Kulturološka prilagodba kognitivno-bihevioralne terapije – doprinos učinkovitosti

/ *Cultural Adaptation of Cognitive-Behavioral Therapy – a Contribution to Efficacy*

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Kognitivno-bihevioralna terapija (KBT) prva je linija tretmana indicirana za široki raspon poremećaja mentalnog zdravlja. Navedeni pristup reflektira europsko-američke vrijednosti, a potrebno je uvažiti kako i kultura pojedinca oblikuje percepciju zdravlja, uvjerenja o uzrocima tegoba te pristup njihovu liječenju. Upravo se stoga preporučuje kulturološka prilagodba psiholoških tretmana. Unatoč tome empirijski nalazi o učinkovitosti takvih tretmana još su skromni. Cilj ovog sustavnog preglednog rada bio je sintetizirati dokaze o učinkovitosti kulturološki prilagođene kognitivno-bihevioralne terapije u usporedbi s neprilagođenom formom u izvanbolničkom kontekstu te ocijeniti kvalitetu tih studija. Istraživanje je provedeno u skladu sa smjernicama PRISMA-P, a prikazana su randomizirana kontrolirana istraživanja objavljena na engleskom jeziku. Uključene su studije koje su ispitivale učinkovitost kulturološki adaptirane i standardne forme KBT-a, bez obzira na modalitet provedbe i vrstu teškoća. U pretraživanje su uključene elektronske bibliografske znanstvene baze, psychINFO i PubMed, registri primarnih studija, Cochrane knjižnica CENTRAL i Gov. Trial baza te izvori sive literature, www.opengrey.eu, DART. U pretraživanje je uključen i Web of Science. Unatoč malom broju studija koje su ispunile kriterij za uključivanje te evidentiranim metodološkim nedostatcima, nalazi ovog istraživanja idu u prilog učinkovitosti kulturološki adaptirane u odnosu na standardnu formu KBT tretmana.

/ Cognitive-behavioral therapy (CBT) is the first line of treatment indicated for a wide range of mental health disorders. This approach reflects Western values, and it is necessary to take into account the fact that the culture of every person also shapes the perception of health, beliefs about the causes of difficulties and the access to the treatment thereof. For that reason, cultural adaptation of psychological treatments is recommended. Despite this, empirical analyses on the effectiveness of such treatments are still scarce. The aim of this review paper is to synthesize evidence on the effectiveness of culturally adapted cognitive-behavioral therapy in comparison to standard form in an outpatient context as well as to evaluate the quality of these studies. The study was conducted in accordance with PRISMA-P guidelines and presents randomised controlled trials published in English. We have included studies that examined the effectiveness of culturally adapted and standard forms of CBT, regardless of the implementation modality or the type of difficulty. To identify studies, the electronic bibliographic databases psychINFO and PubMed, primary study registers, Cochrane Library CENTRAL and Gov.Trial database, and selected grey literature sources www.opengrey.eu and DART were screened. Web of Science was also included in the screening process. Despite a limited number of studies that met the inclusion criteria and methodological deficiencies, the findings of this study support the effectiveness of culturally adapted CBT treatment in comparison with the standard one.

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UVOD

Perspektive u kulturološki osjetljivoj kliničkoj praksi

Multikulturalnost u savjetovanju i psihoterapiji jedan je od istaknutijih pristupa u integraciji savjetodavne teorije i prakse (1) i zauzima sve važnije mjesto u području kliničke psihologije. Prema Pedersonu (2) upravo je multikulturalna psihologija (3) jedan od najznačajnijih pristupa u kontekstu razumijevanja ljudskog ponašanja. Potrebno je istaknuti kako postoje različite perspektive oko toga na koji način navedeno pretočiti u kliničku praksu. Naime, dio praktičara i istraživača naglašavao je potrebu za razvojem kulturološki osjetljivih tretmana, dok je dio inzistirao na univerzalnoj primjenjivosti znanstveno utemeljenih tretmana. Treća opcija donosi ravnotežu između fleksibilnosti u planiranju i primjeni kako bi tretman bio kulturološki osjetljiv te ujedno poštivao pretpostavke znanstveno utemeljene psihološke prakse (4).

Multikulturalno savjetovanje (MTC) (5) je metateorijski pristup koji prepoznaje kako su različiti pristupi tretmanu i njihovi ishodi uvijek pod utjecajem kulturnog konteksta. Iz navedenog proizlaze i opće pretpostavke samog pristupa poput uključivanja cjelovitosti svih kulturoloških utjecaja pri postavljanju

INTRODUCTION

Perspectives in culturally sensitive clinical practice

Multiculturalism in counselling and psychotherapy is one of the more prominent approaches in integrating counselling theory and practice (1) and occupies an increasingly important position in the field of clinical psychology. According to Pederson (2), multicultural psychology (3) is one of the most significant approaches in the context of understanding human behaviour. It should be noted that there are different perspectives on how to translate this into clinical practice. In other words, some practitioners and researchers have emphasized the need to develop culturally sensitive treatments, while others have insisted on the universal applicability of evidence-based treatments. The third option has introduced a balance between flexibility in planning and application in order to make the treatment culturally sensitive and at the same time respect the assumptions of evidence-based psychological practice (4).

Multicultural counselling (MTC) (5) is a metatheoretical approach that acknowledges how various approaches to treatment and their outcomes are always influenced by a cultural context. All of the above leads to the general assumptions about the approach, such as the in-

ciljeva i planiranja tretmana, uvažavanja klijentovog shvaćanja teškoća, naglaska na konzistentnosti s kulturološkim identitetom, životnom poviješću i iskustvima osobe koja dolazi na terapiju ili savjetovanje, uključivanje zajednice i resursa dostupnih u zajednici, poticanje svijesti o sebi u socijalnom kontekstu i dr.

Nasuprot metateorijskom pristupu postoje i istraživači koji promiču znanstveno utemeljene tretmane kao terapiju izbora i zadovoljavajućih ishoda u raznolikim kulturološkim okvirima. U tom kontekstu kulturološke prilagodbe kritizirane su kao dodatni ulog uz mali povrat dobiti. Tako su primjerice, Marchand i sur. (6) evidentirali kako je program prevencije depresije za adolescente po kognitivno-bihevioralnim principima producirao slične efekte za adolescente azijskog, latinoameričkog i europskog podrijetla. S druge strane, noviji empirijski nalazi idu u prilog učinkovitosti kulturološki prilagođenih tretmana, tj. potkrepljuju tezu o mogućnosti pomirenja ranije opisanih pristupa. Meta-analiza iz 2011. godine (7) evidentira kako je kulturološki prilagođeni tretman učinkovitiji od standardne forme (d = 0,32). I kasnije meta-analize, primjerice ona iz 2016. godine (8), potvrđuju višu učinkovitost kulturološki adaptirane u odnosu na neadaptiranu formu psiholoških intervencija (g = 0,52). Usto, meta-analiza iz iste godine (9) potvrđuje ranije nalaze i dodaje kako su tretmani koji su u većoj mjeri prilagođeni, tj. oni koji uključuju veći broj kulturoloških prilagodbi rezultirali statistički značajnijim učinkom.

