



Development and Preliminary Testing of a Promotora - Delivered, Spanish Language, Counseling Intervention for Heavy Drinking among Male, Latino Day Laborers

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ABSTRACT

This study developed and then tested the feasibility, acceptability and initial efficacy of a 3-session, culturally adapted, intervention combining motivational enhancement therapy (MET) and strengths-based case management (SBCM) delivered by promotoras in Spanish to reduce heavy drinking among male, Latino day laborers. A pilot two-group randomized trial ($N = 29$) was conducted to evaluate the initial efficacy of MET/SBCM compared to brief feedback (BF). Alcohol-related measures were assessed at 6, 12 and 18 weeks after baseline. Most intervention group participants (12/14) attended all counseling sessions and most participants (25/29) remained in the study at 18 weeks. Alcohol related measures improved in both groups over time with no statistically significant differences observed at any of the time points. However the comparative effect size of MET/SBCM on weekly drinking was in the large range at 6-weeks and in the moderate range at 12-weeks. Post hoc analyses identified a statistically significant reduction in number of drinks over time for participants in the intervention group but not for control group participants. Despite the extreme vulnerability of the population, most participants completed all sessions of MET/SBCM and reported high satisfaction with the intervention. We feel our community partnership facilitated these successes. Additional studies of community-partnered and culturally adapted interventions are needed to reduce heavy drinking among the growing population of Latinos in the U.S.

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1. Introduction

In 2012, Latinos, the fastest growing ethnic group, comprised 17% of the U.S. population (U.S. Census Bureau, 2013). Compared to Whites, Latinos are more likely to have low education levels, live in poverty, and be uninsured (Caetano & Clark, 2000; Mulia, Ye, Zeng, & Greenfield, 2008). Latino men often engage in a pattern of low frequency but high levels of drinking per occasion (Alvarez & Ruiz, 2001; Daniel-Ulloa et al., 2014; Kissinger et al., 2013; Ornelas, Eng, & Perreira, 2011).

Studies evaluating therapies to reduce drinking among diverse samples, including Latinos, have largely found no racial/ethnic differences in outcomes (Arroyo, Miller, & Tonigan, 2003; Arroyo, Westerberg, & Tonigan, 1998; Field, Caetano, Harris, Frankowski, & Roudsari, 2010;

Roudsari, Caetano, Frankowski, & Field, 2009; Tonigan, 2003). Of note, most of the Latino participants in these studies were English-speaking. In fact, nearly one third of the Latino population are monolingual or have limited English proficiency (U.S. Census Bureau, 2004) and are under-represented in clinical and research samples (Wells, Klap, Koike, & Sherbourne, 2001). There is some evidence that adapting behavioral interventions to include Latinos' cultural practices and particular stressors improves outcomes including treatment engagement and reduced substance use (Carroll et al., 2009; Field & Caetano, 2010; Lee, Colby, et al., 2013; Lee, López, et al., 2013; Santa Ana et al., 2009).

Motivational enhancement therapy (MET) is a systematic intervention to promote positive change in addictive behavior by providing personalized feedback, using motivation-enhancing interviewing techniques, and setting personal goals (Miller, Zweben, DiClemente, & Rychtarik, 1992). The MET approach has proven to be an effective treatment for reducing alcohol consumption among excessive drinkers (Vasilaki, Hosier, & Cox, 2006) and has been used by non-specialists in substance abuse treatment (Dunn, Deroo, & Rivara, 2001). Through its nonconfrontational approach, MET focuses on fostering engagement and retention in treatment, thereby addressing an important health

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disparity issue among monolingual Spanish speaking substance abusers (Carroll et al., 2009; Santa Ana et al., 2009). Strengths based case management (SBCM), also used among those with alcohol use disorders (AUDs), (Barry, Zeber, Blow, & Valenstein, 2003; Siegal, 1998) includes a process for setting and negotiating goals and uses informal resources (e.g. family, church) and formal resources (e.g., linkages to services) to address social needs and to make positive change. An approach combining MET and SBCM may be particularly useful for monolingual, socially disadvantaged, Latinos who are heavy drinkers.

Cultural adaptation takes into consideration the social and cultural contexts of the client, (Lee, López, et al., 2013; Lee et al., 2011; Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2001; Sue & Sue, 2003) and may improve the effectiveness of interventions addressing unhealthy behaviors in immigrant populations. These populations may experience minority stress due to discrimination, poverty, low social status limited social support and low education attainment (Lee, López, et al., 2013). One type of cultural adaptation is the use of promotores, or community health workers to deliver culturally-adapted behavior change interventions (Institute of Medicine, 2000; Rhodes, Foley, Zometa, & Bloom, 2007). Promotores have sociodemographic characteristics in common with the populations they serve, understand community social networks and health needs and recognize and incorporate culture to promote health within their communities. Partnering with community-based organizations for research is another means of cultural adaptation that enhances the relevance of research in community, improves recruitment, generates professional competence in community, improve outcomes and sustainability and addresses disparities more effectively through improving professional capacity and competence, outcomes and sustainability of interventions in community (Institute of Medicine, 2000; Jagosh et al., 2012; Wallerstein & Duran, 2010; Zerhouni, 2005).

