# The CONTROL

## (COgNitive Therapy for depRessiOn in tubercuLosis treatment)

## to improve outcomes for depression and TB in Pakistan and Afghanistan

**Funded by: RIGHT3, NIHR**

**Reference: NIHR201773**

# Consensus workshop on Tuberculosis and Depression”

**15th August 2023**

**Khyber Medical University**

# EXECUTIVE SUMMARY

The first consensus workshop on Tuberculosis and Depression was held on 15th August 2023 at Senate Hall in Khyber Medical University (KMU). The purpose of this workshop was to bring together all the stakeholders, study experts, and project team to discuss the components of the intervention and to build consensus over the Cognitive Behaviour Therapy (CBT) based intervention including the number of sessions, theoretical orientation, delivery methods, and settings of intervention, taking into consideration the evidence from the qualitative and ethnographic data generated during work package 1. This report narrates the details of different sessions during the 1st consensus workshop.

## INTRODUCTION

**Aim of the Consensus Workshop:**

The first consensus workshop was conducted with the aim of seeking feedback and consensus over CONTROL intervention from TB health workers, including the Deputy Director of the TB Control Program, Medical Officers (MOs), Directly Observed Treatment (DOTs) facilitators, and service users.

**Objective of the Consensus Workshop:**

The objectives of the consensus workshop were:

1. To gather feedback and consensus from TB health workers regarding various aspects of the CBT intervention including:

- The duration of therapy
- Duration of a session
- Mode of sessions
- Training for DOTs facilitators
- Stories and examples used in the manual, and handouts.

2. To refine the existing manual and training materials based on the feedback received.

CONTROL intervention development during work package 1 of the project was backed by extensive ethnographic and qualitative work to develop evidence-based cognitive behavior therapy.

**Overview of Ethnographic and Qualitative Study in Work Package 1:**

An ethnographic and qualitative study using a variety of data collection techniques was conducted to elicit data about the subjective experiences of TB patients and carers, through focus group discussions (FGDs) and in-depth interviews (IDIs) along with the objective realities of healthcare facilities, through focused ethnographies, IDIs and FGDs.

**Study Centers and Data Collection Tools:**

The study was conducted at the Directly Observed Treatment (DOT) facilities at District Peshawar and District Haripur. Separate topic guides were developed for various categories of participants including healthcare providers, TB patients, and their carers, which were refined and translated into Urdu and Pashto languages as per the ethnic and linguistic dynamics of the participants. Similarly, a checklist for focused ethnography was also used after translation into Urdu.

**Pilot Qualitative Study:**

A pilot study was conducted in December 2022 during which a total of 18 In-depth Interviews were conducted at both districts with all three groups of participants. Topic guides and their translations were refined as a result of the pilot experience, adding a few more questions and changing the translation of a few words in the topic guides, to make them easily understandable to the participants.

**Definitive Qualitative Study:**

In the final data collection, a total of 29 IDIs, 11 FGDs, and 15 focused ethnographies were conducted. These included 16 IDIs, 7 FGDs, and 8 ethnographies in Peshawar and 13 IDIs, 4 FGDs, and 7 ethnographies in Haripur. Research participants included patients, their carers, and health care providers both Pakistani nationals and Afghan refugees living in Pakistan. The study aimed to ensure an adequate representation of male and female TB patients and their carers as well as belonging to Pakistani and Afghan nationals currently living and undergoing TB treatment in Pakistan.

**Qualitative Data Analysis:**

Keeping in mind the objective of the study, which was the cultural adaptation of a CBT in the context of Pakistan and Afghanistan, we used a slightly modified version of "the Southampton Framework" for data analysis in this study. The Southampton Framework was developed at the University of Southampton (Farooq et. al., 2009) which provides a structured and comprehensive framework for the analysis of qualitative data for adapting CBT in the non-western context. The framework consists of three major components relating to '**awareness of cultural knowledge', 'assessment and engagement'**, and **'adjustment in therapy**'. Each of these components has been further divided into sub-themes. Apart from adding cultural nuances to these three themes, we added a fourth component as a theme namely '**adherence to treatment'** to understand barriers and facilitators to treatment among TB patients. The research team worked through a series of steps to analyze the data, including transcription, translation, reviewing and refining the transcribed data, and finally organizing the data into themes and sub-themes as per the modified Southampton framework.

