Adapting Cognitive Behaviour Therapy for Substance Use Disorder in a Non-Western Cultural Context: A Pilot Randomized Controlled Trial

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BACKGROUND & AIM

CBT is effective for substance use disorders, but standard Western models may not fully address Pakistani religious beliefs, family influence, stigma and expectations of therapy.

Aim

To examine whether culturally adapted CBT plus treatment as usual (TAU) reduced substance dependence and craving compared with TAU alone.

METHODS

Design

Two-arm parallel pilot randomized controlled trial; N=80.

Setting & allocation

Rehabilitation centres in Islamabad Capital Territory; culturally adapted CBT + TAU (n=40) vs TAU (n=40).

Intervention

12 weekly culturally adapted CBT sessions.

Primary outcomes

Severity of Dependence Scale (SDS) and Brief Substance Craving Scale (SCS).

Assessment

Baseline, 2 weeks post-intervention and 3-month follow-up.

CULTURAL ADAPTATION

- **Urdu CBT manual, homework sheets and forms**
- **Introductory education for patients and families**
- **Psychiatrist, religious scholar and rehabilitated patient input**
- **Short introductory sessions before standard 40-45 minute sessions**
- **Ongoing psychoeducation and relaxation skills**
- **Flexible collaborative/directive therapeutic style**
- **Elective assertiveness, anger-management and job-seeking skills**

INTERPRETATION

Large effects

Dependence: $F(3,116)=99.87$, $p<.001$, $\eta^2=.72$. Craving: $F(3,116)=83.60$, $p<.001$, $\eta^2=.68$.

Secondary outcomes

No significant between-group differences for depression or quality of life.

Take-home message

Culturally adapted CBT showed promising effectiveness and acceptability and warrants a larger definitive RCT.

TRIAL AT A GLANCE

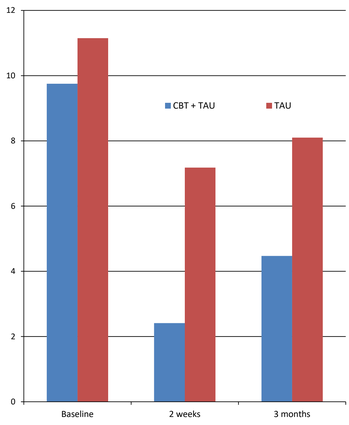
80 participants with SUD

CBT + TAU n = 40

TAU only n = 40

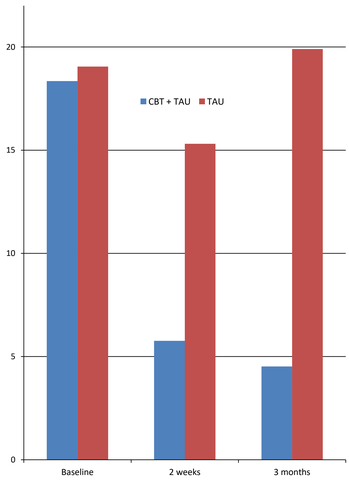
Baseline → 12-week treatment → 2-week follow-up → 3-month follow-up

DEPENDENCE (SDS)



SDS scores were substantially lower with culturally adapted CBT at both follow-ups. $F(3,116)=99.87$, $p<.001$, $\eta^2=.72$

CRAVING (SCS)



Craving fell sharply in the intervention arm and remained low at 3 months. $F(3,116)=83.60$, $p<.001$, $\eta^2=.68$

PARTICIPANTS

N=80; all male; mean age 33.1 years (range 22-67).

Substances: cannabis 48, heroin 23, methamphetamine 9.

All participants were living with family.

Eligibility included DSM-V SUD diagnosis, TAU and willingness to commit to 12 weeks.

ADHERENCE & ATTRITION

Intervention arm

34/40 remained through 3-month follow-up.

Control arm

32/40 provided 2-week data; 20/40 provided 3-month data.

Minimal burden and no harm were reported.

DISCUSSION

The strongest clinical signal was in dependence and craving.

Adaptations targeted language, treatment literacy, family/religious context, session structure and culturally familiar therapeutic interaction.

Pilot design and attrition - especially in the control arm - require confirmation in a larger adequately powered trial.

CONCLUSIONS

Culturally responsive psychotherapy matters.

Culturally adapted CBT + TAU produced markedly lower dependence and craving scores than TAU at follow-up.

The intervention was deliverable with minimal reported burden and no reported harm.

A larger RCT should test effectiveness, durability, generalizability and implementation across Pakistani cultural and linguistic settings.

DECLARATIONS

Ethics: NBC Research Ethics Committee, Islamabad, and the internal review committee of Health Services Academy, Islamabad. | Funding: No external funding reported. | Declaration of interest: None declared.