The population of day laborers may be particularly well-suited for a culturally adapted intervention to reduce heavy drinking. Day laborers are usually socially and economically disadvantaged, Spanish speaking, immigrant, Latino men, who may be at high risk for unhealthy drinking given their stressors including discrimination, undocumented status, language barriers, low income, low acculturation, under employment and isolation from their families (Galvan, Wohl, Carlos, & Chen, 2015; Valenzuela, 2002, 2003). Indeed, a number of studies have identified heavy drinking as a problem in this population (Organista & Kubo, 2005; Ornelas et al., 2011; Worby & Organista, 2007, 2013; Worby et al., 2014).

We developed and then tested the feasibility, acceptability and initial efficacy of a culturally adapted, combined MET and SBCM intervention delivered by promotoras in Spanish to reduce heavy drinking among male, Latino day laborers. Standard MET session content (e.g., structured feedback, decision rulers, and exploration of positive and negative aspects of drinking) was combined with elements of SBCM that included identification of service needs, identification of barriers to services, and drawing on personal strengths and available resources to achieve personal goals. We built on prior work utilizing MET and SBCM to address alcohol problems and aimed to make it more relevant to Latinos by conducting the project in Spanish and partnering with a community-based organization, Instituto de Educación Popular del Sur de California (IDEPSCA). IDEPSCA operates job centers and has a program that utilizes volunteer promotores to address the health needs of day laborers in Los Angeles. In partnership with IDEPSCA and their volunteer promotoras, we refined our research questions, developed, and implemented a research plan to ensure we were addressing their community's needs, and developed a potentially sustainable program.

2. Method

2.1. Study design

The study occurred in three phases. First, we developed a culturally adapted MET/SBCM Spanish language intervention and trained

volunteer promotoras at IDEPSCA to deliver it. Second, we conducted an uncontrolled pilot study ($N = 3$) using the developed intervention among heavy drinking, male Latino day laborers to gather data on the utility and feasibility of the study methods. Third, after making refinements, we conducted a pilot two-group randomized trial ($N = 29$) to evaluate the initial efficacy of MET/SBCM compared to brief feedback (BF) among heavy drinking, male, Latino, day laborers. The Institutional Review Board of the University of California at Los Angeles approved this study.

2.2. Phase 1: Developing the MET/SBCM intervention

We combined aspects of MET and SBCM to develop a 3 session, manualized series to be delivered in 1–2 week intervals by promotoras. The sessions were designed to last 45–55 minutes and structured to provide feedback to the participants about their risks associated with alcohol use and to help them identify barriers and motivators to change. The sessions also aimed to increase participants' self-efficacy to change through goal setting and linkages to medical, mental and social services as needed.

Once we shared the manualized intervention with the promotoras, they suggested adaptations to expand the focus of the intervention from the individual to the individual's broader cultural and social context and how that might affect their drinking behavior (Lee, Colby, et al., 2013; Lee, López, et al., 2013). Parts of the counseling approach included cultural values such as familism, and machismo as well as social stressors more common in recently immigrated persons such as acculturation stress, discrimination and poverty. At the recommendation of the promotoras, changes were made to the manual to further address Latino cultural values and particular stressors the day laborers face. For example, the manual was revised to emphasize the partnership between the promotora and the study participant in helping the participant make change. We also implemented the promotoras' suggestion that we employ visual aids to enhance the participants' understanding of the effects of alcohol on the body (i.e., a poster depicting cirrhosis and testicular atrophy, and a cartoon depicting increasingly higher blood alcohol levels on the body).

The sessions covered following items:

- Session 1 1) overview of the intervention; 2) review baseline assessments of health, substance use, service needs (e.g., job services, housing assistance, medical services) 3) identify future goals for health, activities, relationships, finances and other; 4) provide personalized feedback/education based on baseline assessments; 5) discuss pros and cons for change 6) assess important, readiness and confidence to change and barriers and facilitators to change; and 7) set health and drinking goals to be attained, identify reasons for setting goals, steps to be taken and services to be sought to reach goals.
- Session 2 1) Review progress in meeting goals; 2) review barriers and facilitators to meeting goals; 3) review personal strengths; 4) set health and drinking goals, identify barriers to meeting goals, identify steps needed to reach goals and services to be sought to help reach goals.
- Session 3 1) Review barriers and facilitators to meeting goals and review progress in meeting goals; 2) identify barriers to achieving goals; 3) identify reasons to continue working on health and drinking goals.

2.3. Training promotoras to deliver the MET/SBCM intervention and adherence

The volunteer promotoras were all primarily Spanish-speaking Latino women immigrants. They had a range of 3–8 years of experience as health promoters. Once the manualized intervention was developed,

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