Imajući u vidu tendencije globalizacije i internacionalizacije, kao i raznovrsnost ciljanih populacija i zajednica, jasna je potreba za kulturnim prilagodbama psiholoških tretmana (10). S tim ciljem su razvijeni različiti modeli kulturoloških adaptacija psiholoških tretmana, pa tako i kognitivno-bihevioralne terapije.

clusion of all cultural influences in setting goals and planning treatments, respecting the client's understanding of difficulties, an emphasis on consistency with cultural identity, life history and experiences of a person undergoing therapy or counselling, involvement of community and all resources available within the community, encouraging self-awareness in a social context, etc.

In contrast to the metatheoretical approach, there are also researchers who promote evidence-based treatments as a therapy of choice and satisfactory outcomes in diverse cultural frameworks. In this context, cultural adjustments have been criticized as an additional stake with a small return on profits. For example, Marchand et al. (6) recorded that the adolescent depression prevention programme following the cognitive-behavioral principles produced similar effects for adolescents of Asian, Latin American and European descent. On the other hand, recent empirical findings support the effectiveness of culturally adapted treatments, i.e., they support the thesis about the possibility of reconciling the approaches described earlier. A meta-analysis from 2011 (7) recorded that a culturally adapted treatment was more effective than the standard form (d = 0,32). Later meta-analyses, for example one conducted in 2016 (8), confirmed a higher efficacy of the culturally adapted compared to the unadapted form of psychological interventions (g = 0,52). In addition, a meta-analysis from the same year (9) confirmed earlier findings and added the finding that treatments that were more adapted, i.e., those involving a greater number of cultural adaptations resulted in a statistically more significant effect.

Bearing in mind the tendencies of globalization and internationalization, as well as the diversity of target populations and communities, there is a clear need for cultural adaptations of psychological treatments (10). To this end, different models of cultural adaptations of psychological treatments have been developed, including cognitive-behavioral therapy.

Potreba za kulturološkim prilagodbama psiholoških tretmana

Kessler i sur. su 2009. (11) proveli epidemiološku studiju koja je uključivala 28 zemalja te su evidentirali kako se cjeloživotna prevalencija mentalnih poremećaja kreće između 18 % i 36 % na globalnoj razini. Evidentno je kako kultura pojedinca oblikuje percepciju zdravlja i dobrobiti, uvjerenja o uzrocima i tretmanu, sklonost traženju pomoći, kao i ostala ponašanja vezana za zdravlje (12). Većina psiholoških tretmana razvijena je i evaluirana u zapadnim zemljama (13). Dodatno, etničke manjine su često manje zastupljene u randomiziranim kontroliranim ispitivanjima učinkovitosti tretmana (14).

Praksa utemeljena na dokazima u psihologiji uz integraciju empirijskih nalaza i kliničke ekspertize posebno ističe važnost karakteristika pojedinca, kulture i osobnih preferencija. Ova tri aspekta ostaju vodeći principi i u slučaju empirijski validiranih tretmana. Navedeni principi relevantni su i za područje psihološke procjene. Kulturološke osobitosti pojedinih kliničkih slika opisane su i navedene i u dijagnostičkim priručnicima (15). Stručnjaci u području psihičkog zdravlja trebaju poticati kulturalno osjetljive pristupe imajući na umu da kultura značajno utječe na tip simptoma i rizične faktore povezane s pojedinim psihičkim poremećajima.

Nalazi o učinkovitosti kulturoloških prilagodbi kognitivno-bihevioralnih tretmana

Kognitivno-bihevioralnu terapiju (KBT) možemo definirati kao: „Aktivan, direktivan, vremenski ograničen, strukturiran pristup utemeljen na teorijskoj pretpostavci kako su emocije i ponašanje neke osobe u velikoj mjeri određeni načinom na koji ta osoba strukturira svijet" (16). Navedeni terapijski pristup utemeljen je

The need for cultural adaptations of psychological treatments

In 2009, Kessler et al. (11) conducted an epidemiological study involving 28 countries and recorded that the lifelong prevalence of mental disorders ranged between 18% and 36% at the global level. It is evident that the culture of the individual shapes the perception of health and well-being, beliefs about causes and treatment, tendency to seek help, as well as other behaviors related to health (12). Most psychological treatments have been developed and evaluated in Western countries (13). Additionally, ethnic minorities were very often less represented in randomised controlled studies on treatment effectiveness (14).

In addition to the integration of empirical findings and clinical expertise, evidence-based practice in psychology particularly emphasizes the importance of an individual's characteristics, culture and personal preferences. These three aspects are still the guiding principles also in the case of empirically validated treatments. The above principles are also relevant for the field of psychological assessment. Cultural specificities of certain clinical images are described and listed in diagnostic manuals (15). Experts in the field of mental health should encourage culturally sensitive approaches, bearing in mind that culture significantly affects the type of symptoms and risk factors associated with certain mental disorders.

Findings on the effectiveness of cultural adaptations of cognitive-behavioral treatments

Cognitive-behavioral therapy (CBT) can be defined as: "An active, directive, time-limited, structured approach based on the theoretical assumption that a person's emotions and behavior are largely determined by the way that person structures the world" (16). This therapeutic approach is based on a cognitive model and a solid therapeutic alliance. It is focused

na kognitivnom modelu, čvrstom terapijskom savezu, usmjeren na problem s kojim klijent dolazi, održavajuće i rizične faktore, psihoedukaciju i osnaživanje pojedinca, strukturiran je i vremenski ograničen te se temelji na procesima sokratovskog propitivanja i „vođenog otkrivanja" (17). Osim kognitivnih principa integrirani pristup uključuje i principe bihevioralnih terapija koje se temelje na teorijama učenja (18).

Iako su fleksibilnost primjene KBT-a i jaka empirijska baza osigurale široku primjenjivost, važno je spomenuti da je KBT razvijana, ocjenjivana i revidirana pretežno u okruženjima i na populacijama koje odražavaju specifičan europsko-američki skup vrijednosti (19). KBT uključuje rad s posredujućim i bazičnim vjerovanjima, a istraživanja ukazuju u prilog zaključku kako se sadržaj automatskih misli i vezana vjerovanja znatno razlikuju ovisno o kulturološkom kontekstu (20). Imajući na umu spomenute spoznaje o povezanosti sadržaja kognicija i kulture, smjernice vezane za praksu i tretmane koji se temelje na dokazima (21), kulturološke adaptacije empirijski validiranih tretmana zasigurno mogu pridonijeti fleksibilnosti u pristupu klijentu ne ugrožavajući vjernost znanstveno provjerenim KBT protokolima.

Što se tiče kriterija i opravdanosti uvođenja adaptacija Castro i sur. (22) identificirali su četiri znaka koja ukazuju na potrebu prilagodbe i već prisutnost jednog od njih opravdava uvođenje kulturološke adaptacije: 1. slabiji odaziv i češće odustajanje od tretmana u ciljnoj skupini, 2. specifični rizični i zaštitni faktori, 3. specifični simptomi u kontekstu kulturoloških sindroma i općenito kliničke slike, 4. nepovoljniji nalazi o učinkovitosti tretmana s obzirom na očekivane na temelju ranijih empirijskih nalaza. Nadalje, kako bi se očuvali ključni elementi tretmana, a ujedno i uvele relevantne kulturološke adaptacije, istraživači i praktičari usmjerili su se na izradu okvira za adaptaciju koji bi olakšao sam proces (23). Trenutačno dostupni nalazi istraživanja ukazuju u prilog

on the patient's problem, maintenance and risk factors, psycho-education and empowerment of the individual. At the same time, it is structured and time-limited and based on Socratic questioning and "guided discovery" (17). In addition to cognitive principles, the integrated approach also includes principles of behavioral therapies based on learning theories (18).

