

Culturally adapting ACT for Latinos with co-occurring DUD/HIV in Puerto Rico

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Introduction

- By 2016 injectable drugs were the cause of transmission for 43% of accumulated adult and adolescent HIV cases in Puerto Rico (PR).
- Engaging people with drug use disorders (DUD) and HIV in evidenced-based treatment (EBT) is of high public health significance to reduce transmission risk and increase Anti Retroviral Treatment (ART) adherence.
- **Self-stigma** has been identified as a barrier to treatment access and retention for both conditions.
- Evidence supports the efficacy of ACT for the treatment of self-stigma.
- There is a great need to promote cultural adaptation research aimed at achieving treatment efficacy as well as cultural relevance [1-2].
- This study is relevant given limited attention to interventions targeting self-stigma reduction among populations with co-occurring DUD/HIV, specifically Spanish-speaking Latinos that are not included in efficacy studies.

Aims

Justify the importance of cultural adaptation research as a key strategy to develop efficacious interventions.

Describe the initial steps in culturally adapting an EBT informed by ACT principles.

Discuss implications for advancing cultural adaptation treatment practice and research based on the initial acceptability and feasibility of the intervention with Latinos with DUD/HIV living in Puerto Rico.

Methods

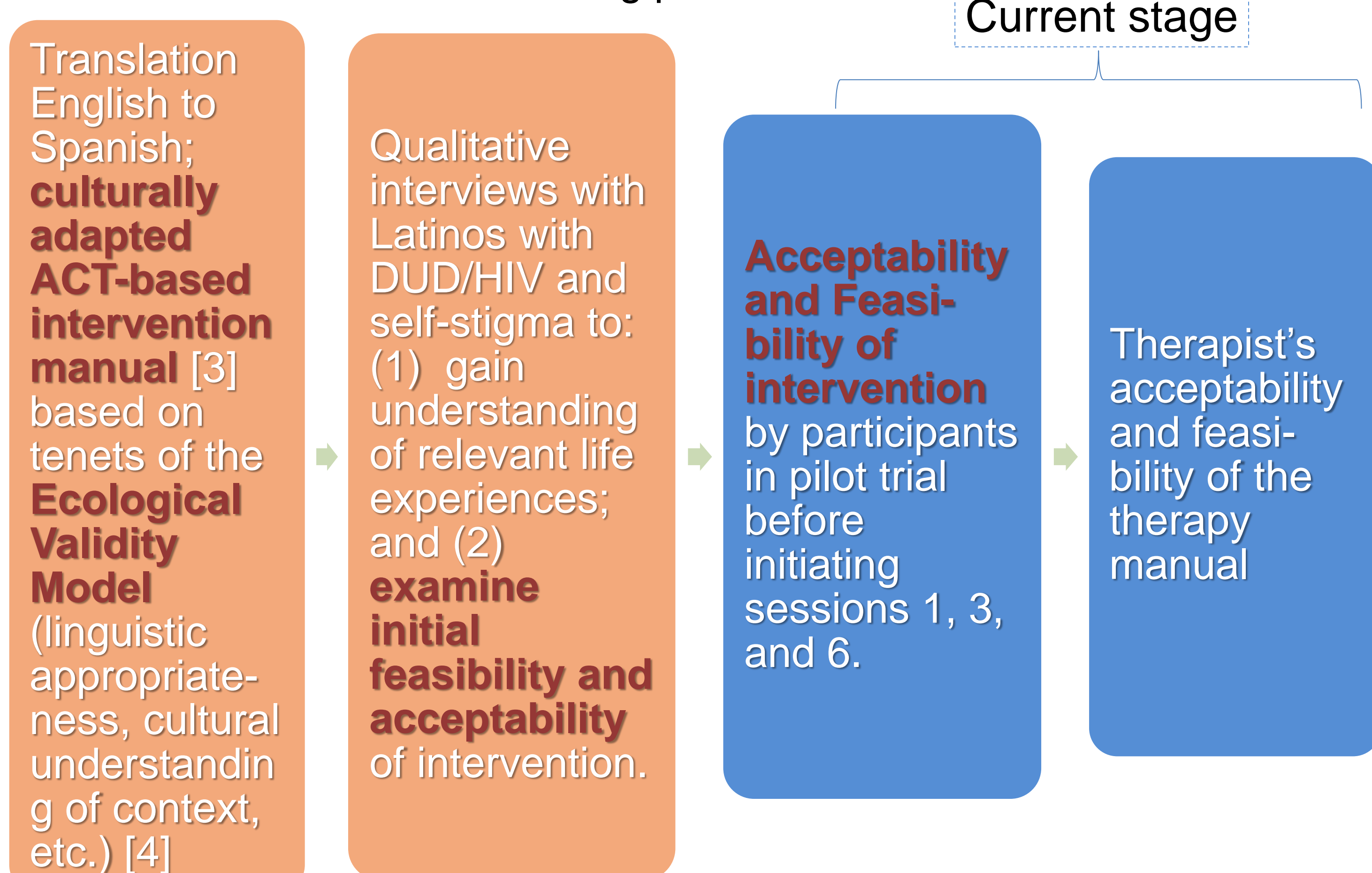
Design: Data from subjects randomized to the experimental group of a pilot clinical study **evaluating the culturally-adapted, manualized ACT psychological intervention** and from the clinical supervision process of the ACT therapist.

