Adapting Psychotherapy for the Muslim Client: Illustrations from Cognitive Behavioral Therapy

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Disclosures/COI

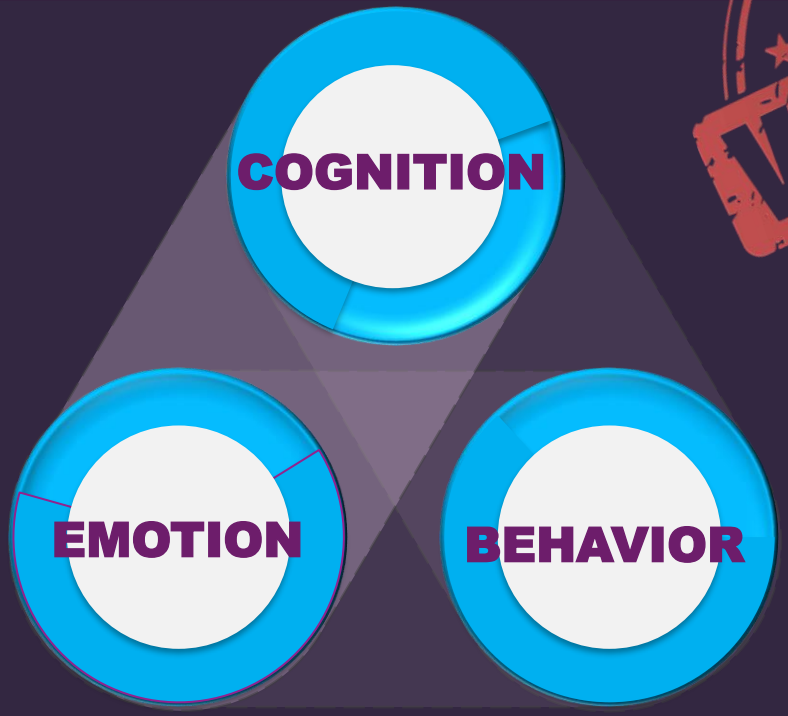
- None

Objectives

1. Provide an overview of strategies and further resources for adapting psychotherapy models
2. Review current evidence of cognitive-behavioral psychotherapy adaptations for Muslim populations
3. Discuss alignment of CBT theory and interventions with religious and cultural frameworks
4. Illustrate religiously and culturally responsive approaches to using a CBT model with Muslim clients

WHAT IS COGNITIVE BEHAVIORAL THERAPY

CBT



- Therapy:
  - Changing cognitions (e.g., schemas, core beliefs, cognitive dysfunctions, automatic thoughts)
  - Changing behaviors (based on classical conditioning, operant conditioning, social learning theory)

PROCESS OF ADAPTATION

What to Modify?