**CONTROL Intervention Development Stages:**

**Stage 1:**

**Evidence Synthesis, Focused Ethnography, and Qualitative Studies:** As mentioned previously, Qualitative research work was conducted to understand various issues, including cultural factors, religion and spirituality, shame and guilt, family-related issues, health system-related issues, and beliefs about health.

**Stage 2:**

**Stakeholders' Engagement and PPIE (Patient and Public Involvement and Engagement):** Prior to the consensus workshop, extensive efforts were made to engage stakeholders and involve them in the project. Their input and insights were considered during the intervention development.

**Stage 3:**

**Development and Refinement of the Intervention through Expert Consultations:**

Following the intensive meetings with DOT facilitators and the incorporation of qualitative data, a CBT manual and 16 handouts were developed. These handouts were also translated into Urdu and Pashto. Subsequent meetings with the intervention development team led to the decision to conduct a training program for CBT master trainers.

**Stage 4:**

**Training for Master Trainers:**

A five-day CBT training session was organized from 17th July to 21st July 2023 at Mayo Hospital, Lahore. Dr. Mirrat Gul, Principal Clinical Psychologist and Co-I CONTROL trained the master trainers using the CBT manual, ensuring they were well-prepared to deliver the intervention effectively.

After the development of CBT manuals and training of master trainers, the consensus workshop was planned to share the manual contents with TB Health Workers and stakeholders and to get feedback regarding the alignment of manual content and therapy delivery process with the TB staff and service users.

## CONTROL Consensus Workshop:

### Facilitators:

The sessions during the consensus workshop were facilitated by:

1. Prof. Saeed Farooq, Lead CONTROL program
2. Dr. Zohaib Khan, Co-Lead CONTROL program
3. Dr. Fayaz Ahmad, Post-doc Fellow CONTROL
4. Dr. Mirrat Gul, Principal Clinical Psychologist & Co-I CONTROL
5. Ms. Sara Khan, Communication Officer, CONTROL

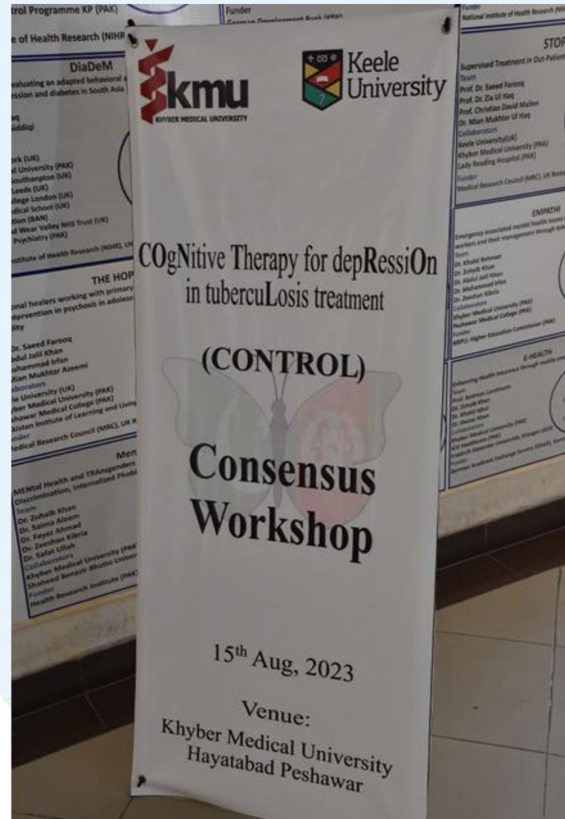
### Workshop Proceedings:

The consensus workshop was opened with the recitation of the Holy Quran by Dr. Fayaz Ahmad.

**Introduction of Workshop participants**

The recitation was followed by a brief round of introduction of all the 48 participants. Deputy Director TB Control Program KPK, Dr. Haroon Latif, medical officers, and DOTs facilitators for the study sites in Peshawar and Haripur, CONTROL CEI/PPIE advisory group members, pulmonologists, psychiatrists, psychologists, and CONTROL study team members attended the consensus workshop.

