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BEYOND AWARENESS IN UNDERSTANDING THE RELATIONSHIP BETWEEN KNOWLEDGE AND ACCEPTANCE OF COGNITIVE BEHAVIOURAL THERAPY AMONG PATIENTS WITH SUBSTANCE USE DISORDERS AT FEDERAL NEUROPSYCHIATRIC HOSPITAL YABA LAGOS NIGERIA

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ABSTRACT

Background: Cognitive Behavioural Therapy (CBT) is an evidence-based intervention for substance use disorders (SUDs), yet awareness of its therapeutic value may not guarantee acceptance. Understanding the relationship between patients' knowledge and treatment acceptability is essential for improving psychological care in resource-constrained settings. **Objective:** This study examined the relationship between knowledge and acceptability of CBT among patients with substance use disorders at the Federal Neuropsychiatric Hospital, Yaba, Lagos, Nigeria. **Methods:** A descriptive cross-sectional survey involving 154 patients with substance use disorders was conducted using systematic random sampling. Data were collected through a structured questionnaire and analysed using descriptive statistics and Pearson's chi-square test at a 5% significance level. **Results:** Knowledge of CBT was high, with 83.1% recognising it as psychological treatment, 79.2% understanding its role in modifying negative thoughts and behaviours, and 77.3% acknowledging its potential for relapse prevention. Similarly, 81.8% considered CBT acceptable for managing mental health problems, while 81.2% expressed willingness to receive therapy from qualified professionals. However, only 76.0% indicated willingness to attend sessions when available and 63.6% reported that treatment costs influenced acceptability. Knowledge was significantly associated with CBT acceptability ($\chi^2 = 12.46$, $df = 2$, $p = 0.002$). **Conclusion:** Although knowledge and acceptability were generally high, differences across treatment-related perceptions suggest that awareness alone may not ensure participation. Strengthening patient education alongside accessible, affordable, and professionally delivered psychotherapy could improve treatment receptiveness within Nigerian addiction services.

Keywords: Cognitive Behavioural Therapy; Substance Use Disorders; Treatment Acceptability; Patient Knowledge; Addiction Psychiatry; Psychological Treatment; Nigeria.

Introduction

Substance use disorders (SUDs) constitute a significant public health concern because of their persistent effects on psychological wellbeing, physical health, interpersonal relationships, occupational functioning, and social stability. Individuals experiencing substance use disorders frequently require comprehensive treatment approaches that address not only the physiological consequences of substance dependence but also the psychological and behavioural processes associated with continued substance use. The World Health Organization (WHO) and United Nations Office on Drugs and Crime (UNODC, 2020) emphasised the importance of integrating evidence-based psychosocial interventions into substance use disorder treatment services to address behavioural, motivational, and psychological factors associated with substance dependence. Among these interventions, Cognitive Behavioural Therapy (CBT) has received considerable research attention because of its structured approach to identifying dysfunctional thought patterns, modifying substance-related behaviours, developing coping strategies, and reducing the risk of relapse (Carroll & Kiluk, 2017; Magill et al., 2019). However, the effectiveness of an intervention does not necessarily mean that patients understand its therapeutic principles or consider it an acceptable treatment option.

The magnitude of substance use globally demonstrates the continuing need for accessible and acceptable treatment services. UNODC (2024) estimated that approximately 292 million people used drugs worldwide in 2022, while approximately 64 million experienced drug use disorders. Despite the substantial treatment need, access to appropriate addiction care remains limited in many settings. In Nigeria, the National Drug Use Survey estimated that approximately 14.3 million people aged 15–64 years had used drugs other than alcohol and tobacco during the preceding year, corresponding to 14.4% of the population in 2017 (UNODC, 2018). Although this estimate describes drug use rather than the prevalence of clinically diagnosed substance use disorders, it illustrates the considerable population-level exposure to psychoactive substances. The need to strengthen addiction treatment therefore extends beyond expanding clinical services to ensuring that patients understand available therapeutic interventions and are willing to consider them as part of their care.

Cognitive Behavioural Therapy is founded on the principle that thoughts, emotions, and behaviours interact to influence psychological functioning and that maladaptive cognitive and behavioural patterns can be modified through structured therapeutic interventions. In addiction treatment, CBT helps patients identify situations associated with substance use, recognise problematic beliefs, manage cravings, develop alternative coping responses, and practise strategies for avoiding relapse. Carroll and Kiluk (2017) described CBT as an empirically supported intervention for alcohol and drug use disorders, noting its application across different stages of treatment development. Similarly, the WHO and UNODC (2020) identified CBT as an evidence-based psychosocial intervention suitable for integration into substance use disorder treatment programmes. Its structured, goal-oriented, and collaborative characteristics make CBT particularly relevant to addiction management because

treatment involves active participation in recognising and modifying substance-related thinking and behavioural patterns.

