

PROMPT Promoting Recovery in Opioid Maintenance and Psychosocial Treatments – Persian Cultural Concepts of Distress and Opioid Use Disorders

Michael P. Schaub, Viktoria Zöllner, Nikolaos
Boumparis, Alireza Noroozi, Afarin Rahimi-Movaghar

LISBON ADDICTIONS CONFERENCE 2022

Global digital addiction interventions: adaptations to target audiences and effectiveness

Lisbon, 23rd November 2022

Funding is provided by: Swiss National Science Foundation, SPIRIT Grant-No. 194093

Opioid use (disorders) in Iran




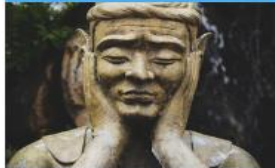






- Opioid use disorder (OUD) is the most common substance use disorder in Iran (Amin-Esmaeili et al., 2016)
- 12-months prevalence of opioid use was 3.02% (95% CI = 2.56, 3.47) and of OUD (DSM-5 criteria) 1.84% (95% CI = 1.48, 2.20)
- Only approximately half of those with opioid dependence in Iran had access to treatment (Amin-Esmaeili et al., 2016)
- Almost no time for psycho-social treatments or psychotherapy for those in treatment
- PROMPT aims at blended psychosocial treatment in addition to methadone or buprenorphine substitution therapy

PROMPT generalizable version

PROMPT Dashboard Diary Modules Craving Tracker Hilfe Profil

Modules Overview

Here you see the overview of all modules. We recommend that you complete 1 to 2 modules each week in the order they are presented. For each module, your progress is indicated by a blue bar at the bottom of the box. If you click on a module, you can continue where you left off last.

<p>1 Introduction</p> 	<p>2 Craving and lapses</p> 	<p>3 Triggers</p> 	<p>4 Motives for drugs</p> 
<p>5 Harm reduction</p> 	<p>6 Working on needs I</p> 	<p>7 Working on needs II</p> 	<p>8 Address problems</p> 
<p>9 Negative thoughts</p> 	<p>10 Preserve success</p> 		

PROMPT generalizable version

Program week 46

Current week

Please enter your craving (frequency and intensity) and any drugs you had consumed each day.

	Tuesday, Safar 23, 1444 - 04:30	Wednesday, Safar 24, 1444 - 04:30	Thursday, Safar 25, 1444 - 03:30	Friday, Safar 26, 1444 - 03:30	Saturday, Safar 27, 1444 - 03:30	Sunday, Safar 28, 1444 - 03:30	Monday, Safar 29, 1444 - 03:30
Craving frequency for opioids	<input type="text" value="0"/> <input type="range"/>	<input type="text" value="0"/> <input type="range"/>	<input type="text" value="0"/> <input type="range"/>	<input type="text" value="0"/> <input type="range"/>	<input type="text" value="0"/> <input type="range"/>	<input type="text" value="0"/> <input type="range"/>	<input type="text" value="0"/> <input type="range"/>
Craving intensity for opioids	<input type="text" value="0"/> <input type="range"/>	<input type="text" value="0"/> <input type="range"/>	<input type="text" value="0"/> <input type="range"/>	<input type="text" value="0"/> <input type="range"/>	<input type="text" value="0"/> <input type="range"/>	<input type="text" value="0"/> <input type="range"/>	<input type="text" value="0"/> <input type="range"/>
Use of Opioids	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Methamphetamine	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other drugs	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

