless** was highest among Hispanic/Latino females (46.7%).
- The prevalence of **having seriously considered attempting suicide** was highest among Hispanic/Latino females (25.6%).
- The prevalence of **having made a suicide plan** was highest among Hispanic/Latino females (20.7%).
- The prevalence of **having attempted suicide** was highest among Hispanic/Latino females (15.1%).
  - Rate among all females was 11.6%.
RISK FACTORS SUCH AS MENTAL HEALTH ISSUES, BEHAVIOR PROBLEMS, DRUG USE, AND CULTURAL ISSUES SHOULD BE IDENTIFIED AND TREATED AS EARLY AS POSSIBLE BECAUSE THEY:

- ARE HIGHLY PREVALENT IN LATINO POPULATIONS,
- IMPede NORMAL ADOLESCENT DEVELOPMENT,
- CAN LEAD TO OTHER HIGH RISK BEHAVIORS SUCH RISKY SEXUAL BEHAVIOR AND VIOLENCE,
- CAN LEAD TO INCARCERATION, AND
- BECOME MORE DIFFICULT TO TREAT OVER TIME.
FROM AN ECODEVELOPMENTAL PERSPECTIVE YOUTH MAY HAVE A PROPENSITY TO DISRUPTIVE BEHAVIORS DUE TO:

- INDIVIDUAL/PERSONALITY FACTORS (E.G. DEPRESSION, ANXIETY, IMPULSIVITY)
- FAMILY FACTORS
- ENVIRONMENTAL FACTORS (NEIGHBORHOOD, AVAILABILITY OF DRUGS, VIOLENCE)
- CULTURAL FACTORS (DIFFERENTIAL ACCULTURATION, IMMIGRATION STRESS)

(BRONFENBRENNER /ECOLOGY SYSTEMS THEORY)
THERE ARE MANY FACTORS THAT SIMULTANEOUSLY CONTRIBUTE TO PROBLEM BEHAVIORS IN ADOLESCENTS

Adolescent low frustration tolerance, impulsivity, depression.

Trauma, victims of aggression and violence.

Living in the context of family and/or peer conflict.

Unable or unwilling to receive counseling services due to stigma or limited resources.

Cultural factors can interact with all of these more generic factors.
WHAT DOES THE LITERATURE TELL US ABOUT INDIVIDUAL, FAMILY, ENVIRONMENTAL AND CULTURAL RISK FACTORS
PSYCHIATRIC SYMPTOMATOLOGY

• The relationship between substance use and psychiatric conditions has been well-documented in the literature among adolescents (COLDER ET AL., 2013; SWENDSEN ET AL., 2012)

• Research has suggested that there exist strong associations between psychiatric symptoms, substance abuse and risky sexual behaviors (ROWE, LIDDLE, GREENBAUM, & HENRDERSON, 2004; DONENBERG & PAO, 2005).

• Youth with multiple co-occurring disorders, have higher levels of dysfunction including legal problems, mental health issues, family dysfunction, increased substance use, polysubstance use, and poorer treatment outcomes (ROWE ET AL., 2004; SHANE, JASIUKAITIS, & GREEN, 2003).
ACCULTURATION

• HISPANIC/LATINO YOUTH CAN EXPERIENCE FAMILY CONFLICT AND A LOSS OF FAMILY COHESION AS THEY ACCULTURATE TO THE U.S. CULTURE (CESPEDES & HUEY, 2008).

• FAMILY CONFLICT HAS BEEN LINKED WITH INCREASED SUBSTANCE USE (CANINO, VEGA, SRIBNEY, WARNER, & ALEGRIA, 2008).

• STUDIES SUGGEST THAT HISPANIC/LATINO GIRLS AND BOYS HAVE DIFFERENT ACCULTURATION EXPERIENCES.

• THERE IS EVIDENCE THAT HISPANIC/LATINO GIRLS ACCULTURATE FASTER THAN BOYS AS THEY ARE ATTRACTED TO FREEDOM ATTACHED TO LESS TRADITIONAL GENDER ROLES IN THE US (ZAYAS ET AL., 2005).
GENDER AND ACCULTURATION

• EVIDENCE INDICATES THAT HISPANIC/LATINO FEMALES ARE MORE NEGATIVELY AFFECTED BY FAMILY CONFLICT THAN THEIR MALE COUNTERPARTS (SARMIENTO & CARDEMIL, 2009).