Participants: Eight adults with DUD/HIV and self-stigma that comprised the experimental group, recruited at two community Primary Health Care Centers in PR (participation was voluntary); and one therapist.

Measures/sources of information: (1) Acceptability of Intervention Measure (AIM) and the Feasibility of Intervention Measure (FIM) (**both ranges 5-20**) completed by participants before initiating sessions 1, 3, and 6; (2) Therapist's acceptability and feasibility of the therapy manual assessed in the clinical supervision processes.

Results

- Our work has been an evolving process:



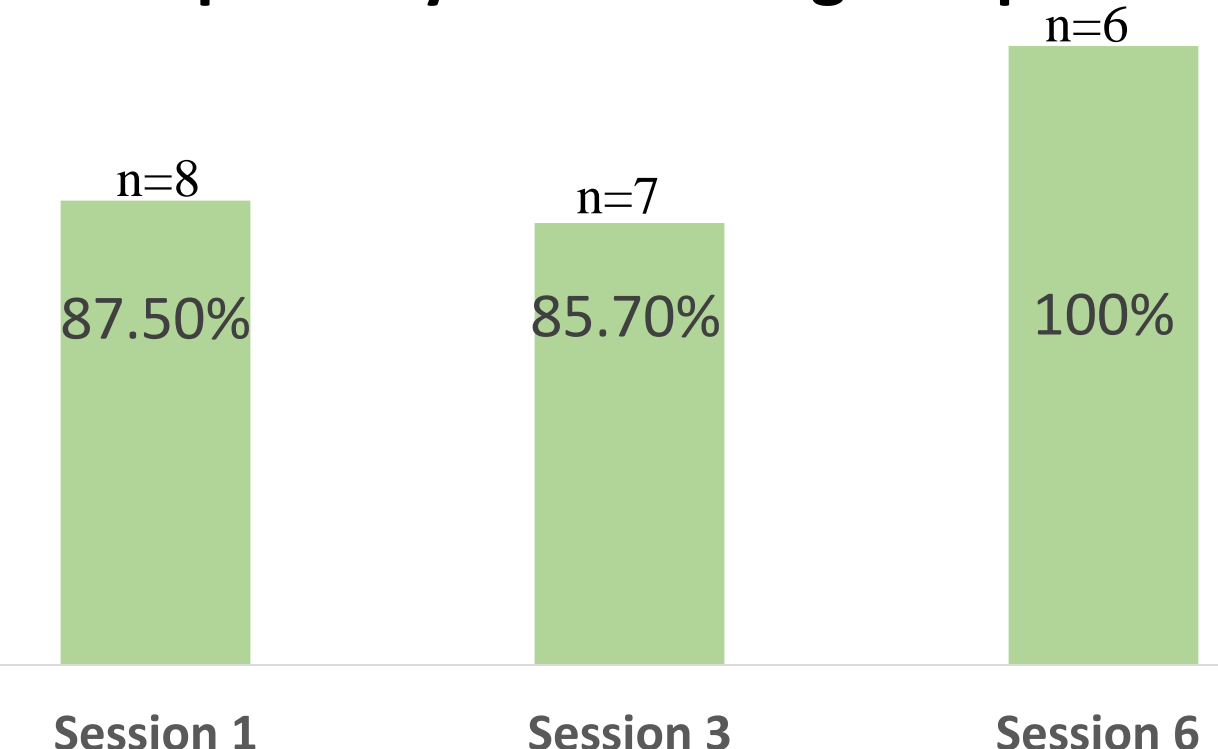
Results (cont.)

- Thru **therapist supervision** gained a deep understanding of:
 - Participants' most relevant life experiences and valued-living
 - Importance of reducing length of therapy sessions (from average 75 mins to max 60 mins)
 - Re-evaluate the use of some metaphors in order to be more responsive to this population
 - Identified contextual challenges that may affect populations' capacity to benefit from therapy and retention.