While the flexibility of CBT application and a strong empirical base have ensured broad applicability, it is important to note that CBT has been developed, evaluated, and revised predominantly in environments and populations that reflect a specific European-American set of values (19). CBT involves working with intermediate and basic beliefs, and research suggests that the content of automatic thoughts and related beliefs vary considerably depending on the cultural context (20). Bearing in mind the aforementioned findings about the connection between the content of cognition and culture, the guidelines related to the practice and evidence-based treatments (21), the cultural adaptations of empirically validated treatments can certainly contribute to flexibility in approaching the client without compromising the adherence to scientifically proven CBT protocols.

As for the criteria for and justification of introducing such adaptations, Castro et al. (22) have identified four signs indicating the need for adaptation. The presence of one of the signs justifies the introduction of cultural adaptation: 1. lower response and more frequent discontinuation of treatment in the target group, 2. specific risk and protective factors, 3. specific symptoms in the context of cultural syndromes and the clinical picture in general, 4. less favourable findings on the effectiveness of treatment with regard to the expected ones based on the earlier empirical findings. Furthermore, in order to preserve the key elements of treatment and introduce relevant cultural adaptations at the same time, researchers and practitioners focused on developing an adaptation framework that would

zaključku kako je kulturološki adaptiran KB tretman učinkovitiji i s nižim stopama odustajanja u odnosu na neadaptiranu formu KB tretmana. Pregled meta-analiza iz 2018. (24) daje podatak o tome kako 12 meta-analiza koje su uključene u studiju izvještava o umjerenim do visokim efektima za kulturološki adaptirane forme tretmana. Većina studija se odnosila upravo na KB tretman. Na kraju je potrebno istaknuti kako su još uvijek rijetke studije koje bi uključivale usporedbu adaptirane i neadaptirane forme kognitivno-bihevioralnog tretmana (23). Upravo je stoga vrlo važno sistematizirati dostupne empirijske nalaze uz poticanje daljnjih primarnih istraživanja u tom području.

CILJ RADA

Cilj ovog sustavnog preglednog rada bio je dati detaljan pregled dokaza o učinkovitosti kulturološki prilagođenog kognitivno-bihevioralnog tretmana u usporedbi s neprilagođenom formom u populaciji izvanbolničkih pacijenata. U radu su prikazana randomizirana kontrolirana istraživanja te je ocijenjena i njihova kvaliteta prema standardiziranom protokolu za procjenu rizika od pristranosti RoB 2.0. (25). RoB 2.0 je namijenjen procjeni rizika od pristranosti u randomiziranim kliničkim ispitivanjima. Radi se o ljestvici koja uključuje pet domena s naglaskom na postupak randomizacije i odstupanja od planiranih intervencija. Sve odabrane randomizirane kontrolirane studije procijenjene su u odnosu na unaprijed definirane kriterije navedenog alata od dva neovisna procjenjivača. Nesuglasja u procjeni razriješena su kompromisom nakon detaljnog pregleda bilješki i ocjene algoritma uz refleksiju na kriterije.

METODE

Ovo je istraživanje sustavni pregled koji je planiran i proveden u skladu sa smjernicama PRISMA-P (26) i uključuje kvalitativnu sintezu

facilitate the process (23). Currently available research findings support the conclusion that a culturally adapted CB treatment is more effective and has lower withdrawal rates compared to an unadapted form of CB treatment. A 2018 review of 12 meta-analyses included in the study (24) reported moderate to high effects of culturally adapted forms of treatment. Most of the studies focused on CB treatment. Finally, it is necessary to point out that there is still a very limited number of studies which include a comparison of adapted and unadapted forms of cognitive-behavioral treatment (23). For that reason, it is very important to systematize the available empirical findings and encourage further primary research in this area.

AIM

The aim of this systematic review paper was to provide a detailed review of the evidence on the efficacy of culturally adapted cognitive-behavioral treatment compared to an standard form of treatment in a population of outpatients. The paper presents randomized controlled studies and evaluates their quality using a standardized risk of bias tool RoB 2.0. (25) RoB 2.0 is intended to assess the risk of bias in randomised clinical trials. It is a scale that includes five domains with an emphasis on the process of randomization and deviations from planned interventions. All selected randomised controlled studies were evaluated in relation to the predefined RoB 2.0 criteria by two independent assessors. The discrepancies in the assessment were resolved by compromise after a detailed review of the notes and evaluation of the algorithm while taking into account the criteria.

METHODS

This study is a systematic review that was planned and conducted in accordance with PRISMA-P guidelines (26) and it includes a

nalaza. Istraživanja su ograničena na kognitivno-bihevioralni tretman i randomizirane kontrolirane studije zbog zahvaćanja jedinstvenog doprinosa kulturoloških prilagodbi u konkretnom psihoterapijskom pristupu.

S obzirom na cilj istraživanja i elemente preglednog rada u probiru relevantnih studija uključene su studije koje: 1. se bave usporedbom učinkovitosti kulturološki adaptirane kognitivno-bihevioralne terapije (Ka-KBT-a) i standardne kognitivno-bihevioralne terapije (KBT-a) u izvanbolničkom tretmanu, 2. uključuju randomizirane kontrolirane studije, 3. opisuju individualni i grupni tretman, savjetovanje, psihoterapiju i različite modalitete provedbe (telefonski, *online* i dr.) u smislu validiranih protokola i/ili dijelova protokola, 4. su napisane na engleskom jeziku, bez obzira na datum objave i dob sudionika.

U pretraživanje koje je učinjeno u listopadu 2021. godine uključene su dvije elektronske bibliografske znanstvene baze, psychINFO i PubMed. Pretraživanje je provedeno kombinacijom MeSH termina *cultural adaptation, culturally adapted, cultural modifications, CBT, Cognitive Behavioral Therapy, Behavioral Cognitive Therapy* s prilagodbom pravopisnih varijacija te je prilagođeno svakoj od pretraživanih baza. Kako bi se osigurala što kvalitetnija pretraga, konzultiran je i znanstveni knjižničar. U procesu pretraživanja literature uključena su i dva registra primarnih studija, tj. kliničkih ispitivanja - *Cochrane knjižnica CENTRAL* i *Gov.Trial baza*. Pretraživanje je još uključilo i WoS (Web of Science) s prvih 100 relevantnih referenci.

Kako bi se povećao obuhvat potencijalno relevantnih izvora pretražena je i siva literatura. Siva literatura uključuje sve javno dostupne informacije iz različitih izvora, poput jedinica samouprave, istraživačkih instituta, obrazovnih institucija, realnog i drugih sektora koje su dostupne u tiskanom ili elektronskom izdanju kojima nakladništvo nije osnovna djelatnost (27). Tako su u pretragu uključeni i registri

qualitative synthesis of findings. The research has been limited to cognitive-behavioral treatment and randomized controlled studies due to the unique contribution of cultural adaptations in a concrete psychotherapeutic approach.

