Frequently Asked Questions

From the Cultural Elements in Treating Hispanic and Latino Populations Webinar held May 27, 2015

Are there any evidence base treatment program for mental health for Latinos (that includes group therapy)? We are trying to develop group therapy for Spanish speaking clients and would like to get a evidence base treatment group therapy program that we can use.

Examples of EBPs include cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT), both well documented and established forms of psychotherapy to address depressive disorders in both children and adults (Miranda et al., 2005).

In terms of substance use a person-centered approach such as Motivational Interviewing generates positive results.

Other models included in SAMHSA's registry are:

Boston Consortium Model: Trauma-Informed Substance Abuse Treatment for Women

The Boston Consortium Model: Trauma-Informed Substance Abuse Treatment for Women (BCM) program provides a fully integrated set of substance abuse treatment and trauma-informed mental health services to low-income, minority women with co-occurring alcohol/drug addiction, mental disorders, and trauma histories. BCM was developed by a consortium of urban substance abuse and mental health treatment programs as an enhancement to existing substance abuse treatment based on the Trauma Recovery and Empowerment Model (TREM). TREM uses a psychoeducational and skills-building approach to increase a woman's understanding of the associations among addiction, trauma, mental health disorders, and sexual risk behaviors. It teaches positive and protective coping skills to help women heal from past abuse and avoid future abuse, along with behavioral strategies for reducing trauma symptoms, substance use relapse, and sexual risk.

BCM begins with a diagnostic assessment for mental disorders and trauma administered by a trained mental health/trauma service (MHTS) coordinator/case manager. The MHTS coordinator/case manager develops an integrated, trauma-

informed treatment plan for the client, links her to the appropriate mental health services, and works collaboratively as the primary point of contact with the client's mental health and substance abuse treatment service teams. Additionally, BCM uses five manual-driven, skills-building group modules. One of these modules is a modified version of the TREM curriculum adapted to include 3 group sessions on HIV/AIDS prevention for a total of 25 sessions. The four other modules are:

- Women's Leadership Training Institute (3 sessions, 15 hours total), delivered by staff with a personal history of alcohol or drug abuse, mental health problems, and/or interpersonal violence, focuses on leadership and communication skills and aims to reverse the silencing effects of trauma and help clients regain their voice.
- Economic Success in Recovery (8 sessions, 16 hours total) assists clients, who often have a history of economic dependence on abusive partners, in gaining the skills to effectively manage money issues and draw associations between their past substance use and current economic situation.
- Pathways to Family Reunification and Recovery (10 sessions, 15 hours total) focuses on building skills, knowledge, and support related to child custody issues.
- Nurturing Program for Families in Substance Abuse Treatment and Recovery (12 sessions, 24 hours total) focuses on enhancing parenting skills and family communication.

BCM can be delivered in English and Spanish by trained bilingual staff.

Brief Strategic Family Therapy

Brief Strategic Family Therapy (BSFT) is designed to (1) prevent, reduce, and/or treat adolescent behavior problems such as drug use, conduct problems, delinquency, sexually risky behavior, aggressive/violent behavior, and association with antisocial peers; (2) improve prosocial behaviors such as school attendance and performance; and (3) improve family functioning, including effective parental leadership and management, positive parenting, and parental involvement with the child and his or her peers and school. BSFT is typically delivered in 12-16 family sessions but may be delivered in as few as 8 or as many as 24 sessions, depending on the severity of the communication and management problems within the family. Sessions are conducted at locations that are convenient to the family, including the family's home in some cases. Hispanic families have been the principal recipients of BSFT, but African American families have also participated in the intervention.

BSFT considers adolescent symptomatology to be rooted in maladaptive family interactions, inappropriate family alliances, overly rigid or permeable family

boundaries, and parents' tendency to believe that a single individual (usually the adolescent) is responsible for the family's troubles. BSFT operates according to the assumption that transforming how the family functions will help improve the teen's presenting problem. BSFT's therapeutic techniques fall into three categories: joining, diagnosing, and restructuring. The therapist initially "joins" the family by encouraging family members to behave in their normal fashion. The therapist then diagnoses repetitive patterns of family interactions. Restructuring refers to the change-producing strategies that the therapist uses to promote new, more adaptive patterns of interaction.

Cognitive Behavioral Therapy for Late-Life Depression

Cognitive Behavioral Therapy (CBT) for Late-Life Depression is an active, directive, time-limited, and structured problem-solving approach program that follows the conceptual model and treatment program developed by Aaron Beck and his colleagues. CBT for Late-Life Depression includes specific modifications for elderly depressed individuals who are being treated as outpatients. The intervention includes strategies to facilitate learning with this population, such as repeated presentation of information using different modalities, slower rates of presentation, and greater use of practice along with greater use of structure and modeling behavior. Patients are taught to identify, monitor, and ultimately challenge negative thoughts about themselves or their situations and develop more adaptive and flexible thoughts. Where appropriate, emphasis is also placed on teaching patients to monitor and increase pleasant events in their daily lives using behavioral treatment procedures. The intervention consists of up to 20 50- to 60-minute sessions following a structured manual.

