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Research Article

Clinical Experiences of CBT Practitioner in Bangladesh

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ABSTRACT

Cognitive behavior therapy is an active, directive, time-limited, structured approach used to treat a variety of psychiatric disorders. A CBT Practitioner helps the patient to think and act more realistically and adaptively about their problems thereby reduce symptoms. Aim of this research was to explore the factors that are working as barriers according to the CBT practitioners, in effective use of CBT to reduce symptoms of clients' psychological problems. A questionnaire was developed consisting items related to application of CBT techniques, various attitude and behavioral aspects of therapist and client, and some potential cultural and societal contextual variables that assumed to undermine the effective use of CBT in reducing the symptoms of psychological disorder. A survey was done on 40 CBT practitioners and their feedback indicated a range of practice oriented, therapist and patient-centered factors, that were working as barriers to symptom reduction, including motivation, social system, and the psychotherapy relationship, in addition to specific problems with implementing CBT for the treatment of psychological disorder. Recommendations on possible management of the barriers to deliver CBT as an effective intervention are discussed.

Key words: Clinical Experience; Cognitive behavior therapy; Motivation; Bangladesh

INTRODUCTION

Cognitive behavior therapy is an active, directive, time-limited, structured approach used to treat a variety of psychiatric disorders. A CBT Practitioner helps the client to think and act more realistically and adaptively about their problems thereby reduce symptoms. Among different psychological mode of interventions, cognitive-behavior therapy (CBT) is considered as the most modern and scientifically tested intervention for depression [1]. CBT is recommended for treating depression as effective treatment modalities for a long time in developed world [2]. Recent findings suggest that CBT might be as effective as medication in treating moderate to severe mental illness [3]. As we can see cultural differences can influence shaping up the disorder differently, it may be presumed that the process of counseling and psychotherapy would be different for management of psychological illness in different culture. Unfortunately there is only a limited research so far that has been carried out on the experience of CBT practitioner in different cultures, especially in developing or under developed countries. Hence being developed in Western culture it is suggested that adaptations of the content, format and delivery of the psychological interventions are needed before a therapy is employed in non-western cultures.

METHODS

Sample

A total of 40 participants were included in this study. Who have experience in delivering CBT in Bangladesh were included in this study.

Instruments

The questionnaire was developed following the manual and study of [4-6]. Based on these study manual a survey questionnaire was developed. A pilot version of the instrument was tested on a sample of CBT practitioners and their feedback was used to revise the questionnaire. The final questionnaire was used including the following classes of variables: Therapeutic skills, other patient problems or characteristics, patient expectations, patient beliefs about mental health problems, patient motivation and social system (home, work, others), problems/limitations associated with the CBT intervention method; and therapy relationship issues.

Procedure

A survey was done on forty CBT practitioners. It took approximately 20 minutes to complete. The questionnaire provides the opportunity for therapist to share their clinical experiences about those variables they have found to limit the successful reduction

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of symptomatology by using Cognitive Behavior Therapy (CBT) in treating mental health problems.

Results

When the therapists were asked about patient characteristics they had found as barrier to treatment effectiveness, more than half of the participants indicated inability to work independently between sessions, chaotic life style, reliance on psychotropic medication, depressed mood, dependency/ unassertiveness and low socioeconomic status played a major role (Tables 1-4).

Table 1: Therapist Education and Experience.

Therapist education and experience		%(n)
MPhill in Clinical Psychology		22% (9)
Master's in Clinical Psychology		77% (31)
Take supervision (monthly hour basis)		5 hours
Years of experience	(less than 2 years)	22% (9)
conducting psychotherapy	2 to 6	47% (19)
	Over 7	30% (12)

In order to obtain feedback from CBT practitioner the following categories were included in the study.

Table 2: Therapeutic skills typically used in conducting CBT.

