

A Randomized Hybrid Efficacy and Effectiveness Trial of Behavioral Activation for Latinos With Depression

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Depression presents a significant public health burden for Latinos, the largest and fastest-growing minority group in the United States. The current study performed a randomized controlled trial of Behavioral Activation (BA) for Latinos (BAL, $n = 21$), with relatively minor modifications, compared to treatment as usual (TAU, $n = 22$) in a community mental health clinic setting with a sample of depressed, Spanish-speaking Latinos. TAU was a strong comparison condition, taking place at the same clinic, under the same guidelines and clinic protocols, with similar levels of ongoing consultation, and using the same pool of therapists as BAL. Results indicated that BAL performed well with respect to treatment engagement and retention. Regarding acute treatment outcomes, an interaction emerged between number of sessions attended and condition. Specifically, only BAL clients who were engaged in treatment and attended more sessions

demonstrated significant reductions in depression and improvements in quality of life and mental health functioning. Results are discussed in terms of the balance of efficacy and effectiveness issues addressed in this trial.

Keywords: behavioral activation; Latinos; psychotherapy; depression

LATINOS ARE THE LARGEST MINORITY GROUP in the United States, comprising over 50 million individuals in 2010 (Passel, Cohn, & Lopez, 2011), with projections that the population will double in size by 2050 (Passel & Cohn, 2008). Depression, identified by the World Health Organization (2008) as one of the most burdensome diseases in the world, presents a significant public health problem for Latinos in the United States (U.S.), with U.S. Latinos reporting comparable rates of major depression diagnoses and possibly higher levels of depressive symptoms compared to non-Latino Whites (Mendelson, Rehkopf, & Kubzansky, 2008).

Many contextual factors are important to the etiology of depression among U.S. Latinos (Cabassa, Lester, & Zayas, 2007; Martinez-Pincay & Guarnaccia, 2007). Research has related the onset

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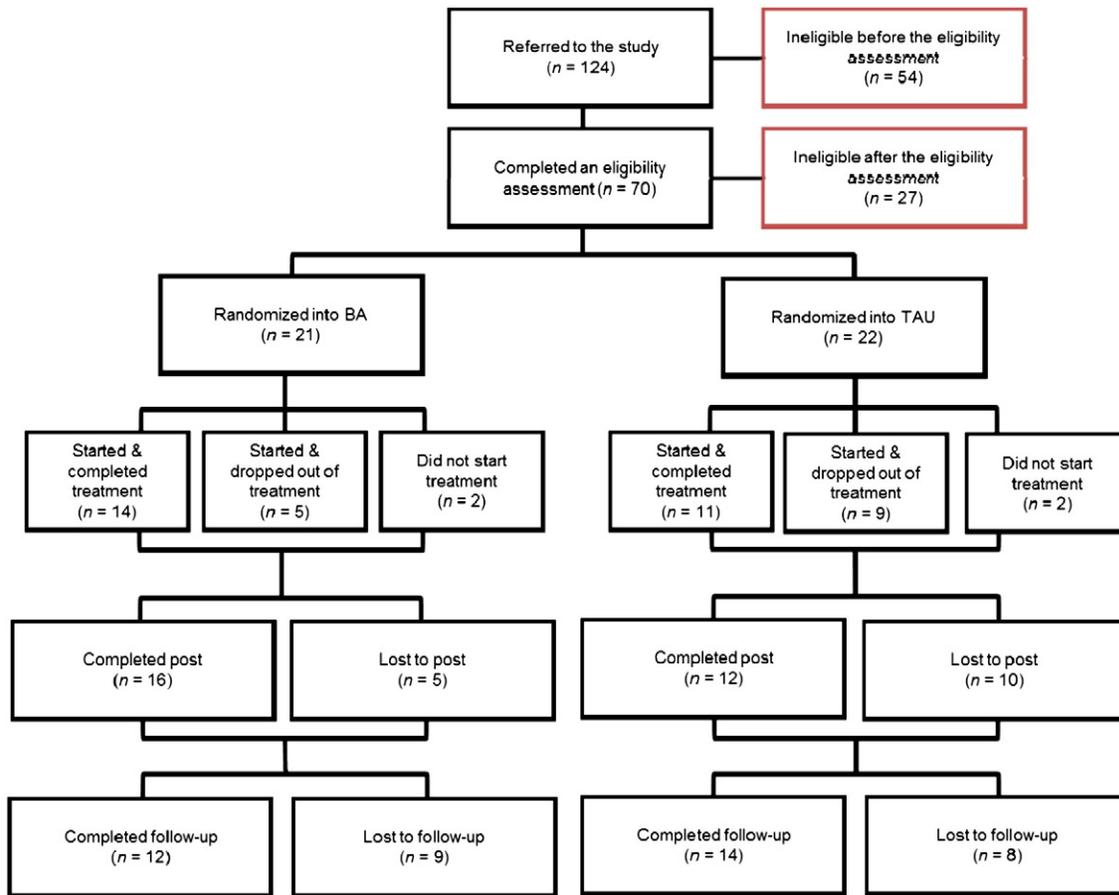


FIGURE 1 Flow of Study Participants.

of depression among U.S. Latinos, for example, to stressful immigration experiences (Grzywacz et al., 2010), the process of acculturation and adapting to a new environment (Organista, Organista, & Kurasaki, 2003), separation from children and family (Miranda, Siddique, Der-Martirosian, & Belin, 2005), and overrepresentation in low socio-economic status brackets (Bruce, Takeuchi, & Leaf, 1991; Vega et al., 1998). Other contextual factors, including experiences of racism and discrimination, stressful interactions with agencies, and language barriers, also are seen as important (Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002). In line with these factors, U.S. Latinos tend to conceptualize depression as having contextual origins, rather than in other terms (e.g., biological or cognitive; Martinez-Pincay & Guarnaccia, 2007).

A primary obstacle to the psychotherapeutic treatment of depression in U.S. Latinos has been engaging and retaining Latinos in treatment (Fortuna, Alegria, & Gao, 2010). Variants of cognitive-behavior therapy (CBT) have been developed (Muñoz & Mendelson, 2005; Muñoz & Miranda, 1986) and evaluated (Voss Horrell, 2008) to

address this issue. In these trials, improvements in retention rates have been observed, often after the introduction of supplemental, resource-intensive interventions such as additional case management, psychoeducation for those unfamiliar with depression, provision of child care services and transportation, and cultural competency training for therapists (Miranda, Azocar, Organista, Dwyer, & Areane, 2003; Miranda, Cheng, et al., 2003; Miranda, Duan, et al., 2003). Depression treatment outcomes have also improved in these studies, which typically involve complex, multifaceted CBT interventions sometimes as part of larger, collaborative care models (Wells et al., 2004).

More research is needed to produce culturally sensitive, resource-efficient interventions that are disseminable to community settings in order to improve treatment engagement, retention, and outcomes for U.S. Latinos with depression. Kanter, Santiago-Rivera, and colleagues (Kanter, Dieguez Hurtado, Rusch, Busch, & Santiago-Rivera, 2008; Kanter, Santiago-Rivera, Rusch, Busch, & West, 2010; Santiago-Rivera et al., 2008) proposed that Behavioral Activation (BA; Kanter, Busch, & Rusch,

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