• HISPANIC/LATINO GIRLS ENDORSE MORE LIBERAL GENDER ROLE ATTITUDES THAN BOYS AND THIS MAY INCREASE FAMILY PROBLEMS (ZAYAS ET AL., 2005).

• THUS, GIRLS MAY EXPERIENCE MORE FAMILY CONFLICT AND LESS FAMILY COHESION WHEN PARENTS AND OTHER RELATIVES IMPOSE RULES ON THEM AND WHEN THEY REBEL AGAINST THESE GENDERED RESTRICTIONS.
FAMILY CONFLICT/COHESION

• RESEARCH SUGGESTS THAT MALES AND FEMALES RESPOND DIFFERENTLY TO FAMILY PROCESSES, WITH FEMALES PLACING MORE IMPORTANCE ON INTERPERSONAL CONNECTIONS AND CLOSENESS THAN MALES (CAMPOS, ULLMAN, AGUILERA, & SCHETTER, 2014).

• DUE TO GENDER ROLE EXPECTATIONS IN HISPANIC/LATINO FAMILIES, ADOLESCENT FEMALES REPORT GREATER RESPONSIBILITIES AT HOME, FEWER FREEDOMS TO SOCIALIZE OUTSIDE OF THE HOME, AND GREATER SUPERVISION THAN MALES (UMANA-TAYLOR & UPDEGRAFF, 2013).

• RISKS ASSOCIATED WITH LOW SELF-ESTEEM AND LOSS OF "VOICE" THAT SOME GIRLS EXPERIENCE WHEN THEY CANNOT EXPRESS THEMSELVES OR THEIR IDENTITY IN ORDER TO MAINTAIN IMPORTANT RELATIONSHIPS (SPIRA ET AL., 2002).

• THIS CLASHES WITH U.S. CULTURE AND CAN DISRUPT FAMILY PROCESSES.
FAMILY CONFLICT/COHESION

• RESEARCH SUGGESTS THAT PARENTS ARE THE MOST IMPORTANT INFLUENCE ON DECISIONS ABOUT DRUG USE. PARENTAL COMMUNICATION AND TRUST ARE PROTECTIVE OF RISKY BEHAVIORS PRIMARILY AMONG FEMALE ADOLESCENTS (BORAWSKI, IEVERS-LANDIS, LOVEGREEN, & TRAPL, 2003).

• WHEN PARENTING QUALITY DECLINES, OR WHEN AN ADOLESCENT GIRL IS EXPOSED TO HIGH LEVELS OF NEGATIVE EMOTION FROM PARENTS OR OTHER FAMILY MEMBERS, HER ABILITY TO COPE AND REGULATE EMOTIONS AND BEHAVIORS IS COMPROMISED (CALL & MORTIMER, 2001).

• THIS CAN IMPACT ADOLESCENTS’ INTERNALIZING AND EXTERNALIZING BEHAVIORS (GAVAZZI, LIM, YARCHECK, BOSTIC, & SCHEER, 2008), SUICIDAL RISK, AND ENGAGEMENT IN HIGH RISK BEHAVIORS-ALCOHOL/DRUG USE AND RISKY SEX
FAMILY PATHOLOGY

• RESEARCH ON GENDER DIFFERENCES AMONG SUBSTANCE ABUSING ADOLESCENT MALE AND FEMALES HAS DEMONSTRATED THAT FEMALES TEND TO HAVE MORE SEVERE FAMILY DYSFUNCTION.

• FEMALES REPORT THAT THEIR FAMILIES ARE HIGHER IN CONFLICT AND LOWER IN COHESION THAN MALES (DAKOF, 2000)

• FEMALE ADJUDICATED DELINQUENTS REPORT MORE PHYSICAL, SEXUAL AND EMOTIONAL ABUSE, MORE PHYSICAL NEGLECT AND A GREATER FAMILY HISTORY OF MENTAL ILLNESS THAN MALES (HOLLISTER, 2004; MCCABE ET AL.’S 2002).
THE ENVIRONMENT/NEIGHBORHOOD AND ITS RELATED RISK FACTORS ALSO PLAY AN IMPORTANT ROLE.

