

A Cultural Adaptation of Screening, Brief Intervention, and Referral to Treatment, (SBIRT) for Working with Hispanic and Latinx Communities

Session 1

Presented by Diana Padilla, CLC, CARC, CASAC-T
August 3rd, 2022.

Presented in 2022 by the National Hispanic and Latino Addiction Technology Transfer Center (ATTC), and the Hispanic and Latino Prevention Technology Transfer Center (PTTC), National Latino Behavioral Health Association (NLBHA) P.O. Box 1360, Pena Blanca, NM 87041.

[ATTCnetwork.org/hispaniclatino](https://attcnetwork.org/hispaniclatino)

[PTTCnetwork.org/hispaniclatino](https://pttcnetwork.org/hispaniclatino)

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The opinions expressed herein are the view of the National Hispanic and Latino Addiction Technology Transfer Center (ATTC), and the Hispanic and Latino Prevention Technology Transfer Center (PTTC), and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

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The use of affirming language inspires hope.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The P TTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.

10



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9



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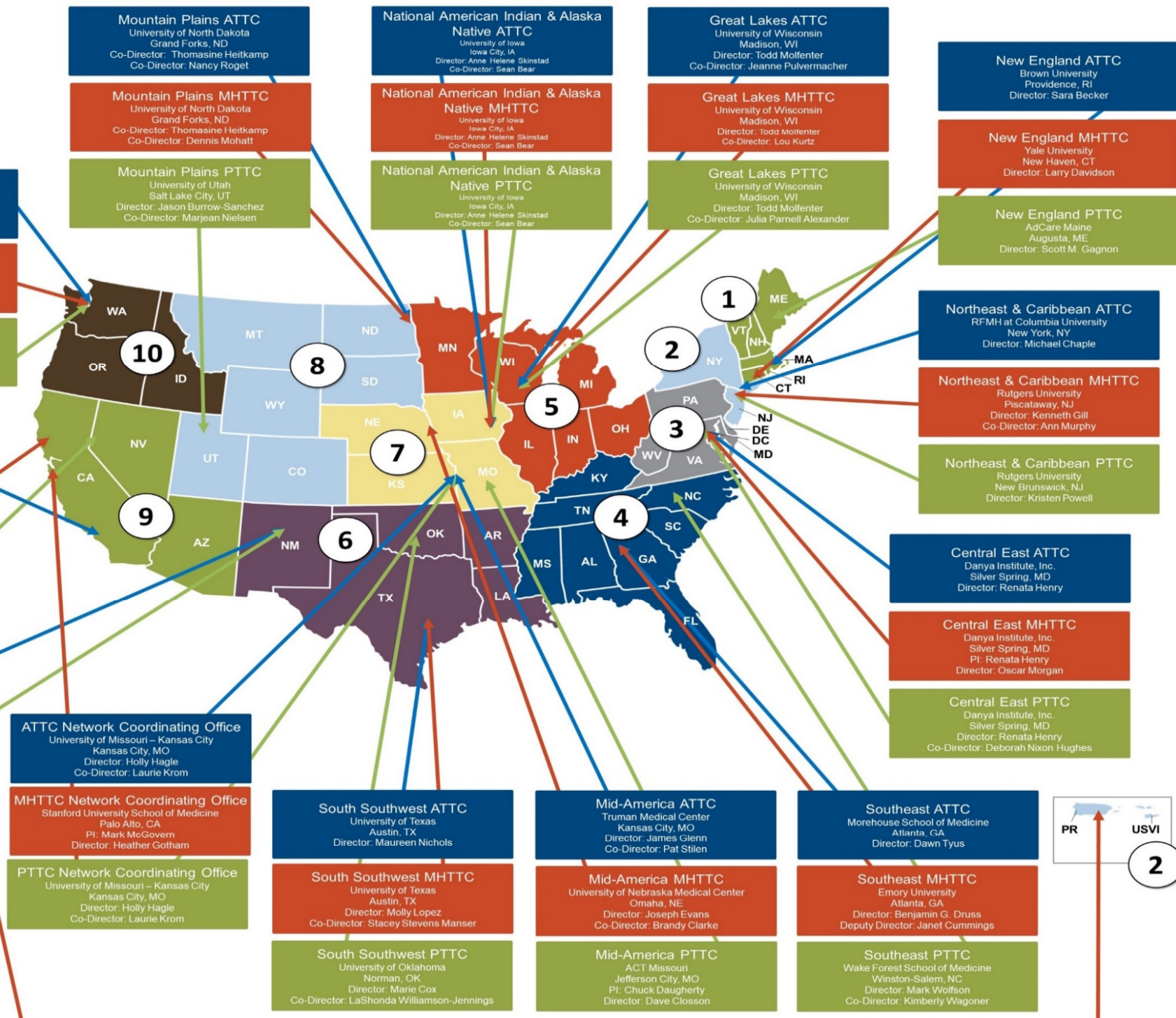
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* Map not to scale.



