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Current status of cognitive behaviour therapy in India: The need to adopt a balanced view

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To the editor

Selvapandiyan (2019) in his paper "Status of cognitive behaviour therapy in India: Pitfalls, limitations and future directions: A systematic review and critical analysis, describes what he considers are major limitations, defects, and lacunae of CBT in India.

It is not clear from the title, whether the review refers to practice or research on CBT in India. There are several concerns with the manner in which the author presents his views.

The review is based on a few publications identified and assessed using a set of self-prepared, arbitrary criteria that do not reflect scientific rigor. The rationale and background to this set of criteria and paradigm used are not clear to the reader and there are no references to substantiate this further. Terms such as "unbalanced behavioural weightage" are unclear, as such a concept does seem to exist with reference to either research design or analysis. Similarly terms used to evaluate studies, such as over inclusive, western applications are unclear and do not appear to be informed by any standard procedure.

There is no reference in the paper to methodological aspects of studies reviewed, data analysis, outcome, or to strengths, or challenges of practicing psychotherapy and in conducting research in the Indian setting, which the readers would expect in a review of such a nature. Errors in referencing of key studies could have been avoided with some careful proofing. CBT and Cognitive therapy are used interchangeably in the paper, without providing any rationale. We believe that it is important to address these concerns in order to take a more objective view of the status of CBT in India.

Cognitive Behaviour therapy is a group of therapeutic procedures, guided by learning and cognitive theories. Core clinical competencies in CBT include tech criteria that do not reflect scientific rigor. The rationale and background to this set of criteria and paradigm used are not clear to the reader and there are no references to substantiate this further. Terms such as "unbalanced behavioural weightage" are unclear, as such a concept does seem to exist with reference to either research design or analysis. Similarly terms used to evaluate studies, such as over inclusive, western applications are unclear and do not appear to be informed by any standard procedure.

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Cognitive Behaviour therapy is a group of therapeutic procedures, guided by learning and cognitive theories. Core clinical competencies in CBT include techniques of behaviour modification, arousal reduction, exposure, coping and emotion regulation, problem solving, cognitive reappraisal, psychological acceptance, mindfulness amongst others (Hayes and Hoffman, 2018), and the choice of techniques and time allocation for these is based on case formulation.

Transdiagnostic approaches and the common elements to treatment approaches (CETA) for psychiatric disorders emphasize the need to use evidence based strategies that include progressive muscle relaxation, imagery, exposure and psychoeducation (Peterson et al., 2018). Progressive muscle relaxation continues to be recognized as an effective arousal reduction strategy across a variety of psychological disorders (Manzoni et al., 2008). It is well-understood that training in relaxation is essential in achieving emotion regulation and tolerance to distress. The author in his review does not substantiate on what grounds he considers progressive muscle relaxation as being outdated. There is no further elaboration on what would be considered a more recent approach to arousal reduction. Similarly, coping skills, stress-management, comprise a combination of therapeutic procedures that target underlying processes in emotional disorders and are parsimonious in their approach to treatment of comorbid conditions.

It would have been helpful to researchers and clinicians, had the author applied scientific criteria in his review and provided references to substantiate some of the statements made regarding procedures and their relevance, and understood texts from articles appropriately.

The reason for omission of some recent studies that document research on CBT in India is not clear. These include studies on temporal patterns of change in persons with panic disorder (Manjula et al., 2014), use of briefer formats of CBT for social anxiety (Pinjarkar et al., 2018), CBT in school based programs for sub-clinical depression (Singhal et al., 2018), use of metacognitive therapy in social anxiety disorder (Lakshmi et al., 2016), use of a single session of CBT incorporating progressive muscle relaxation for medically unexplained symptoms (Menon et al., 2017) and mindfulness integrated CBT in pure obsessions (Kumar et al., 2016).

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As clinicians and researchers working in this area for several years, we believe that extensive cultural adaptations in the overall framework of CBT are not needed for the practice of CBT with patients in India, as the author rightly suggests. Rather, application of clinical skills and expertise in adapting client's problems in to a cognitive behavioural framework is important.

Thus, due to these limitations the paper presents a rather biased and pessimistic view of the status of CBT in India, with more pitfalls than hope and with little evidence as support. It does not consider the challenges of conducting psychotherapy research in India. It does not offer any specific suggestions with regard to future directions for research or practice of CBT in India nor does it provide the reader with a critical analysis as the title promises.

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Declaration of Competing Interest

There are no conflicts of interest for any of the authors.

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References

Hayes, S.C., Hoffman, S.G., 2018. Process-Based CBT: The Science and Core Clinical Competencies of Cognitive Behavioural Therapy, 1st edition. New Harbinger Publications.

Kumar, A., Sharma, M.P., Narayanaswamy, J.C., Kandavel, T., Janardhan Reddy, Y.C., 2016. Efficacy of mindfulness-integrated cognitive behavior therapy in patients with predominant obsessions. Indian J. Psychiatry 58 (4), 366–371.

Lakshmi, J., Sudhir, P.M., Sharma, M.P., Math, S.B., 2016. Effectiveness of metacognitive therapy in patients with social anxiety disorder: a pilot investigation. Indian J. Psychol. Med. 38, 466–471.

Manjula, M., Prasadarao, P.S.D.V., Kumaraiah, V., Raguram, R., 2014. Temporal patterns of change in panic disorder during cognitive behaviour therapy: an Indian study. Behav. Cognit. Psychother. 42 (5), 513–525. https://doi.org/10.1017/S1352465813000635.

Manzoni, G.M., Pagnini, F., Castelnuovo, G., Molinari, E., 2008. Relaxation training for anxiety: a ten-years systematic review with meta-analysis. BMC Psychiatry 8, 41. https://doi.org/10.1186/1471-244X-8-41.

Menon, V., Shanmuganathan, B., Thamizh, J.S., Arun, A.B., Sarkar, S., 2017. Efficacy of adjunctive single session counseling for medically unexplained symptoms: a randomized controlled trial. Indian J. Psychol. Med. 39, 641–647.

Peterson, R., Darnell, D., Berliner, L., Dorsey, S., Murray, L., Monroe-DeVita, M., 2018. Implementing transdiagnostic cognitive behavioral psychotherapy in adult public behavioral health: a pilot evaluation of the feasibility of the common elements treatment approach (CETA). J. Behav. Health Serv. Res. 12. https://doi.org/10.1007/s11414-018-9631-x. [Epub ahead of print].

Pinjarkar, G.R., Sudhir, P.M., Mariamma, P., Bada Math, S., Wells, A., 2018. Brief Cognitive Therapy plus treatment as usual for social anxiety disorder: a randomized trial of adults in India. Int. J. Cognit. Ther. 11, 1.

Selvapandiyan, J., 2019. Status of Cognitive Behavior Therapy in India: pitfalls limitations and future directions: a systematic review and critical analysis. Asian J. Psychiatr. 41, 1–4.

Singhal, M., Munivekatappa, M., Kommu, J.V.J., 2018. Efficacy of an indicated intervention program for Indian adolescents with subclinical depression. Asian J. Psychiatr. 33, 99–104.

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