• PARENTS MUST BE ESPECIALLY COMPETENT AND EFFECTIVE IN THE FACE OF ENVIRONMENTAL RISK FACTORS SUCH AS BULLYING/PEER REJECTION, AVAILABILITY OF DRUGS, AND GANG VIOLENCE.
GENDER-RELATED FINDINGS FROM PORTFOLIO OF RESEARCH ON CULTURALLY INFORMED AND FLEXIBLE FAMILY BASED TREATMENT FOR ADOLESCENT (CIFFTA)
PARTICIPANTS WERE 110 HISPANIC/LATINO ADOLESCENTS (71 MALE AND 39 FEMALE) AND THEIR PARENTS WHO HAD BEEN ADMITTED TO AN ASSESSMENT AND REFERRAL FACILITY DUE TO SUBSTANCE USE PROBLEMS.

THE MEAN AGE OF THE ADOLESCENTS WAS 15.6 YEARS

TO BE INCLUDED IN THE STUDY, THE ADOLESCENTS AND THEIR FAMILIES HAD TO MEET THE FOLLOWING CRITERIA:

- ADOLESCENT 14 TO 17 YEARS OLD,
- ADOLESCENT LIVING WITH AT LEAST ONE FAMILY MEMBER HISPANIC/LATINO AND HAVING IMMIGRATED TO U.S.;
- ADOLESCENT FULLY MEETING (DSM IV) CRITERIA FOR A SUBSTANCE ABUSE OR DEPENDENCY DISORDER.
SAMPLE ETHNIC PROFILE

- CUBAN – 39%
- HONDURAN – 12%
- NICARAGUAN – 10%
- COLOMBIAN – 8%
- PUERTO RICAN – 8%
- DOMINICAN – 6%
- OTHER HISPANIC/LATINO – 17%
Our research shows us that drug using Hispanic/Latinos teens are not just drug using teens.

Of 110 substance using adolescents we interviewed using a widely accepted diagnostic instrument only 2% had only drug use issues.

Conduct Disorder 88%
Depression – 60%
Anxiety – 77%

All of the above – 45% !!
GENDER DIFFERENCES AMONG HISPANIC/LATINO ADOLESCENT SUBSTANCE ABUSERS: AN EXAMINATION OF CO-OCCURRING DISORDERS AND FAMILY PATHOLOGY

• RESULTS DEMONSTRATE THAT FEMALE ADOLESCENTS WERE:
  • SIGNIFICANTLY MORE LIKELY TO ENDORSE DIAGNOSTIC CRITERIA FOR ANXIETY DISORDERS AND MAJOR DEPRESSIVE DISORDER.
  • SIGNIFICANTLY MORE LIKELY TO ENDORSE FAMILY PATHOLOGY SCALE ITEMS INDICATING SEXUAL ABUSE BY A FAMILY MEMBER AND PARENTAL SUBSTANCE ABUSE PROBLEMS
IMMIGRATION-RELATED PARENTAL SEPARATIONS OF HISPANIC/LATINO YOUTH: PSYCHOLOGICAL CONSEQUENCES AND TREATMENT INTERVENTIONS
THE PROFILE OF IMMIGRANT CHILDREN CAN BE QUITE COMPLEX

• ON THE ONE HAND WE BELIEVE THAT IMMIGRANT CHILDREN:
  • ARE HEALTHIER,
  • HAVE LESS SYMPTOMS SUCH AS DRUG USE, AND
  • HAVE MORE POSITIVE SOCIAL ATTITUDES THAN NON-IMMIGRANT COUNTERPARTS.

• ON THE OTHER HAND CLINICIANS KNOW THE EXTRAORDINARY HARDSHIPS AND FRACTURED FAMILIES THAT IMMIGRANT CHILDREN MUST OFTEN ENDURE.
  • COMPLEX PATTERNS OF FAMILY FRAGMENTATION AND REUNIFICATION ARE COMMON (SUAREZ-OROSCO & SUAREZ-OROSCO, 2001).
EXTENDED PARENT-CHILD SEPARATIONS HAVE THE POTENTIAL TO BE DISRUPTIVE TO HEALTHY FAMILY PROCESSES (MITRANI ET AL., 2004), AND

POTENTIALLY DETRIMENTAL TO HEALTHY ADOLESCENT FUNCTIONING AND FAMILY ATTACHMENT.