Having in mind the aim of the research as well as relevant elements of systematic review process primary studies were included based on the following criteria: 1. compared the effectiveness of culturally adapted cognitive-behavioral therapy (CA-CBT) and standard cognitive-behavioral therapy (CBT) in outpatient treatment, 2. included randomized controlled studies, 3. described individual and group treatments, counselling, psychotherapy and various implementation modalities (telephone, online, etc.) and validated protocols and/or parts of the protocol, 4. were written in English, regardless of the date of publication and the participants' age.

The research conducted in 2021 included two electronic bibliographic databases, psychINFO and PubMed. The search was conducted using a combination of the following MeSH terms: *cultural adaptation, culturally adapted, cultural modifications, CBT, Cognitive Behavioral Therapy, Behavioral Cognitive Therapy* where spelling variations were adapted to each database. In order to provide the highest quality of search, a scientific librarian was consulted. In the process of literature search, two registers of primary trials or clinical trials were also included, i.e., *Cochrane Library CENTRAL* and *Gov.Trial database*. The search also included the Web of Science (WoS) with the first one hundred relevant references.

To increase the scope of potentially relevant sources, grey literature was also searched. Grey literature includes all publicly available information from various sources, such as self-government units, research institutes, educational institutions, real and other sectors available in print or electronic editions, to which publishing is not the main activity (27). Thus, the search also included the registers www.opengrey.eu

www.opengrey.eu i *DART*. Dodatno, unakrsno su u bazi *Scopus* referencirane unaprijed i unatrag studije odabrane kao relevantne za istraživačko pitanje kako bi se obuhvatilo što više potencijalno relevantnih izvora.

Podatci o studijama izvezeni su u program za upravljanje referencama i pregledne studije *Rayyan* (28). Naslovi i sažetci svake reference identificirani u pretraživanju konvertirani su u odgovarajući format te su u dodatnom koraku identificirani duplikati. Potom su sve reference evaluirane u odnosu na unaprijed definirane kriterije za uključivanje i isključivanje od dvaju neovisnih procjenjivačica koje su ujedno i autorice rada (IM, NJB). Zatim se pristupilo pregledavanju potencijalno relevantnih radova u cjelovitom obliku. Budući da su pridružene heterogene kliničke slike, u pregled su uključena sva istraživanja koja su kao mjeru poboljšanja uključila rezultate na ljestvicama za evaluaciju ishoda tretmana.

U svrhu procjene kvalitete uključenih studija korišten je instrument RoB 2.0 (*Risk-of-bias tool for randomized trials*). Ovaj alat na raspolaganju je za procjenu rizika od pristranosti u randomiziranim kliničkim ispitivanjima (25). Sve odabrane studije procijenjene su u odnosu na unaprijed definirane kriterije navedenog alata od dva neovisna procjenjivača (IM, NJB).

REZULTATI

Dijagram tijeka probira i uključenja studija (slika 1.) daje kratak pregled procesa. Nakon identifikacije 69 istovjetnih izvještaja uz pomoć programa Rayyan (28) preostalo je 165 izvora pronađenih u bazama podataka PubMed i psycINFO te 72 izvora pronađenih u registrima randomiziranih kontroliranih studija. Pretraživanjem drugih izvora sive literature poput DART, WoS, kao i unakrsnom pretragom, evidentirano je dodatnih 98 izvora. Probirom pomoću sažetaka, a zatim pretragom punog teksta došlo se do rezultata od 128 izvora. Od

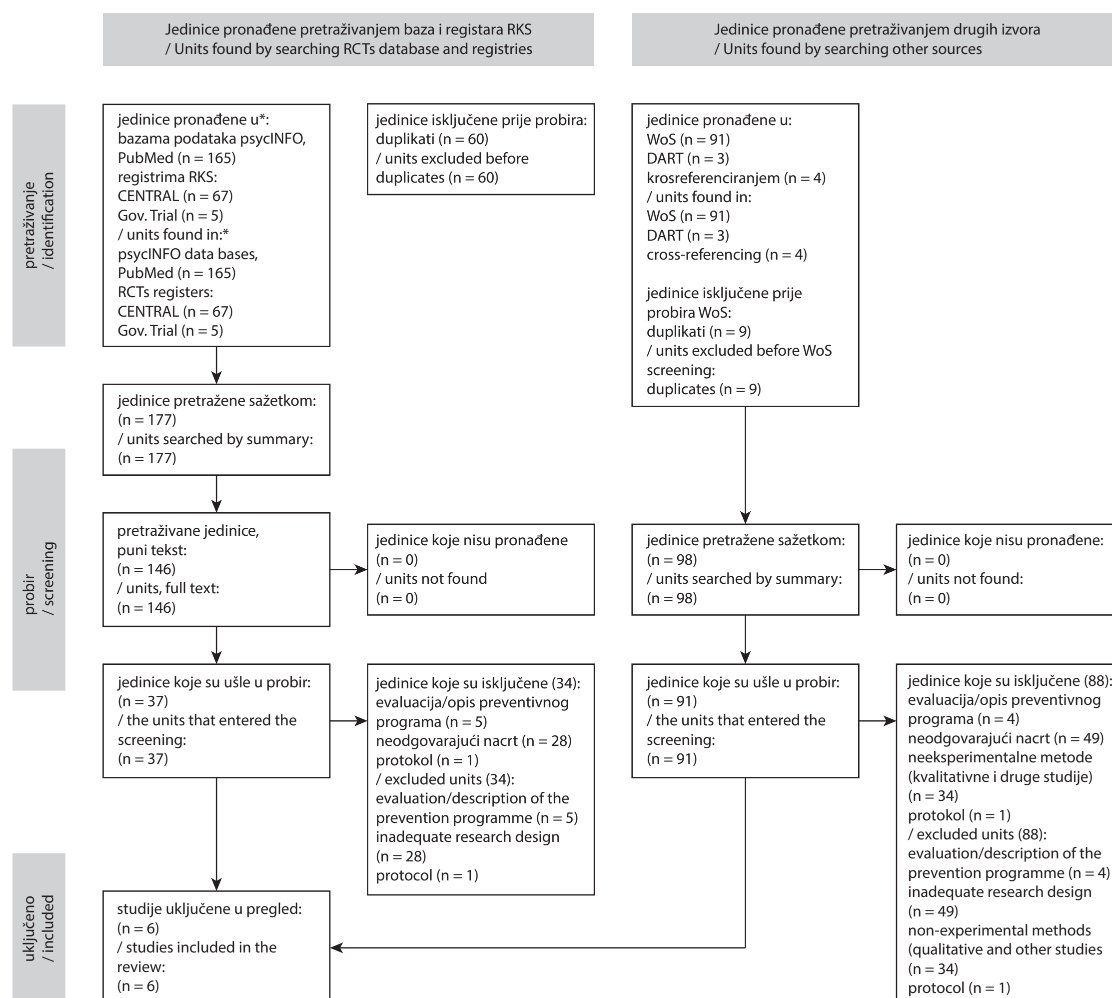
and DART. In addition, the trials relevant for the search were cross-referenced forward and backward in order to cover as many as possible potentially relevant sources.

The data were exported to Rayyan, a tool for reference and systematic literature reviews management (28). The titles and abstracts of each reference identified in the search were converted to the appropriate format and duplicates were identified in an additional step. After that, all references were evaluated against predefined inclusion and exclusion criteria by two independent assessors who are also the authors of the review paper (IM, NJB). The next step was to review all potentially relevant papers in a comprehensive form. Given that heterogeneous clinical presentations were also linked, we incorporated all studies that included results on the treatment outcome evaluation scales.