language / linguistic sensitivity

aspects of therapist-client relationship

theories to explain psychopathology

assessment content and procedures

focus of treatment goals and objectives

values, ideas, and concepts emphasized

interventions and techniques

outcome monitoring constructs, methods

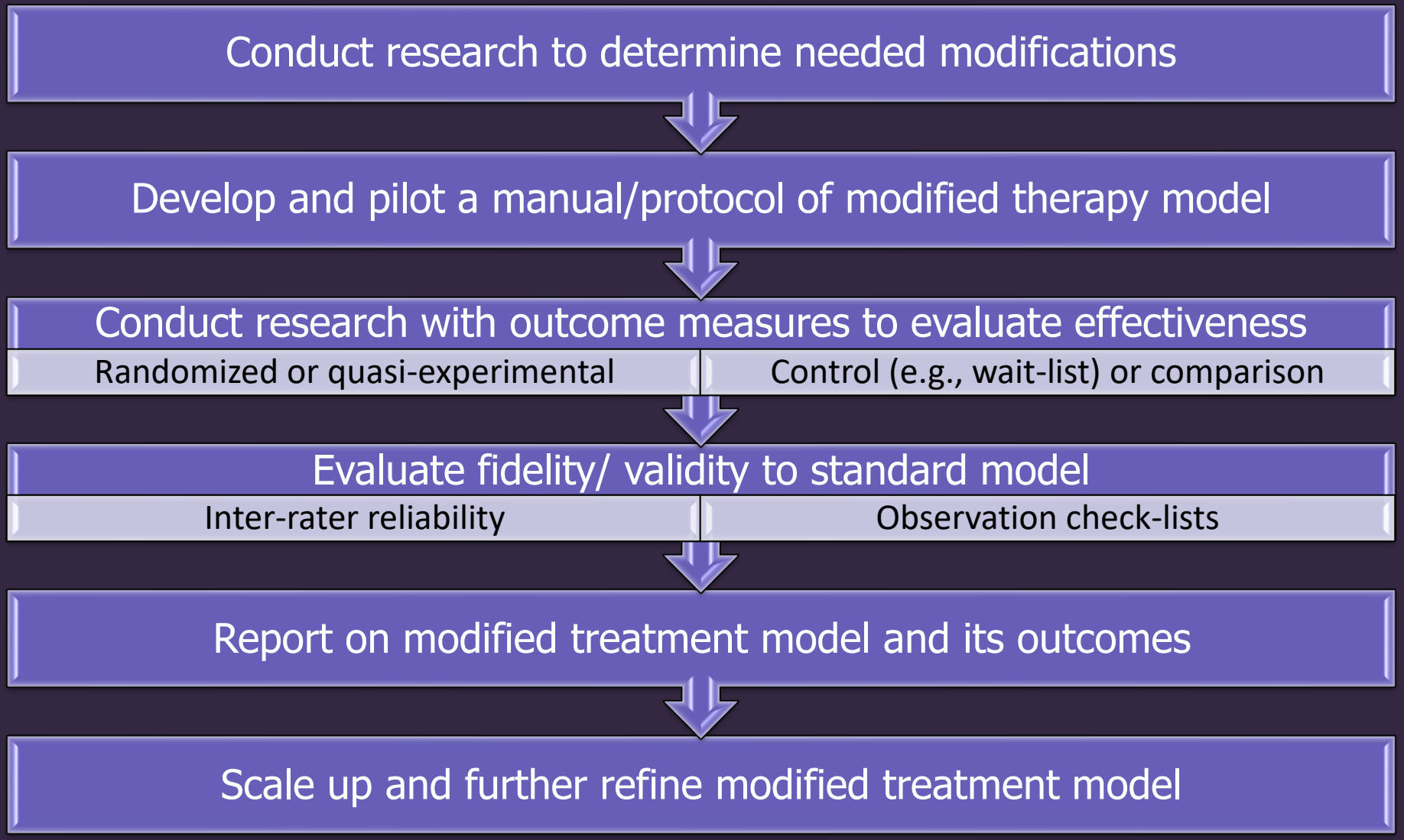
inclusion of contextual influences

Tailoring Existing Models

(team effort)
Conducting research
Modifying standard model
Testing effectiveness/efficacy
Reporting on model & outcomes

(therapist effort)
Assessing client's culture
Using common sense, creativity, knowledge, experience
Modifying concept. & techniques

Steps for Adaptation



Why to NOT Adapt?

- Applying only superficial modifications due to tension between cultural sensitivity and standard model fidelity/validity
- Perpetuating erasure of Islamic historical contributions that predated or influenced those thoughts by assuming that the theories newly appeared in Western context
- Assuming Muslims are a monolith, not fully valuing diversity
- Validating and endorsing models that may inherently have roots that do not align with Islamic values / frameworks
- Endorsing systems of knowledge and ways of changing human behavior that may inadvertently harm cultural groups
- Accepting a system of care that is devoid of many core values, principles of Islam
- Enabling the centralization of power in dominant disciplinary discourses, making it difficult to create openings for establishing indigenous and Islamic centered models

Why to Adapt?

- Majority of therapists trained in "mainstream" models
- Many Muslim clients seek services from therapists trained in "mainstream" models
- There are models or aspects of models that may not be suitable for Muslim clients
- Ethnic/cultural groups face unique contextual risk and protective factors that influence mental health
- Cultural adaptations are more effective and efficacious than standard models (Hall et al., 2019)
- It is an ethical responsibility to ensure best care for clients

Hall, G. C. N., Ibaraki, A. Y., Huang, E. R., Marti, C. N., & Stice, E. (2016). A meta-analysis of cultural adaptations of psychological interventions. Behavior Therapy, 47(6),

SELECT RESOURCES FOR CULTURAL ADAPTATION

Adaptation Conceptual Frameworks

- Bernal, G., Bonilla, J., & Bellido, C. (1995). Ecological validity and cultural sensitivity for outcome research: Issues for the cultural adaptation and development of psychosocial treatments with Hispanics. Journal of Abnormal Child Psychology, 23, 67-82.
- Chu, J., & Leino, A. (2017). Advancement in the maturing science of cultural adaptations of evidence-based interventions. Journal of Consulting and Clinical Psychology, 85(1), 45.
- Heim, E., & Kohrt, B. A. (2019). Cultural adaptation of scalable psychological interventions. Clinical Psychology in Europe, 1(4), 1-22.
- Hwang, W. C. (2006). The psychotherapy adaptation and modification framework: application to Asian Americans. American Psychologist, 61(7), 702.
- Sorenson, C., & Harrell, S. P. (2021). Development and testing of the 4-Domain Cultural Adaptation Model (CAM4). Professional Psychology: Research and Practice, 52(3), 250.

Adaptation Guidelines

- Bernal, G. E., & Domenech Rodríguez, M. M. (2012). Cultural adaptations: Tools for evidence-based practice with diverse populations. American Psychological Association.
- Hwang (2010). FMAP: Formative Method for Adapting Psychotherapy (community based development approach)
- Johns Hopkins University Applied Mental Health Research Group. (2013). DIME: Design, Implementation, Monitoring and Evaluation
- Perera, C., Salamanca-Sanabria, A., Caballero-Bernal, J., Feldman, L., Hansen, M., Bird, M., ... & Vallières, F. (2020). No implementation without cultural adaptation: a process for culturally adapting low-intensity psychological interventions in humanitarian settings. Conflict and health, 14, 1-12.
- Sangraula et al. (2021). mhCACI: Mental Health Cultural Adaptation and Contextualization for Implementation procedure
- Stirman S. W., Miller C. J., Toder K., Calloway A. (2013). Development of a framework and coding system for modifications and adaptations of evidence-based interventions. Implementation Science, 8(1), 1–12.