**CONTROL Study Overview:**




Prof Saeed Farooq, Lead CONTROL, overviewed the study for all the participants being a 4-year research program. He highlighted that in recent times considering the increase in the burden of Tuberculosis and associated comorbidities especially common mental health disorders has led to profound mental health transformation, both in terms of its conceptualization and the delivery of services. The burgeoning prevalence of mental health disorders, coupled with the recognition of their profound impact on individuals and societies, underscores the urgency of advancing research and for this reason, the idea of CONTROL was conceptualized to develop cognitive behavior therapy-based intervention to treat depression among TB patient in both local Pakistani and Afghan refugees residing in Pakistan. He added references from different Islamic Hadiths to make participants understand CBT.

Prof. Saeed added that the concept of this activity is based on consensus building for the structure of the intervention, time and duration of the session, and all the delivery-related aspects.

**Intervention Development Phase & Objectives of Consensus Group & Workshop**

Dr Fayaz Ahmed, a Post-doc fellow in CONTROL shared the details regarding the phases of intervention development. The journey of intervention development started with the commencement of work package 1, where ethnography was conducted at the study sites in both Haripur and Peshawar along with qualitative data collection. The findings from the qualitative work fed the intervention development process and the CBT development team comprising Prof. Farooq Naeem and Dr. Mirrat Gul held extensive discussions with the WP1 team to develop and refine CONTROL intervention.

**Discussion Session 1**

The intervention development phases were followed by a discussion session moderated by Dr. Zohaib Khan.

He opened the discussion session by asking Dr. Mirrat Gul being CBT expert and holding the experience of working with different teams for CBT interventions, did she find anything different in terms of culture and KP in terms of TB and mental health based on the qualitative findings.

Dr. Mirrat added that "*after the very initial discussions with Prof. Saeed Farooq, I visited the TB centers in Lahore to understand how they work and almost all the centers reported that patients after the first visit don't necessarily visit themselves rather than send someone to collect the medicine on their behalf. I also checked the TB cards at centres to see if there is any difference in cards across provinces, but she couldn't find any significant one.*

*There was not much humongous difference across patients. For this reason during the training of master trainers, I focused on training them on how DOTs facilitators can engage with patients more effectively. The way DOTs facilitators will get engaged with patients will gauge the success of CBT".*

Dr. Haroon Latif, Deputy Director Provincial TB Control Program KPK added, "*I agree with Dr. Mirrat that patients do have issues, but DOTs is the backbone of the TB program and is a major pillar. They are more closely engaged with patients and every single patient comes with their own baggage on top of that getting diagnosed with TB is challenging for patients. Treatment interruptions do happen and along with treatment compliance mental health status of the patient is equally important to understand*".

Dr. Zohaib asked the DTO regarding the fitting of religion in the whole equation of TB and mental health, its treatment, social determinants, and poverty, and if he sees the spiritual aspect as having a role in treatment. If the religious aspect can be used as a strength for patient treatment.

District TB Officer Peshawar, Dr Zulfiqar added that *"patients do feel that being Muslims religion background and faith acts as a strength and protective factors so yes religious factors should be touched during sessions for motivation"*.

Dr. Zohaib asked Sara Khan being a master trainer if she has insights regarding religion being touched upon in the CONTROL CBT manual or handouts to which she added that there is a

separate part in the manual regarding spirituality and religion and there is detailed content added to it.

Later, Dr. Zohaib asked the DOTs facilitators about the role of stigma in holding patients from getting proper treatment or sharing their issues.

*The DOTs facilitators added that many a time, patients don't open up due to fear of being judged or stigmatized due to society's standards. In the case of DR TB, the treatment itself is painful and lack of social support hinders the patient's treatment. Patients are afraid of being labelled as mad or psycho so if any intervention takes into account social support, spirituality, and psychoeducation, then treatment can be more successful*.

Dr. Zohaib asked Dr. Haroon regarding system implication and lack of appropriate information for patient for timely diagnosis and treatment so is it really an issue.