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NLBHA's Mission

The Mission and Goal of The National Latino Behavioral Health Association is to influence national behavioral health policy, eliminate disparities in funding and access to services, and improve the quality of services and treatment outcomes for Latino populations.

NLBHA's Objectives

NLBHA's Objective is to provide national leadership on mental health and substance abuse concerns of the Latino community. NLBHA's Policy Priorities are:

1. Targeted Capacity Expansion of Mental Health Services for Latinos
2. Latino Behavioral Health Evidenced Based Practices
3. Legislation to increase the number of Counselors/Therapists/Other Behavioral Health Practitioners
4. Funding for Co-Occurring Disorders of Alcohol and Substance Abuse
5. Opioid Crisis in the Latino Community
6. Suicide Prevention



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Ms. Padilla is certified by the New York State Office
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organizations in a variety of settings, who are
seeking to incorporate the SBIRT intervention
practice to address health, psychosocial, and other
concerns related to harmful levels of alcohol and
other substance use.



Diana Padilla,
CLC, CARC, CASAC-T

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The Landscape

The current environment has created a heightened state of survival for many of the Hispanic and Latinx communities who traditionally cope with a host of different challenges but more recently exacerbated by the covid-19 pandemic.

Environmental conditions are associated with health outcomes, especially when it comes to the treatment of substance use, chronic pain, mental health, and trauma.



Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [date graphic was accessed], from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

Latinx Populations, Health Inequities and Social Determinants of Health

- Health disparities experienced by groups based on their social, ethnic, and economic status, refer to differences and access to services to address mental health and substance misuse.
- The CDC suggests, “Hispanic health is often shaped by factors such as language/cultural barriers, lack of access to preventive care, and the lack of health insurance,” (OMH, 2021).
- Poverty, adverse childhood experiences, intergenerational trauma, and intergenerational substance use are all social determinants of health and influenced by structural racism.

HealthStream, Healthcare Disparities Among Hispanic Communities, January 2022, <https://www.healthstream.com/resource/articles/healthcare-disparities-among-hispanic-communities>



Difference in Substance Use and Substances

- Puerto Ricans have the highest rate of recent illicit drug use (6.9%) and South Americans have the lowest (2.1%).
- Puerto Ricans have the highest rate of recent marijuana use (5.6%) while Cubans and South Americans have the lowest (2.1%).
- Other Hispanics (individuals originating from a Spanish speaking country other than Puerto Rico, Mexico, Cuba, Central America, and South America) have the highest rate of recent cocaine use (1.7%) while Cubans have the lowest (0.5%).



American Addiction Centers, Alcohol and Drug Abuse Among the Hispanic Population, <https://americanaddictioncenters.org/rehab-guide/addiction-statistics/hispanic-americans>

Sociocultural Factors Hispanic and Latinx Communities

- Hispanics with substance use disorders (SUD) significantly underutilize treatment compared to Blacks and Whites, disparities which persist even when controlling for insurance status, socio-demographics, and problem severity.
- 2020 NSDUH reports that 18.4% of people with Hispanic or Latinx backgrounds were living with a mental health condition (other than SUD).
- More likely than whites to be court mandated to treatment.

Brittany H. Eghaneyan, et. Al., Hispanic participants in the National Institute on Drug Abuse's Clinical Trials Network: A scoping review of two decades of research, Addictive Behaviors Reports, Volume 12, 2020, <https://www.sciencedirect.com/science/article/pii/S2352853220301024>

“Good treatment is expensive, okay treatment does not work, and free treatment is a nightmare”

“I think that some of the reasons why some men don’t get treatment is because they simply can’t.

They fear because they are undocumented, or they do not have insurance, or it is too expensive.

I imagine that there are programs that can help but, well, I do not know, I guess there is a lack of information.”

Valdez LA, Garcia DO, Ruiz J, Oren E, Carvajal S. Exploring Structural, Sociocultural, and Individual Barriers to Alcohol Abuse Treatment Among Hispanic Men. *Am J Mens Health*. 2018 Nov;12(6):1948-1957. doi: 10.1177/1557988318790882. Epub 2018 Jul 27. PMID: 30051746; PMCID: PMC6199428.