Reporting Guidelines

- FRAME: Framework for Modification and Adaptations (Wiltsey Stirman et al., 2019)
- RECAPT: Reporting Cultural Adaptation in Psychological Trials (Heim et al., 2021).

RELIGIOUSLY INFORMED CBT ADAPTATIONS FOR MUSLIMS

Adaptations

- ✓Designed for Muslims
- ✓Integrated Islamic/ religious frameworks
- ✓Tested through randomized control trial
- ✓Results of trial published

Published RCT Adaptations

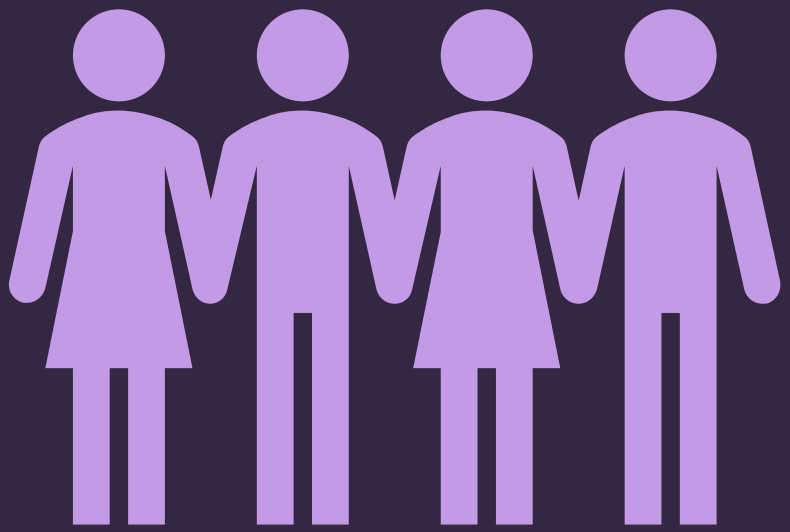
Reference	Year	Location	Diagnosis	*N*: Intervention & Control Groups
Azhar et al	1994	Malaysia	GAD	31: **religious cognitive psychotherapy** + supportive psychotherapy + medication 31: supportive psychotherapy + medication
Azhar & Varma	1995	Malaysia	dysthymic disorder	32: **religious cognitive psychotherapy** + supportive psychotherapy + medication if needed 32: supportive psychotherapy + medication if needed
Azhar & Varma	1995	Malaysia	bereave-ment	15: **religious psychotherapy** 15: brief psychotherapy
Razali et al	1998	Malaysia	GAD depression	54 (GAD): **religious-cultural cognitive psychotherapy** + (medication +/ supportive tx +/ relaxation) 49 (GAD): medication +/ supportive tx +/ relaxation 52 (depression): **religious-cultural cognitive psychotherapy** + medication + supportive tx 48 (depression): medication + supportive tx
Razali et al	2002	Malaysia	GAD	45 (religious): **religious-cultural cognitive psychotherapy** + (medication +/ supportive tx +/ relaxation) 40 (religious): medication +/ supportive tx +/ relaxation 42 (non-religious): **religious-cultural cognitive psychotherapy** + (medication +/ supportive tx +/ relaxation) 38 (non-religious): medication +/ supportive tx +/ relaxation

Published RCT Adaptations

Reference	Year	Location	Diagnosis	*N*: Intervention & Control Groups
Akuchekian et al	2011	Iran	OCD	45: **religious CBT** + medication 45: medication
Ebrahimi et al	2013	Iran	dysthymic disorder	16: **spiritually integrated psychotherapy** 16: standard CBT 15: medication 15: wait-list control
Alagheband et al	2019	Iran	none (general health)	72: **religious cognitive behavioural therapy** 72: no intervention
Khoshbooii et al	2021	Iran	perimenopausal depression, sexual satisfaction	22 (group): **culturally adapted cognitive behavior therapy** 20 (individual): **culturally adapted cognitive behavior therapy** 22: wait-list control
Mir et al.	2014-current	UK, Turkey, Pakistan	depression	several studies testing **behavioral activation for Muslims**