Evidence supporting the clinical effectiveness of CBT has accumulated through controlled trials and systematic reviews. Magill et al. (2019) conducted a meta-analysis of 30 randomised controlled trials investigating CBT for alcohol and other drug use disorders and found evidence of treatment benefits, although the magnitude of effects varied according to the comparison conditions. The authors demonstrated that CBT remains an important intervention within addiction treatment while highlighting the need to interpret effectiveness in relation to the characteristics of alternative interventions. Furthermore, Magill et al. (2020) systematically reviewed research on the mechanisms underlying CBT outcomes and found that improvements in coping skills represented one of the more promising explanations for therapeutic change. Nevertheless, the review identified important limitations in establishing the specific mechanisms through which CBT produces its effects. These findings demonstrate that CBT has an established evidence base, but they do not establish whether patients receiving addiction care understand its therapeutic principles or are willing to accept it.

Knowledge of CBT is an important consideration because the intervention requires patients to participate actively in treatment rather than function solely as passive recipients of professional care. Understanding CBT involves recognising that it is a psychological treatment, appreciating its role in modifying negative thoughts and behaviours, identifying its application to substance use disorders, and recognising the importance of coping strategies and relapse prevention. The WHO and UNODC (2020) described CBT as a structured intervention in which patients acquire cognitive and behavioural skills to address substance-related difficulties. Consequently, accurate knowledge may help patients develop realistic expectations about therapeutic procedures and understand why psychological treatment forms part of addiction management. However, familiarity with the name of an intervention should not be mistaken for comprehensive understanding of its principles, techniques, or treatment requirements.

The distinction between awareness and detailed knowledge has received attention in research examining patients' understanding of evidence-based psychological treatments. Kuckertz et al. (2020) investigated knowledge, beliefs, and preferences concerning CBT, Dialectical Behaviour Therapy, and Acceptance and Commitment Therapy among 249 patients receiving psychiatric care in the United States. Their findings showed that 93% of respondents had heard of CBT, while 80% considered it important to receive psychotherapy supported by research evidence. Nevertheless, participants differed in their treatment preferences and the relative importance they attached to scientific evidence and professional recommendations. Although the study involved a general psychiatric population rather than exclusively patients with substance use disorders, it demonstrates that awareness, treatment knowledge, and therapeutic preferences are distinct considerations. This distinction is important when investigating whether familiarity with CBT corresponds with willingness to accept it among patients receiving addiction treatment.

Acceptance of CBT represents another dimension of psychological treatment decision-making. In the context of substance use disorders, treatment acceptance may be reflected in patients' perceptions of

CBT as an appropriate, safe, beneficial, and personally acceptable intervention, together with their expressed willingness to receive it from qualified healthcare professionals. Acceptance should, however, be distinguished from actual treatment utilisation, adherence, or therapeutic improvement. A patient may express favourable attitudes towards CBT without having attended a therapy session, while another may understand its benefits without expressing a willingness to participate. Kuckertz et al. (2020) demonstrated the relevance of patient preferences and beliefs when examining evidence-based psychological interventions, while Carroll and Kiluk (2017) highlighted the continuing challenge of translating empirically supported addiction treatments into routine clinical practice. These findings support the importance of examining patients' acceptance as a separate construct rather than assuming that awareness or clinical effectiveness automatically results in treatment participation.

The relationship between knowledge and acceptance is particularly relevant because CBT involves therapeutic activities that may differ from patients' previous experiences of addiction treatment. Unlike interventions focused primarily on medication administration or symptom management, CBT requires patients to reflect on their thoughts, identify triggers, examine behavioural responses, and practise skills between sessions. According to the WHO and UNODC (2020), these structured cognitive and behavioural activities constitute essential features of CBT for substance use disorders. Patients who understand these requirements may be better positioned to evaluate the intervention's relevance to their treatment needs. Nevertheless, the direction and strength of any relationship between knowledge and acceptance must be established empirically. Greater understanding may coexist with favourable treatment attitudes, but it cannot be assumed that knowledge necessarily produces acceptance or guarantees willingness to participate.

An important concern within addiction research is that the clinical effectiveness of psychological interventions has received considerably more attention than patients' understanding and acceptance of those interventions. The meta-analysis conducted by Magill et al. (2019) concentrated on treatment efficacy across randomised trials, while Magill et al. (2020) examined the mechanisms through which CBT may influence substance-related outcomes. Although both studies contribute important evidence to addiction treatment, neither directly establishes the relationship between patients' knowledge of CBT and their willingness to accept it within Nigerian psychiatric facilities. Similarly, the investigation by Kuckertz et al. (2020) provides valuable information about awareness and attitudes towards psychological treatments but does not specifically examine this relationship among Nigerian patients with substance use disorders. These differences in population, research objectives, and treatment settings justify further investigation of knowledge and acceptance within the context of specialised addiction care.