IN OUR WORK WITH SUBSTANCE ABUSING HISPANIC/LATINO ADOLESCENTS AND THEIR FAMILIES, WE HAVE IDENTIFIED TWO TYPES OF SEPARATIONS THAT ARE MOST PROMINENT.

- IMMIGRATION-RELATED SEPARATIONS
- NON-IMMIGRATION RELATED SEPARATIONS
ISSUES THAT EMERGE INCLUDE:

• CHILD FEELINGS OF ABANDONMENT AND RESENTMENT AND GUILT FOR HAVING THOSE FEELINGS

• CHILD DUAL LOYALTIES TO MOTHER VS. THE PRIMARY CARETAKER DURING THE SEPARATION

• BELIEF THAT THE EMERGENCE OF STRONG NEGATIVE EMOTIONS IS DISRESPECTFUL

• MOTHER’S DUAL LOYALTY TO NEW RELATIONSHIPS (E.G., NEW PARTNER) AND THE CHILDREN

• PARENT BEHAVIOR THAT IS INCONGRUENT WITH THE CHILD’S AGE

(MITRANI, MUIR-MALCOLM, SANTISTEBAN, AISENBERG, 2005)
WE WANTED TO KNOW:

1. WHAT DID THE SEPARATIONS LOOK LIKE, AND

2. HOW MIGHT A CHILD AND FAMILY’S WELL-BEING BE IMPACTED BY THE SEPARATIONS?
IMMIGRATION RELATED PARENT-ADOLESCENT SEPARATIONS

• CASES REPORTING SEPARATIONS:
  • 11%: IMMIGRATION-RELATED
  • 42%: NON-IMMIGRATION-RELATED

• LENGTH: \( X = 45 \) MONTHS

• AGE OF SEPARATION: \( X = 7 \) YEARS (1-14)

• FROM:
  - MOTHER = 43%
  - FATHER = 36%
  - BOTH PARENTS = 21%
WE FOUND CONNECTIONS BETWEEN THE SEPARATIONS AND PSYCHIATRIC SYMPTOMS

• OUR MULTIPLE REGRESSION ANALYSES SHOWED THAT THERE WAS STATISTICALLY MORE DEPRESSION IN THE GROUP THAT WAS SEPARATED THAN IN THE GROUP THAT WAS NOT SEPARATED.

• THERE WAS A SIGNIFICANT INTERACTION BETWEEN GENDER AND SEPARATION, SHOWING THAT THE FEMALES HAD A MUCH STRONGER ASSOCIATION BETWEEN SEPARATION AND DEPRESSION THAN MALES.

• FEMALES HAD A STRONGER ASSOCIATION BETWEEN LENGTH OF THE SEPARATION AND DEPRESSION THAN DID THE MALES.

• (MENA, SANTISTEBAN, ET AL., IN PROGRESS)
PERHAPS IF THERAPISTS WORKING WITH HISPANIC/LATINOS ARE:

COGNIZANT OF THE POSSIBLE RELATIONSHIPS BETWEEN SUCH IMMIGRATION AND ACCULTURATION STRESSORS, GENDER, AND PSYCHIATRIC SYMPTOMS, AND ABLE TO INTEGRATE THIS KNOWLEDGE INTO THEIR TREATMENT,

• THEN WE MAY BE ABLE TO PROVIDE OUR HISPANIC/LATINO YOUTH WITH MORE EFFECTIVE TREATMENTS.
HISPANIC/LATINO DRUG USING YOUTH: FACTORS IMPACTING SAFER SEX

• INVESTIGATED WHETHER ADOLESCENT GENDER, ACCULTURATION, AND PSYCHIATRIC VARIABLES COULD PREDICT THE FREQUENCY OF PARTICIPATION IN SEXUAL ACTIVITY AMONG HISPANIC/LATINO SUBSTANCE ABUSING YOUTH.