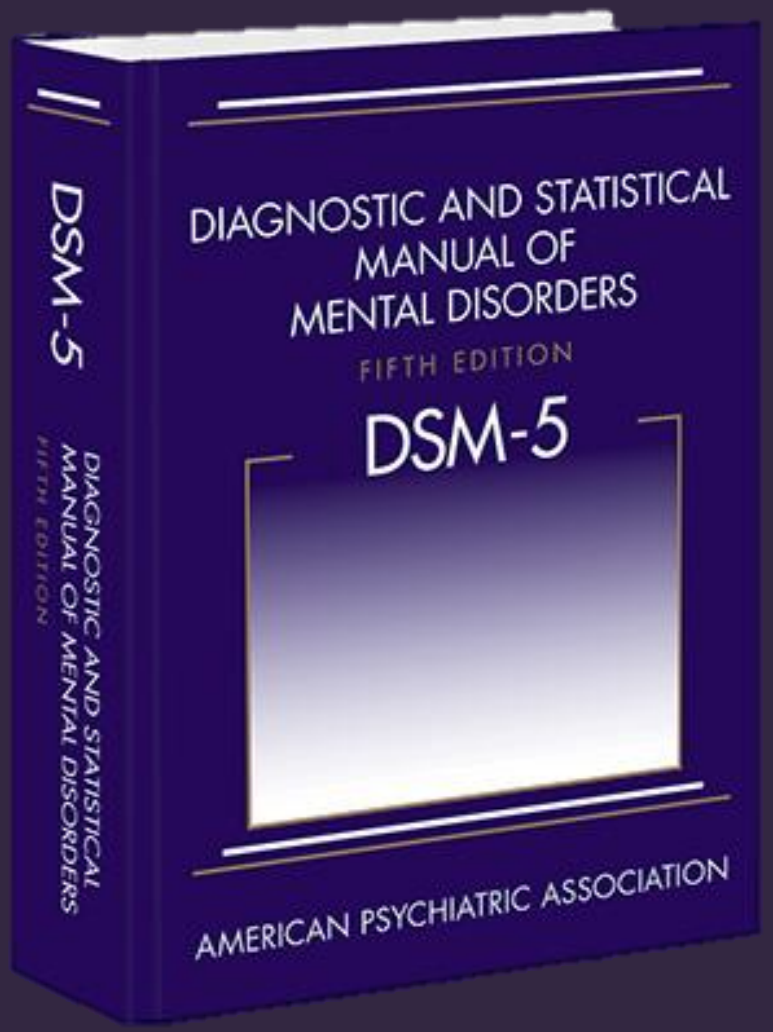
Participants

- Conducted in Malaysia, Pakistan, Iran
- Majority community samples from university or public psychiatric clinics
- Majority eligibility based on religiosity cut-off



Common Diagnoses

- Anxiety
- Generalized anxiety disorder
- Dysthymia
- Depression
- (exclusion of psychotic symptoms, intellectual disorder, substance abuse, etc.)



Treatment Development

- Not described in the write-up
- Developed by study authors based on:
  - Expertise and professional experience
  - Writings by early Islamic scholars, e.g.: Ghazali's concepts of the psyche and fortification of human nature, or Al-Balkhi's "Sustenance of the Soul"
- Developed based on research
  - Grounded theory approach
  - Ethnographic/qualitative (interview, focus group)

Religious Integration

- Using religious frameworks to explain symptoms and etiology
- Integrating religious beliefs and behaviors into CBT

- Using cognitive techniques (e.g., Socratic questioning, challenging beliefs) to facilitate religion-based therapy

Evaluation Design

- Random assignment to intervention and control/comparison
- Self-report or observer-report measures used to assess symptoms pre-, during, post-, and follow up
  - Follow-up usually 6 months
  - Measures include Hamilton, Beck, Yale-Brown, etc.

Outcomes of Religious Intervention

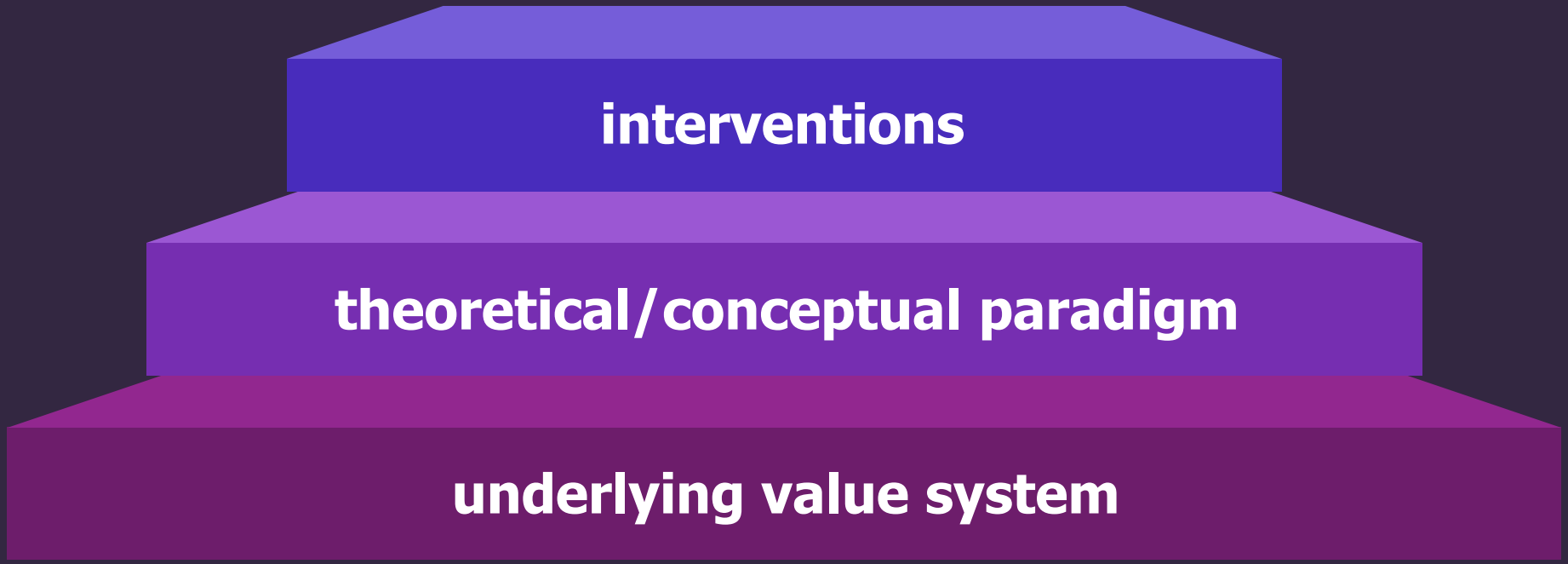
- Faster improvement from symptoms
- More significant symptom reduction
  - In some trials, group differences diminished over time
  - In a few trials, group differences sustained over time
- In one trial, improvements for religious clients but not for non-religious clients
- More satisfaction with treatment
- Longer treatment adherence