Within Nigeria, the importance of understanding patients' perceptions of psychological treatment must be considered alongside the broader need to strengthen substance use disorder services. The National Drug Use Survey documented substantial drug use and treatment-related challenges, while the WHO and UNODC (2020) recommended the development of comprehensive, evidence-based treatment systems responsive to patients' needs. These recommendations establish a rationale for investigating patient-level factors relevant to the delivery of psychological interventions. In specialised psychiatric

settings, patients may encounter CBT through professional explanations, counselling sessions, or other treatment-related experiences. However, exposure to psychiatric care does not necessarily demonstrate that patients understand CBT or perceive it as acceptable. Direct assessment is therefore required to determine what patients know about the intervention and how they evaluate its suitability for substance use disorder management.

The Federal Neuropsychiatric Hospital, Yaba, Lagos, provides an appropriate clinical setting for examining these issues among patients receiving treatment for substance use disorders. Unlike community-based surveys assessing general awareness of mental health interventions, a hospital-based investigation permits assessment of knowledge and acceptance among individuals for whom psychological treatment may be directly relevant. Within this population, knowledge can be examined through patients' understanding of CBT as a psychological intervention, its cognitive and behavioural principles, its application to substance use disorders, and its potential role in relapse prevention. Acceptance can likewise be assessed through perceptions of therapeutic appropriateness, safety, effectiveness, professional delivery, and willingness to receive treatment. Examining these constructs separately is consistent with the distinction between familiarity, beliefs, and treatment preferences highlighted by Kuckertz et al. (2020).

Despite the established evidence supporting CBT for substance use disorders, an important empirical question remains concerning whether patients who possess greater knowledge of the intervention also demonstrate greater acceptance of it. The existing literature establishes the therapeutic value of CBT and the relevance of patient perceptions, but evidence from these studies cannot be directly generalised to patients attending the Federal Neuropsychiatric Hospital, Yaba. Furthermore, the distinction between knowing about CBT and accepting it has practical implications for patient-centred treatment communication. If knowledge and acceptance are associated, the findings may provide a basis for further investigation of how structured explanations and informed treatment discussions relate to patients' therapeutic preferences. Conversely, if substantial differences exist between knowledge and acceptance, this would suggest the need to investigate additional explanations without assuming that educational exposure alone is sufficient. These considerations reflect the broader concern raised by Carroll and Kiluk (2017) regarding the translation of evidence-based CBT into routine addiction care.

Against this background, the present study investigated the relationship between knowledge and acceptance of Cognitive Behavioural Therapy among patients with substance use disorders at the Federal Neuropsychiatric Hospital, Yaba, Lagos, Nigeria. Specifically, the study assessed patients' knowledge of CBT, examined their acceptance of the intervention, and determined whether a statistically significant relationship existed between these variables. The investigation was designed to contribute context-specific evidence on how patients receiving addiction treatment understand and evaluate CBT. By distinguishing knowledge from acceptance, the study addresses an important aspect of psychological treatment receptiveness that cannot be established solely through studies of therapeutic efficacy. The findings are expected to inform patient-centred communication and the development of further research on informed treatment decisions within specialised psychiatric

services, while recognising that a cross-sectional design cannot establish causality between knowledge and acceptance.

Literature Review and Theoretical Framework

Knowledge and Acceptance of Cognitive Behavioural Therapy in Substance Use Disorder Treatment

Cognitive Behavioural Therapy (CBT) has gained considerable recognition as an evidence-based psychological intervention for substance use disorders, particularly because of its emphasis on identifying maladaptive thoughts, modifying substance-related behaviours, and developing coping strategies. Carroll and Kiluk (2017) highlighted its established therapeutic applications in addiction treatment, while Magill et al. (2019), in a meta-analysis of 30 randomised controlled trials, demonstrated its effectiveness across alcohol and other drug use disorders. However, clinical effectiveness and patient acceptance represent different dimensions of treatment delivery. Although evidence supports CBT as a therapeutic intervention, patients' understanding of its principles may influence how they evaluate its relevance and suitability.

Research examining patients' perceptions of psychological treatments suggests that awareness does not necessarily correspond with informed acceptance. Kuckertz et al. (2020), investigating 249 psychiatric patients in the United States, reported that 93% were familiar with CBT, although preferences concerning psychological interventions varied. This distinction is particularly important in substance use disorder management, where CBT requires active patient participation, recognition of substance-related triggers, and application of coping strategies. Consequently, knowledge of CBT's therapeutic purpose, procedures, and expected benefits may be associated with patients' willingness to accept treatment. Nevertheless, evidence specifically examining this relationship among patients receiving addiction treatment in Nigerian psychiatric facilities remains insufficiently established.

