Cultural Adaptations of Cognitive Behavioral Therapy

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KEYWORDS

• Culture • CBT • Cultural adaptation • Refugees • Minority populations

KEY POINTS

- In increasingly multicultural societies, cognitive behavioral therapy (CBT) must be made appropriate for diverse groups.
- This article examines cultural adaptations of CBT, focusing on anxiety and depressive disorders.
- The article presents a culturally informed transdiagnostic model of how anxious-depressive distress is generated and culturally shaped.
- Guided by this model, it discusses how interventions can be designed to decrease anxiety-type and depressive-type psychopathology in a culturally sensitive way.
- It describes such concepts as explanatory model bridging, cultural grounding, and contextual sensitivity.

INTRODUCTION

Evidence demonstrates that cognitive behavioral therapy (CBT) is effective for a wide range of disorders, including posttraumatic stress disorder (PTSD[1]). However, most research on CBT has focused on Western populations and research is just beginning to examine whether CBT is effective for ethnic minority and refugee groups, and for other global contexts, and how CBT should be adapted in such cases.[2–9] A systematic review of 10 randomized controlled trials on treatment of refugees with mental health problems found some promise in CBT and argued that there is a need for adapting treatments to the local cultural context.[10] Another review of 76 studies on culturally adapted (CA) mental health interventions for a wide range of disorders found that interventions targeted to specific ethnic groups produced 4 times stronger effects than those provided to diverse ethnic groups.[11] Yet another review confirmed that CA

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treatment is more effective than unadapted treatment ($d = .32$) in a direct-comparison meta-analysis, and found that making the explanatory model consonant with that of the patient is particularly important.[12]

How can CBT treatments be CA? Bernal and colleagues[13(p362)] define cultural adaptation as the "systematic modification of an evidence-based treatment to account for language, culture, and context in a way that is consistent with the client's cultural patterns, meanings and values." CBT can be CA in several ways. Examples include: standard CBT techniques may need particular explanation and framing, specific local catastrophic cognitions may need to be modified, CBT techniques may need to be made more tolerable (especially among groups with excessive arousal), certain types of psychopathology (eg, somatic symptoms, panic, and arousal) may need to be especially targeted, and local types of stigma may need to be addressed.

To know how to intervene in a culturally sensitive way with anxiety and depressive disorders, it is first necessary to develop an understanding of how culture shapes anxiety-type and depressive-type distress in different cultural populations. Culture powerfully influences the way in which anxiety and depression are generated, experienced, and treated.[14–16] **Fig. 1** presents a general model of how episodes of anxiety-type and depressive-type distress are generated and how culture plays a key role. The processes outlined in this model can be addressed in various ways based on CBT principles.

Table 1 outlines some of the interventions that can be used to affect the processes outlined in **Fig. 1** and how those interventions can be CA. Among the interventions, addressing a patient's explanatory model is a key aspect.[12] The explanatory model is the way in which a group understands an illness experience, including ideas about causation, key symptoms, and cures.[17] Many of the interventions in **Table 1** involve addressing and modifying the patient's model of the disorder they have. Understanding the client's interpretation of symptoms and providing treatment congruent with their explanatory model is a key ingredient in CA treatment, which may be called explanatory model bridging (**Fig. 2**). See later discussion for illustration of several of the principles outlined in **Table 1**, with examples of cultural adaptation, in particular from the first author's treatment: CA-CBT for trauma-related disorder.[18–24] In this article we attempt to illustrate how to culturally ground CBT, to make CBT more contextually sensitive.

CULTURAL ADAPTATIONS OF COGNITIVE BEHAVIORAL THERAPY

Creating Positive Expectancy and Treatment Credibility in a Culturally Appropriate Way

Positive expectancy greatly increases positive outcomes in therapy.[25] Positive expectancy results when patients believe that the treatment will improve the problems that are of most concern to them. It has 2 aspects: that patients believe that the treatment addresses the problems of concern to them and that patients believe that the treatment is capable of reducing those problems. To create positive expectancy, the clinician must know what patients think their problem is.[26,27] For example, Japanese individuals with social phobia may consider *taijin kyofusho*, with symptoms such as fearing one's odor is offending others, rather than "social phobia" as their key concern. A Cambodian individual may see a so-called weak heart, dizziness, sleep paralysis, dizziness, and nightmares as the key problems rather than PTSD, a concept about which they have little familiarity. If one informs the patient that the treatment will address the problems of concern to him or her,