Treatment Manuals

- Religious Cognitive Behavior Therapy treatment manuals, therapist workbooks, client workbook for Sunni and Shiaa clients, in English and Urdu
  - https://spiritualityandhealth.duke.edu/index.php/religious-cbt-study/therapy-manuals/
- Behavioral Activation – Muslims manual (Mir et al.)
  - https://medicinehealth.leeds.ac.uk/download/downloads/id/290/ba-m_manual_february_2016.pdf
- Transdiagnostic Multiplex CBT for Muslim Cultural Groups (Hinton & Jalal)
  - https://www.cambridge.org/core/books/transdiagnostic-multiplex-cbt-for-muslim-cultural-groups/2BD51DFBFE5F288FD88516B0FACAADB0
- Culturally Adapted CBT Manual for Muslims (Naeem et al)
  - https://www.researchgate.net/publication/258442641_Culturally_adapted_CBT_CaCBT_for_Depression_Therapy_manual_for_use_with_South_Asian_Muslims_Kindle_Edition

LEVELS OF ANALYSIS FOR ADAPTATION

Layers to Consider



CASE

Nearly a decade ago, Emad and his wife Manal arrived to Canada as refugees after witnessing violence and deaths of loved ones. Their son, Omar, was 6 when they migrated, and he is now a freshman in high school. Emad and Manal were recently shocked to discover an e-cigarette in Omar's bedroom, and are worried that he is has stopped praying his daily and Friday prayers. Omar has become increasingly moody and oppositional, accusing his parents of suffocating him with too many restrictions in heated arguments.

ALIGNMENT OF UNDERLYING CULTURAL VALUE SYSTEMS

Euro-Western Values

- Self-determination (free will)
  … vs. pre-destination (Allah's will)
- Individualism
  … vs. interdependence
- Hedonism (seeking self pleasure)
  … vs. seeking Allah's pleasure
- Divisibility of phenomena
  … vs. holistic, systemic
- Empiricism
  … vs. rational + Devine
- Justice
  … vs. social justice