Theoretical and Conceptual Explanation of the Knowledge–Acceptance Relationship

The relationship between CBT knowledge and acceptance can be understood through complementary propositions of the Health Belief Model and the Theory of Planned Behaviour. Rosenstock's (1974) Health Belief Model proposes that health-related decisions are influenced by individuals' perceptions of health risks, treatment benefits, and anticipated barriers. Within addiction treatment, understanding CBT's role in modifying substance-related thoughts and behaviours may strengthen perceptions of therapeutic benefit and contribute to favourable treatment evaluations. However, the model also recognises that perceived benefits may coexist with reservations about treatment, suggesting that knowledge alone cannot adequately explain acceptance.

Similarly, Ajzen's (1991) Theory of Planned Behaviour identifies attitudes, subjective norms, and perceived behavioural control as determinants of behavioural intentions. Applied to CBT, accurate knowledge may contribute to positive treatment attitudes, while perceived expectations and confidence

in one's ability to participate may shape acceptance. Importantly, behavioural intention does not necessarily translate into actual participation. This distinction is relevant because acceptance, rather than treatment attendance or therapeutic outcomes, constitutes the dependent variable in the present investigation.

Integrating these perspectives, the conceptual framework positions knowledge of CBT as the explanatory variable and acceptance of CBT as the outcome variable. Knowledge encompasses understanding CBT's psychological foundations, treatment applications, patient participation requirements, and relapse-prevention functions. Acceptance reflects perceived suitability, safety, effectiveness, and willingness to receive CBT. The framework proposes a positive association between knowledge and acceptance without presuming causality. Accordingly, the present study examines whether patients with greater knowledge demonstrate higher acceptance of CBT within a specialised psychiatric treatment setting in Lagos, Nigeria. The theoretical models provide an interpretive foundation rather than constructs tested independently in the statistical analysis.

Methods

Study Design and Setting

A descriptive cross-sectional study was conducted at the Federal Neuropsychiatric Hospital, Yaba, Lagos State, Nigeria, among patients diagnosed with substance use disorders (SUDs). The study examined patients' knowledge and acceptance of Cognitive Behavioural Therapy (CBT) and the association between these variables.

Study Population and Sampling

The study population comprised 250 patients diagnosed with SUDs who attended the hospital's substance use disorder clinic and psychiatric units between October and December 2025. A sample size of 154 was determined using Yamane's formula. Participants were recruited through systematic random sampling. Eligible patients were approached during clinic attendance, informed about the study, and enrolled following voluntary consent.

Data Collection and Measurement

Data were collected over two weeks using a structured, self-developed questionnaire covering sociodemographic characteristics, knowledge of CBT, treatment acceptance, and factors associated with acceptance. Knowledge items assessed understanding of CBT principles and therapeutic applications, while acceptance items examined perceived suitability, safety, effectiveness, and willingness to receive CBT. The instrument underwent expert review and pilot testing. Cronbach's alpha coefficients were 0.812 for knowledge and 0.845 for acceptance, indicating acceptable internal consistency.

Statistical Analysis

Data were analysed using IBM SPSS Statistics version 23. Frequencies and percentages summarised participant characteristics and questionnaire responses. Knowledge was assessed using ten true/false items, with scores categorised as low (0–3), moderate (4–7), or high (8–10). Acceptance was assessed using eight yes/no items. Pearson's chi-square test examined the association between knowledge and acceptance, with statistical significance set at $p < 0.05$.

Ethical Considerations

Ethical approvals were obtained from the Babcock University Health Research Ethics Committee and the Federal Neuropsychiatric Hospital, Yaba Health Research Ethics Committee (FNPHY/HREC/2026/001/04/20). Written or verbal consent procedures were not specified in the source; informed consent was obtained from all participants. Participation was voluntary, and anonymity and confidentiality were maintained.

Results

The findings are presented in relation to the study's central objective of examining the relationship between knowledge and acceptance of Cognitive Behavioural Therapy (CBT) among patients with substance use disorders at the Federal Neuropsychiatric Hospital, Yaba, Lagos, Nigeria. The analysis focuses on three components: patients' knowledge of CBT, their acceptance of the intervention, and the statistical association between these variables. All 154 administered questionnaires were retrieved and included in the analysis, representing a reported response rate of 100%.

Table 1: Knowledge of Cognitive Behavioural Therapy among respondents (n = 154)

Knowledge statement	Correct n (%)	Incorrect n (%)
CBT is a form of psychological treatment	128 (83.1)	26 (16.9)
CBT helps identify and modify negative thoughts and behaviours	122 (79.2)	32 (20.8)
CBT can be used to treat substance use disorders	118 (76.6)	36 (23.4)
CBT focuses exclusively on medication for treatment	44 (28.6)	110 (71.4)
CBT involves active patient participation	115 (74.7)	39 (25.3)
CBT helps individuals develop coping strategies	120 (77.9)	34 (22.1)
CBT is useful only for children and not adults	42 (27.3)	112 (72.7)
CBT sessions are structured and goal-oriented	117 (76.0)	37 (24.0)
CBT can help prevent relapse in substance use disorders	119 (77.3)	35 (22.7)
CBT addresses both thoughts and behaviours	121 (78.6)	33 (21.4)