Questionnaire	n (%)
Setting agenda	30 (75%)
Taking feedback end of the session	27(67%)
Setting goal of the session	28 (70%)
Problems to identify clients difficulties	8 (20%)
Showing empathy	31(77.5%)
Conscious about clients	34 (85%)
Personal relationship with client	2 (5%)
Difficulty to maintain confidentiality	6 (15%)
Professional relationship with client	38 (95%)
Collaborative work with client	27(68%)
Give priority about thought, emotion and behavior which is not appropriate with clients problem	4 (10%)
Use all techniques of CBT to all clients	6 (15%)
Use CBT techniques with moderate skill (with some fault)	8 (20%)
Use CBT techniques with good skill	22 (55%)
Discuss about assigned homework	22 (55%)
Give homework for next week	23 (58%)
Problems related to session conduct (cope it by CBT criteria)	25 (62.5%)

Most of the therapist reported clinical limitations resulting from patient expectations and belief that therapist will solve their problems, therapy will be short and precise, symptom reduction is not enough and problems are due to external factor Table 5.

Not surprisingly more than half of the therapist indicated premature terminations are due to client's motivation and also when some improvement occurs then client's motivation decrease (Table6-8).

DISCUSSION

Nearly half of the participants indicated Use CBT techniques with good skill, discuss about assigned homework and give homework for next week (in table-2). But particular significance in the survey was 15% of the respondents reported that some time it was

Table 3: Therapist beliefs in conducting CBT.

Questionnaire	n (%)
Belief that CBT are benefited only for intelligent client	2 (5%)
CBT does not give importance on clients emotion	6 (15%)
Does not give importance on clients childhood experience	3(7.5%)
Difficult to manage acute mental health problem	4 (10%)
Purpose of CBT is to accept difficult situation by positive thinking	15 (37.5%)
Effective for changing complex thinking	34 (85%)
Effective only for depressive symptoms	6 (15%)
More effective for female	7 (18%)
More effective for male	23 (57.5%)
More effective for adult	22 (55%)
More effective for children	9 (22.5%)
More effective for educated client	4 (10%)
Profession of clients	2 (5%)
Diversity issues associated with religion	15 (37.5%)

In table -3 Most of the therapist believed that CBT is effective for changing complex thinking, more effective for male and for adult than female and children.

Table 4: Barriers to Treatment Progress Due to Other Patient Characteristics.

Questionnaire	n (%)
Impairment in interpersonal or social relationship for symptoms	18(45%)
Inability to work independently between sessions	25(62.5%)
Chaotic life style	23(57.5%)
Reliance on psychotropic medication	21(52.5%)
Substance abuse	10(30%)
Disagree with therapist opinion	20(50%)
Intellectual/cognitive ability is limited	3(7.5%)
Dependency/unassertiveness	10(25%)
Depressed mood/mood disorder	21(52.5%)
Low self-esteem/self-efficacy	13(32.5%)
Poor interpersonal skills	7(17.5%)
Low socioeconomic status	21(52.5%)
Physical problem	5(12.5%)

Table 5: Barriers to Treatment Progress Due to Other Patient expectations and belief.

Questionnaire	n (%)
Therapist will solve their problems	30 (75%)
Therapy will be short and precise	33 (82.5%)
Symptom reduction is not enough	23 (57.5%)
Problems are due to external factor	17 (42.5%)
Problems are due to clients own self	7 (17.5%)
Problems are due to clients genetic factor	4 (10%)
Symptom reduction will impact on romantic relationship	3 (7.5%)

difficult to maintain confidentiality and 15% use all techniques of CBT to all clients, 20% use CBT techniques with moderate skill. In light of this, training in Cognitive behavior therapy typically use westernized-CBT that trainers are expected to master in Bangladesh. Since there is no CBT manual in the context of this culture, a trainee perhaps face problems to accomplish specific

Table 6: Barriers to Treatment Progress Due to Patient Motivation.

Questionnaire	n (%)
Premature termination due to clients motivation	26 (65%)
Dissatisfaction about past treatment	29 (72.5%)
Clients limited interest in the start of the session	11 (27.5%)
Motivation decreased as some improvement occurs	19 (47.5%)
Motivation decreased when client learns reason for having disorder	6 (15%)

Table 7: Barriers to Treatment Progress Due to Patients social system.