Familias Unidas Preventive Intervention

The Familias Unidas Preventive Intervention is a family-based program for Hispanic families with children ages 12-17. It is designed to prevent conduct disorders; use of illicit drugs, alcohol, and cigarettes; and risky sexual behaviors by improving family functioning. The Familias Unidas Preventive Intervention is guided by ecodevelopmental theory, which proposes that adolescent behavior is affected by a multiplicity of risk and protective processes operating at different levels (i.e., within family, within peer network, and beyond), often with compounding effects. The program is also influenced by culturally specific models developed for Hispanic populations in the United States.

The intervention is delivered primarily through multiparent groups, which aim to develop effective parenting skills, and family visits, during which parents are encouraged to apply those skills while interacting with their adolescent. The

multiparent groups, led by a trained facilitator, meet in weekly 2-hour sessions for the duration of the intervention. Each group has 10 to 12 parents, with at least 1 parent from each participating family. Sessions include problem posing and participatory exercises. Group discussions aim to increase parents' understanding of their role in protecting their adolescent from harm and to facilitate parental investment.

The intervention proceeds in three stages:

- Stage 1: The facilitator aims to engage parents in the intervention and create cohesion among the parents in the group.
- Stage 2: The facilitator introduces three primary adolescent "worlds" (i.e., family, peers, school), elicits parents' specific concerns within each world (e.g., disobedience within the family, unsupervised association with peers, problems at school), and assures parents that the intervention will be tailored to address these concerns.
- Stage 3: The facilitator fosters the parenting skills necessary to decrease adolescent problem behavior and increase adolescent school bonding and academic achievement. In this third stage, group sessions are interspersed with home visits, during which facilitators supervise parent-adolescent discussions to encourage bonding within the family and help parents implement the skills related to each of the three worlds (e.g., discussing behavior management, peer supervision issues, and homework). Each family receives up to eight home visits

The Familias Unidas Preventive Intervention also involves meetings of parents with school personnel, including the school counselor and teachers, to connect parents to their adolescent's school world. Family activities involving the parents, the adolescent, and his or her peers and their parents allow parents to connect to their adolescent's peer network and practice monitoring skills.

The duration of the intervention ranges from 3 to 5 months depending on the target population. Facilitators must be Spanish speaking and bicultural, with a minimum of a bachelor's degree in psychology and 3 years of clinical experience, or a master's degree and 1 year of clinical experience.

Family Matters

Family Matters is a family-directed program to prevent adolescents 12 to 14 years of age from using tobacco and alcohol. The intervention is designed to influence population-level prevalence and can be implemented with large numbers of geographically dispersed families. The program encourages communication among family members and focuses on general family characteristics (e.g., supervision and communication

skills) and substance-specific characteristics (e.g., family rules for tobacco and alcohol use and media/peer influences). The program involves successive mailings of four booklets to families and telephone discussions between the parent and health educators. Two weeks after family members read a booklet and carry out activities intended to reinforce its content, a health educator contacts a parent by telephone. A new booklet is mailed when the health educator determines that the prior booklet has been completed. The program can be implemented by many different types of organizations and people, such as health promotion practitioners in health departments, school health educators and parent-teacher groups, volunteers in community-based programs, and national nonprofit organizations.

Healing Our Women (HOW)

Healing Our Women (HOW) is a community-based, culturally congruent psychoeducational intervention for HIV-positive women who have a history of child sexual abuse. HOW is designed to enhance participants' coping and emotional problem-solving skills to reduce sexually risky behavior, increase adherence to HIV medication, and alleviate and manage psychological distress. The intervention is guided by cognitive-behavioral approaches to safer sex behaviors and incorporates culture- and gender-specific concepts commonly promoted within the families and religious teachings of ethnic minority women. Six key tenets frame the program model:

- Disclosure of childhood sexual abuse and trauma is central to making the link between childhood sexual abuse and HIV;
- Emotional and cognitive processing of trauma reduces the effects of trauma;
- Making the link between emotions and behavior reduces risk and revictimization;
- Coping and resilience maintain health and well-being;
- Awareness of culture, gender, and spiritual beliefs enhances well-being; and
- Ongoing monitoring of trauma and mental health minimizes the lasting effects of sexual risk-taking.

The HOW curriculum is delivered in 11 weekly sessions, each 2.5 hours in duration. Sessions emphasize the effects of child sexual abuse on personal decisionmaking and the link among past traumatic experiences, HIV infection and current functioning. Techniques include trauma writing, problem-solving strategies, and communication-skills training. Essential components of child sexual abuse treatment, including short-term trauma-focused groups, relaxation training, and peer modeling of disclosure, are integrated into the program. Participants also receive referrals to appropriate individual, couples, or group therapists; or to primary care physicians for medical issues related to sexually transmitted infections, sexual health, or management of HIV.

In the study reviewed, participants also received case management support through weekly phone calls.

Groups are conducted in English or Spanish by a trained facilitator with group therapy experience, working in collaboration with a peer facilitator who is HIV-positive, has a history of child sexual abuse, and has received cultural competency training. To enhance the cultural congruence of the intervention, facilitators and peer facilitators should be ethnically similar to the participants.