Source: *Field Survey, 2026. Correct and incorrect responses were derived from the recorded true/false frequencies. The fourth and seventh statements are false; consequently, their correct responses are "False." These are item-level frequencies, not recalculated respondent-level knowledge scores.*

Table 1 presents the distribution of correct and incorrect responses to ten statements assessing knowledge of CBT among patients with substance use disorders. The findings indicate that respondents demonstrated considerable understanding of several fundamental therapeutic principles, although substantial misconceptions were identified in relation to the nature and target population of CBT. Recognition of CBT as a psychological treatment recorded the highest proportion of correct responses, with 128 respondents (83.1%) answering correctly. Similarly, 122 (79.2%) understood that CBT helps individuals identify and modify negative thoughts and behaviours, while 118 (76.6%) correctly recognised its application in treating substance use disorders.

Knowledge of specific therapeutic functions was also evident. A total of 120 respondents (77.9%) correctly identified coping-skills development as a component of CBT, while 119 (77.3%) recognised its potential contribution to relapse prevention. Furthermore, 121 (78.6%) understood that CBT addresses both thoughts and behaviours, and 117 (76.0%) correctly identified the structured and goal-oriented nature of therapy sessions. Knowledge of active patient participation was demonstrated by 115 respondents (74.7%).

However, responses to the two negatively worded statements revealed substantial gaps in accurate understanding. Only 44 respondents (28.6%) correctly rejected the assertion that CBT focuses exclusively on medication, whereas 110 (71.4%) incorrectly endorsed it. Similarly, only 42 (27.3%) correctly rejected the assertion that CBT is useful exclusively for children, while 112 (72.7%) incorrectly accepted this statement.

These findings reveal an important distinction between recognition of CBT's general therapeutic purpose and accurate understanding of its essential characteristics. Although most respondents correctly identified several CBT principles, the widespread misconceptions concerning medication dependence and age-specific applicability prevent an unqualified conclusion that respondents possessed uniformly high knowledge. The results therefore support an item-specific interpretation of knowledge rather than an overall classification that has not yet been verified through correctly scored individual responses.

Table 2: Acceptance of Cognitive Behavioural Therapy among respondents (n = 154)

Acceptance statement	Yes n (%)	No n (%)
CBT is acceptable for managing mental health problems	126 (81.8)	28 (18.2)
CBT is appropriate for emotional or psychological difficulties	121 (78.6)	33 (21.4)
CBT is safe, with minimal risk of harm	119 (77.3)	35 (22.7)
Attending CBT sessions would be acceptable if available	117 (76.0)	37 (24.0)
Receiving CBT from a qualified professional would be acceptable	125 (81.2)	29 (18.8)
CBT is acceptable within personal cultural or religious beliefs	115 (74.7)	39 (25.3)

Treatment cost would influence CBT acceptability	98 (63.6)	56 (36.4)
CBT is effective in modifying negative thoughts and behaviours	120 (77.9)	34 (22.1)

Source: *Field Survey, 2026. The cost-related statement is retained for completeness but measures the influence of cost on acceptance, not affirmative treatment acceptance. Percentages refer to individual items and should not be interpreted as an overall acceptance score.*

Table 2 presents respondents' perceptions of CBT acceptability across dimensions relating to therapeutic suitability, safety, effectiveness, professional delivery, and willingness to receive treatment. Responses were predominantly favourable across the positively worded acceptance statements, although variations emerged between general endorsement of CBT and expressed willingness to attend therapy sessions.

The highest affirmative response was recorded for the general acceptability of CBT in managing mental health problems, with 126 respondents (81.8%) endorsing the intervention. Similarly, 125 respondents (81.2%) indicated that receiving CBT from a qualified healthcare professional would be acceptable. These findings demonstrate favourable perceptions of CBT as a treatment option and suggest that professional delivery is an important component of respondents' evaluations.

Regarding therapeutic suitability, 121 respondents (78.6%) considered CBT appropriate for emotional or psychological difficulties, while 119 (77.3%) perceived the intervention as safe, with minimal risk of harm. Additionally, 120 respondents (77.9%) expressed favourable perceptions of CBT's effectiveness in modifying negative thoughts and behaviours. These responses indicate that acceptance extended beyond general recognition to include positive evaluations of therapeutic appropriateness and anticipated benefits.

However, expressed willingness to attend CBT sessions was comparatively lower. Although 81.8% considered CBT generally acceptable, 76.0% indicated that attending sessions would be acceptable if treatment were available. This difference of 5.8 percentage points illustrates variation between general endorsement and stated willingness to participate, although the aggregated results do not establish how individual respondents answered both questions.