Dr. Haroon again added that "*support groups don't exist for general TB, but they exists only for DR TB. Now TB prog is moving towards centralization where more psychological support will be available. Thanks to CONTROL, I personally got awareness regarding integrating mental health support and for our regular funding, we have added mental health in our grant application to Global Fund.*

*I admit that there are issues in our health system. We keep over ambitious targets and we run after achieving them all. I personally feel that we should focus on end TB, but we need to take firm steps.*

Dr. Zohaib extended the support for developing patient support groups and control PPIE groups via which we can help anyone in Haripur and Peshawar.

**Introduction to Cognitive Behavioural Therapy (CBT)**

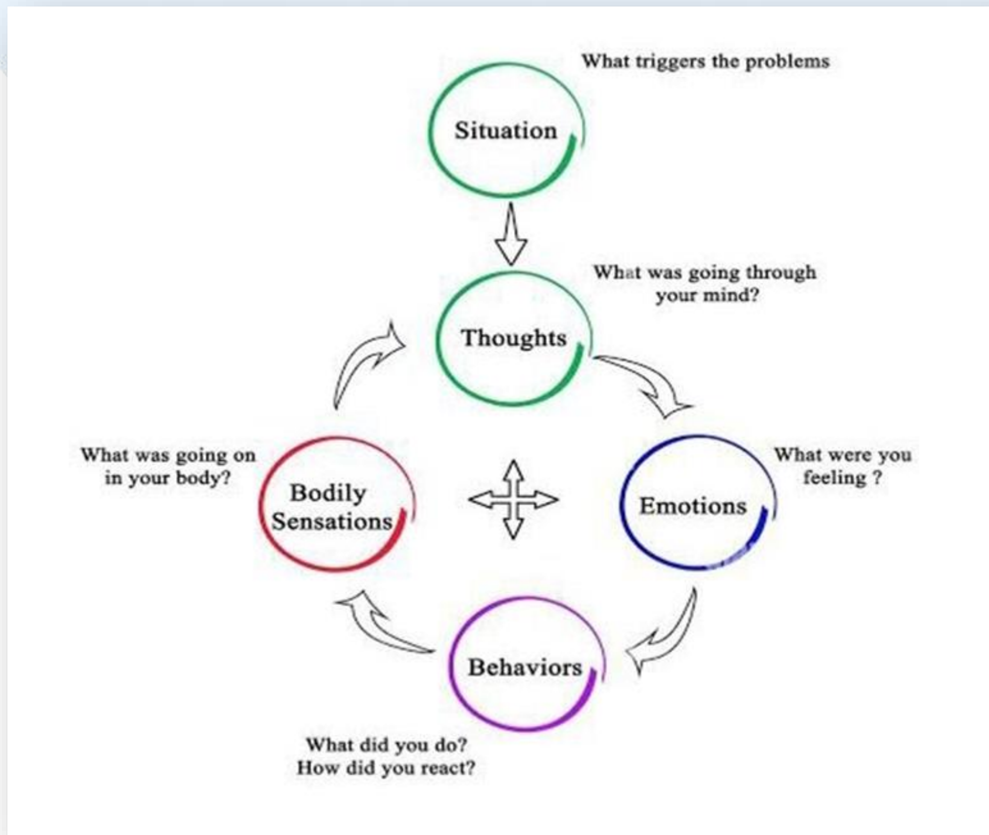



*Figure source: Ms. Sara Khan, Clinical Psychologist Presentation during Consensus Workshop*

Sara Khan, Clinical Psychologist and Communication Officer CONTROL study facilitated the session regarding the introduction of CBT to the workshop participants. She added that life often presents us with various challenges and stressors, which can take a toll on our mental health. Whether we are struggling with anxiety, depression, phobias, or simply looking to better manage the daily stresses of life, Cognitive Behavioural Therapy, or CBT, is a valuable tool that can help you gain control over your thoughts and feelings. It is an interplay between thoughts, emotions, and behavior.