• INVESTIGATED WHETHER THE SAME VARIABLES COULD PREDICT RISKY SEXUAL PRACTICES, NAMELY CONDOM USE AMONG THOSE ADOLESCENTS THAT WERE ALREADY SEXUALLY ACTIVE.
FINDINGS

• AMONG FEMALES, LOWER ADOLESCENT AMERICANISM AND HIGHER PARENT AMERICANISM WERE ASSOCIATED WITH GREATER RISK OF ENGAGING IN SEX FOR THE PAST 30 DAYS. THE EFFECTS OF BOTH ADOLESCENT AND PARENT AMERICANISM IN MALES WERE SMALL.

• TWO SEPARATE MULTIPLE REGRESSIONS WERE CONDUCTED EXAMINING THE PREDICTORS OF THE FREQUENCY OF CONDOM USE DURING THE PAST 30 DAYS AMONG THE 55 HISPANIC/LATINO ADOLESCENTS WHO REPORTED BEING SEXUALLY ACTIVE, AND THEIR PARENTS.
  • AMONG YOUTH THAT WERE ACTIVE SEXUALLY- A DISPROPORTIONATE PERCENTAGE OF FEMALES THAT WERE ACTIVE (25 OF 39: 64%) THAN MALES (30 OF 71: 43 %).
• IN LOOKING AT THE INTERACTION BETWEEN GENDER AND ACCULTURATION RESULTS SHOWED THAT:
  • ADOLESCENT FEMALES WHOSE PARENTS REPORTED HIGH AMERICANISM WERE MORE LIKELY TO REPORT USING A CONDOM DURING SEXUAL ACTIVITY.
  • ADOLESCENT MALES REPORTED OVERALL HIGHER LEVELS OF CONDOM USE, BUT USE DID NOT DIFFER AS A FUNCTION OF THEIR OWN OR THEIR PARENTS’ LEVEL OF AMERICANISM.

ALSO ADOLESCENT MALES WHO REPORTED MORE DISC PREDICTIVE DIAGNOSES ALSO REPORTED LESS CONDOM USE WHEN ENGAGING IN SEXUAL ACTIVITY. THE SAME WAS NOT TRUE FOR FEMALES.
TREATMENT IMPLICATIONS

- The results of this study suggest that male and female Hispanic/Latino substance abusing adolescents may show different risk behavior processes with regards to sexual activity and protection and that acculturation-related factors should be further investigated.

- It is important from a treatment development and improvement perspective, to be able to increase the specificity with which we discuss risk and protective factors for Hispanic/Latino male and female adolescents and to understand the process by which these adolescents are impacted differently by the same factors.
BASELINE DATA FROM AN RCT TESTING THE EFFICACY OF CIFFTA

- 190 HISPANIC/LATINO ADOLESCENTS BETWEEN THE AGES OF 14 AND 17 (M = 15.95, SD = 1.06)
- LIVED WITH A PARENT WHO IDENTIFIED AS HISPANIC/LATINO
- MET DSM-IV TR CRITERIA FOR SUBSTANCE ABUSE DISORDER
- REFERRED BY COMMUNITY CLINICS, JUVENILE JUSTICE DIVERSION PROGRAMS, SCHOOL COUNSELORS, AND DIRECTLY FROM THE COMMUNITY.
DEMOGRAPHICS

• Adolescents were 79% male (N = 150) and approximately 75% were born in the US.

• Parents represented over 20 different countries in Central and South American and the Caribbean with 34% of the parents born in Cuba, 19% born in the US, 9% born in Colombia, 9% born in Nicaragua, and the remaining 30% representing over 15 different countries.

• On average parents had lived in the US for 25.81 years (SD = 13.27).
TYPES OF SUBSTANCES

- 97% OF THE SAMPLE USED MARIJUANA,
- 71% USED ALCOHOL,
- 28% USED SEDATIVES, 18% USED STIMULANTS, AND 18% USED HALLUCINOGENS.
- RATES OF ILLICIT SUBSTANCES WERE VERY SIMILAR BY GENDER, EXCEPT FOR ALCOHOL USE
  - MORE FEMALES REPORTED DRINKING COMPARED TO MALES (83% AND 68%, RESPECTIVELY)
DOES THE DISTRIBUTION OF PSYCHIATRIC PROFILES AND/OR THE RELATIONSHIP BETWEEN THESE PROFILES AND SUBSTANCE ABUSE PROFILES DIFFER BY GENDER?

