

Pilot of the Brief Behavioral Activation Treatment for Depression in Latinos With Limited English Proficiency: Preliminary Evaluation of Efficacy and Acceptability

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Latinos with limited English proficiency (LEP) experience multiple barriers to accessing efficacious mental health treatments. Using a stage model of behavior therapy research, this Stage I investigation evaluated the Brief Behavioral Activation Treatment for Depression (BATD), an intervention that may be well equipped to address existing treatment barriers.

A sample of 10 Latinos with LEP and depressive symptomatology participated in a 10-session, direct (i.e., literal) Spanish-language translation of BATD, with no other cultural modifications. Participants were assessed at each session for depressive symptomatology and for the proposed BATD mechanisms: activity engagement and environmental

reward. One month after treatment, participants were reassessed and interviewed to elicit feedback about BATD. Hierarchical linear model analyses were used to measure BATD outcomes. Results showed depressive symptomatology decreased ($p < .001$), while both activation ($p = .04$) and environmental reward ($p = .02$) increased over the course of BATD. Increases in activation corresponded concurrently with decreases in depression ($p = .01$), while environmental reward preceded decreases in depressive symptomatology (all p 's $\leq .04$). Follow-up analyses revealed sustained clinical gains in depression and activation, and an increase in environmental reward at follow-up.

Participant interviews conducted 1 month after treatment conclusion indicated that BATD is an acceptable treatment for our sample of interest. Despite the limitations inherent in a study restricted to a sample of 10, preliminary outcomes of this Stage I research suggest that members of this otherwise underserved group showed improvements in depressive symptomatology and are willing to participate in and adhere to BATD. The study's positive outcomes suggest that a Stage II randomized clinical trial is a logical next step.

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THE LIFETIME PREVALENCE of major depressive disorder (MDD) is 16.6% and its effects impair members

of all racial and ethnic groups (Feliciano & Areal, 2007; Kessler, Chiu, Demler, & Walters, 2005). Among the general Latino population, MDD rates range from 3% to 18% (Kessler et al., 2003; Mendelson, Rehkopf, & Kubzansky, 2008; Vega et al., 1998). However, among Latinos with limited English proficiency (LEP), who constitute approximately half of the U.S. Latino population (U.S. Census Bureau, 2010), MDD rates are reportedly as high as 25% (Folsom et al., 2007; Muñoz, Ying, Pérez-Stable, & Miranda, 1993).

Although MDD is highly treatable, well-established barriers preclude Latinos with LEP from accessing quality mental health care (Blanco et al., 2007; U.S. Department of Health and Human Services [DHHS], 2001). For example, less than 5% of Latino immigrants afflicted with psychological disorders seek mental health services from specialized practitioners (Vega et al., 2007) due to a combination of linguistic and economic barriers, cultural stigma, and the lack of empirically supported psychosocial interventions (DHHS, 2001; Pincay & Guarnaccia, 2007; Vega et al.). Moreover, this group reportedly drops out of treatment at a higher rate than non-Latino White Americans (Miranda et al., 2003; Organista & Muñoz, 1996).

Despite the aforementioned barriers to access, Latinos with LEP tend to express positive attitudes towards psychosocial treatments for depression (Cooper et al., 2003; Karasz & Watkins, 2006). Some have proposed that it may be due to the nature of these interventions, which activate a valued belief among Latinos—namely, of doing one's part in one's recovery ("*poner de su parte*"; Caplan et al., 2013; Interian et al., 2010; Pincay & Guarnaccia, 2007), a concept highly consistent with the framework of behavioral approaches (Organista, 2000). In fact, these treatments have been regarded as worthy treatments for Latinos with mental health needs by allowing clients to take control over everyday situations, in contrast to the lack of control they may experience as a result of socioeconomic marginalization in the United States, including poverty and racism (Comas-Díaz, 1981).

Behavioral activation (BA) presents a particularly promising form of behavior therapy for Latinos with LEP. According to BA, depression results when constructive (i.e., nondepressive) behaviors are not positively reinforced. The depressive state is then maintained by reinforcement of negative behaviors, such as avoidance and receiving sympathy from others (Lewinsohn, 1974). Through BA, and specifically *poner de su parte*, participants engage in activities important and enjoyable to them (Hopko, Lejuez, Ruggiero, & Eifert, 2003). Concurrently, participants are required to monitor their mood

while they engage in these activities. This increases awareness of the effect of positive and negative behaviors on mood (Hopko et al., 2003; Lejuez et al., 2011). Latinos with LEP may be more willing to participate in this behavioral framework as opposed to therapies that focus on internal factors, such as cognitions and biology, because it may reduce the stigma associated with receiving treatment (Santiago-Rivera et al., 2008).

A number of studies and resultant meta-analyses demonstrate BA's efficacy (Cuijpers, van Straten & Warmerdam, 2007; Ekers, Richards, & Gilbody, 2008; Mazzuccheli, Kane, & Rees, 2009). A recent open-label trial ($N = 10$) evaluating a culturally modified Spanish BA version showed significant decreases in depression posttreatment. Despite promising results, this study was limited by low retention rates (3 of 10 completed treatment) and the absence of male participants. The trial also did not examine the BA proposed mechanisms of change, lacked follow-up data, and did not evaluate the need for cultural modifications (Kanter et al., 2010).

Building on the promising outcomes of the trial conducted by Kanter and colleagues (2010), we evaluated the Brief Behavioral Activation Treatment for Depression, a 10-session weekly version of BA, which may reduce current treatment disparities for Latinos (BATD; Lejuez et al., 2001; Lejuez et al., 2011). Studies show that minority samples similarly situated to Latinos with LEP (e.g., Alegria et al., 2002; Fortuna, Alegria, & Gao, 2010) are more likely to complete BATD than alternative treatments, such as supportive counseling or treatment as usual (e.g., Magidson et al., 2011). Furthermore, BATD's idiographic approach focuses on the individual's unique personal values. The process of value identification and subsequent activity selection is entirely client-directed and focused, and therefore individually tailored (Collado, MacPherson, Risco, & Lejuez, in press). With the help of a therapist, the client identifies important life areas (e.g., relationships), values within those life areas (e.g., be an involved parent), and activities in which the client can engage that are congruent with those values (e.g., attend the child's extracurricular activities). Each value is incorporated into the treatment to the extent the client deems it important. Thus, the therapist does not make any assumptions about the individual's values. This feature of BATD may prove particularly useful when treating U.S.-based Latinos, given the heterogeneous nature of this group, whose members represent more than 20 countries, each embedded within different sociocultural contexts and histories. BATD's idiographic nature prevents placing clients into predetermined and oftentimes erroneous categories based on assumptions of cultural heritage alone

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