Barriers to Care and Interventions

Accessing Treatment

- Higher rates of unemployment
- Less likelihood of having insurance
- Less access to internet
- Longer travel times to SUD service locations

When Treatment is Accessed

- Less successful treatment outcomes
- Lower satisfaction with treatment
- Shorter stays in SUD programs

PsychCentral, What to Know About Substance Use and the Latinx Community,2021,
<https://psychcentral.com/addictions/substance-abuse-among-the-hispanic-latino-population>

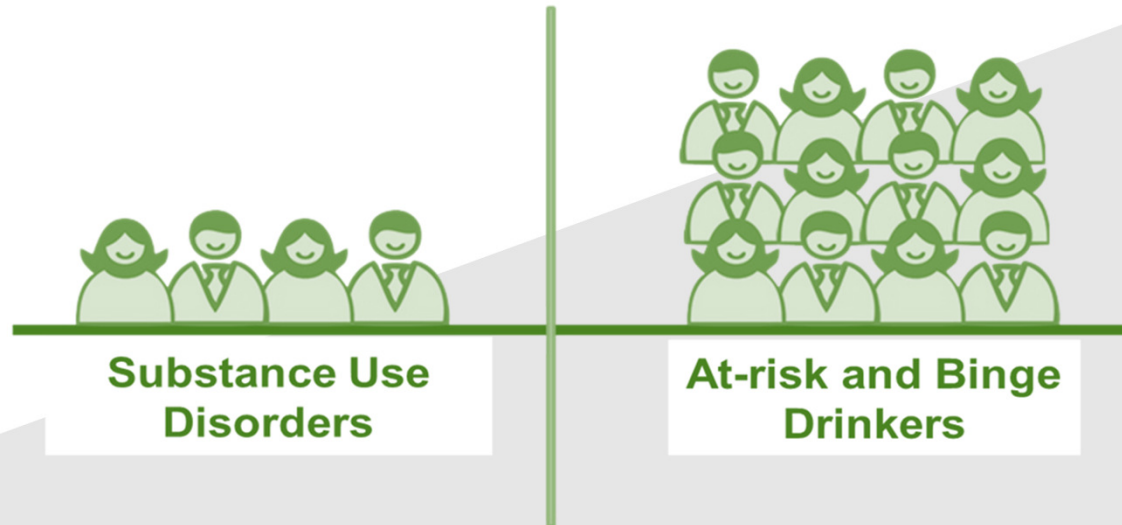
Variations of Alcohol Use by Community

- Puerto Ricans tend to drink the most and Cubans the least.
- Among women, Puerto Ricans tend to drink the most and Mexicans the least.
- Higher levels of drinking and binge drinking among Puerto Ricans and Mexican Americans, compared with Cuban-Americans and South/Central Americans.
- About 24.7% of Latinos reported binge drinking in the past month, according to the SAMHSA.



Partnership to End Addiction, Hispanic Groups Differ in Drinking Rates, Alcohol-Related Problems: Expert, (Dr. Raul Caetano, MD, MPH, PhD, Senior Research Scientist at the Prevention Research Center of the Pacific Institute for Research and Evaluation)
2015, <https://drugfree.org/drug-and-alcohol-news/hispanic-groups-differ-drinking-rates-alcohol-related-problems-expert/>

At-Risk and Binge Drinkers



The prevalence of binge drinking for Hispanics 14.4%. Those who choose to drink are more likely to consume higher volumes of alcohol than non-Hispanic Whites.

The University of Texas at Austin, Texas institute for child and Family Wellbeing, Rubén Parra-Cardona, PhD, How to Make Effective Cultural Adaptations to Evidence-based Interventions, <https://txicfw.socialwork.utexas.edu/effective-cultural-adaptations-to-ebps/>

“Care must reflect understanding and values of diverse communities”

- Working with Hispanic and Latinx populations require the importance of offering personalized, culturally sensitive care that respects patients’ beliefs, preferred languages, and communication needs.
- Culturally Responsive services are those that are respectful of, and relevant to, the beliefs, practices, culture and linguistic needs of diverse consumer/client populations and communities.
- Culturally Responsive services comprehensively address power relationships throughout the organization, on different levels of intervention: systemic, organizational, professional and individual.