Individualism

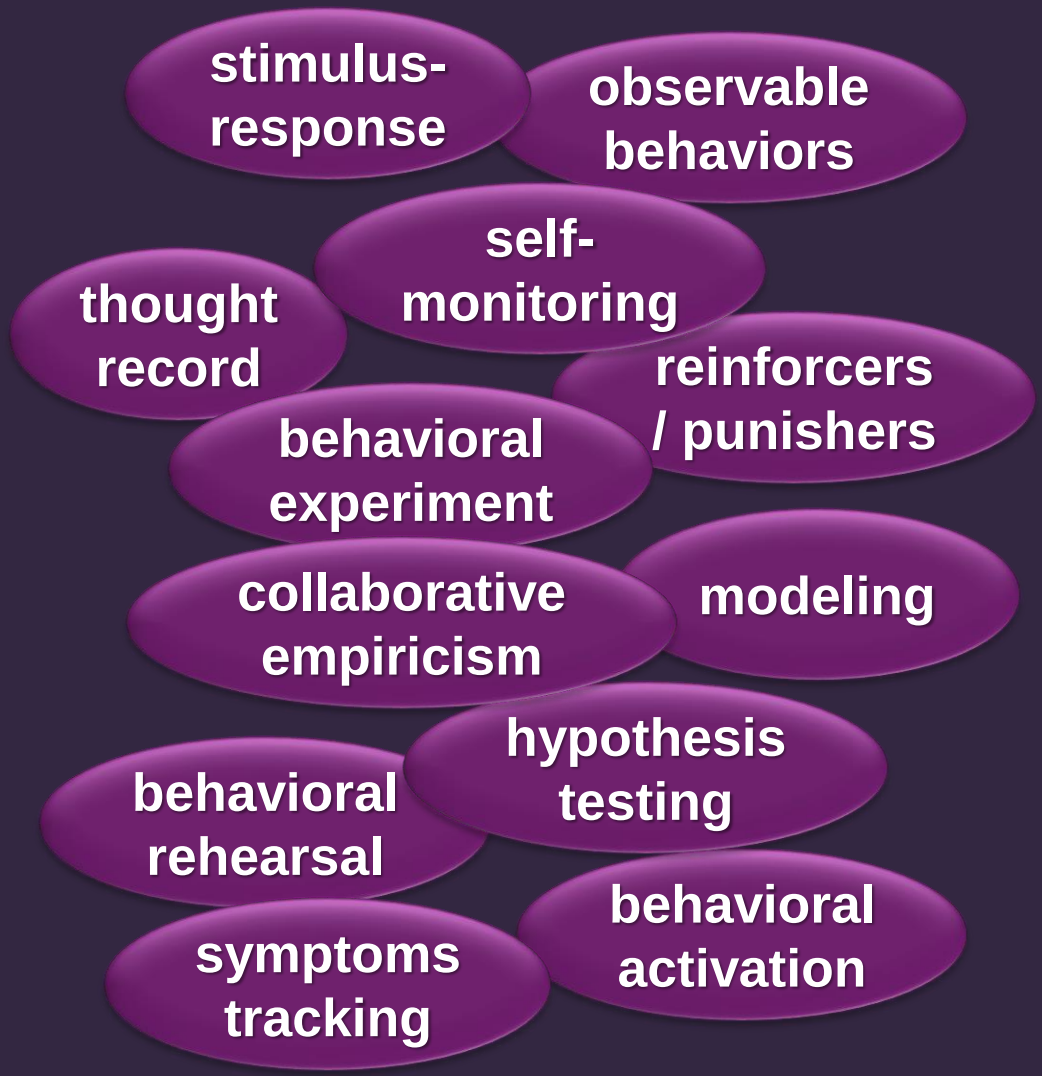
- Individual is basic unit of society
- Cultural values
  - Capitalism
  - Competitiveness
  - Assertiveness
  - Maximizing profit
  - Independence
  - Mastery over…

Islamic Worldview

- Individual responsible alone for actions on the Day of Judgment
- Family is basic unit of society
- Balance
  - Personal vs. societal
  - Rights vs. responsibilities
  - Life vs. Afterlife
- "Everyone of you is a shepherd and each one is responsible for his flock." (Al-Bukhari)
- Emphasis on community, interdependence, interrelationships

Empiricism

- Five senses
- Realism
- Observation
- Situational facts
- Experimentation
- Here and now
- Objectivity
- (No religion)



Islamic Worldview

- Sources of evidence:
  - Worldly phenomena
  - Divine revelation
- Belief in the unseen:
  - Core aspects of creed (Allah, angels, etc.)
  - Explanation for symptoms (Allah's test, Allah's will, evil eye, jinn, shaytan, etc.)
  - Healing approaches

CASE

After failing a few exams and receiving in-school suspension for vaping in a school bathroom, Omar was referred to his school counselor. He described to the counselor frustrations towards his parent's pressures to practice Islamic rituals, and accused them of being overprotective and "suffocating". He is also resentful that they expect him to be a good role model for his younger brother. He has a small circle of friends that he enjoys vaping with, which is a contrast to earlier years when he was lonely and bullied for a slight accent and for being Muslim. He admitted smoking cannabis twice with these friends, with whom he hides his religion.

Value Bias

- Euro-Western culture
  - Omar's needs, desires
  - Empowerment
  - Assertiveness
  - Independence
  - Identity confirmation
- Islamic-Muslim views
  - Shaytan, Allah's test
  - Balance of needs
  - Shared responsibility
  - Religio-cultural resources
  - Social support networks

Questions

- How would CBT look differently if it had emerged from within other cultural/religious value systems?
- When modifying CBT for Muslim clients, how can we become more aware of and shift the underlying value biases?

ALIGNMENT OF THEORETICAL PARADIGM

✓ Emphasis on Reason

- Qur'an and Sunnah emphasize knowledge, reason, reflection, logic, problem solving, etc.