For the individual taking CBT, it targets the negative thought process and mechanism and transforms them into healthy thought patterns by making us realize unrealistic or exaggerated thought processes. It works well on anger issues, phobias, common mental health disorders, and any negative thinking. Imagine having the ability to reframe negative thoughts, conquer overwhelming emotions, and break free from self-defeating patterns of behaviour. That's precisely what CBT offers – a practical, evidence-based approach to improving your mental health by addressing the way you think and the way you act in response to those thoughts.

**Importance of Cultural Adaptation and Manual Development**

Dr. Mirrat Gul highlighted that cultural adaptation of Cognitive Behavioural Therapy (CBT) is of paramount importance. Different cultures have unique beliefs, values, and norms that shape individuals' views and behaviors. She engaged the workshop participants in the discussion by making them brainstorm regarding the need for and importance of having CBT along with medical treatment.

She added that the thought process of local individuals and that of Afghan refugees is different in terms of socialization, orientation about daily issue, and problem-solving. When therapy incorporates cultural elements, patients are more likely to feel understood and respected. This, in turn, fosters a stronger therapeutic alliance, as patients perceive that their therapist acknowledges and respects their cultural identity.

The participants added that food, nutrition, and health orientation vary from area to area and also among different communities. Making them realize in a befitting manner how the DOTs facilitator will grip the patient will make a noticeable impact in the lives of communities and patients.

Making TB patients develop problem-solving skills by engaging them in constructive discussions and tweaking their daily life activities by asking them to note down their routines, thoughts, and feelings can help therapists develop more effective counselling plans for patients. Involving carers and family members is equally important. From a patient's perspective, giving them respect, and time and listening to their issues is very important. Most of the time, the patients develop stronger bonds with DOTs as compared to MO, as they feel more connected to DOTS.

**Structure of the therapy sessions**

Dr. Mirrat further asked the participants what they felt should be the mode of intervention delivery, duration, and time of sessions, nature of homework to be given to patients, and how much training DOTs need regarding CBT. Dr. Mirrat shared the structure of the session for

CONTROL CBT intervention in detail. This was followed by group activity regarding the eight questions Dr. Mirrat posed to the participants.

During this session, Dr. Haroon added that the provincial TB control program has a robust training program for staff. They have a specialized training manual, but they don't have master trainers. He asked Prof. Saeed and Dr. Zohaib if their district staff could be trained as master trainers.

This session was a group activity and workshop participants were divided into two equal groups comprising TB health workers and DOTs facilitators, service users, medical officers, clinical psychologists, master trainers, Afghan representatives, and research team members.

**Group 1 Suggestions:**

Group 1 suggested that there should be 6 sessions maximum, and the duration of each session should be 30-45 mins based on the contents of the sessions.

The mode of session delivery should be hybrid and since TB centres have biodata of patients they can be engaged virtually. Dr. Haroon added that TB program lacks the female DOTs facilitators, so the TB program has recently engaged lady health supervisors and lady health workers to engage with female patients. If a female engages with female health workers, her adherence to treatment will be more enhanced.

Regarding training required for DOTS, it should be weekly training till the pilot as CBT is a complex concept to grasp. But if trainers feel that they have a good grip, then in that case number of training can be adjusted accordingly. Adding stories and pictures to a manual is more impactful than written material. AV aids or flipbooks should be designed, and it helps the teams a lot. Giving homework to patients as part of intervention is important but they should be made responsible in an interesting way.

**Group 2 Suggestions:**

Sessions should be based on the severity of issue so minimum 6 sessions should be given followed by follow-up sessions. The duration of session should be around 15-30 minutes. If any data must be taken, then the duration of session can be increased accordingly. To this Dr. Mirrat added that 15 mins is too less as standard CBT sessions is 30 mins but ideally it should be from 30-40 mins. Less time leads to missing out on some valuable data. DOTs facilitators added that with practice the session time can be decreased. Sessions should be face-to-face only. For training of DOTs, refreshers should be quarterly, and initial training of 6-10 days should be delivered. Homework should be given to patients but the issue pertaining to illiterate patients will arise. Based on the experience of DOTs facilitators, homework seems a bit difficult from a compliance point of view. If patients have support, that might help in homework.