Risk of bias tool for randomized trials (RoB 2.0) was used to assess the quality of the included studies. This tool is available for the assessment of the risk of bias in randomised clinical trials (25). All selected studies were evaluated against the predefined RoB criteria by two independent assessors (IM, NJB).

FINDINGS

A flow diagram of the course of screening and inclusion of studies (Figure 1) provides a brief overview of the process. After identifying 69 identical Rayyan reports (28), 165 sources found in PubMed and psycINFO databases remained together with 72 sources found in randomised controlled study registries. After searching other grey literature sources such as DART, WoS, as well as cross-searching, additional 98 sources were recorded. Screening of abstracts and searching full texts resulted in 128 sources. Of these, 122 were excluded for the following reasons: 1. the programmes were preventive rather than treatment (7%), 2. re-



SLIKA 1. Dijagram tijeka probira i uključenja studija

FIGURE 1. Flow diagram of the course of screening and inclusion of studies

tog broja 122 ih je isključeno zbog sljedećih razloga: 1. preventivni, a ne tretmanski programi (7 %), 2. neodgovarajući nacrti istraživanja u smislu pasivne kontrole ili aktivne kontrole koju je predstavljala druga intervencija, a ne adaptacija standardnog protokola (60 %), 3. kvalitativne studije (27 %) i 4. protokoli (2 %). Nakon završnog probira uključeno je šest studija koje ispunjavaju kriterije uključenja i isključenja (29-34).

U nastavku je prikazan kratak pregled obilježja šest uključenih studija. Radi se o randomiziranim kontroliranim studijama od kojih su dvije bile nadogradnja na probne-studije. Postupak regrutacije i randomizacije detaljnije je opisan u polovici studija, kao i osipanje sudionika, te u dodatnim analizama vezanima za pridrža-

search design was inadequate in terms of passive control or active control represented by an intervention other than the adaptation of the standard protocol (60%), 3. qualitative studies (27%) and 4. protocols (2%). After the final screening, six studies that meet the inclusion and exclusion criteria were included (29-34).

Below is a brief overview of the characteristics of the six included studies. These are randomised controlled studies, two of which were upgrades to pilot studies. The recruitment and randomization process was described in more detail in half of the studies, as well as the attrition of study participants, and in additional analyses related to adherence to protocols, i.e. procedures in treatments and potential moderator variables such as the quality of therapeutic

vanje protokola, tj. postupaka u tretmanima i potencijalnim moderatorskim varijablama poput kvalitete terapijskog odnosa, identifikacije s identitetom manjinske skupine ili stupnja akulturacije. Navedeno je u skladu i s nalazima ranijih metaanaliza, a u smjeru povoljnijih ishoda adaptiranih verzija tretmana za sudionike s nižom stopom akulturacije (35).

Studije su usmjerene na raznovrsne teškoće i poremećaje te uključuju zloporabu i ovisnost o opijatima, poremećaje raspoloženja i anksiozne poremećaje, a u postupku regrutacije i ulazne procjene u svim studijama korišteni su strukturirani intervjui usmjereni specifičnom tipu teškoća. Sve su studije uključivale i psihološke mjere ishoda poput standardiziranih psihologijskih upitnika. Uključene su u još dvije trećine studija i mjere specifične za određeni tip protokola i tretmana te indikatori povezani s akulturacijskim procesima i druge potencijalne moderatorske varijable. Od sekundarnih ishoda korištene su još ljestvice globalnog funkcioniranja.

Sva su istraživanja provedena u SAD-u na prigodnim populacijama i manjinskim grupama (Afroamerikanci, Latinoamerikanci i azijski Amerikanci) većinom srednje i kasne adolescentne dobi, dok jedna studija navodi samo interval od 18 do 65 godina bez jasnog izdvajanja podskupina. Navedene populacije ujedno su i najzastupljenije u kontekstu istraživanja povezanih s kulturološkim adaptacijama generalno. Tako novija meta-analiza iz 2020. (36) o kulturološki adaptiranim tretmanima depresije navodi kako se gotovo polovina uključenih studija odnosila na manjine u zapadnim zemljama od čega je većina provedena u Sjedinjenim Američkim Državama. Dodatno, radilo se o relativno malim i prigodnim uzorcima, posebice u probnim studijama koje čine trećinu uključenih sa studija, te o relativno kratkim tretmanima od kojih najdulji traje 16 sastanka, dok u polovini studija izostaju nalazi praćenja.

U polovini studija tretman su provodili bilingvalni stručnjaci sa sudionicima srodnog kulturološkog konteksta, studentima doktorskog

relationship, identification with the identity of a minority group of rate or degree of acculturation. The above-stated is in line with the findings of earlier meta-analyses and pointing to more favourable outcomes of the adapted versions of treatments of participants with lower acculturation rates (35).

The studies focused on a variety of difficulties and disorders including substance use disorders, mood disorders and anxiety disorders. All studies used structured interviews focused on a specific type of difficulty during the recruitment and entry assessment process. In addition to that, all studies also included psychological outcome measures such as standardized psychological questionnaires. Measures specific to a specific type of protocol and treatment, as well as indicators related to acculturation processes and other potential moderator variables were included in two thirds of studies. Global functioning scales were used as secondary outcomes.

All studies were conducted in the US on convenient samples and minority groups (African Americans, Latinos, and Asian Americans) comprised of mostly middle and late adolescents, while one study cited only the age interval of 18 to 65 years without clearly singling out any subgroups. These populations are also most represented in the context of the research related to cultural adaptations in general. A more recent meta-analysis conducted in 2020 (36) on culturally adapted treatments for depression stated that nearly half of the included studies focused on minorities in Western countries, most of which were conducted in the United States. In addition, the samples were relatively small and convenient especially in pilot studies that account for a trhird of those included in this research, and relatively short treatments, of which the longest lasted 16 sessions. In one half of the studies there were no follow-up findings.

Also, in one half of the studies, the treatment was carried out by bilingual experts with participants from a related cultural context, i.e.

studija psihologije koji su prošli dodatnu edukaciju s licenciranim stručnjakom. Dvije studije ne navode detalje o savjetnicima, ali sve uključene studije opisuju različita nastojanja oko pridržavanja protokola i priručnika kao što su ljestvice za praćenje, snimanje sastanaka, redovita supervizija i sl.

U trećini studija radilo se o intervencijama koje su propisane u okviru mjera pravnog sustava i sustava socijalne skrbi za značajan udio sudionika studija. Dvije studije ističu trend kako se manjinske skupine kasnije odlučuju za tretman, odnosno kada su već prisutne izražene teškoće te se primarni ishodi stoga odnose na klinički značajna poboljšanja, ali ne i potpunu remisiju (32,34). U nastavku je detaljniji opis uključenih studija.