Curry-Stevens, A., & Reyes, M. (2014). Protocol for Culturally Responsive Organizations, <https://www.semanticscholar.org/paper/Protocol-for-Culturally-Responsive-Organizations-Curry-Stevens-Reyes/47b69f803100df60cd38d8b8c843144c4c62b42e>

National Culturally and Linguistically Appropriate Services (CLAS) Standards

PRINCIPAL STANDARD 1

Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

THEME 1

Governance, Leadership, Workforce

- Policies & procedures
- Diversity amongst all professional levels
- Annual culturally informed trainings

THEME 2

Language and Communication

- Inform and provide language assistance
- Interpreter services
- Linguistically (signage) conducive materials

THEME 3

Engagement, Continuous Improvement, and Accountability

- Establish CLAS goals, policies, management accountability processes
- Ongoing assessment and demographic data collection

HHS.gov., U.S. Department of Health & Human Services, Office of Minority Health, Culturally and Linguistically Appropriate Services (CLAS) What, Why and How, <https://thinkculturalhealth.hhs.gov/clas/what-is-clas>

Linguistic and cultural disconnects...

“The problem is that if the clinician does not understand the cultural aspects, well they’re going to focus only on the education that they have received.

Maybe a lot of the things they do will not help, although some things might ...

Sometimes language is a barrier, not everybody speaks perfect English. Most of these programs are in English.”

Valdez LA, Garcia DO, Ruiz J, Oren E, Carvajal S. Exploring Structural, Sociocultural, and Individual Barriers to Alcohol Abuse Treatment Among Hispanic Men. Am J Mens Health. 2018 Nov;12(6):1948-1957. doi: 10.1177/1557988318790882. Epub 2018 Jul 27. PMID: 30051746; PMCID: PMC6199428.

Communication Barriers



- Latinx report difficulties finding services that were available in Spanish, adding that when help is offered in Spanish there are long waits and not enough linguistically competent staff to meet their needs.
- Nearly 6 in 10 Hispanic adults have had a difficult time communicating with a health care provider because of a language or cultural barrier.

CDC, Cultural Insights Communicating with Hispanics/Latinos,
https://www.cdc.gov/healthcommunication/pdf/audience/audienceinsight_culturalinsights.pdf

Un-interactive dialogue...

“When I tell them I don’t understand them, they’ll bring someone over to speak to me in Spanish and I don’t understand them either,” said Torres, who is Puerto Rican and was raised in New York.

“We didn’t grow up speaking that formal Spanish, so I have no idea what they are saying.”

AARP, Associated Press-NORC Center for Public Affairs Research, Latinos Have Health Care Communication Woes, July 2018,
<https://www.aarp.org/health/conditions-treatments/info-2018/latinos-hispanics-doctors-nursing-homes.html>

Latinx Perspectives On Communication

- The “battle” of managing language barriers
- Preference for bilingual providers
- Negative bias toward interpreted encounters
- “Getting by” with limited language skills
- Fear of being a burden
- Stigma and discrimination due to language barriers

Steinberg EM, Valenzuela-Araujo D, Zickafoose JS, Kieffer E, DeCamp LR. The "Battle" of Managing Language Barriers in Health Care. *Clin Pediatr (Phila)*. 2016;55(14):1318-1327. doi:10.1177/0009922816629760

Stigma, Substance Use and Hispanic Culture

- Stigma includes negative stereotypes about people with substance use disorders (SUD) which can alienate Latinx who adhere to cultural values such as “*personalismo*, *simpatía*, and *vergüenza*.”

Three Types of Stigma:

- **Self-stigma** is characterized by negative feelings about one’s self.
- **Social stigma** is characterized by groups boosting stereotypes of stigmatized people.
- **Structural stigma** is the negative attitudes and behavior of those that represent larger groups.

National Institutes of Health, National Institute on Drug Abuse, Words Matter: Preferred Language for Talking About Addiction, June 2021, <https://nida.nih.gov/research-topics/addiction-science/words-matter-preferred-language-talking-about-addiction>, Utah State University, **Substance Use Disorder Stigma: What it is and How You Can Prevent it**, <https://extension.usu.edu/heart/research/how-to-prevent-substance-use-disorder-stigma>

Polling Question

Evidence Based Practice is:

- a) A promising strategy that is effective for targeted behavior.
- b) Based on clinician perspectives and devoid of research evidence.
- c) Strategically outlined randomized controlled trials.
- d) Resulting from the best research evidence with clinical expertise and patient values.