**Key Findings and Consensus:**

During the consensus workshop, TB health workers provided valuable feedback and developed consensus on various points related to the CBT intervention. The main consensus points were:

1. Duration of Therapy

2. Duration of a Session

3. Mode of Sessions

4. Training for dots Facilitators

5. Stories and example used in manual.

6. Content of Manual and Handouts

**Consensus Workshop Outcomes:**

| Points for consensus | Comments |
|---|---|
| **Duration of therapy** | • The therapy should ideally last between 7 to 9 weeks, as excessively prolonged durations may discourage patient attendance and lead to boredom. |
| **Duration of a session** | • The session duration is recommended to be 30-40 minutes; however, according to TB Health Workers, it can be shorter if the patient is cooperative and has a good understanding of the concepts. |
| **Mode of sessions** | • The preferred session mode is hybrid, incorporating both in-person and telephonic sessions. Nevertheless, individuals without phones may face challenges participating in telephonic sessions.<br>• Additionally, female patients may find telephonic sessions challenging, making in-person sessions a more feasible option for them. |
| **How much training is sufficient for the dot facilitators?** | • According to DOTs facilitators, DOTs should undergo intensive training sessions to familiarize themselves with the new concept of CBT. |

| | |
|---|---|
| | • The training sessions should be scheduled for Thursday and Friday (if possible), as the patient influx is high on Monday and Tuesday, making it impractical for them to attend during those days. |
| **Stories, examples used in manual** | • The manual for TB HW should incorporate stories and examples, complemented by clear diagrams and figures to enhance understanding for both TB HW and patients.<br>• The language used should be simple and easy to ensure accessibility and clarity. |
| **Handouts and their usage** | • The handouts may appear simple, considering that the topics are unfamiliar to them, comprehensive training is essential for better comprehension. |

**Closing of the workshop:**

The consensus workshop was closed by a vote of thanks to all by Prof. Saeed Farooq and Dr. Zohaib Khan. Certificates were distributed among all the participants followed by a group picture.

**COGNITIVE THERAPY FOR DEPRESSION IN TUBERCULOSIS TREATMENT**
**(The CONTROL Program)**

# The Consensus Workshop 1 Agenda

**Venue:** Senate Hall, Admin block (first floor), KMU

**Date:** 15th August 2023

| Time slot | Topic / title | Resource person |
|---|---|---|
| 08:30am-08:35am | Recitation of the Holy Quran | Dr. Fayaz Ahmad |
| 08:35am-08:45am | Introduction to Consensus Group & Members | Dr. Zeeshan Kibria |
| 08:45am-09:15am | Ice breaker – Cards activity | Dr. Zohaib Khan |
| 09:15am-09:30am | CONTROL program overview and importance of mental health in TB | Dr. Saeed Farooq |
| 09:30-09:50am | Intervention Development Phase & Objectives of Consensus Group & Workshop | Dr. Fayaz Ahmed & Dr. Noor Sanaudin |
| 09:50am-10:00am | Discussion (Facilitator: Dr. Zohaib Khan) | |
| 09:45am-10:00am | Introduction to CBT | Ms. Saara Khan |
| 10:00am-10:20am | Importance of Cultural adaptation and manual development | Dr. Mirrat Gul |
| 10:20am-10:45am | Structure of the therapy sessions | Dr. Mirrat Gul |
| 10:45am-11:10am | Discussion (Facilitator: Dr. Mirrat Gul) | |
| 11:10am-11:30am | TEA BREAK | |
| 11:30am-12:00pm | Therapy-related Issues | TB health workers |
| 12:00am-12:30pm | Service User Perspective on TB, Mental Health, and Therapy-related issues | Dr. Ghazala Yasmin |
| 12:30pm-01:00pm | Discussion (facilitator: Dr Zohaib Khan) | |
| 01:00pm 1:40pm | LUNCH & PRAYER BREAK | |
| 01:40pm-02:00pm | Souvenirs & certificate distribution | Prof Saeed Farooq<br>Dr. Zohaib Khan |

**Zoom joining details:**
**Link:** https://us06web.zoom.us/j/89292191805?pwd=ekVIV0ltNnZjSzg3anc2MGhJNVpIQT09
**Meeting ID:** 892 9219 1805
**Passcode:** 535065

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