

A review of research on Culturally Adapted Cognitive Behavioral Therapy (CA-CBT)

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Abstract. Cognitive Behavioral Therapy (CBT) is a short-term, highly effective, evidence-based treatment recommended by numerous national organizations; however, because it is rooted in Western cultural values, its direct application to non-Western cultural groups may result in reduced efficacy and high dropout rates. Consequently, Culturally Adapted Cognitive Behavioral Therapy (CA-CBT) has emerged. This paper conducted a systematic review of empirical studies, randomized controlled trials, and meta-analyses on CA-CBT published between 2010 and 2024 in databases such as Web of Science, PubMed, and PsycINFO, examining the conceptual evolution, evidence base, key therapeutic elements, and treatment sustainability of this approach. The results indicated that CA-CBT, while retaining the core theoretical framework of CBT, significantly improved outcomes for common psychological conditions, such as depression, anxiety, post-traumatic stress disorder, and postpartum depression, among other mental health conditions. The therapeutic effects persisted during follow-up, and the dropout rate was significantly lower than that of standard CBT. The conclusion states that CA-CBT serves as an effective bridge connecting Western evidence-based treatment with local cultural practices, and its success lies in respecting and skillfully integrating the patient's cultural background. Future research should standardize efficacy assessment criteria, expand evidence from cognitive neuroscience, and focus on eliminating financial and geographic barriers to treatment access for patients.

Keywords: cognitive behavioral therapy, cultural identity, culture, psychological counseling

1. Introduction

Cognitive Behavioral Therapy (CBT) is one of the most extensively studied psychotherapeutic approaches worldwide and has been shown to yield good therapeutic outcomes across various treatment settings [1]. However, as it was developed based on concepts and constructs rooted in Western culture, its application to Asian patients may result in suboptimal treatment outcomes due to differences in cultural values and beliefs [2]. This is because CBT explores patients' negative core beliefs and erroneous automatic thoughts and attempts to change them, yet these core beliefs, underlying assumptions, and even the content of automatic thoughts may vary across cultures [3]. In psychotherapy, expressing emotions may be perceived as a sign of vulnerability, and emotional exploration may therefore be challenging. In this regard, incorporating stories, fables, and anecdotes into therapy may be helpful. Given these culture-related differences in thinking, CBT requires cultural adaptation. This paper employs a literature review methodology to systematically search

relevant domestic and international literature, systematically summarizing and analyzing the empirical research, key elements, and application outcomes of CA-CBT. The aim is to outline the concept of Culturally Adapted CBT (CA-CBT) and its recent evidence-based research, summarize the key factors of this therapy, and provide a outlook for future research and development.

2. Cultural adaptation of CBT and its evidence-based research

Cultural differences can influence the process of psychosocial interventions; the use of non-culturally adapted psychotherapies across different cultural groups may contribute to the erosion of minority cultural identities [4]. To address this issue, researchers have proposed the concept of cultural adaptation, which involves systematically modifying evidence-based treatments or intervention programs to align with clients' cultural patterns, meanings, and values [5]. Subsequently, in 2012, Dr. Devon Hinton, Dr. David Barlow, and colleagues developed a Culturally Adapted Cognitive Behavioral Therapy (CA-CBT) for a group of refugees in the United States. This approach adjusts the delivery of treatment by incorporating culture-specific awareness, knowledge, and skills, without compromising the theoretical foundations of CBT.

In recent years, research and clinical applications of CA-CBT worldwide have expanded substantially and diversified. Lunat et al. tested the Positive Health Program (PHP) for postpartum depression among South Asian women in the United Kingdom—a structured CA-CBT intervention program combining CBT with the local cultural context. A randomized controlled trial demonstrated that, the intervention was associated with faster recovery among participants [6]. A qualitative study by Naeem et al. on South Asian communities in Canada found that CA-CBT significantly improved treatment outcomes, and incorporating patients' cultural values reduced dropout rates [7]. In addition, studies have examined the application of CA-CBT for anxiety disorders in local communities across Southeast Asian countries, presented evidence-based research in Asian contexts, and conducted meta-analyses of 42 studies on CA-CBT for treating depression and anxiety. Given the growing focus on culturally adapted therapies, understanding relevant counseling and treatment strategies is becoming increasingly important.

