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## Culturally Sensitive Intervention for Latina Women with Eating Disorders: A Case Study

### Intervención sensible culturalmente para mujeres latinas con Trastornos de la Conducta Alimentaria: Un estudio de caso

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#### Abstract

**Objective:** We describe cognitive-behavioral therapy for bulimia nervosa (CBT-BN) with a Latina woman that incorporates culturally relevant topics. **Method:** A single case report of a 31-year-old monolingual Latina woman with BN describes the application of a couple-based intervention adjunctive to CBT-BN. **Results:** The patient reported no binge and purge episodes by session 20 and remained symptom free until the end of treatment (session 26). Improvement was observed in the Eating Disorders Examination (EDE) comparing baseline (EDE=5.74) with post treatment (EDE=1.25). **Conclusions:** The case illustrates how cultural adaptations such as including a family member, being flexible on topics and scheduling, and providing culturally relevant interventions can lead to successful completion of a course of therapy and facilitate ongoing interventions to ensure continued recovery.

#### Resumen

**Objetivo:** Describimos la terapia cognitiva conductual para la bulimia nervosa (TCC-BN) con una mujer latina incorporando tópicos que son culturalmente relevantes. **Método:** Un estudio de caso de una mujer latina monolingüe de 31 años con BN en el que se describe la incorporación de una intervención de pareja adjunta al TCC-BN. **Resultados:** Para la sesión 20, la paciente no reportó atracones ni conductas purgativas y continuó libre de síntomas hasta el final del tratamiento (sesión 26). La mejoría se observó en el Eating Disorders Examination (EDE) al comparar la evaluación de base (EDE=5.74) con la evaluación post tratamiento (EDE=1.25). **Conclusión:** El caso ilustra como adaptaciones culturales como incluir a un miembro familiar, ser flexible en los tópicos y en la agenda de trabajo, y proveer intervenciones culturalmente relevantes pueden llevar a una exitosa culminación de un proceso terapéutico y facilita las intervenciones que se llevan a cabo para asegurar un continuo proceso de recuperación.

#### INFORMACIÓN ARTÍCULO

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**Palabras clave:** Latinas, bulimia nervosa, adaptación, tratamiento, culturalmente sensible

## Introduction

The few extant studies on eating disorders (EDs) in Latinos/as suggest prevalences on par with Caucasians in the United States (U.S.) (Alegria, Woo, Cao, Torres, Meng, & Striegel-Moore et al., 2007; Caballero, Sunday, & Halmi, 2003; Cachelin, Rebeck, Veisel, & Striegel-Moore, 2001; Hiebert, Felice, Wingard, Muñoz & Ferguson 1988). However, specialized bilingual and culturally sensitive services for EDs are scarce. The misconception that EDs only occur in white upper-middle class females and the widespread use of questionnaires that have been developed and tested primarily on Caucasian populations could contribute to clinician bias (Smolak &

Striegel-Moore, 2001) or underreporting of cases. There is clearly a need for more detailed research on the assessment and treatment of EDs for the Latino population in the U.S.

Full recognition of cultural values is a key element to providing adequate treatment for EDs (Kempa & Thomas, 2000). The inclusion of cultural values has been documented to be critical in the treatment of depression (Duarte-Velez, Bernal, & Bonilla, 2010) and diabetes (Metghalchi, Rivera, Beeson, Firek, De Leon, Balcazar, & Cordero-Macintyre, 2008) in the Latino population. Although evidence-based interventions developed and tested with Caucasian individuals may be appropriate for most ethnic minority individuals, the use of protocols or guidelines that consider culture and context combined with evidence-based care is likely to facilitate engagement

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in treatment and has the potential to enhance outcomes (Domenech Rodriguez, Baumann, & Schwartz, 2011; Miranda, Bernal, Lau, Kohn, Hwang, & La Framboise, 2005; Shea, Cachelin, Uribe, Striegel, Thompson, & Wilson, 2012).

The case report presented in this article was part of a National Institute of Mental Health NIMH-funded research study “Engaging Latino Families in Eating Disorders Treatment” (Reyes-Rodriguez, Bulik, Hamer, & Baucom, 2013). This case was part of formative work exploring the role of the family in EDs recovery in adult Latina women. The main objective of this case study was to explore the feasibility of family involvement, the appropriateness of assessment procedures, and the need for cultural adaptation of treatment for the target population, while considering language, immigration, level of acculturation and cultural values, lack of health insurance, and coordination of medical and family support using Latino community services. Permission was obtained from the patient and family member to present de-identified information for publication. Additional protection for the anonymity was achieved by omitting specific descriptive information about the case. This study was approved by the biomedical Institutional Review Board of the University of North Carolina at Chapel Hill.

## Case Illustration

### Case Report

**Referral information.** A 31-year-old monolingual Latina was referred to the PAS Project (“Promoviendo una Alimentación Saludable” or Promoting Healthy Eating) by a community mental health clinic where she had been seen for one visit but was referred due to lack of specialized ED services. The search for appropriate Spanish language ED services for this patient took seven months, during which time she received no treatment.

**Demographic information.** The patient began treatment in November, 2010. During the study, the patient was living with a partner and two children

under age five. Her highest education achieved was ninth grade. She emigrated from a Latin American country at the age of 25 to the U.S. and was undocumented. Due to her migratory status, health insurance was not available. At the time of the study in order to take care of her children, the patient did not work outside of the home.

**Assessment and diagnosis.** A clinical diagnostic interview was conducted to assess the ED, comorbidity, family dynamics (e.g., family cohesion, family involvement), and acculturation. All measures were administered in Spanish with instruments previously validated in the Latino population. Scores obtained at baseline, week 6, and post treatment assessments are presented in Table 1.

**Table 1.**  
Primary and secondary outcomes across the treatment in single case Latina woman

Measure	Baseline	Week 6	Post Treatment
<b>Primary Outcomes</b>			
Eating Disorders Examination-Questionnaire*	5.74	4.36	1.25
<b>Family Functioning</b>			
Familism Scale	37	–	61
Family Cohesion (lower score high FC)	36	–	35
Family Assessment Measure	22	–	19
Family Emotional Involvement and Criticism Scale			
Negative critiques subscale	19	–	19
Over-involvement subscale	14	–	21
<b>Secondary Outcomes</b>			
Beck Depression Inventory	44	34	0
Symptom Checklist-36	119	98	55
<b>Acculturation</b>			
Acculturation Rating Scale for Mexican-American II**	40 (Mean=2.0)		32 (Mean=1.6)
Acculturative Stress (lower score high AS)	17	–	33

Note:

\*Community norms for EDE global score: Mean= 0.932 (SD= 0.805)

\*\*Levels of acculturation are defined as: 1= Mexican-like in both languages and cultural characteristics, 2= Mexican-oriented bicultural, 3= Equally bicultural and bilingual, 4= Anglo-oriented bicultural and 5= Very Anglicized.

**Eating Disorders Examination (EDE;** Fairburn & Cooper, 1993). The EDE, which is the gold standard measure, was used to establish the DSM-IV diagnosis of eating disorders. The EDE has been found to have high validity and reliability and is sensitive to change. We used the Spanish version of the EDE which has been adapted for use with Latina women (Reyes-Rodriguez, Rosselló, & Calaf, 2005).

**Eating Disorders Examination Questionnaire (EDE-Q** Fairburn and Beglin, 1994). The EDE-Q was adapted by Elder and Grilo (2007) with monolingual Spanish speaking Latina women. This self-report version of the EDE-Q assesses many of the

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