Background

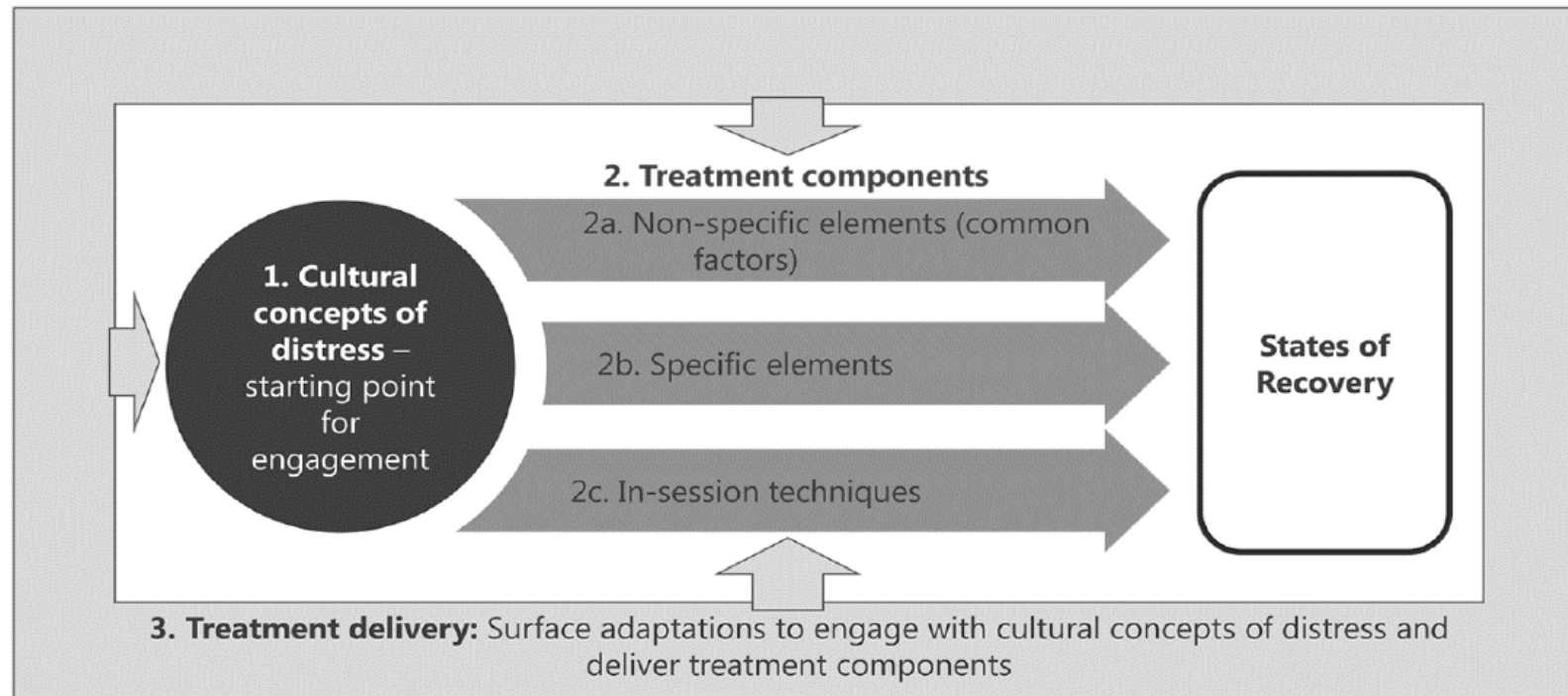
- Psychological interventions seem to be more effective if they are culturally adapted.
- Meta-analysis by Griner and Smith (2006) demonstrated with medium effect size (Cohen's $d = 0.45$, 95% CI = 0.36-0.53, $P < 0.0001$, 76 studies) that culturally adapted psychological interventions resulted in significant improvements compared to various control conditions.
- Meta-analysis by Hall et al. (2016) indicated with medium effect size (Hedges' $g = 0.52$, 95% CI = 0.15-0.90, $P < 0.001$, 78 studies) that culturally adapted psychological interventions are more effective in comparison to unadapted versions of the same interventions.
- Overall, there seems to be evidence in meta-analyses that the more elements of an intervention have been culturally adapted, the higher its effectiveness (Shehadeh et al., 2016; Smith et al., 2011).
- Meta-analysis by Boumparis et al. (2017/2022): Internet- and/or mobile-based add-on treatment to Opioid Substitution Therapy (OST) seems promising

Cultural concept of distress

- Culture is associated with systems of knowledge, concepts, rules, and practices regarding language, religion, spirituality, family structures, and customs, among other factors (APA, 2013).
- The DSM-5 further introduces the term of cultural concepts of distress as “... ways that cultural groups experience, understand, and communicate suffering, behavioral problems, or troubling thoughts and emotions” (APA, 2013, p. 758).
- A distinction is made between three main types of cultural concepts:
 - **Cultural syndromes of distress:** clusters of symptoms and attributions in specific cultural groups
 - **Cultural idioms of distress:** may not involve symptoms but collective ways of experiencing and expressing personal or social concerns.
 - **Cultural explanations or perceived causes** are “labels, attributions, or features of an explanatory model that indicate culturally recognized meaning or etiology for symptoms, illness, or distress” (APA, 2013, p. 758).

Framework for cultural adaptation

Framework for Cultural Adaptation



Cultural adaptation of psychological interventions

- Cultural adaptation is "the systematic modification of an evidence-based treatment or intervention protocol to consider language, culture and context in such a way that is compatible with the client's cultural patterns, meanings and values" (Bernal et al., 2009, p. 362).
- Resnicow et al. (1999):
 - *Surface structure adaptation* involves matching intervention materials and messages to the observable, 'superficial' characteristics of a target population.
 - Conversely, *deep structure adaptation* involves incorporating the cultural, social, historical, environmental, and psychological factors that influence the health behaviour in the target population. In order to understand how a target population perceives the cause, course, and treatment of an illness, explanatory models are part of deep structure adaptations.