3. Key factors in CA-CBT

3.1. Creating positive expectations within the cultural context

Core concerns vary among different cultural groups. Many Asian populations, such as Chinese populations, and Southeast Asian groups, such as Cambodian and Vietnamese populations, appear to report prominent somatic symptoms, such as dizziness [8]. In addition, cultural syndromes may also be a significant concern, such as the Vietnamese concept of "being blown by the wind" and the Chinese expression "neurasthenia" [9].

Positive expectancy arises when patients believe that treatment will improve their core concerns—that is, their somatic complaints [10]. Positive expectancy stems primarily from two sources: the patient's belief that treatment resolves the issues they are concerned about, and the patient's belief that treatment can alleviate these issues. To foster positive expectancy, clinicians need to understand how patients perceive their problems [11]. Therefore, to enhance patients' positive expectancy within a specific cultural context, clinicians must place greater emphasis on assessing and addressing the chief complaints emphasized by local patients—such as somatic complaints and cultural syndromes. During treatment, clinicians should use questioning to understand symptoms and related triggers, identify patients' concerns, and reassure them that treatment will resolve these concerns; doing so will significantly enhance patients' positive expectancy. Currently, we can use

the Likert scale to assess symptoms and syndromes. These assessment tools are referred to as the "Symptoms and Syndromes Appendix" (SSA), such as the Cambodia SSA and the Vietnam SSA [9].

3.2. Addressing culturally-based catastrophic cognition

Catastrophic cognitions can exacerbate anxiety and depression and contribute to psychological distress; the underlying mechanism can be understood in terms of the multiplex model of distress generation [12]. In specific cultural contexts, patients often attribute their symptoms to a particular cultural syndrome, which in turn gives rise to catastrophic cognition. For example, many patients in Southeast Asia worry that being startled will cause their soul to leave their body or even lead to serious illness and death; such thoughts cause their hearts to remain in a state of constant overreaction, which can result in cardiac arrest. Therefore, in CA-CBT, the SSA is used to first assess the cultural syndromes relevant to the patient group and provide a reference list of symptoms. Patients are informed that the treatment will address both their symptoms and cultural syndromes, which helps reduce catastrophic thinking [9].

3.3. Key pathological dimensions

Within a given cultural group, the pathological symptoms of certain mental disorders may require special attention during treatment. For example, dizziness is a particularly prominent chief complaint among certain Asian populations (such as those in Southeast Asia and China) [8]. In CBT treatment, therapists analyze patients' irrational cognitions and help them develop more positive thought patterns—such as shifting from "dizziness is a sign of a serious illness" to "dizziness is temporary and will not harm me"—while focusing on graded exposure. In CA-CBT, therapists attempt to link exposure training to culturally meaningful, locally rooted games, with the aim of highlighting positive memories associated with dizziness that these activities may evoke. An example is a traditional Cambodian game in which a person holds a scarf (lea geunsaeng) and runs in circles while singing [9]. Another example is rumination, often referred to as "overthinking syndrome," which can be treated using muscle relaxation and stretching techniques. This therapy emphasizes culturally adaptive attention control, such as meditation. Therefore, in treatment, CA-CBT emphasizes techniques consistent with the patient's culture, such as meditation from traditional Buddhist culture and attention control from the Cambodian mental model [13].

3.4. Use of culturally specific proverbs and analogies

Proverbs and analogies can serve as adaptive cognitive tools for interpreting reality; they not only promote positive emotions but also provide a basis for developing adaptive functioning [9]. When therapists use proverbs, cultural stories, and culturally appropriate analogies, these strategies can also enhance clients' cultural self-esteem by reinforcing their sense of belonging to a culture with a rich and meaningful intellectual tradition, thereby further reducing negative emotions. Furthermore, such communication can improve the therapeutic alliance, as clients feel that the therapist understands and appreciates their cultural background. For example, when a therapist is helping a client with a Buddhist background process emotions, they might draw on a Buddhist metaphor, describing emotions as clouds in the sky that will soon drift away. This helps the client's negative emotions subside more quickly. Another example: to encourage a Cambodian patient to adhere to treatment and develop positive expectations, we might say that therapy is like preparing a traditional noodle dish (num beunycok). Preparing this dish requires several steps, including making the batter, shaping the noodles from the batter, and preparing the sauce. The therapist explains to the patient that each part of therapy is like a step in making this dish, and that they won't know exactly what has been accomplished until

the therapy is complete. This approach of using analogies from people's daily lives to convey concepts fully reflects the emphasis placed on cultural context in CA-CBT treatment.