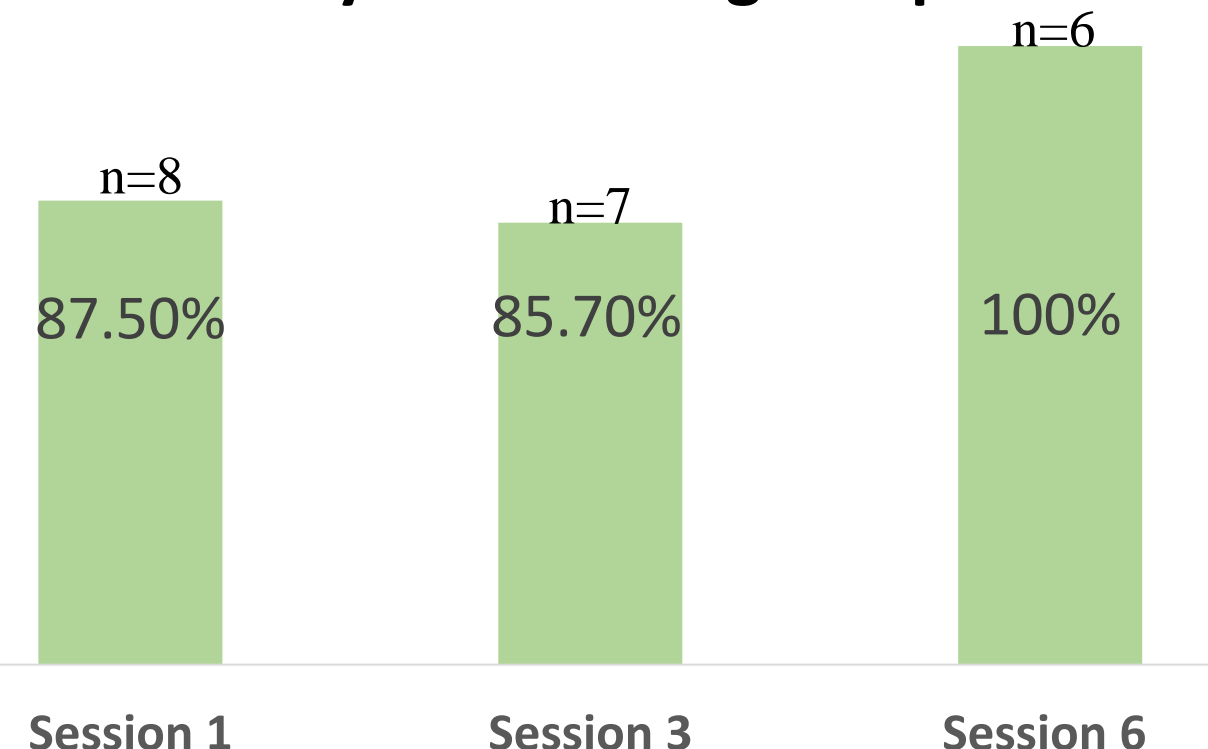
- **Acceptability and feasibility augments with therapy participation (from session 1 to session 6).**

- Less answer variability is observed for feasibility from sessions 1 to 6.

Acceptability level among completers



Feasibility level among completers



Discussion

- Meta-analyses on culturally adapted treatments studies have concluded that culturally adapted interventions have positive effects on clients' engagement in therapy, retention, and satisfaction [5-6].
- Findings from this pilot study are relevant because they provide initial empirical data regarding the implementation feasibility and cultural acceptability of an intervention efficacious for treatment of self-stigma, a common barrier to HIV/DUD treatment entry and retention.
- Results suggest that once people are integrated into the therapy, their acceptability increases significantly. Efforts should be aimed at getting person with DUD/HIV to initiate the therapeutic process.
- Given perception of high feasibility of the intervention, we need to tease out the contextual factors contributing to this perception and to participant's appraisal of the therapeutic process as a whole.
- Translation and cultural adaptation of the ACT is not enough. There is a need to establish a collaborative research program with community leaders informed by principles of community-based participatory research. This step is essential to ensure that the intervention has a positive impact on the Latino community in PR.

Next Steps

Establish a collaborative program of research informed by principles of CBPR to gradually develop co-ownership of the project by community leaders and researchers.

Facilitate a large-scale implementation program of integrative services research aimed at providing culturally relevant treatment interventions for Spanish-speaking Latinos with DUD/HIV who also suffer from self-stigma and have inadequate treatment adherence.

Limitations

Study is an initial phase to inform a larger clinical trial.

- The sample was composed of a small proportion of Latinos in PR.
- Need further research to assess generalizability to other Latino groups.
- Current findings are limited to quantitative and qualitative intervention satisfaction reports of 8 participants.

Acknowledgement

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