"Surely, in the creation of the heavens and the earth and the alternation of the night and the day, there are signs for men of understanding" (Qur'an 3:190)
"This Book (Al-Quran) which We have sent down to you (O Muhammad) is highly blessed, so that they may ponder upon its verses and the men of understanding may learn a lesson from it" (Qur'an 38:29)

- Qur'an describes scientific phenomena
- Islamic traditions emphasize discussion, discourse, analysis, coaching, consultation

✓ Operant Conditioning

- Rewards and punishment leading to Heaven and Hell
- Stories in Qur'an emphasizing cause and effect consequences to behaviors
- Advice in Sunnah for how to react in response to different situations

✓ Social Learning (Modeling)

- Emphasis on emulating Prophet PBUH and other esteemed figures
- Encouragement to respect parents, and learn ideal behaviors and religious traditions from them
- Caution to select surrounding environments that will encourage positive behaviors and avoid bad influences

? What Influences Behavior

CBT:

- Stimulus - response

Islam/Muslims (examples):

- Allah
- Evil eye
- Shaytan
- Results of prayer

? Relativism

CBT:

- With the exception of harmful behaviors, behaviors do not have inherent superiority

Islam/Muslims:

- There is a comprehensive set of prescriptions for desired behaviors and conduct
- There is a true "right" and "wrong" of certain behaviors to adopt
- There is a hierarchy of which persons' behaviors are more or less important to emulate
- There is a difference between intention & action

? Which Cognitions are Irrational

- Perceived rationality is culturally and religiously determined
- Cultural and religious beliefs may be seen by therapists to be irrational
- Advice to avoid "shoulds" can conflict with cultural or religious responsibilities ("wajib")

? Albert Ellis' Irrational Beliefs

- "I must find the right solution to my problems."
  … There is a correct or preferable way to implement many matters in our lives
- "I must be competent, adequate, and achieving in all respects to be worthwhile."
  … We should strive towards perfection using Prophet Muhammad PBUH as an example
- "I must become worried about other people's problems."
  We should be upset about other peoples problems because it's one ummah
- "Some people are wicked and must be severely blamed and punished for what they have done."
  There are examples of evil people who will be punished for their deeds

CASE

Manal feels guilty and helpless watching her son's difficulties. She is terrified that Omar will lose his religion and culture, and that she will be punished for it on the Day of Judgment. Arguments with her husband about who is to blame for Omar's behaviors exacerbates her belief that she has failed as mother and wife. Compounding her anxiety is spending much of the days watching Arabic cable TV channels showing widespread destruction of Gaza, including bombings of entire areas with hospitals and schools; rows of children wrapped in burial cloth from among the 18,000 dead; mothers bloody and screaming in despair; long lines from the 1.9 million displaced people trying to find water and shelter. She is grieving much-loved journalists who gave anticipated goodbyes on TV before they were killed. She is infuriated at the injustice of Canadian media bias that minimizes these events, and afraid to go out because of potential discrimination. She has a deep longing to return to Syria in the olden days, and feels lonely and "suffocated" living in Canada.

CBT Case Conceptualization

- Many depressive and anxious maladaptive thoughts (cognitive distortions, negative self talk, negative self and world schema, etc.)
- Reformulated learned helplessness (blaming situation on internal global stable factors)
- Vicarious trauma through watching TV via classical conditioning, which may also trigger recovery of previous traumas
- Escape conditioning by excessively watching TV to not think about or face family issues
- Low volume of positive reinforcers and activities

Religious-Cultural Considerations

- Parents are responsible for their children, and will be evaluated for that responsibility
  - However, intentions and efforts are judged, whereas outcomes are in the hands of Allah
- There are real ecological contextual stressors and injustices, and painful reactions to those should not be pathologized or avoided
- Manal may have explanations for her situation (e.g., evil eye from a neighbor, punishment from Allah) that need to be further assessed
- ? Other considerations?

Questions

- When adapting CBT for Muslims, how to respect subtle nuances or alternative views when determining which cognitions are adaptive or maladaptive?
- If the overall conceptual framework resonates for Muslims, how to be careful to examine underlying biases and assumptions?
- How to integrate Islamic knowledge and assumptions or concepts about the self in case conceptualizations?

ALIGNMENT WITH INTERVENTIONS

Interventions – Behavioral

- How are they suitable?
  - Islamic traditions focus on behavioral solutions for problems
  - Islamic traditions focus on behaviors producing gains and losses
  - Religion already includes relaxation, meditation, and activities that enhance wellbeing
  - There are values in modeling ideal behaviors
  - Interventions (exposure, systematic desensitization, cognitive restructuring, covert modeling, etc.) may be useful
  - For Muslims with heritages in Global South, may be looking for more directive, prescriptive approach

Interventions – Behavioral

- Techniques that may need to be adjusted ?
  - Assertiveness training (direct eye contact, shaking hands, etc.) ?
  - Social skills training ?
  - Parenting techniques like time out ?
  - Monitoring, which may be perceived as sensitive or intrusive ?
  - Practical aspects of techniques that clients from particular cultures may not be used to, such as homework or tasks outside of sessions ?
  - Individual level focus which doesn't integrate family & community ?