Frameworks for cultural adaptation

- *Cultural concepts of distress* are the starting point in this sequence of adaptation. The framework suggests beginning the process of cultural adaptation by assessing cultural concepts of distress with semi-structured interviews.
- Multiple interview guidelines such as the *Barts Explanatory Model Inventory* (BEMI, Rüdell, 2006; Rüdell et al., 2009), Cultural Formulation Interview in DSM-5 (APA, 2013), or Short Explanatory Model Interview (SEMI, Lloyd et al., 1998) are recommended.
- In the BEMI framework, the cultural concepts of distress cover two aspects: *explanatory models and idioms of distress*.
- Explanatory models are etiological assumptions of individuals (Heim & Kohrt, 2019), while idioms of distress describe the expression of symptoms in relation to personal and cultural meaning (Desai & Chaturvedi, 2017).

Methods

Anatomy of a Clinical Vignette	
The patient vignette	<ul style="list-style-type: none">• Demographic information• Level of details added may dictate the complexity of your question• Strength of associations and learning when to use evidence
Lead-In	<p>The specific question you want to ask:</p> <ul style="list-style-type: none">• Focused• Closed• Clear
Options	<p>Answer choices should be homogeneous and tailored to the item.</p> <ul style="list-style-type: none">• Distractors = incorrect answers / not the best answer• If using numbers/letter place them in order.• Use the same format for your options (e.g. all proteins, all diagnoses, all drugs etc)
Rationale	<p>Explain and teach yourself!</p> <ul style="list-style-type: none">• Most important part for learning and study• Generates discussion• Explain why each distractor is incorrect and the correct answer is best.• Pull your evidence from the patient vignette and Lead-in• Determine if you need to add more information to your vignette

Adapted Barts Explanatory Model Interview

- **Case Vignette**

- Ms. E. is 28 years old and divorced. She currently lives with her parents.
- At age 20, Ms. E began using prescription opioids on weekends to get high. At 25, she smoked heroin for the first time with her friends. After that, she started to use more regularly. At first, also only on weekends, but after a few weeks she increasingly felt the desire for more. Ms. E. then began to use heroin two to three times a week. She spent all her savings and borrowed money to buy more. Each time she tried to use less, she felt anxious, sweated for hours, felt nauseous, and could not sleep. These symptoms continued until she started using heroin again. Ms. E. has been living this way for several years.
- In recent weeks, she has additionally felt unusually sad and depressed. She is tired all the time and has difficulty sleeping at night. Ms. E. has no desire to eat and has lost weight. Even everyday tasks seem to be too much for her. Mr. E. now smokes heroin almost every day, but she no longer derives any pleasure from it. She thinks the drugs aren't what they used to be either.
- Her friends and family complain that she has become unreliable. She spends much of her time out of the house, coming home late and some nights staying out altogether without informing the family. She argues with her parents about this issue. Her family says that she has changed and that they can no longer count on Ms. E. - She is financially dependent on them. Following pressure from her family, Ms. E. has already started two shorter treatment attempts (3-4 weeks long) in inpatient facilities, both of which failed. The longest period of abstinence after these treatments was 10 days. Ms. E.'s family is very worried about her.

Adapted Barts Explanatory Model Interview

- 1. Could you tell me how you name the problem or problems of the person in the case study? What name would you give to this problem?
- 2. Could you describe to me what [EXPRESSION] is?
- 3) What do you think caused [EXPRESSION]?
- 4. a) How does [EXPRESSION] affect the life of the person in the description? b) What are the main difficulties or even benefits experienced by persons suffering from [EXPRESSION]?
- 5. Does the fact that individuals suffer from [EXPRESSION] have an impact on the following areas?
a) Physical performance b) Behavior c) Decision making or thinking d) Personality e) Financial security f) Status / role in family / community g) Social life
- 6. a) How do you think [EXPRESSION] should be handled? b. How can [EXPRESSION] best be resolved?
- 7. Do you have anything else to add?

