Psychotherapeutic Challenges in Delivering Cognitive Behaviour Therapy for Substance Use Disorder within a Non-Western Cultural Context

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BACKGROUND & AIM

CBT was developed largely in Western settings. In Pakistan, psychotherapy is delivered within different family structures, religious interpretations, treatment expectations and mental-health service constraints.

Aim

To explore CBT practitioners' experiences of delivering CBT for SUD and the perceived need for cultural adaptation.

METHODS

Design

Qualitative exploratory study using semi-structured in-depth interviews.

Participants

Eight clinical psychologists practicing CBT for SUD; saturation was reached after 8 interviews.

Sampling & setting

Purposive/maximum-variation approach; rehabilitation centres, hospitals and private practice in urban Pakistan.

Interviews

Audio-recorded, approximately 45-60 minutes.

Analysis

Thematic content analysis.

PARTICIPANTS & INTERVIEW DOMAINS

Postgraduate-qualified psychologists with ≥2 years CBT practice and ≥1 year experience delivering CBT to people with SUD.

N=8: seven women and one man.

Domains: system/logistic barriers, cultural influences, facilitators, modifications/adaptations and perceived effects on therapy.

WHY THIS MATTERS

Therapy is not delivered in a cultural vacuum. Service pressures, explanatory beliefs, family influence and expectations of the therapist can shape engagement with CBT.

The findings directly informed the culturally adapted CBT model later evaluated in the pilot RCT.

Practice implication

Adaptation should preserve CBT principles while making language, engagement strategies and delivery culturally intelligible.

THEMATIC MODEL: FROM CHALLENGES TO CULTURAL ADAPTATION

QUALITATIVE TAKE-HOME MESSAGE

The three themes were not isolated findings. Together they showed how service constraints, social context and the therapeutic encounter shaped CBT delivery. These findings provided an empirical foundation for adapting CBT to the Pakistani context without abandoning core CBT principles.

WHAT PRACTITIONERS REPORTED

System pressures

High workload, limited preparation time, privacy constraints and access difficulties affected psychotherapy delivery.

Cultural context

Belief systems and family/peer influence shaped how SUD and treatment were understood.

Therapeutic fit

Understanding of CBT, engagement, adherence and expectations of therapist direction influenced delivery.

CULTURAL FACILITATORS

Practitioners highlighted culturally familiar communication, psychoeducation and engagement strategies.

The wider thesis translated these findings into family education, religious clarification where relevant, flexible collaborative/directive work and relaxation/skills training.

DISCUSSION

Challenges occurred at multiple levels: health-system capacity, social context and the therapy encounter itself.

Findings support adaptation of both treatment content and the process through which CBT is introduced, explained and negotiated.

Cultural adaptation should not be reduced to translation alone.

CONCLUSIONS

Three interacting domains shape CBT delivery for SUD in Pakistan.

Psychotherapists perceived culturally adapted CBT as more acceptable and engaging for patients.

Findings support culturally responsive CBT models incorporating local communication, family context and culturally relevant beliefs while retaining core CBT principles.

DECLARATIONS

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