3.5. Greater emphasis on emotional regulation

CA-CBT emphasizes the role of emotional regulation [9]. Given the prominent role of somatic therapies in promoting emotional regulation among patients in Southeast Asia, CA-CBT incorporates body-centered approaches, such as muscle relaxation and stretching, and emphasizes techniques consistent with local cultures, such as meditation from traditional Buddhist culture and attention control from Cambodian mental models [13]. In CA-CBT programs targeting Asian or African American populations, the integration of cultural metaphors, family roles, and community support has significantly improved patients' emotional regulation abilities and mental health [14].

3.6. Reducing culture-specific stigma

CA-CBT is better able to address negative cognitions and emotions related to illness stigma in multicultural populations. For example, framing treatment as a way to alleviate stigma associated with physical symptoms, such as dizziness, rather than with "overthinking" or depressive symptoms may help reduce perceived stigma. Consequently, patients can describe these non-stigmatizing treatment goals to their family members or social partners, thereby addressing potential negative stereotypes [9].

3.7. Emphasizing cultural rituals

If the patient's cultural background includes purification or transitional rites—such as the Cambodian steam ritual—they may be encouraged to participate in the ritual at the conclusion of treatment. This can foster a sense of ritual marking the end of treatment and a feeling of positive transformation. In these cultures, the rituals themselves have therapeutic effects. For example, a steam ritual induces flushing and rapid breathing, accompanied by a sense of exposure, which can evoke and positively reframe certain anxious emotions; combined with the use of aromatic substances, it can also foster new, pleasant associations.

4. Discussion

Evidence suggests that Culturally Adapted CBT (CA-CBT) is more effective than standard CBT; not only is it widely accepted across different populations and settings, but it also reduces treatment dropout rates [3]. Furthermore, CA-CBT has demonstrated beneficial effects in reducing symptoms of depression, anxiety disorders, post-traumatic stress disorder, and psychotic symptoms, supporting its potential effectiveness across diverse cultural contexts [15]. For example, in Japan, the bidirectional Cultural Adaptation of CBT (bidirectional CA-CBT) significantly improved anxiety and depression symptoms in children and adolescents. Another study reported that CA-CBT significantly reduced Post-Traumatic Stress Disorder (PTSD) symptoms and anxiety and depression distress among Syrian refugee women [16].

The effectiveness of CA-CBT is also sustained rather than transient. Research has shown that, at a one-month follow-up after CA-CBT, Iraqi women showed significant reductions in symptoms of PTSD, depression, anxiety, and stress [17]. Afghan refugees reported improvements in their overall psychopathological distress and quality of life during a one-year follow-up [18]. In addition to the research findings mentioned above, the report by Gkintoni and Nikolaou [19] provides further detailed information for reference. These studies consistently demonstrate the versatility and effectiveness of CA-CBT, reflecting its tremendous potential for effectively addressing the mental health needs of culturally diverse populations [20].

Taken together, the key factors discussed above suggest that the success of CA-CBT depends on respecting and skillfully integrating the cultural factors that shape each individual's experiences. Culture is a significant force shaping an individual's psychology and behavior; incorporating culture into the therapeutic process not only makes treatment more tailored to the individual's actual circumstances but also enhances the patient's sense of identification and engagement. These factors may also help reduce treatment dropout rates and improve treatment outcomes.

5. Conclusion

Based on a systematic review of the evidence on CA-CBT, this paper draws the following conclusions: CA-CBT serves as an effective cultural supplement to standard CBT, better bridging therapeutic disparities between Western individualistic values and collectivist cultures such as those in Asia. Its empirical efficacy has been validated for conditions including depression, anxiety, Post-Traumatic Stress Disorder (PTSD), and postpartum depression, and it demonstrates stability and durability across cultural contexts. This study also has certain limitations: First, the mechanisms of action underlying CA-CBT have not yet been supported by direct evidence from the field of cognitive neuroscience; second, the criteria for symptom improvement and the measurement scales used in most studies are not entirely consistent, limiting comparability across studies; third, insufficient attention has been paid to practical barriers—such as economic and geographic constraints—that limit patients' access to treatment. To address these limitations, future research should focus on three key areas: first, incorporating cognitive neuroscience to deepen our understanding of the mechanisms of action; second, establishing a standardized efficacy assessment system to enhance comparability across studies; and third, working to eliminate barriers to treatment access and expanding the evidence-based validation of CA-CBT across a broader range of cultural groups, thereby advancing this therapy toward greater precision and universal accessibility.

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