CROSS-CULTURAL INTEGRATION IN CBT:
WHY, HOW, AND FUTURE DIRECTIONS

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Cross-Cultural Integration
in CBT: Some Definitions
“Cross-Cultural”

- Definition: “Concerned with exchange beyond boundaries of a nation or cultural group”
- Caution: “culture” ≠ nation
- **Need to address diversity and “multiculturalism” (sub-cultures within nations)
“Cognitive-Behavior Therapy”

- Cognitive and behavioral therapies
- Caution: Don’t forget fundamentals!
- Roots in behavior therapy, behavior modification, and cognitive therapy
Cognitive, Behavioral, etc.  
(Nezu & Nezu)

- CBT is a world view that emphasizes an empirical approach to clinical case formulation, intervention, and evaluation regarding human problems.
- It incorporates a broad definition of human functioning that includes overt actions, internal cognitive phenomena, affect, underlying biological phenomena, and social interactions.
- Follows a bio-psycho-social model.
Cognitive & Behavioral Therapies

• Various conceptual and treatment models exist for a given disorder that are under a CBT umbrella.

• Depression:
  - Cognitive therapy (Beck)
  - Behavioral activation (Jacobson, Martell)
  - Problem-solving therapy (Nezu & Nezu)
  - Acceptance & commitment therapy (Hayes)
Cognitive & Behavioral Therapies

- Nomothetic vs. idiographic cross-cultural integration
- Importance of models of case formulation
Cross-Cultural Integration: Why?

- Increased need and demand for mental health resources across Asian countries
  - Increased acceptance of Western ideas
  - Lessened social stigma
  - High rates of “pathology”
  - Increased problems due to Western influence

- Culturally adapted treatments are potentially more effective
  (Griner & Smith, 2006)
Why CBT?

- CBT = evidenced-based approach
- Short-term
- Cost effective
- Flexible
CBT Cross-Cultural Integration: How?

• As CBT professional- first identify challenges or obstacles
Cross-Cultural Integration of CBT: Challenges

- Differences in values/worldviews/behaviors between Asian and Western cultures
- Lack of basic research
- Lack of outcome research
- “Integrative impulsivity”
Differences in Worldviews

• Holistic vs. analytic
Dealing with Contradictions

• Rational vs. dialectic

A: My racing heart is the sign of a heart attack
B: My racing heart is due to anxiety in anticipation of my business meeting.
Differences in Values

- Collectivist
- vs. Individualistic
Differences in Values

• Hierarchical family orientation
Differences in Help Seeking

- Low adherence to Asian values is associated with more help-seeking from professionals (Shea & Yeh, 2008)
- Asians and Asian-Americans do not ask for social support due to potential negative consequences on relationship (Kim et al., 2008)
Challenge: Lack of Basic Research

- Influence of cultural differences/influences on pathology are unknown
- Culture-bound disorders
  - Taijin kyofusho (Japan)
  - Neck-focused panic disorder (Cambodia)
  - Hwabyung (Korea)
- What factors are transcultural vs. multicultural?
- Culture: cause, symptom, effect, mediator, moderator? Under what circumstances?
Challenge: Lack of Culturally Responsive RCTs

• RCTs of CBT for diverse groups within US or other countries are few
• Almost none compare “regular” CBT vs. “culturally-responsive CBT”
• Few guiding models exist to direct treatment development
• Lack of identifying how CBT approach is made culturally responsive when evaluated in non-western countries
Challenge: Impulsive Adaptations

- Need to conduct basic research
- Need to conduct methodologically strong RCTs
- Need to develop evidenced-based models of integration
- “Cross-cultural” vs. “multi-cultural”
Cross-Cultural Integration: How → Future Directions?

CONDUCT MORE RESEARCH
Potential Areas: Assessment

- Develop culturally-relevant instruments
  - Go beyond East Asia
  - Develop new measures
- Develop psychometrically sound measures
- Assess cross-cultural applicability
- Publish cross-culturally
- Collaborate cross-culturally
Research Areas: Effects of Culturally-Relevant Factors

- Values
  - Filial piety
  - Collectivism
  - Respect for authority
  - Religion/spirituality
  - Gender
- History
  - Immigration
  - Discrimination
- Language
- Health beliefs
- Social behaviors
- Ethnic self-identity
- Socioeconomic status
- Perceived minority status
- Politics
Research Areas: RCTs

- Culturally-relevant treatment goals
- Relevant collaboration
- “Standard” vs. culturally sensitive treatment
- Develop models- role of CBT case formulation
- Integrative approaches
RCTs

• Methodological issues
  - Participants/random assignment
  - Measures
  - Control and comparison conditions
  - Therapist characteristics
  - Treatment integrity
Relevant Examples

- Related research in U.S. regarding diversity & multicultural integration
- Conceptual analysis
- Clinical guidelines
- Values assessment
- RCT of CBT approach with Asians
- “Construct validity” assessment
Research in U.S. on Multicultural Adaptation

• Hinton et al. (2006) - CBT for neck-focused panic attacks and PTSD among Cambodian refugees

• Describes ways to develop culturally sensitive CBT interventions; e.g., using a culturally appropriate visualization (lotus bloom that spins in the wind at the end of a stem while enacting analogous rotational movements at the neck to enhance relaxation)
CBT Integration: Conceptual Analysis

- Hodges & Oei (2007): compared distinctive processes of CBT (as compared to other therapies) with common values of Chinese culture.
- Concluded there is a high degree of compatibility.
- Example: CBT aspect of directive approach is compatible with cultural value of respect of authority.
Clinical Guidelines

• Foo & Kazantzis (2007): provides guidelines regarding the use of homework for Chinese patients.

• Provide rationale for HW capitalizing on various Chinese values such as “extending therapy between sessions, education is important; hard work is important, etc.”
Values Assessment

• Reinke-Scorzelli (2001) assessed compatibility between cultural values and beliefs and CBT

• One study found perceived differences among a sample of graduate students in India, but a second found little perceived differences among a sample of Thai professionals
RCTs of CBT in Asian Countries

• Nakatani et al. (2005): RCT of behavior therapy and fluvoxamine in treating Japanese patients with OCD
• BT better than fluvoxamine
• One problem- little description of how BT (exposure + response prevention) was culturally adapted if at all (highlights need to do so)
Construct Validity

- Research needs to focus on determining the applicability of various CBT-related constructs and models of psychopathology and therapy
- Example: Construct of social problem solving as measured by the Social Problem-Solving Inventory-Revised: multiple translations and factor analyses reveal same factor structure includes Chinese, Japanese, & Korean studies.
Collaborate?
“Khamp Khun Makh”

“Thank you”