Questionnaire	n (%)
Symptoms is reinforced by others	21 (52.5%)
Trapped in a dysfunctional home, work or social situation	25 (62.5%)
High stress at home, work, or socially	30 (75%)
Family does not support treatment	17 (42.5%)
Social isolation of client	11 (27.5%)
Chaotic and critical family relationship	24 (60%)
Loss of family member, partner or employment	6 (15%)

Table 8: Barriers to treatment progress due to therapy relationship issues.

Questionnaire	n (%)
CBT is less effective for physical symptoms	5(12.5%)
Physical symptoms is difficult to managed in therapy session	12(30%)
Therapist language and clothing	25(62.5%)
CBT does not work for longtime change	3(7.5%)
Strict protocol of CBT practitioner	3(7.5%)
Therapy alliance is not strong enough	4(10%)
Clients attitude towards therapist gender	22(55%)
Therapist attitude towards clients gender	6(15%)
Therapist disappointment with clients progress	16(40%)
Clients does not feel therapist show empathy to him/her	23(57.5%)

goals in a specific order. This finding is consisted with the study of [5-6].

Less than half of the participants believed that purpose of CBT is to accept difficult situation by positive thinking and 15% believed that it is effective only for depressive symptoms (table-3). But particular significance in the survey was 37.5% of the respondents reported that diversity issues associated with religion and some reported that it is difficult to manage acute mental health problem. Although therapist belief and frustration with patients has been found to adversely affect therapeutic progress [7], it is often unrecognized or unacknowledged by therapists, despite the fact that there exist methods (e.g., reattribution of motive) for reducing such negative feelings toward the patient [5].

There were also a number of other variable such as impairment in interpersonal or social relationship for symptoms, substance abuse, disagree with therapist opinion, low self-esteem/self-efficacy, and poor interpersonal skills have reported as barrier to treatment effectiveness. This is consistent with the study findings that criticism and control in close relationships can increase metal health problems [8-9].

Interestingly 72.5% of the therapist reported dissatisfaction about past treatment was highlighted as significant factor of client's motivation that could undermine clinical effectiveness. Extending the early work on the importance of therapy expectations by [10-11] and his colleagues have recently conducted research on the parameters of this important variable that can contribute to successful treatment.

The most typical problems reported about social system that as an important factor to undermine therapeutic progress and decrease clients' motivation, such as symptoms is reinforced by others, dysfunctional environment and high stress at home, work or society, critical family relationship and treatment is not supported by family members. In a study reported that clients' motivation greatly influenced willingness to comply with and respond to the intervention [12].

A large percentage of therapist pointed to therapy relationship issues that limited progress of the treatment, such as therapist language and clothing, clients attitude towards therapist gender, client does not feel therapist show empathy to him/her, therapist own disappointment with clients progress and many of them reported it is difficult to manage physical symptoms in therapy session. This is consistent with the observation made by [13] that patients who perceived their therapists as more caring and involved were more likely to benefit from treatment. It has been suggested that western-CBT should be used in non-western cultures after adaptation [14]. Following the suggestion in 2015, Farooq adapted a CBT manual for depressed clients in Pakistan. Later that manual was used to find the effectiveness of CBT for OCD which derived similar results and find the effectiveness of CBT in non-western world. This means that cultural factors are important in the application of psychotherapy and a Westernized approaches are needed to be adapted and modified to be effective for other cultures.

CONCLUSION

Most clinicians saw CBT as a useful part of practice and reported about barriers in implementing it successfully. After clinical training a trainee face with challenges like patient refusal to collaborative work, de-contextualize the process of the therapy and blame themselves for poor outcome. By identifying these variables it will be benefited for new therapist to take preparation for challenging patients. In order to reduce unwanted variance in the provision of care and to promote the use of empirically supported treatment methods, adapted CBT manual is needed. By using specific CBT methods and structure properly clinicians could overcome some barriers and it will help them to cope with interruptions.

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