

CULTURAL ADAPTATIONS TO THERAPY IN SINGAPORE: A SYSTEMATIC REVIEW

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Introduction

Existing research into mental health practitioners’ (MHPs’) views of cultural adaptations to therapy in Singapore suggests that local therapists need to be able to work with multiple models of therapy simultaneously (Geerlings et al., 2017; Jennings et al., 2008).

Local Clinical Psychology courses (CPCs) focus heavily on Cognitive Behavioural Therapy (CBT), and previous research has also suggested expanding this curriculum to include other models (Geerlings et al., 2017). However, no models were offered as suitable candidates

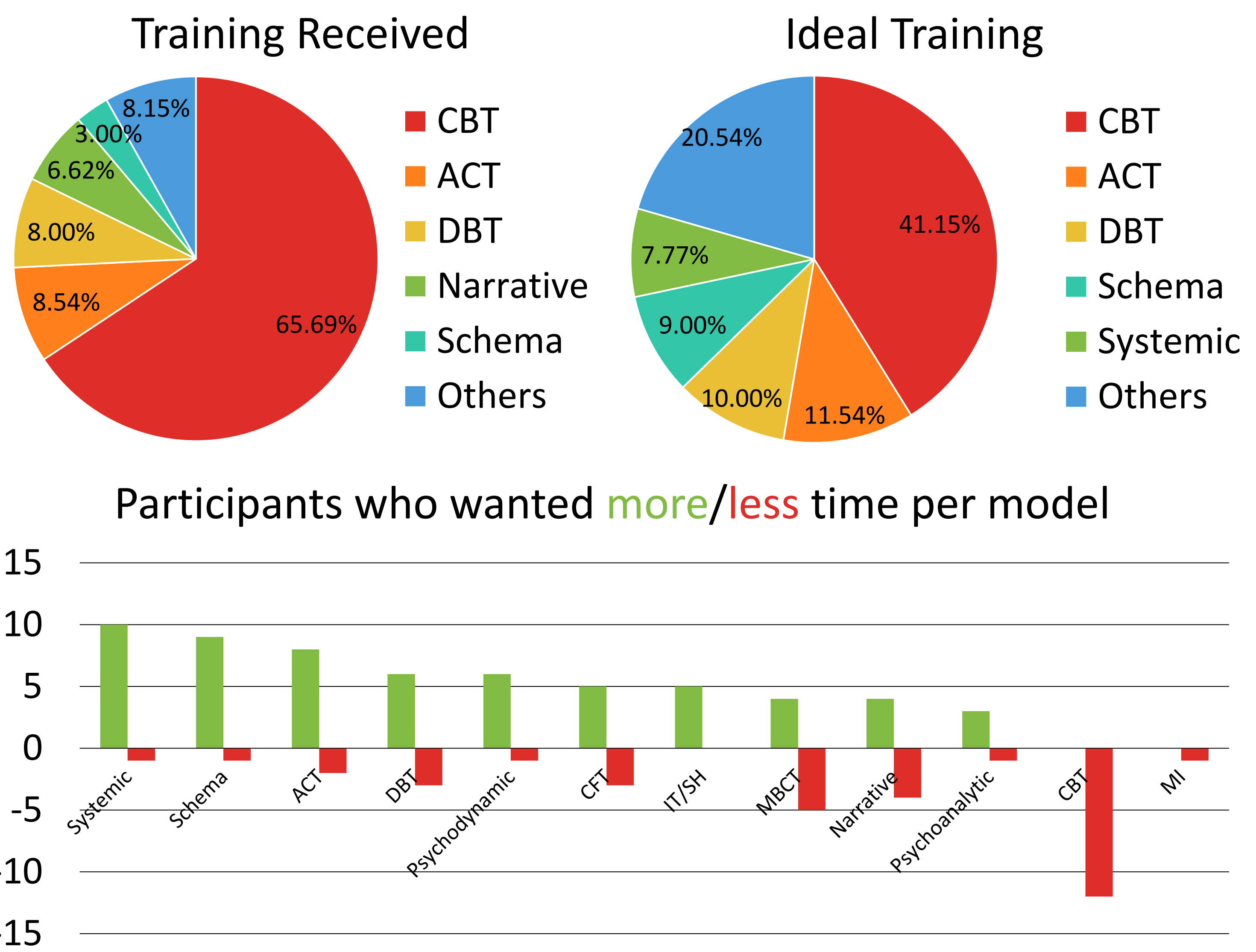
Objectives

To investigate what therapy models might be suitable for Singapore, and how well local trainees think local CPCs have prepared them for practice locally.