<table>
<thead>
<tr>
<th>Psychiatric Profile</th>
<th>Males N (%)</th>
<th>Females N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse Only</td>
<td>30 (20)</td>
<td>2 (5)</td>
</tr>
<tr>
<td>Internalizing and Substance Abuse</td>
<td>21 (14)</td>
<td>5 (13)</td>
</tr>
<tr>
<td>Externalizing and Substance Abuse</td>
<td>29 (19)</td>
<td>4 (10)</td>
</tr>
<tr>
<td>Mixed and Substance Abuse</td>
<td>70 (47)</td>
<td>29 (73)</td>
</tr>
</tbody>
</table>
IMPACT OF CIFTTA IN AN INDICATED PREVENTION SAMPLE
• 200 11-14 YEAR OLD HISPANIC/LATINO ADOLESCENTS MEETING DSM-IV CRITERIA FOR ANY TWO OR MORE OF THE FOLLOWING DISORDERS:
  • DEPRESSION
  • CONDUCT DISORDER
  • ADHD
  • FAMILY CONFLICT

• AFTER SCREENING/BASELINE ADOLESCENTS WERE RANDOMIZED TO EITHER:
  • INDIVIDUALLY ORIENTED TREATMENT-AS-USUAL (TAU)
  • CULTURALLY INFORMED AND FLEXIBLE FAMILY-BASED TREATMENT FOR ADOLESCENTS (CIFFTA)
SAMPLE PROFILE

• THE TOTAL SAMPLE = 122 BOYS AND 78 GIRLS.

• THE MEAN AGE OF THE SAMPLE WAS 12.5 YEARS OLD (SD = 1.05).

• THE MAJORITY OF THE YOUTH IN THE SAMPLE WERE BORN IN THE UNITED STATES (64.5%), AND THE FOREIGN-BORN YOUTH HAD BEEN IN US COUNTRY FOR AN AVERAGE OF 10.2 YEARS (SD = 4.10).

• FOREIGN-BORN PARTICIPANTS CONSISTED OF 11% CUBAN, 11.5% FROM COUNTRIES IN CENTRAL AMERICA, 9.5% FROM COUNTRIES IN SOUTH AMERICA, 2.5% FROM PUERTO RICO AND THE DOMINICAN REPUBLIC, AND 1% FROM ANOTHER UNSPECIFIED NATIONALITY.
TRAUMA IN HISPANIC/LATINO YOUTH WITH PSYCHIATRIC SYMPTOMS: INVESTIGATING GENDER AND FAMILY EFFECTS

• Examined the rate of exposure to trauma in a clinical sample and whether trauma was related to increased severity of PTSD, externalizing, or internalizing symptoms, and family functioning.
• 61% had been exposed to natural disasters, in their country of origin or in the United States.
• 21% had experienced a traumatic accident in a boat or a car
• 18% had experienced physical abuse
• Traumatic event occurred around ages 8.5 – 11 years old
• Girls significantly differed from boys in exposure to unwanted sexual experience ($X^2_{(1,99)} = 7.35, p \leq .01$).
FINDINGS

• ADOLESCENTS WITH EXPOSURE TO A TRAUMATIC EVENT HAD SIGNIFICANTLY MORE SYMPTOMS ACROSS THE BOARD (E.G., EXTERNALIZING AGGRESSIVE, SOCIAL, ATTENTION PROBLEMS AND UNLAWFUL BEHAVIOR)

• FEMALES IN LOW COHESION FAMILIES REPORTED MORE SYMPTOMS OF ANXIETY AND DEPRESSION.

• FEMALES REPORTED MORE SYMPTOMS OF PTSD IN LOW COHESION FAMILIES WHILE MALES REPORTED MORE SYMPTOMS IN HIGH CONFLICT FAMILIES.
TREATMENT IMPLICATIONS

• TREATMENT SHOULD IDENTIFY TRAUMATIC EXPERIENCES, DETERMINE HOW THEY MAY BE EXPERIENCED DIFFERENTLY BY MALES AND FEMALES, AND HOW THE FAMILY CONTEXT AND RELATIONSHIPS MAY BE HINDERING OR ASSISTING WITH THE RECOVERY PROCESS

