



## Promoviendo una Alimentación Saludable (PAS) design and methods: Engaging Latino families in eating disorder treatment

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### ABSTRACT

The use of culturally sensitive intervention could improve mental health care for the eating disorder (ED) treatment in the Latino population. The aim of this report is to describe the rationale, design, and methods of the ongoing study entitled “Engaging Latino families in eating disorders treatment.” The primary aim of the study is to compare (a) the combined effect of individual cognitive behavioral therapy for bulimia nervosa (CBT-BN) that has been previously adapted for the Latino population plus Family Enhanced (FE) modules, with (b) the standard adapted individual CBT-BN in a proof-of-principle study with 40 Latina adults with eating disorders and one relative or significant other per patient. We hypothesize that 1) the feasibility, acceptability, and adherence of participants in CBT-BN + FE will be superior to individual CBT-BN only; 2) relatives in CBT-BN + FE will report greater treatment satisfaction, greater reduction in family conflict, and greater decreases in caregiver burden than relatives in the individual CBT-BN only condition; and 3) patients who participate in CBT-BN + FE will show trends towards greater decreases in ED symptoms compared with patients in CBT-BN only; although power will be limited to detect this difference. However, we predict that they will show greater retention in treatment, greater treatment satisfaction, and greater decreases in family conflict than patients in CBT-BN only. The completion of this investigation will yield important information regarding the acceptability and feasibility of a culturally sensitive evidence-based treatment model for Latinos with eating disorders.

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### 1. Introduction

Although the Latinos are the largest minority population in the United States, the health disparities between this population and the majority are concerning, especially regarding psychiatric disorders [1]. For example, Latinos/as usually are underrepresented in outpatient settings [2] and are less likely than non-Latino whites to receive best care

practices [2–4]. This is in addition to the specific health-seeking patterns in this population, characterized by underutilization of mental health services, premature treatment termination, and frequent treatment drop out in comparison to non-Latino whites [5,6]. Addressing health disparities in this population is essential [1].

The use of culturally sensitive help-seeking pathways could improve the practice of mental health care in order to make services more accessible and effective for underserved populations [7]. Regarding help-seeking pathways, López and collaborators [1] discussed four main points that could decrease health disparities among populations. First, limited mental health literacy should be addressed due to the low use of mental health care in Latinos/as. Second, to facilitate

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pathways to care, it is important to increase social networks. Given that family close interpersonal relationships are important cultural values in Latinos/as, the inclusion of family or significant others in care pathways could provide the support that patients need to engage and remain in treatment. Third, consistent with the second point, the inclusion of family in psychoeducation and skill training appears to be an important cultural adaptation in the Latino population [1,8,9]. Finally, synchronous interventions across pathways to care should be considered. Pathways must be developed that respond to the reality of the Latino population (i.e., lack of health insurance, different health-seeking patterns, among others) in order to maximize the resources and address the specific needs of the target population. Culturally sensitive protocols or guidelines as an adjunctive intervention to evidence-based treatment appear to facilitate engagement in treatment and may enhance outcomes in minority populations [10].

Specifically, in the treatment of eating disorders (EDs), the inclusion of culture, context, and language are essential considerations for culturally competent care [11]. However, cultural adaptation for Latinos/as in the United States constitutes a challenge considering the rich cultural and historical diversity among Latino subgroups and the complexity of the acculturation process. The role of family, migration, language, and specific cultural values (e.g., *familismo*, ethnic identity, dependence, independence) differs depending on the length of time an individual has spent in the United States, as well as on his or her experience of migration, their ancestry, and relationship to the dominant majority culture [12]. The estimated lifetime prevalence of EDs in the Latino population in the United States is on par with the Caucasian population (anorexia nervosa, AN: 0.08%; bulimia nervosa, BN: 1.61%; binge eating disorder, BED: 1.92%; any binge eating: 5.61%) [13]. Risk for developing EDs is clearly not limited to Caucasians, but limited access to care can be a barrier to the utilization of services for EDs [14]. For example, Latinos/as with a history of EDs are less likely to utilize mental health services [15] and to be referred for further evaluation [16,17] in comparison to non-Latino Whites. However, there is a need for more detailed research on the assessment and treatment of EDs on the Latino population in this country. Differences in the presentation of EDs in Latinos/as may also challenge detection of symptoms in Latinos/as [13]. A culturally sensitive intervention model is necessary to address the health disparity in this population. Especially in the Latino population, the community-based approach seems to be the most responsive model considering the hesitation that many Latinos/as—especially those who are undocumented—have in interacting with governmental agencies [18,19].

Due to the lack of research on culturally focused interventions for EDs in the Latino population in the United States, the intention of the current study is to document pathways of care for EDs among the less acculturated Latinas in this country.

## 2. Objective of the clinical trial

The aim of this report is to describe the rationale, design, and methods of the ongoing study entitled “Engaging Latino families in eating disorders treatment.” Considering the stigma associated with mental health in the Latino population and

specifically with EDs, we actively selected a less stigmatizing name, “Promoviendo una Alimentación Saludable”—PAS Project (Promoting healthy eating patterns), henceforth referred to as the PAS Project. The primary aim of the PAS Project is to compare (a) the combined effect of individual cognitive-behavioral therapy for bulimia nervosa (CBT-BN) that has been previously adapted for the Latino population [20] plus Family Enhanced (FE) modules, with (b) the standard adapted individual CBT-BN in a proof-of-principle study with 40 Latina adults with EDs and one relative or significant other per patient. The aim is to evaluate feasibility, acceptability, and clinical outcomes preliminarily in patients and family functioning and caregiver burden in participating relatives. This study is designed explicitly to gather preliminary outcome data to inform sample size and power calculations for a subsequent larger randomized controlled trial. The primary patient outcome is acceptability, adherence to treatment, and family function. Secondary patient outcomes include binge-purge episodes per day/week, depression, and anxiety. This study has three hypotheses:

**Hypothesis 1 (primary).** The feasibility, acceptability, and adherence of participants in CBT-BN + FE will be superior to individual CBT-BN only.

**Hypothesis 2 (secondary).** Relatives in CBT-BN + FE will report greater treatment satisfaction, greater reduction in family conflict, and greater decreases in caregiver burden than relatives in the individual CBT-BN only condition.

**Hypothesis 3 (secondary).** Patients who participate in CBT-BN + FE will show trends towards greater decreases in ED symptoms compared with patients in CBT-BN only; although power will be limited to detect this difference due to the sample size. However, we predict that they will show greater retention in treatment, greater treatment satisfaction, and greater decreases in family conflict than patients in CBT-BN only.

## 3. Methods and design

### 3.1. Overview of PAS

The PAS Project comprises a series of investigations in order to tailor the development of a culturally appropriate family-based adjunct intervention to CBT-BN for adult Latina patients with EDs. The study design is an incremental four-phase research plan with a specific focus on developing, refining, and evaluating an FE adjunct to a previously culturally-adapted individual cognitive-behavioral intervention for EDs in Latinas. The three initial phases represent formative work that culminates in the final phase which consists of a proof-of-principle study comparing CBT-BN + FE with traditional individual CBT-BN using a community-based approach.

#### 3.1.1. Phase 1

During this phase, in-depth interviews were conducted with 5 Latinas with either a current or past ED, and 5 mental health providers who serve the Latino community in order to gather comprehensive qualitative information about the appropriate role for family members in treatment of EDs

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