Methods

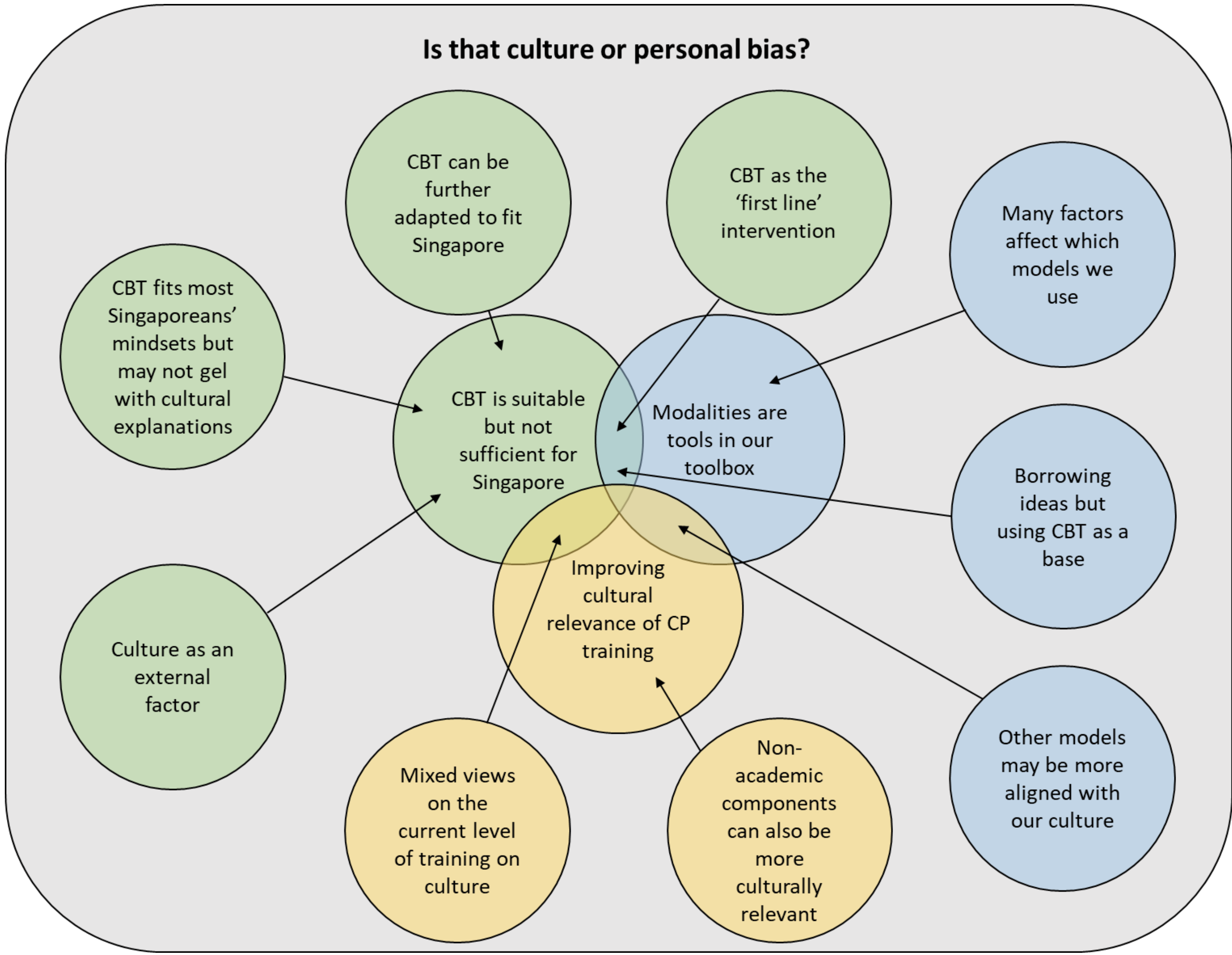
- **Method:** 4 online focus groups were conducted, and an interview activity was also completed privately during the interview
 - Activity consisted 2 parts: 1) At the start, to estimate how their training had allocated time to various therapy models, and 2) After the interview, to share their ideal allocation of time
- **Participants:** 9 recent graduates and 5 final-year trainees were recruited from across both local clinical psychology courses in Singapore
 - ✓ Singaporeans
 - ✓ Completed all academic teaching on their courses
 - ✓ > 1 year delivering therapy in Singapore
- **Planning:** A consultant was recruited who had experience as a trainee, and as a recipient of therapy; 3 participants were also consulted for issues related to group dynamics and logistics
- **Analysis:** Thematic analysis for interview
- **Evaluation:** Member-checking was used to confirm the themes

Interview Activity Results



Focus Group Results

Themes and Subthemes



Discussion

- Some challenges arose in the discussions
 - Participants were unsure how to define Singapore’s culture
 - Many reflected on an uncritical focus on “evidence base” in training and in organizations they’ve work in
- CBT is effective but needed adaptations for local culture
 - Some aspects were seen as a good fit, while others were not
 - Most discussions examined models’ fit *within* the culture, but some saw culture as separate and “*interfering*” with therapy
 - Cultural suitability was discussed not only as ‘*compatibility with*’ but also ‘*balancing out*’ the existing culture
- The ability to work with multiple models is important
 - ACT, DBT, Schema therapy and Systemic therapy were discussed the most
 - CBT is frequently used as a first-line intervention, and as a base to add on other models as needed
- Factors which affected the models they used:
 - Client factors (culture, therapy goals, expectations, formulations, thinking styles, preferences)
 - Organization factors (policies, client profile, “evidence-based” focus)
 - Training factors (influence from training courses, supervision)
 - Personal factors (personal experiences, preferences)

Conclusion

- Some previous findings were replicated:
 - CBT was felt to be effective, but needs to be adapted – some aspects were actually felt to fit well with Singaporean culture
 - Local psychologists need to be able to work simultaneously with multiple models of therapy
- Additions from current study:
 - CPs often incorporate other models by using CBT first as a base
 - ACT, DBT, Schema therapy, and Systemic therapy are good candidates for more culturally relevant practice
 - Recommendations were made for courses to be more culturally relevant

References

Geerlings, L. R., Thompson, C. L., & Tan, G. (2017). Culturally Competent Practice: Experiences of Students, Academics, and Alumni of Clinical Psychology Degrees in Singapore. *Journal of Tropical Psychology*, 7(e3), 1-10. doi:10.1017/jtp.2017.3

Jennings, L., D'Rozario, V., Goh, M., Sovereign, A., Brogger, M., & Skovholt, T. (2008). Psychotherapy expertise in Singapore: A qualitative investigation. *Psychotherapy Research*, 18(5), 508-522. doi:10.1080/10503300802189782