Evidence Based Practices (EBP) and Culture

- EBP is defined as *“the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences”*.
- Its purpose is “to promote effective psychological practice and enhance public health by applying empirically supported principles of psychological assessment, case formulation, therapeutic relationship, and intervention.”

Caleb W.. Lack, Jacques Rousseau, Mental Health, Pop Psychology, and the Misunderstanding of Clinical Psychology, Editor(s): Gordon J.G. Asmundson, Comprehensive Clinical Psychology (Second Edition), Elsevier, 2022, <https://doi.org/10.1016/B978-0-12-818697-8.00052-2>



Making Effective Cultural Adaptations to Evidence-Based Interventions

- Evidence-based interventions not originally developed for underserved populations often need to be adapted to reflect the culture of the people you intend to serve.
- The cultural adaptation process includes attention to many dimensions of culture and involves active co-leadership with target communities, as well as precise feedback by the ultimate beneficiaries of adapted interventions.
- Interventions with a strong empirical base can maintain, and even enhance, their effectiveness through appropriate cultural adaptations.

The University of Texas at Austin, Texas institute for child and Family Wellbeing, Rubén Parra-Cardona, PhD, How to Make Effective Cultural Adaptations to Evidence-based Interventions, <https://txicfw.socialwork.utexas.edu/effective-cultural-adaptations-to-ebps/>

Cultural Adaptations of Interventions: The Need

- When EBIs are unacceptable to an ethno-cultural community, there is often a discrepancy between the community's beliefs related to health problems targeted by the interventions, and those underlying the interventions.
- Cultural adaptation refers “to the systematic modification of an evidence-based treatment (EBT) or intervention (EBI) to consider language, culture, and context in such a way that is compatible with the clients' cultural patterns, meaning, and values.

Fidelity and Cultural Adaptation of EBI

- One of the most important considerations when implementing an evidence-based practice is fidelity or adherence to the original approach.
- Preserving the components that made the original practice effective can directly impact the success of desired outcomes.
- Ecological Validity Framework (EVF) for cultural adaptation, where eight dimensions (language, content, persons, metaphors, methods, concepts, goals, and contexts) are mapped out.

Bernal G, Bonilla J, Bellido C. Ecological validity and cultural sensitivity for outcome research: issues for the cultural adaptation and development of psychosocial treatments with Hispanics. *J Abnorm Child Psychol*. 1995 Feb;23(1):67-82. doi: 10.1007/BF01447045. PMID: 7759675,

Cultural Adaptations of Interventions: The Process

The cultural adaptation process consists of three main steps:

1. Assessing the community's cultural beliefs;
2. Examining the fit between the community's beliefs and those underlying the EBI; and
3. Determining the modifications to make in the intervention protocol and manual.

Sidani, S. , Ibrahim, S. , Lok, J. , Fan, L. , Fox, M. and Guruge, S. (2017) An Integrated Strategy for the Cultural Adaptation of Evidence-Based Interventions. *Health*, **9**, 738-755. doi: [10.4236/health.2017.94053](https://doi.org/10.4236/health.2017.94053).

Cultural Normalization...

“Well, it’s in our lifestyle, for example, if you’re a young man you see it right?”

You see that your father drinks excessively, uncles, you understand?

All of the people that surround you.”

Adapted from: Valdez LA, Garcia DO, Ruiz J, Oren E, Carvajal S. Exploring Structural, Sociocultural, and Individual Barriers to Alcohol Abuse Treatment Among Hispanic Men. *Am J Mens Health*. 2018 Nov;12(6):1948-1957. doi: 10.1177/1557988318790882. Epub 2018 Jul 27. PMID: 30051746; PMCID: PMC6199428.

Potential Benefits of Cultural Adapting SBIRT for Latinx

- Screening, Brief Intervention, and Referral to Treatment is an evidence-based model includes a person-centered approach which is culturally appropriate for Hispanic and Latinx community members.
- SBIRT can work well with many groups yet consistent screening and culturally competent care often is not practiced.

Manuel JK, Satre DD, Tsoh J, Moreno-John G, Ramos JS, McCance-Katz EF, Satterfield JM. Adapting Screening, Brief Intervention, and Referral to Treatment for Alcohol and Drugs to Culturally Diverse Clinical Populations. *J Addict Med.* 2015 Sep-Oct;9(5):343-51. doi: 10.1097/ADM.000000000000150. PMID: 26428359; PMCID: PMC4626638.





Q & A



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¡Gracias!
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