

Manuscript title: Evaluation of a culturally adapted CBT-based, thirdwave therapy manual

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Independent Reviewer Report, Reviewer 1

I accepted the manuscript for publication at this current form

I declared no conflict of interest

I declared this is the 1st time to review this manuscript

Response: Thanks for your comments.

Independent Reviewer Report, Reviewer 2

Reviewer Comment	Response to Comment	Line Number
Although authors mentioned culturally adapted CCC and DBT as main theme of this article, they did not explain clearly which items were more significant and how it worked compared to not-culturally adapted CBT process. It would be helpful to clarify those processes instead of brief mentioning the references.	CCC has been chosen due to its universal applicability to levels of processing as it does not require specific adaptation for different ethnicities [47], and indeed the current study included individuals from African, Caribbean, South Asian, and Chinese backgrounds among others. Many Western therapies were developed through an individualistic approach but CCC lends itself to involving family and significant others within the intervention, incorporating aspects of mindfulness, spirituality, and faith. The aim of this study at present is to discuss the culturally adapted protocol than conduct a	Line 144-149

	<p>comparative study which we will aim to do in the future. Clinical evidence among practitioners indicate that non-cultural CBT is not proportionately appropriate for those from ethnic minorities who have influences based on their cultural backgrounds and personal beliefs. For example, first generation migrant populations from Africa and Southern Asia are reluctant to discuss about mental illness. We know as healthcare professionals they access mental health services less in comparison to their counter part population due to a number of reasons including stigmatisation and shame. Thus, not adapting to their beliefs exacerbate any existing mental illnesses they have that impacts their families and society as a whole. Cultural paradigms for this reason are important to understand, recognise and then included. Inclusivity is a facet that needs to be addressed at all levels of healthcare, and lack of adapting cultures also mean that we would be nullifying the differences different races and ethnicities in a population have</p>	
<p>Participants are too few to get to conclusion on the validity and efficacy of new methods, even though they tested several test methodologies. If more participants were recruited statistically controlled, their conclusion would be more persuasive</p>	<p>This was designed as a preliminary study of a new application in order to test the manual with a view to further investigation with a larger sample and a control group. Funding and scope were proportionate to this aim, but not to a definitive study.</p> <p>This is a feasibility to study which by design shows efficacy and validity which we have shown.</p>	<p>Line 325</p>

	A scale up approach with a comprehensive RCT is the next step to show statistically significant validation across multiple cohorts in the future.	
Als the participants are not huge, phenomenological case descriptions would be helpful to understand why the cultural variants are significant even for CBT.	The information about CCC has been expanded. There is an example formulation in the Appendix and case examples in Phiri, P., Clarke, I., Baxter, L., Elliot, K., Rathod, S., Naeem, F. Culture Free CBT for Diverse Groups. Intechopen Publishers: 2021 Phenomenological explanations whilst interesting is not part of this study design and nullifies the aims of the case outcomes for this protocol	Lines 140 - 142 See Appendix
As the title includes culture regarding psychotherapy, it seems to be important how the authors define culture and how it affects mental health especially in relation with CCC and CBT.	Definition of culture in the context of this study has been described.	Lines 89-109 Lines 132-136