Acceptance within personal cultural or religious beliefs was reported by 115 respondents (74.7%), representing the lowest affirmative proportion among the positively worded acceptance items. Meanwhile, 98 respondents (63.6%) indicated that treatment cost would influence their acceptance of CBT. Importantly, this latter finding does not demonstrate treatment rejection or unwillingness to pay; it establishes only that cost was considered relevant.

Table 3: Association between knowledge and acceptance of Cognitive Behavioural Therapy among patients with substance use disorders (n = 154)

Variables	Statistical test	χ^2	df	p-value
Knowledge of CBT and acceptance of CBT	Pearson's chi-square	12.46	2	0.002

Source: *Field Survey, 2026. Statistical significance was assessed at $\alpha = 0.05$. The reported statistic is reproduced from the original study. The respondent-level cross-tabulation was not available for independent verification.*

Table 3 presents the association between respondents' knowledge and acceptance of CBT. Pearson's chi-square test produced a statistically significant result ($\chi^2 = 12.46$, df = 2, p = 0.002), indicating that knowledge classification and acceptance classification were not statistically independent among the 154 patients surveyed. Accordingly, the null hypothesis of no significant relationship between knowledge and acceptance was rejected at the 5% significance level.

This finding directly addresses the principal research objective by establishing an association between the two measured constructs. The descriptive findings provide important context for interpreting this relationship. Although respondents frequently recognised CBT as a psychological treatment and acknowledged its relevance to substance use disorder management, substantial misconceptions were observed regarding its relationship with medication and its applicability to adults. Similarly, acceptance responses were predominantly favourable, but general approval of CBT did not correspond to an identical proportion expressing willingness to attend therapy sessions.

The statistically significant chi-square result indicates that the distribution of acceptance differed across knowledge categories. Nevertheless, the available statistical summary does not show which knowledge categories had higher or lower acceptance rates. Therefore, the finding cannot independently establish that greater knowledge was associated with greater acceptance, despite that interpretation appearing in the original dissertation.

Furthermore, statistical significance does not establish the magnitude of the association or demonstrate that knowledge influences acceptance causally. The cross-sectional design does not establish the temporal sequence between the variables, and the reported chi-square test does not account for other characteristics that may be associated with either construct.

The finding therefore supports the conclusion that knowledge and acceptance of CBT were statistically associated within the study population, while the direction and strength of that association remain to be established from the original respondent-level data.

Discussion

Knowledge of Cognitive Behavioural Therapy among Patients with Substance Use Disorders

The present study examined knowledge and acceptance of Cognitive Behavioural Therapy (CBT) among 154 patients with substance use disorders receiving care at the Federal Neuropsychiatric Hospital, Yaba, Lagos, Nigeria. The findings revealed that respondents were generally familiar with several fundamental principles of CBT, although their understanding was not consistently accurate across all aspects of the intervention. Specifically, 83.1% correctly identified CBT as a psychological treatment, 79.2% recognised its role in modifying negative thoughts and behaviours, and 76.6% understood its application in substance use disorder management. These findings suggest that CBT was recognisable to many respondents as a therapeutic approach. However, recognition of an intervention does not necessarily imply an accurate understanding of its procedures, requirements, or intended beneficiaries, making it necessary to examine the findings beyond these relatively favourable responses.

The importance of this distinction becomes clearer when considered alongside the established literature on CBT in addiction treatment. Carroll and Kiluk (2017) described CBT as an evidence-based psychosocial intervention that addresses maladaptive thinking patterns and behavioural responses associated with alcohol and drug use disorders. Their review emphasised the development and implementation of CBT within addiction services, providing a clinical foundation for understanding why patients should be familiar with its principles. In relation to the present study, the proportion of respondents recognising CBT as psychological treatment and acknowledging its application to substance use disorders suggests some correspondence between patients' understanding and the established therapeutic purpose of CBT. Nevertheless, the authors' emphasis on evidence-based implementation also raises an important question concerning whether patients understand the intervention sufficiently to make informed treatment decisions.

This concern is further supported by Magill et al. (2019), whose meta-analysis demonstrated the effectiveness of CBT for alcohol and other drug use disorders, although treatment effects varied according to the comparison condition. While their findings establish the clinical relevance of CBT, the present study approaches the issue from a different perspective by examining patients' understanding of the intervention rather than its therapeutic outcomes. The relationship between these bodies of evidence is important because demonstrating that an intervention is effective does not establish that patients accurately understand how it works. Consequently, the present findings contribute a patient-centred dimension to the existing effectiveness literature by identifying areas where recognition of CBT may not translate into comprehensive therapeutic knowledge.