Burrow-Sanchez i Wrona su 2012. (30) proveli probno istraživanje s ciljem utvrđivanja učinkovitosti kulturološki adaptiranog grupnog protokola u odnosu na neadaptiranu formu protokola vezano za zloporabu sredstava ovisnosti i ovisnost o psihoaktivnim supstancijama. Uzimajući u obzir skroman prigodni uzorak od 35 sudionika rezultati su upućivali na zaključak o relativnoj učinkovitosti adaptirane verzije u kojoj su sudionici s višim etničkim identitetom i većom privrženosti obitelji izvještavali o povoljnijim ishodima. Prvi je autor u nastavku proveo randomiziranu kontroliranu studiju (29) s dodatnim točkama praćenja nakon 6 i 12 mjeseci na uzorku od 70 Latinoamerikanaca adolescentske dobi, uz stratifikaciju sudionika koji su uzimali i farmakoterapiju tijekom tretmana. Rezultati obrade upućivali su, također, na superiornost adaptirane u odnosu na neadaptiranu verziju tretmana u praćenju i nakon 12 mjeseci nakon završetka tretmana, dok je privrženost obitelji u značajnoj mjeri moderirala ishod. Huey i Pan 2006. (31) proveli su probno istraživanje na prigodnom uzorku od 15 odraslih azijskih Amerikanaca radi evaluacije učinkovitosti kulturološki adaptiranog individualnog tretmana za fobije. U jednom

PhD students who underwent additional education with a licensed specialist. Two studies did not provide details about advisors, but all included studies described various efforts to adhere to protocols and manuals, such as monitoring scales, meeting recordings, regular supervision, etc.

One third of the studies involved interventions that were prescribed under the measures of the legal and social welfare system for a significant proportion of study participants. Two studies pointed out the trend where minority groups opted for treatment later on, i.e. when there were already experiencing considerable difficulties. Therefore, the primary outcomes were related to clinically significant improvements, but not to complete remission (32, 34). Below is a more detailed description of the included studies.

In 2012, Burrow-Sanchez and Wrona (30) conducted a pilot study with the aim of determining the effectiveness of the culturally adapted group protocol in comparison to an unadapted protocol focused on substance use disorders. Taking into account a modest sample of 35 participants, the results pointed to a conclusion about the relative effectiveness of the adapted version in which participants with a higher ethnic identity and greater attachment to the family reported more favourable outcomes. The first author conducted a randomized controlled study (29) with additional follow-up points after 6 and 12 months on a sample of 70 Latin American adolescents with the stratification of participants who also took pharmacotherapy during the treatment. Among other things, the results indicated superiority of the adapted in comparison to the unadapted version of the treatment in the follow-up even after 12 months following the end of the treatment. The attachment to the family significantly moderated the outcome. In 2006, Huey and Pan (31) conducted a trial study on a sample of 15 Asian American adults to evaluate the effectiveness of

sastanku u trajanju od 3 sata koji je utemeljen na izlaganju i modeliranju - OST (*One-Session Treatment*) naspram neadaptiranoj OST formi te priručniku za samopomoć. Izbjegavanje je bilo znatno niže za sudionike u situaciji kulturološki adaptiranog tretmana u usporedbi sa situacijom samopomoći (priručnik temeljen na KB principima), ali samo marginalno značajno u odnosu na standardni format. Osim toga, kulturološki adaptirana forma pokazala se superiornom u odnosu na ostale dvije situacije u smanjenju katastrofiziranja i izbjegavanja. Prvi autor je sa suradnicima, nakon 6 mjeseci, proveo još jednu randomiziranu kontroliranu studiju (32) na prigodnom uzorku od 30 odraslih azijskih Amerikanaca, s dodatnom točkom praćenja. Studija je dodatno uključila i evaluaciju potencijalnih moderatorskih varijabli. I u ovom se slučaju kulturološki adaptirana OST pokazala superiornom u odnosu na standardni protokol za skupinu sudionika s nižim stupnjem akulturacije. Hwang i sur. su 2015. (32) proveli istraživanje na 50 odraslih azijskih Amerikanaca s dijagnozom velike depresivne epizode radi utvrđivanja relativne učinkovitosti kulturološki adaptiranog individualnog protokola u odnosu na standardiziranu formu tretmana. Randomizacija je uključila i stratifikaciju sudionika koji su uzimali farmakoterapiju tijekom tretmana. Kod sudionika iz situacije kulturološki adaptiranog tretmana evidentirano je veće poboljšanje nego kod sudionika iz aktivne kontrole.

Na kraju, kontrolirana randomizirana studija koju su 2002. (34) na uzorku 20 Afroamerikanki s višestrukim teškoćama i izraženim depresivnim simptomima proveli Kohn i sur. također ukazuje u prilog kulturološki adaptirane verzije grupnog tretmana za depresiju u odnosu na standardnu formu. Potrebno je istaknuti kako su u obje skupine evidentirane perzistentne teškoće srednjeg intenziteta i nakon završetka tretmana.

Metodološka kvaliteta uključenih studija procijenjena je uz pomoć algoritma i smjernica navedenih u protokolu RoB 2.0. (slika 2.). Rando-

culturally adapted individual treatment for phobias. In one 3-hour meeting based on exposure and modelling - OST (*One-Session Treatment*) as opposed to an unadapted OST form and a self-help manual. It was observed that avoidance was much lower for participants in the culturally adapted treatment compared to the self-help situation (the manual was based on CB principles), but that was only marginally significant compared to the standard format. In addition, the culturally adapted form proved superior to the other two situations in reducing in terms of catastrophizing and avoidance. After 6 months, the first author and the collaborators conducted another randomized controlled study (32) on a sample of 30 Asian American adults, adding an additional follow-up point. The study additionally included the evaluation of potential moderator variables. In this case, too, the culturally adapted OST proved to be superior to the standard protocol for a group of participants with a lower degree of acculturation. In 2015, Hwang et al. (32) conducted a study on 50 Asian American adults diagnosed with major depressive disorder epizode to determine the relative effectiveness of a culturally adapted individual protocol as compared to a standardized form of treatment. Randomization also included the stratification of participants using pharmacotherapy during the treatment. In participants undergoing the culturally adapted treatment, greater improvement was recorded than in participants from the active control.

Finally, Kohn et al. conducted a controlled randomised trial in 2002 (34) on a sample of 20 African-American women with multiple difficulties and pronounced depressive symptoms also pointed to the superiority of the culturally adapted form of group treatment for depression compared to the standard form. It should be noted that persistent difficulties of moderate intensity were recorded in both groups even after the end of the treatment.

Methodological quality of the included studies was assessed using an algorithm and the

oznaka studije / study label	D1	D2	D3	D4	D5	sumativna procjena / summative assessment
S3	!	+	+	!	+	!
S4	+	+	+	+	+	+
S1	+	+	+	+	+	+
S2	!	−	+	+	!	−
S5	+	+	+	+	+	+
S6	+	+	+	+	+	+

+ niski rizik / low risk
! umjereni rizik / moderate risk
− visoki rizik / high risk
D1 postupak randomizacije / randomization process
D2 otkloni od planirane intervencije / deviation from the invaded interventions
D3 izostavljeni podaci o ishodima / missing outcome data
D4 mjere ishoda / outcome measures
D5 selekcija predstavljenih podataka / selection of data presented

SLIKA 2. RoB 2.0 grafički prikaz
FIGURE 2. RoB 2.0 diagram

mizirane kontrolirane studije procijenila su dva neovisna procjenjivača (IM, NJB). Dvije trećine studija generalno su procijenjene niskim rizikom pristranosti, dok su procjene preostalih studija rezultirale jednom procjenom umjerenog rizika pristranosti, uz jednu studiju za koju je procijenjeno da ima visoki rizik od pristranosti.

guidelines specified in RoB 2.0 (Figure 2). The randomized controlled studies were evaluated by two independent assessors (IM, NJB). Two-thirds of the studies were generally assessed at a low risk of bias, while the assessments of the remaining studies resulted in one assessment of moderate risk bias and one assessment of a high risk of bias.