HOW has also been used for women at risk for HIV.

Modelo de Intervención Psicomédica (MIP) (Psycho-Medical Intervention Model)

Modelo de Intervención Psicomédica (MIP) (Psycho-Medical Intervention Model) is a comprehensive, individualized, behavior change intervention for persons 18 years and older who inject drugs and are not in a drug treatment program. The goals of MIP are (1) to engage participants in entering and remaining in drug treatment, (2) to reduce participants' drug-related (e.g., sharing of needles) and sex-related (e.g., unprotected sex) behaviors that place them at high risk for the infection and transmission of HIV and viral hepatitis, and (3) to enhance participants' self-efficacy to maintain healthier behaviors and prevent relapse.

MIP, which is based on a motivational interviewing model and case management, addresses participants' goal setting, decision making, reinforcement, self-monitoring, and attitude change in regard to drug use, drug treatment, and HIV risk behaviors through two components:

- Outpatient counseling, which is delivered by a counselor through six structured sessions and a booster session. Session topics are selected by the participant in any order, with the exception of the induction session and the booster session, which occur first and last, respectively. Counseling sessions focus on the participant's motivation to change, and the counselor helps the participant to develop a work plan for facilitating behavior change and improving self-efficacy. The participant also is encouraged to enter into drug treatment and receives information on strategies for preventing relapse. HIV risk reduction strategies, such as not sharing needles and safer sex negotiation, are also discussed.
- Case management, which is provided by a case manager who meets with the participant after each session to review and reinforce the topic covered and to assist the participant in overcoming barriers to continued participation. The case manager

also helps the participant to access drug treatment, additional primary health care, and other services (e.g., housing, social welfare, legal assistance) as needed.

Three trained staff members are needed to implement the program: a counselor with a degree in counseling or nursing, a case manager with experience working with adults who use drugs, and a supervisor with a degree in social sciences or nursing. Before implementing MIP, these staff members must participate in a 3-day, face-to-face training of facilitators, which includes information on motivational interviewing techniques and case management.

In the study reviewed for this summary, MIP was implemented with Puerto Rican adults ages 18-65.

Solution-Focused Group Therapy

Solution-Focused Group Therapy (SFGT) is a strengths-based group intervention for clients in treatment for mental or substance use disorders that focuses on building solutions to reach desired goals. SFGT is an application of Solution-Focused Brief Therapy (SFBT) in a group setting.

Developed out of brief family therapy, SFBT uses language and social interactions to construct new psychological meanings and behaviors. It emphasizes what the client wants to achieve through therapy rather than the client's problems and failings in the past. Based on the notion that individuals know their situation best and are capable of generating their own solutions, SFBT aims to build on the client's resources, strengths, and motivation. SFBT has been used with adolescents and adults in a variety of settings.

The use of SFBT with a group allows clients to observe and learn from others and utilize group connections. Clients typically participate in SFGT for 12 group sessions. In the study reviewed, adult clients referred for treatment of relatively mild substance abuse problems received six 90-minute sessions of SFGT. Minimally, an SFGT therapist should possess a master's degree in counseling, social work, marriage and family therapy, psychology, psychiatry, or a similar discipline, as well as training in SFBT and training and consultation in SFGT.

Trauma Recovery and Empowerment Model (TREM)

The Trauma Recovery and Empowerment Model (TREM) is a fully manualized group-based intervention designed to facilitate trauma recovery among women with histories of exposure to sexual and physical abuse. Drawing on cognitive restructuring,

psychoeducational, and skills-training techniques, the gender-specific 24- to 29-session group emphasizes the development of coping skills and social support. It addresses both short-term and long-term consequences of violent victimization, including mental health symptoms, especially posttraumatic stress disorder (PTSD) and depression, and substance abuse. TREM has been successfully implemented in a wide range of service settings (mental health, substance abuse, criminal justice) and among diverse racial and ethnic populations.

Seeking Safety

Seeking Safety is a present-focused treatment for clients with a history of trauma and substance abuse. The treatment was designed for flexible use: group or individual format, male and female clients, and a variety of settings (e.g., outpatient, inpatient, residential). Seeking Safety focuses on coping skills and psychoeducation and has five key principles: (1) safety as the overarching goal (helping clients attain safety in their relationships, thinking, behavior, and emotions); (2) integrated treatment (working on both posttraumatic stress disorder (PTSD) and substance abuse at the same time); (3) a focus on ideals to counteract the loss of ideals in both PTSD and substance abuse; (4) four content areas: cognitive, behavioral, interpersonal, and case management; and (5) attention to clinician processes (helping clinicians work on countertransference, self-care, and other issues).

Other models include:

- Functional Family Therapy for Adolescent Alcohol and Drug Abuse
- Interim Methadone Maintenance
- Psycho-Medical Intervention Model
- Phoenix House Academy
- TCU Mapping-Enhanced Counseling

For further information:

- http://www.nrepp.samhsa.gov/
- https://clinicaltrials.gov/
- https://www.effectiveinterventions.org/