Beyond understanding CBT's general purpose, respondents also demonstrated familiarity with some of its practical components. For instance, 77.9% correctly identified coping-skills development as a therapeutic function, while 77.3% recognised its potential contribution to relapse prevention. These findings correspond with the review by Magill et al. (2020), which examined mechanisms through

which CBT may produce treatment outcomes, including the acquisition and application of coping skills. The correspondence is significant because coping strategies constitute an important component of CBT for substance use disorders. Nevertheless, the present study assessed respondents' knowledge of these components rather than their ability to demonstrate or apply the skills. Therefore, recognition of coping strategies should not be interpreted as evidence that respondents had acquired the competencies necessary for effective relapse management.

Despite these favourable responses, a closer examination of the knowledge items revealed substantial misconceptions. Only 28.6% correctly rejected the statement that CBT focuses exclusively on medication, while 27.3% correctly rejected the assertion that CBT is useful only for children. These findings contrast with the relatively high proportions correctly identifying CBT as a psychological treatment and recognising its relevance to substance use disorders. Such inconsistencies suggest that respondents may possess fragmented knowledge, recognising familiar descriptions of CBT while misunderstanding some of its defining characteristics. Alternatively, the discrepancies may partly reflect difficulties interpreting negatively worded questionnaire items. Because the available data cannot distinguish these explanations, the findings warrant cautious interpretation.

Taken together, the knowledge findings indicate that awareness of CBT among patients receiving substance use disorder treatment should not be equated with accurate understanding. Although the pooled proportion of correct responses across the ten knowledge items was 67.9%, this represents item-level accuracy rather than the proportion of respondents classified as having high knowledge. The findings therefore extend the literature by demonstrating the value of examining specific therapeutic concepts instead of relying exclusively on broad measures of awareness. This distinction also provides a useful foundation for interpreting the acceptance findings, since patients may express favourable attitudes towards an intervention even when their understanding of its therapeutic characteristics remains incomplete.

Acceptance of Cognitive Behavioural Therapy Among Patients with Substance Use Disorders

Having established that respondents' knowledge of CBT was characterised by both accurate understanding and notable misconceptions, the next consideration is whether these variations were reflected in their acceptance of the intervention. The findings revealed predominantly favourable perceptions of CBT, with 81.8% considering it acceptable for managing mental health problems and 81.2% expressing acceptance of receiving treatment from a qualified healthcare professional. Furthermore, 78.6% considered CBT appropriate for emotional or psychological difficulties, while 77.3% regarded it as safe. These findings suggest that respondents generally evaluated CBT positively despite the gaps identified in their knowledge. This apparent coexistence of favourable acceptance and incomplete understanding is important because it challenges the assumption that comprehensive knowledge must necessarily precede positive treatment attitudes.

The distinction between knowledge and acceptance can be understood within the broader literature on treatment preferences and decision-making. Ajzen (1991), through the Theory of Planned Behaviour,

differentiated attitudes towards a behaviour from behavioural intentions and actual performance. Although the present study did not test the theory directly, this distinction provides a useful basis for interpreting the differences observed across acceptance indicators. For instance, while 81.8% considered CBT generally acceptable, a comparatively lower proportion of 76.0% indicated that attending CBT sessions would be acceptable if services were available. This difference suggests that favourable evaluations of treatment may not correspond exactly with expressed willingness to participate. However, the aggregate data cannot establish whether individual respondents who endorsed CBT generally were also willing to attend sessions.

The importance of distinguishing treatment attitudes from treatment decisions is also reflected in the 2015 systematic review of patient preferences and shared decision-making in substance use disorder treatment. The review examined the role of patients' preferences in treatment processes and found inconsistent evidence concerning whether matching interventions to patients' preferences improved substance use outcomes. This finding provides a useful qualification to the present results. Although most respondents expressed favourable attitudes towards CBT, such attitudes cannot be assumed to produce treatment attendance, adherence, or improved clinical outcomes. Rather, the findings indicate that acceptance represents one dimension of treatment receptiveness whose relationship with actual participation requires further investigation.

Subsequent research by Kuckertz et al. (2020) provides a more specific comparison concerning patients' awareness and attitudes towards evidence-based psychological interventions. In their investigation involving psychiatric patients in the United States, awareness of CBT was widespread, although respondents differed in their evaluations of psychological treatments and the considerations they regarded as important when making treatment decisions. These findings are broadly consistent with the present study because they demonstrate that familiarity with psychological interventions and favourable treatment evaluations are distinguishable constructs. Nevertheless, the comparison requires caution because Kuckertz et al. investigated a broader psychiatric population, whereas the present study specifically examined patients with substance use disorders receiving care in Lagos.

The relevance of these findings becomes clearer when acceptance is considered within an African addiction-treatment context. Kiburi et al. (2023) investigated the feasibility and acceptability of a CBT-based text-message intervention among patients receiving methadone treatment for opioid use disorder in Kenya. Their findings indicated favourable intervention acceptability and measurable participation among recipients. This provides useful evidence that CBT-based interventions can be positively received within African addiction-treatment services. However, unlike the present study, which assessed perceptions and stated willingness, the Kenyan investigation evaluated responses following exposure to an actual intervention. Consequently, the two studies address related but different dimensions of acceptance.