RASPRAVA

Cilj ovog istraživanja bio je dati detaljan pregled dokaza o učinkovitosti kulturološki prilagođenog kognitivno-bihevioralnog tretmana u usporedbi s neprilagođenom formom. Razmatrane su randomizirane kontrolirane studije te je analizirana kvaliteta navedenih studija. Usprkos metodološkim ograničenjima, prigodnim i relativno malim uzorcima, nalazi svih odabranih studija ukazuju na relativnu učinkovitost kulturološki adaptiranih verzija kognitivno-bihevioralnih tretmana u odnosu na neadaptiranu formu za različite dobne skupine i u slučaju heterogenih teškoća. Ovo je istraživanje jedno od rijetkih koje je metodom sustavnog preglednog rada istražilo učinkovitost kulturološki prilagođene KBT u usporedbi s neprilagođenom formom.

DISCUSSION

The aim of this study was to provide a detailed review of the evidence on the effectiveness of culturally adapted cognitive-behavioral treatment compared to an unadapted form. Focus was placed on randomized controlled trials and their methodological quality. Despite certain methodological limitations, convenient and relatively small samples, the findings of all selected studies indicated relative efficacy of the culturally-adapted versions of cognitive-behavioral treatments in relation to the unadapted form for different age groups also in case of heterogeneous difficulties. This study is one of the few that investigated the effectiveness of culturally adapted CBT compared to the unadapted form using a systematic review method.

Ovaj sustavan pregled prije svega ukazuje na vrlo mali broj radova koji se na valjan i pouzdan način bavio temom usporedbe kulturalno adaptiranih KBT pristupa i standardnog KBT-a u izvanbolničkom tretmanu. Ako se zna da KBT kao jednu od svojih vrijednosti ističe znanstvenu utemeljenost, onda ovaj mali broj istraživanja svakako ukazuje na brojne izazove koje ovakva istraživanja nose sa sobom. Navest ćemo neke od njih.

Iako su generalno nalazi preglednih radova vezani za učinkovitost kulturološki adaptiranih psiholoških tretmana obećavajući (34,37), česta je zamjerka kako nisu temeljeni na aktivnoj kontroli. Drugim riječima, nedostaju usporedbe kako sa standardiziranim protokolima, tako i s drugim vrstama kontrolnih skupina. Ujedno, učestalo je i uspoređivanje različitih oblika tretmana što umanjuje mogućnost generalizacije nalaza i zaključaka o učinkovitosti kulturoloških adaptacija.

Neki od ranije navedenih izazova u ovom području istraživanja evidentirani su i u ovom preglednom radu. Čak i u slučaju odabranih studija evidentno je kako su sva istraživanja provedena u SAD-u na prigodnim populacijama i manjinskim grupama različitog stupnja akulturacije (Afroamerikanci, Latinoamerikanci i azijski Amerikanci). Tako se primjerice u trećini studija radilo o intervencijama koje su propisane u okviru mjera pravnog sustava i sustava socijalne skrbi za značajan udio sudionika studija ili o prigodnom uzorku studenata, što ograničava mogućnost generalizacije zaključaka (30,31). Nadalje, i ovdje se radilo o pacijentima s različitim intenzitetom teškoća u izvanbolničkom kontekstu. U studiji autora Burrow-Sanchez (29) su tako uključeni sudionici koji ispunjavaju kriterije za zloporabu, ali i oni koji ispunjavaju kriterij za ovisnost, dok je u probnoj-studiji Hueya i Pana (31) navedeno kako je većina sudionika ispunila barem tri kriterija za specifičnu fobiju bez navođenja detalja. Proširivanje uzorka, kao i adaptacije

This review primarily points to a very small number of papers that compared culturally adapted CBT approaches and the standard CBT in outpatient treatment in a valid and reliable way. Given that one of the basic advantages of CBT is its scientific foundation, a small number of studies unequivocally points to numerous challenges that this type of research implies. Here we provide a list of some of them.

Although the findings of review papers focusing on the effectiveness of culturally adapted psychological treatments are considered to be promising (34,37) in general, it is a common complaint that they are not based on the active control. In other words, there is a general lack of comparisons both with standardized protocols and other types of control groups. At the same time, various forms of treatment are frequently compared, which reduces the possibility of making general findings and conclusions about the effectiveness of cultural adaptations.

Some of the above mentioned challenges in this area of research were also recorded in this review paper. Even in the case of the selected studies, it is evident that all studies were conducted on convenient populations and minority groups in the United States had varying degrees of acculturation (African Americans, Latinos, and Asian Americans). For example, one third of the studies involved interventions prescribed within the framework of the legal and social welfare system for a significant proportion of study participants or an appropriate sample of students, thus limiting the possibility of making general conclusions (30,31). Furthermore, this group of patients had a varying intensity of difficulties in an outpatient context. Burrow-Sanchez conducted a study (29) that included the participants who met the criteria for abuse as well as those who met the criteria for addiction, while a trial study conducted by Huey and Pan (31) found that most participants met at least three criteria for a specific phobia without specifying details. Ex-

protokola za različite tipove teškoća, a i homogenizacija prema izraženosti simptoma također bi doprinijeli većoj mogućnosti poopćavanja (generalizabilnosti) zaključaka.

Sve uključene studije opisivale su korištenje standardiziranih psiholoških mjera ishoda tretmana poput standardiziranih psihologijskih upitnika i strukturiranih intervjua pri regrutaciji i probiru. U dvije trećine studija uključene su još i mjere specifične za određeni tip protokola i tretmana te indikatori povezani s akulturacijskim procesima i drugim potencijalnim moderatorskim varijablama.

Većina navedenih mjernih instrumenata izrađena je i normirana na populacijama koje ne reflektiraju kulturološki kontekst i posebnosti uzorka sudionika koji su uključeni u opisane studije što može rezultirati nereprezentativnim ishodima. Na tragu toga istraživači u području ukazuju na potrebu za kulturološkim adaptacijama mjera korištenih u istraživanjima ovog tipa (38). Angažiranje nezavisnog kliničara u fazama regrutacije i samog tretmana doprinijelo bi metodološkoj kvaliteti budućih studija (33).

Kako je već ranije navedeno, nedostatak standardiziranog pristupa u kulturološkim adaptacijama dovodi u pitanje replikabilnost, učinkovitost i isplativost takvih adaptacija (39). U tom smjeru je jasnoća oko korištenog okvira, kao i procesa, elemenata te ishoda prilagodbe nužna za bolje razumijevanje ovog područja istraživanja, što nije eksplicitno navedeno u većem dijelu odabranih studija. Potrebno je istaknuti kako se u većini studija radilo o relativno malim i prigodnim uzorcima, posebice u probnim-studijama koje čine trećinu uključenih studija, te o relativno kratkim tretmanima od kojih najdulji traje šesnaest sastanaka, dok u polovini studija izostaju nalazi praćenja (31,32,34). U dvije se studije jasno navodi kako nije postignut oporavak, što bi išlo u prilog potrebi za duljim terapijskim tretmanima u budućim istraživanjima (32,34).

panding the sample, adapting protocols for different types of difficulties, and homogenizing according to the expression of symptoms would also contribute to a greater possibility of making general conclusions.

