Webinar Summary

Less than 10% of the adolescents in need of publically funded substance abuse treatment actually receive it. When available, adolescents typically receive substance abuse treatment in outpatient settings but completion rates only range from 40-60%. In addition, racial and ethnic minority adolescents are less likely than their White counterparts to access and complete treatment. This webinar provided an overview of the current research on retention and engagement as well as the use of culturally adapted substance abuse treatments for racial and ethnic minority adolescents. Dr. Jason Burrow-Sánchez provided ideas for implementing evidence-based strategies to increase retention and engagement of adolescents in treatment and discussed when and how cultural adaptions to treatment may be necessary based on the current research evidence.

Participant Questions & Presenter Responses

Q 1	*Any particular culturally adapted programs you would recommend?*
Response 1	In choosing programs I suggest you consider the following: 1) Who is your target audience (e.g., Latinos, African American) and what age group (e.g., adolescent, adult)? 2) Does the program meet the needs of the target audience in #1? 3) What areas are you trying to address with the program (e.g., substance abuse, depression)? 4) Does the program address the areas identified in #3? 5) Does the program have a solid theoretical basis and has it been tested? This is not an exhaustive list of questions but ones that should be considered when considering a program. As an example, you can review our work on the development of a culturally adapted substance abuse treatment program for Latino adolescents – Validating Interventions for Diverse Adolescents (VIDA) (see Burrow-Sanchez et al., 2011) and the testing of the program (see Burrow-Sanchez et al., 2015a; Burrow-Sanchez & Wrona, 2012)

Q2	*Any suggestions on how to make a court-ordered treatment program more sensitive and engaging of a diverse community, when there is such an inherent distrust of the justice system within low income communities and communities of color?*
Response 2	This is a great question. Overall, my primary suggestion is to "engage" the target community prior to recruitment for the treatment and have a plan for on-going "engagement" during and after the treatment. For practical examples of how we did this in our treatment program please see Burrow-Sanchez et al., 2011 – in particular, this article describes the work we did to "engage" the Latino community prior to recruiting for a treatment program and how we infused what we learned from the community into the treatment program. It also discusses the barriers that need to be addressed during the treatment program (e.g., location, transportation, time of meetings, language).
Q3	*Did the research look at Adverse Childhood Experiences Scores? Did adverse childhood experiences/trauma affect treatment outcomes?*
Response 3	We assessed for prior trauma during our clinical assessments; however, we did not test if prior trauma was related to treatment outcomes.
Q4	*What are a couple of ways you've engaged parents in treatment?*
Response 4	Great question. 1) Provided bilingual (English/Spanish) therapists. We found that adolescents preferred English and parents preferred Spanish. 2) Location of treatment was convenient for families – in the community. 3) Time of treatment was convenient for families. 4) Therapist encouraged contact from parents (as appropriate).

Q 5	***How did you define familism and measure/determine level of ethnic identity?***
Response 5	To measure: a) familism we used the Familism Scale (see Sabogal et al., 1987), b) ethnic identity we used the Multigroup Ethnic Identity Measure (see Phinney, 1992), and c) acculturation we used the ARSMA-II (see Cuellar et al., 1995). You may also be interested in our psychometric analyses of these measures for use with Latino adolescents (see Burrow-Sanchez, 2014; Burrow-Sanchez et al., 2015b)
Q6	*Did the studies you considered all use abstinence-based curricula?*
Response 6	No, we used a harm-reduction approach.
Q7	*Are there best practices in the use of translators with adolescents?*
Response 7	We didn't use translators so I can't speak to this, rather my recommendation is to have bilingual staff.
Q8	*What were the methods used for adapting models?*
Response 8	We developed and implemented the Cultural Accommodation Model for Substance Abuse Treatment (CAM-SAT). The development of this model and methods of implementation are described in Burrow-Sanchez et al., 2011.

Participant Questions & Presenter Responses (continued)

Q9	***What are the culturally adaptive evidence based treatment interventions?***
Response 9	I would need a lot more space to adequately address this question. Part of this issue, as discussed in the webinar, is based on how the treatments were tested in the research – for example, a larger number were tested against some type of control group while a minority were tested against a generic version of the same treatment. As a starting point, I encourage you to review the article by Huey et al., 2014 for more information.
Q10	*Can you recommend resources in working with American Indian youth?*
Response 10	There are four ATTC National Focus Area Centers serve as subject matter experts, provide information on the latest research-based best practices, and coordinate efforts on topics of national focus. For your specific question, I recommend looking at the website of the National American Indian and Alaska Native Addiction Technology Transfer Center: www.attcnetwork.org/americanindianalaskanative

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