• CRITICAL TREATMENT TARGETS INCLUDE INCREASING COHESION IN GIRLS’ FAMILY RELATIONSHIPS AND ASSISTING BOYS’ FAMILY TO EFFECTIVELY RESOLVE CONFLICT.
CONSIDERATIONS FOR INTERVENTIONS

• HISPANIC/LATINO SUBSTANCE ABUSING YOUTH WITH MULTIPLE CO-OCCURRING INDIVIDUAL, FAMILIAL, AND ENVIRONMENTAL SYMPTOMS HAVE SPECIFIC NEEDS BEYOND THOSE OFTEN ADDRESSED IN SUBSTANCE ABUSE TREATMENT

• THESE ADOLESCENTS ARE OFTEN BATTLING EMOTIONAL TURMOIL, FAMILY DYSFUNCTION, DISCRIMINATION, TRAUMA, SCHOOL FAILURE, IMPULSIVITY, AND ANXIETY

• WHEN LEFT UNTREATED, THESE SYMPTOMS CAN LEAD TO POOR OUTCOMES IN SUBSTANCE ABUSE TREATMENT AND RELAPSE TO SUBSTANCE ABUSE.
CONSIDERATIONS FOR INTERVENTIONS

• THE LITERATURE SHOWS MIXED RESULTS ON THE EFFECTIVENESS OF GENDER SPECIFIC TREATMENTS.

• HOWEVER, IT IS POSSIBLE TO TARGET GENDER-SPECIFIC FACTORS THAT INCREASE THE RISK OF SUBSTANCE ABUSE PROBLEMS AND OTHER RISKY BEHAVIORS, POOR TREATMENT OUTCOMES, AND RELAPSE.

• COMPONENTS FOCUSING ON THINGS SUCH AS PARENTAL SUBSTANCE ABUSE, FAMILY COHESION, TRAUMA, CULTURAL FACTORS, AND CO-OCCURRING DISORDERS MAY LEAD TO POSITIVE OUTCOMES AMONG SUBSTANCE ABUSING FEMALES

• TREATMENTS SHOULD BE FLEXIBLE ENOUGH TO ALLOW THE ADDITION OF THOSE CRITICAL COMPONENTS.
THE DEVELOPMENT OF CULTURALLY INFORMED AND FLEXIBLE FAMILY BASED TREATMENT FOR ADOLESCENTS (CIFFTA) CAME ABOUT DUE TO TWO MAJOR FACTS

- FAMILY TREATMENTS ARE AMONG THE MOST EFFECTIVE TREATMENTS FOR CHILD AND ADOLESCENT DISORDERS.

- THE DATA SHOW THAT THERE IS STILL MUCH ROOM FOR IMPROVEMENT IN EFFICACY.
CULTURALLY INFORMED AND FLEXIBLE FAMILY BASED TREATMENT FOR ADOLESCENTS (CIFFTA)

• CREATED ON THE ASSUMPTION THAT PROMISING AVENUES FOR ENHANCEMENTS INCLUDE:
  • BECOMING MORE CULTURALLY INFORMED.
  • BECOMING BETTER AT ADDRESSING CO-OCCURRING MENTAL HEALTH ISSUES.
  • CREATING A SYSTEM FOR TAILORED/ADAPTIVE INTERVENTIONS IN A MANUALIZED FORM (THAT DOES NOT ASSUME ONE SIZE FITS ALL).
IDENTIFICATION OF CLINICAL AND CULTURAL THEMES

Tailored/Individualized Treatment Plan

- Baseline Assessment
- CIFFTA Assessment
- Individual and Family Sessions
CIFFT works at the individual and family levels while also focusing on the impact of culture on families and treatment processes.
The evidence to date from four NIH studies has been very promising with Hispanic/Latino families.

- Better engagement and retention of families.
- High family reports of therapeutic alliance.
- Family relationships and functioning improves.
- Child behavior problems (e.g., delinquency, conduct problems, depression, drug use) show significant improvements.
- Counselors find the treatment easy to implement and satisfying based on tailoring.
- Recently accepted to NREPP.
ACKNOWLEDGEMENTS

**PRIMARY FUNDING**
National Institute on Drug Abuse (NIDA)

**SECONDARY FUNDING**
National Institute on Minority Health and Health Disparities (NCMHD)

And the University of Miami Team