All included studies described the use of standardized psychological treatment outcome measures such as standardized psychological questionnaires and structured interviews during recruitment and screening. Two-thirds of the studies also included measures specific to a particular type of protocols or treatments, as well as indicators related to acculturation processes and other potential moderator variables.

Most of these measuring instruments were designed and standardized on the populations that did not reflect the cultural context and specificities of the sample of participants included in the described studies, which could have resulted in unrepresentative outcomes. In line with this, researchers in this field pointed to the need for cultural adaptations of measures used in this type of research (38). Engaging an independent clinician in the recruitment and treatment phases would contribute to the methodological quality of future studies (33).

As stated earlier, the lack of a standardised approach in cultural adaptations calls into question the replicability, effectiveness and cost-effectiveness of such adaptations (39). In that sense, it is necessary to introduce clarity regarding the framework, processes, elements and adaptation outcomes used in order to establish a better understanding of this area of research, which was not explicitly stated in most of the selected studies. It should be noted that most of the studies comprised relatively small and convenient samples, especially in pilot studies that made up one third of the included studies, as well as a relatively short duration of treatments, in which the longest lasted sixteen sessions. In one half of the studies there were no findings of follow-ups (31, 32, 34). Two studies clearly stated that no recovery was achieved,

Vezano za status i kvalifikacije savjetnika u tretmanu u polovini studija navedeno je kako se radilo o bilingvalnim stručnjacima srodnog kulturološkog konteksta, studentima doktorskog studija psihologije koji su prošli dodatnu edukaciju s licenciranim stručnjakom. S obzirom na to da su u većini studija autori ujedno bili i terapeuti u eksperimentalnoj i kontrolnoj situaciji postavlja se pitanje potencijalnih, u izvješću nevidljivih, adaptacija i jasnoće u odvajanju standardnog od adaptiranog oblika tretmana od istog provoditelja tretmana (30,31).

Na temelju dostupnih podataka i nalaza potrebno je izdvojiti i moguće praktične implikacije za klinički rad. Trenutačni nalazi su prilog važnosti eksplanatornog modela teškoća samog pacijenta (9) pa je potrebno kao praktičnu implikaciju ugraditi vrlo eksplicitno bavljenje pacijentovim viđenjem problema kao temeljem za istraživanje kulturološki osjetljivog pristupa tretmanu, kao i procjeni indikacija za tretman. Svakako je potrebno imati na umu potencijalne izvore pristranosti u slučaju kad se koristi dijagnostičkim instrumentima i mjerama za praćenje ishoda tretmana koji uključuju norme u kojima su podzastupljene manjinske skupine (40).

Pri samoj pripremi kulturološki osjetljivih tretmana potrebno je uzeti u obzir raznolike kontekstualne faktore poput postojećih sustava potpore u zajednici i sl. kako bi se pristup učinio kulturološki osjetljivim od samog početka i prvog kontakta s pacijentom i zajednicom (41). S obzirom na to da se većina kulturološki adaptiranih tretmana temelji na prilagodbama postojećih i validiranih protokola potrebno je prilagodbi pristupiti sistematično, s podlogom u kvalitativnim istraživanjima koja uključuju relevantne osobe u zajednici prije izmjene i testiranja protokola (41). S obzirom da se radilo o preglednom sustavnom radu, većina ograničenja ovog istraživanja povezana je sa strategijama pretraživanja. Treba istaknuti kako su uključeni samo radovi na engleskom jeziku i

which supports the need for longer therapeutic treatments in future studies (32, 34).

Regarding the status and qualifications of counsellors in the treatment in one half of the studies, it was stated that they were bilingual experts for a corresponding cultural context, i.e., PhD students in psychology who had underwent additional education with a licensed specialist. Given that the authors of most studies were also therapists in an experimental or control situation, the question arises of potential adaptations and clarity in distinguishing the standard from the adapted form of treatment on the behalf of the same person conducting the treatment, which was undetectable in the report (30,31).

Based on the available data and findings, it is also necessary to single out possible practical implications for clinical work. The current findings further underline the importance of the explanatory model of the patient's difficulties (9). Therefore, it is necessary to incorporate dealing with the patient's view of the problem very explicitly as a practical implication and a basis for research in culturally sensitive approaches to treatment, as well as in the assessment of indications for treatment. It is undoubtedly necessary to bear in mind all the potential sources of bias when using diagnostic instruments and measures to monitor treatment outcomes that include norms in which minority groups are underrepresented (40).

While preparing culturally sensitive treatments, it is necessary to take into account various contextual factors such as the existing support systems in the community, etc. in order to make the approach culturally sensitive from the very beginning and the very first contact with the patient and the community (41). Given that most culturally adapted treatments are based on adaptations of the existing and validated protocols, it is necessary to approach the adaptation systematically and based on qualitative research involving relevant persons

da strategija pretraživanja nije obnavljana nakon listopada 2021. godine. Unatoč različitosti algoritama pojedinih baza i izvora strategija pretraživanja, iako izrađena u suradnji s knjižničarem, nije kasnije evaluirana. Zbog ograničene dostupnosti baza CINAHL baza podataka nije bila uključena u pretragu. Dodatno, iako su obuhvaćeni neki izvori, nije bilo uključeno sustavno filtriranje sive literature.

ZAKLJUČAK

Kako bi se dobila cjelovitija slika o učinkovitosti adaptiranog tretmana u odnosu na standardnu formu KBT protokola, cilj ovog preglednog rada bio je sumirati dokaze o učinkovitosti kulturološki prilagođene KBT u usporedbi s neprilagođenom formom u izvanbolničkom tretmanu pacijenata. Generalni nalazi istraživanja idu u prilog učinkovitosti kulturološki adaptirane forme u odnosu na standardnu formu kao i kulturološki adaptiranih tretmana. Međutim, u pitanje dovodi replikabilnost, učinkovitost i isplativost takvih adaptacija što je rezultat nedostatka standardiziranog pristupa u kulturološkim adaptacijama. Kako bi se navedene tendencije ispunile potrebno je raditi na daljnjem razvoju i validaciji modela prilagodbe, sustavnom i transparentnom pristupu u evidenciji uvedenih kulturoloških prilagodbi, te sustavnoj procjeni njihove učinkovitosti.

in the community before modifying and testing the protocols (41). Having in mind that this was a systematic review paper, most of the limitations of this research were related to search strategies. It should be pointed out that only papers in the English language were included and that the search strategy has not been renewed after October 2021. Despite the diversity of algorithms in individual databases and sources of search strategies and although created in collaboration with the librarian, it was not evaluated later on. Due to the limited availability of databases, CINAHL was not included in our search. In addition, although some sources were covered, systematic filtering of gray literature was not included.

CONCLUSION

In order to obtain a more comprehensive picture of the effectiveness of the adapted treatment compared to the standard form of the CBT protocol, the aim of this review was to summarize the evidence on the effectiveness of culturally adapted CBT compared to the unadapted form in outpatient treatment of patients. The general findings of the research support the effectiveness of culturally adapted forms compared to the standard form. However, it questions the replicability, efficacy and cost-effectiveness of such adaptations, as the result of understandardized approach in cultural adaptations. In order to counter such tendencies, it is necessary to further develop and validate the adaptation model, apply a systematic and transparent approach in evidencing the introduced cultural adaptations and systematically assess their effectiveness.

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