Results



Results

Explanatory models	Idioms of distress	Social environment	Without assigned category
Availability of drugs	Characteristics of the opioid-abusing person	Exclusion from society	Crime
Cause of addiction	Consequences	Expectation and pressure of the social environment	Criminal behaviour
Causes	Consequences of addiction	Family	Destruction
Economic situation/ unemployment/lack of prospects	Further losses	Family losses	Drug addiction
Reasons What is he driven to by addiction	High usage of heroin Initial problems	Loneliness Milieu/social environment	Feelings Finances

Results

Explanatory models	Idioms of distress	Social environment	Without assigned category
	Legal consequences	Reflection on others and society	Future
	Personal losses What they lose after addiction	Social behaviour Social losses	Helplessness Hidden
		Social status after an addiction Societal pressure Societal problems Starting to smoke Status in the society	How to prevent a loss of face Law Money and drugs Opinion Problems of the Iranian woman
		Status of person Support World-weariness	Self-image State problem Supplier

Conclusions

- Addiction suits as a label for opioid dependence.
- Explanatory models are explained multidimensional and mostly by external factors.
- Idioms of distress include diagnostic criteria of opioid use disorders as well as negative consequences on the living environment.
- The impact of opioid use disorder on and the importance of the social environment as cause and resource must be addressed in the development of PROMPT.

THANK YOU FOR YOUR ATTENTION

Contact: michael.schaub@isgf.uzh.ch

Boumparis N, Noroozi A, Naghizadeh E, Wenger A, Rahimi-Movaghar A, Schaub MP. Blended Internet- and Smartphone-based Intervention for Patients in Opioid Maintenance Treatment in Iran: Protocol for a Randomized Controlled Trial. *Frontiers in Psychiatry*: submitted.

Instruction Free Listing Task

- Now comes the second task. We are interested in different types of emotional distress and addiction problems (especially opiates, opium, and heroin, respectively) in the Persian community and Iran, respectively.
- What terms can you think of related to these topics? You can write down words in German and Persian.
- Please write down all words that come to your mind in the free text fields. You can use a new answer field for each word. Typically, participants write down 10-20 words, but this is just to give you some guidance. If you can think of more words, write them down in the last fields, separated by commas.

Free Listing and Pile Sorting for pre-Categorization / Case Vignette

Abuse – Addiction – Crime – Delinquency – Demotivation – Dependence – Depression – Despair – Disappointment – Dishonesty – Drugs – Failure – Family – Destruction – Family – Problems – Fear – Fraud – Future – Government – Group of friends – Helplessness – Homelessness – Honour – Hopelessness – Illicitness – Illness – Illusion – Lack of perspective – Lack of power – Lies – Loneliness – Neglect – Oppression – Poverty – Prison – Professional and financial in security – Secret – Self deception – Smuggling – Social Descent – Social – environment – Social – Social Status – Society's expectations and pressure – Stress – Theft – Trust – Unemployment – Violence – Violence – Weakness – Wealth - Willpower

Frameworks for cultural adaptation

- Resnicow et al.'s (1999), Chu & Leino (2017), Domenech Rodríguez & Bernal (2012), Heim & Kohrt (2019)
- The authors offer a new conceptual framework for cultural adaptation based on ethnopsychological studies, cultural adaptation, and psychotherapy research.

Concept of opioid use (disorder)

- Mohebbi et al. (2019): 2/3 of representative sample had good awareness of the adverse effects of opioids on health. Only 1.5% was not aware of adverse effects. 95.5% reported a negative attitude toward opioid use.
- Khazaei-Pool et al. (2019): explored Iranian women's substance use experience and relapse process. Semi-structured in-depth interviews with OST women. A qualitative content analysis highlighted the different treatment needs in women with a substance use disorder.

Idiom Example: Dépréshen

- Behrouzan (2015): Concept of *dépréshen* under historical and cultural shifts in Iran.

After the Iran-Iraq War and by the end of the 1990s, the term *dépréshen* was commonly present in Iran. *Dépréshen* as a space for underscoring individuals' shared experiences of a particular decade: the 1980s as a signifier of social loss. In contrast to our understanding to depression, *dépréshen* includes social hopelessness, collective grief, melancholy, and situational and clinical depression. This concept is not compatible with the DSM-5.

Adapted Barts Explanatory Model Interview (N=10)

List of Codes and Respective Frequency

Main categories and codes	Frequency
“Problem” in the case study	10
Set of causes	0
Situation in Iran	20
Problem-solving	10
Accessibility of drugs/opioids	7
Psychological and emotional distress	6
Further causes	9
Signs and consequences	0
Everyday life, behaviour, and work	46
Personality	45
Physical signs	31
Psychological signs	17

Adapted Barts Explanatory Model Interview

Social environment	0
Impact on the social environment	61
Social environment as a cause	28
Social environment is suffering	14
Social environment as a resource	11
Economic situation	0
Impact on the economic situation	27
Economic situation as a cause	8
Opioids	0
Opioid abuse	29
Opioids	7
Solution approaches	0
Treatment services and interventions	28
Further solutions	36
Knowledge about Iran	32
Stigmatisation	11
Suicide and death	13