Ideas for Interventions - Behavior

- Using wudu (ablution) for mindfulness, centering, relaxation
- Using dhikr (supplication) for thought stopping or to gain strength in a situation (e.g., supplications against an enemy or in times of distress)
- Using/pairing salah (prayer) with relaxation, deep breathing, meditation
- Tying salat (prayer) with target behaviors and behavioral activation
- Integrating religious activities and rituals as behavioral activation
- Turning to Qur'an and Sunnah for answers and advice for handling issues (e.g., anger, compulsions)
- Adopting a lifestyle using Prophet PBUH as the model

Ideas for Interventions – Cognition

- Integrating Islamic beliefs and values to gain strength from them
  (e.g., "Where there is hardship there is ease")
- Challenging maladaptive "religious" beliefs
  (e.g., challenging "My depression is because I have low faith and I'm not keeping up with prayers")
- Challenging cultural norms with alternative religious evidence
  (e.g., challenging "I must stay in this abusive marriage because otherwise I will bring shame on my family")
- Challenging maladaptive thoughts and self-talk with evidence from religion
  (e.g., "If I work hard to avoid relapsing on drugs, I may be rewarded for my intention")
- Changing core beliefs and schemas through alternative religious perspectives
- Using tawbah (repentance) in a way that is empowering, and not guilt-inducing

Helpful Religious Cognitions

- Trusting that Allah is the best of all Planners
- Being optimistic that if there is disease there is cure
- Doing one's best and leaving the rest to Allah
- Relying on Allah to get through difficult times
- Valuing the body/health that Allah has entrusted one with
- Knowing that Allah does not test beyond a person's capability
- Knowing that Allah does not abandon or despise us
- Knowing that with hardship comes ease

Helpful Religious Cognitions

- Trusting that any hardships, illness, pain will be rewarded
- Trusting that any wrongs or injustices will be recompensed
- Believing that patience will be rewarded
- Following Allah's dictate to change oneself and one's conditions
- Remembering the temporality of life
- Focusing on the Afterlife
- Trusting in Allah's forgiveness and mercy
- Appreciating the blessings Allah has given
- Modeling the Prophet PBUH or other figures

Interventions – Religious Coping

- Reading or memorizing Qur'an
- Ruqya (healing rituals)
- Duaa (supplications)
- Salat (formal prayer)
- Praying congregational prayers in mosque
- Prayers for specific issues (e.g., istikhara = making decision; hajah = needing something)
- Sadaqah (giving money to charity)
- Fasting
- Consulting a religious leader
- Attending a religious circle
- Visiting the holy lands
- Zamzam water, black seed, honey

Interventions – Qur'an

- Reading Qur'an to gain relaxation and inner peace
- Finding passages in the Qur'an that reflect a more positive worldview or self schema
- Gaining strength from stories of overcoming suffering and triumphing against evil
- Reciting verses related to healing and well-being
- Using persons described in the Qur'an as role models for how to handle situations

Interventions for Manal?

- ?

CASE

Manal feels guilty and helpless watching her son's difficulties. She is terrified that Omar will lose his religion and culture, and that she will be punished for it on the Day of Judgment. Arguments with her husband about who is to blame for Omar's situation exacerbates her belief that she has failed as mother and wife. Compounding her anxiety is spending much of the days watching Arabic cable TV channels showing widespread destruction of Gaza, including bombings of entire areas with hospitals and schools; mass graves of children wrapped in funeral cloth from among the 18,000 dead; bloody and screaming mothers; long lines from the 1.9 million displaced people trying to find water and shelter. She is grieving much-loved journalists who gave anticipated goodbyes on TV before they were killed. She is infuriated at the injustice of Canadian media bias that minimizes these events, and afraid to go out because of potential discrimination. She has a deep longing to return to Syria the way it was before the conflicts, and feels lonely and "suffocated" living in Canada.

Interventions for Omar?

- ?

CASE

After failing a few exams and receiving in-school suspension for vaping in a school bathroom, Omar was referred to his school counselor. He described to the counselor frustrations towards his parent's pressures to practice Islamic rituals, and accused them of being overprotective and "suffocating". He is also resentful that they expect him to be a good role model for his younger brother. He has a small circle of friends that he enjoys vaping with, which is a contrast to earlier years when he was lonely and bullied for a slight accent and for being Muslim. He admitted smoking cannabis twice with these friends, with whom he hides his religion.

Similarities between Omar & Manal

- Societal stigma and prejudice towards religious and cultural identities
- Bullying and discrimination
- Restraints over identity expression
- Loneliness and desire for social networks
- Negative self schemas

Questions

- Can we develop CBT protocols tailored to the shared experiences Muslim minorities face, including discrimination?
- How can religiously-tailored CBT be applicable to Muslims of diverse religious inclinations?
- How can we determine which clients are suitable for religiously-tailored CBT?
- To what extent should the therapist take the lead in integrating the religious content (e.g., providing relevant passages from the Qur'an) versus letting the client take the lead (e.g., homework to search for relevant passages in Qur'an)

ADVICE FOR MOVING FORWARD

Moving Forward

- Developing, researching, and disseminating adapted psychotherapy models applicable to Muslims living in Canada
- Developing Islamic psychotherapy models that have foundations in the systems/ community aspects of Islam, such as community building, neighboring, advocating to change social conditions

References

- Hall, G. C. N., Ibaraki, A. Y., Huang, E. R., Marti, C. N., & Stice, E. (2016). A meta-analysis of cultural adaptations of psychological interventions. Behavior Therapy, 47(6), 993-1014.