



A systematic review of depression psychotherapies among Latinos



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HIGHLIGHTS

- Historically, depressed U.S. Latinos have experienced treatment disparities.
- The review summarizes 35 studies that reported depression outcomes among Latinos.
- There is growing support for PST; CBT data appear mixed.
- RCT quality and number/type of cultural adaptations showed heterogeneity.
- Limitations and future directions of the literature are discussed.

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ABSTRACT

For decades, the literature has reported persistent treatment disparities among depressed Latinos. Fortunately, treatment development and evaluation in this underserved population has expanded in recent years. This review summarizes outcomes across 36 unique depression treatment studies that reported treatment outcomes for Latinos. Results indicated that there was significant variability in the quality of RCT and type/number of cultural adaptations. The review suggested that there might be a relation between cultural adaptations with treatment outcomes; future studies are warranted to confirm this association. Cognitive Behavioral Therapy was the most evaluated treatment (CBT; $n = 18$, 50% of all evaluations), followed by Problem Solving Therapy (PST; $n = 4$), Interpersonal Therapy (IPT; $n = 4$), and Behavioral Activation (BA; $n = 3$). CBT seems to fare better when compared to usual care, but not when compared to a contact-time matched control condition or active treatment. There is growing support for PST and IPT as efficacious depression interventions among Latinos. IPT shows particularly positive results for perinatal depression. BA warrants additional examination in RCT. Although scarce, telephone and in-home counseling have shown efficacy in reducing depression and increasing retention. *Promotora*-assisted trials require formal assessment. Limitations and future directions of the depression psychotherapy research among Latinos are discussed.

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1. Major depressive disorder and treatment barriers among Latinos

Major Depressive Disorder (MDD) is highly prevalent and impairing across race and ethnicity. MDD afflicts an estimated 16% of the U.S. population in their lifetime (Kessler, Chiu, Demler, & Walters, 2005). Although depression is highly treatable, disparities in psychosocial treatment, such as a limited access to mental health specialists and substandard quality of care, prevent ethnic and immigrant populations from accessing effective interventions (Alegría et al., 2008; Blanco et al., 2007). Latinos, who represent the largest ethnic minority population in the U.S., have similar MDD rates relative to non-Latino White Americans (Mendelson, Rehkopf, & Kubzansky, 2008) yet face disproportionate treatment disparities (e.g. Alegría et al., 2008, Wells, Klap, Koike, & Sherbourne, 2001). Mental health barriers including limited English language proficiency, treatment attrition, and stigma-related fears have historically precluded Latinos from accessing and utilizing treatment (Hodgkin, Volpe-Vartanian, & Alegría, 2007; U.S. Department of Health and Human Services, 2011). Further, research suggests that when psychotherapy is available to Latinos, it is often substandard (Wells et al., 2001) and does not meet the criteria of empirically supported treatments (La Roche & Christopher, 2008). The high prevalence of depression among Latinos, the current state of treatment disparities, and emerging healthcare reform such as the Affordable Care Act underscore the need to identify efficacious treatments that address this underserved population's depression care needs. Additionally, focusing on treatment outcomes for Latinos is necessary in light of reports that outcomes from extant clinical trials cannot be generalized beyond samples comprised primarily of non-Latino White Americans (Bernal & Scharró-del-Río, 2001; Chambless & Ollendick, 2001).

Meta-analyses examining treatment outcomes for U.S. ethnic minority populations have generally indicated that individuals from ethnic minority communities benefit more from culturally-adapted psychotherapy relative to non-adapted treatment protocols (Griner & Smith, 2006; Smith, Domenech Rodriguez, & Bernal, 2010). Systematic reviews that have focused on treatments for depressed U.S. Latinos have been limited by the relatively few studies conducted on these populations, but have found that group CBT is efficacious for depressed Latinas

(Stacciarini, O'Keefe, & Mathews, 2007), that CBT is preferred in primary care populations (Miranda et al., 2005), and that collaborative care is better than usual care in reducing depression among primary care Latino patients (Cabassa & Hansen, 2007). Fortunately, since these reviews were published, the number of depression clinical trials recruiting Latinos from primary care or community settings have both expanded and used an increasing variety of treatment approaches. Therefore, the current review of the literature will focus on available depression treatments among Latino adults and update the current state of the treatment literature.

1.1. Aims of the current review

In an effort to present a thorough account of the current state of the psychosocial treatment literature for depression in adult Latinos, this review will cover a wide range of psychotherapies and treatment evaluation initiatives, including those still in their formative stages. While it is true that these investigations lack the level of methodological rigor of randomized controlled trials (RCT), uncontrolled studies and treatments early in development yield clinically-relevant information that may advance theory about possible mechanisms of change, moderators of treatment outcome (e.g., Matusiewicz, Hopwood, Banducci, & Lejuez, 2010) and opportunities for cultural modification. Finally, formative treatment development work may produce findings that are sufficiently promising to generate a focused line of research for a specific intervention approach. Within this framework, the goals of the current review are to: 1) determine the types of depression treatments that have been evaluated in depressed Latino adults and identify effective forms of psychotherapy, 2) rate the quality of RCT and open label trials (OLT), 3) evaluate the type and extent of cultural modifications made to the extant treatments, 4) delineate limitations and future directions in treatment outcome research in this population.

2. Method

The review was conducted following guidelines by the *Cochrane Collaboration's* (2011) handbook and the Preferred Reporting Items

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