

## Abstract

Acknowledging the need of cultural adaptations in psychotherapy, the present study was comprised of four interlinked studies based on mixed approach research design to adapt Cognitive Behavior Therapy (CBT) for Pakistani population of Obsessive compulsive disorder (OCD) patients by developing a therapeutic protocol of CBT in Urdu.

Study 1 (Protocol Development), based on qualitative approach, aimed to inquire adaptations in CBT practice with OCD patients of Pakistan. The audio recorded interviews of five clinical psychologists, were analyzed through Thematic approach employing validation strategies indicated much similarities with western trends in therapeutic process but certain differences highlighted the role of religion and culture in implementation of CBT with Pakistani population. On the basis of this study, a CBT protocol was devised to be implemented in study 3.

The objective of study 2 was to translate required assessment and therapeutic tools in Urdu language and to assess the symptomatic and belief characteristics of Sample C. In phase I, the Yale-Brown Obsessive Compulsive Scale & Checklist (YBOCS-SC), Obsessive belief Questionnaire-44 (OBQ-44), and CBT forms were translated in Urdu through standardized procedures. The inter rater correlation coefficient (ICC) of YBOCS indicated satisfactory reliability (N= 30;  $\alpha = .92, p > .01$ ). The psychometric properties of OBQ-Urdu-44 indicated acceptable reliability of Urdu version (N=170; Sample B; convenient sampling;  $r = .87, p > .01$ ; internal consistency,  $\alpha = .85$ ). The factor structure of OBQ-Urdu-44 indicated a different factor structure from original one. In phase II (study 2), the symptomatic and belief characteristics of 24 OCD patients (Sample C; Purposive sampling) were explored. The descriptive analysis indicated

contamination and aggression obsessions, washing compulsions and scrupulosity obsessions as most prevalent symptoms. Whereas prominent obsessional beliefs related to Responsibility-Threat overestimation (RT) and Perfectionism-certainty (PC) domains of OBQ-Urdu-44 as compared to Importance and control of thoughts (ICT;  $M= 89.5, 85.2 \& 58.6$ , respectively). The non-significant correlation between Y-BOCS and OBQ-Urdu-44 ( $r= .20$ ) rejected the hypothesis of Study 2.

The study 3 (Outcome study), was conducted to evaluate the efficacy of Urdu protocol of CBT. In a randomized-control trial, two groups (CBT & Placebo/Waiting-PW;  $n= 12$ ) of OCD patients were compared. The Two Way Mixed ANOVA (Between-Within groups) indicated highly significant efficacy of CBT ( $\eta^2= .67$ ) as compared to Placebo. The One Way Repeated Measures ANOVA with Post hoc tests using Bonferroni correction indicated excellent effect size of CBT ( $N= 24$ ;  $\eta^2= .89, p > .01$ ), although failed in relapse prevention indicated by significantly high mean score on Y-BOCS ( $p > .05$ ) at 6- months follow-up. The One way Repeated Measures ANOVA for OBQ-Urdu-44 indicated non-significant mean differences ( $N= 24$ ;  $\eta^2= .25, p < .05$ ) among scores which reflected Urdu CBT protocol failure to manage cognitive change.

To explore the cultural aspect of CBT practice with Sample C, the study 4 (Case Study) was planned in which eight randomly selected case studies from Study 3, were analyzed through thematic analysis. The analysis highlighted cultural and religious effects on CBT practice with Sample C.

Conclusively, the present research work is an important addition to research and practice of CBT with OCD in Pakistan by providing CBT protocol adapted for Pakistani population.