This distinction is particularly relevant to the present findings because respondents' acceptance varied across the assessed items. While most participants considered CBT appropriate and safe, relatively fewer endorsed its compatibility with their cultural or religious beliefs (74.7%). Additionally, 63.6%

indicated that treatment cost would influence acceptability. These findings should not be interpreted as demonstrating that cultural beliefs or financial considerations caused treatment rejection. Instead, they indicate those patients' evaluations of CBT encompassed considerations extending beyond general perceptions of therapeutic effectiveness. The acceptance findings suggest that favourable perceptions of CBT were relatively widespread within the study population, even though accurate knowledge was not uniform. This observation complements the knowledge findings by demonstrating that the two constructs should be assessed separately. However, whether variations in knowledge corresponded systematically with differences in acceptance requires examination of the study's principal inferential finding.

Relationship between Knowledge and Acceptance of Cognitive Behavioural Therapy

The relationship between knowledge and acceptance represents the central focus of the present investigation. Pearson's chi-square analysis yielded a reported statistically significant association between the two variables ($\chi^2 = 12.46$, df = 2, $p = 0.002$). This finding indicates that the distribution of acceptance was not statistically independent of respondents' knowledge classifications. However, because the original cross-tabulation was unavailable and the knowledge instrument contained negatively worded statements requiring verification of reverse coding, the direction and magnitude of the association cannot presently be established. The result therefore provides provisional evidence of a relationship rather than confirmation that greater knowledge necessarily corresponds with greater acceptance.

This finding should be considered against the evidence reviewed in the preceding sections. Carroll and Kiluk (2017) and Magill et al. (2019) established the clinical relevance and therapeutic evidence supporting CBT in substance use disorder management. However, their investigations did not directly examine whether patients who understood CBT more accurately were more willing to accept it. Similarly, Magill et al. (2020) investigated therapeutic mechanisms associated with CBT outcomes rather than patients' knowledge–acceptance relationships. The present study therefore addresses a different but complementary question by examining how patients' understanding of an established psychological intervention relates to their evaluation of its acceptability.

The 2015 systematic review of patient preferences and shared decision-making offers an important counterpoint to interpreting this association. Its inconsistent findings concerning preference matching and treatment outcomes demonstrate that favourable treatment evaluations cannot automatically be equated with improved therapeutic outcomes. Although treatment preference is not identical to acceptance, the review reinforces the need to distinguish patients' evaluations of interventions from subsequent treatment behaviour. Accordingly, even if the knowledge–acceptance association reported in the present study is confirmed, it would not establish that increasing knowledge alone improves attendance, adherence, or recovery outcomes.

Kuckertz et al. (2020) further demonstrated the relevance of examining awareness and treatment attitudes as separate constructs among psychiatric patients. Their findings provide a conceptual parallel

to the present investigation, although they do not constitute direct evidence supporting the reported statistical association in Lagos. Similarly, the favourable intervention acceptability reported by Kiburi et al. (2023) among patients receiving methadone treatment in Kenya demonstrates that psychological interventions can be positively received within African addiction services. Nevertheless, because the Kenyan study examined acceptability following intervention exposure, it cannot establish whether prior knowledge was associated with acceptance in the manner investigated here.

The distinction between these studies is particularly important when considering the broader evidence supporting CBT. Boness et al. (2023), in their systematic evaluation of meta-analytic evidence, concluded that CBT warranted a strong recommendation as an empirically supported intervention for substance use disorders. Although this finding strengthens the clinical justification for making CBT available within addiction services, it does not resolve whether patients understand or accept the intervention. The present study addresses this patient-level question, thereby complementing the established evidence on therapeutic effectiveness.

Considered collectively, the literature indicates that CBT effectiveness, patient knowledge, treatment acceptance, and actual participation represent interconnected but distinct dimensions of addiction care. The present findings contribute to this understanding by identifying a reported statistical association between knowledge and acceptance within a Nigerian specialist psychiatric setting. At the same time, the descriptive findings demonstrate that favourable acceptance can coexist with substantial misconceptions about CBT. This suggests that any relationship between knowledge and acceptance may be more complex than a simple progression from awareness to willingness.

The study's contribution should therefore be interpreted within its methodological boundaries. Its cross-sectional design does not establish temporal or causal relationships, while the absence of respondent-level cross-tabulations prevents independent verification of the reported association. Furthermore, the possible scoring difficulties involving negatively worded knowledge items could affect the classification of respondents and the resulting statistical test. Nevertheless, the findings identify a relevant area for further investigation and highlight the importance of distinguishing general awareness from accurate therapeutic understanding when examining acceptance of psychological interventions.

Clinical Implications and Methodological Considerations

The combined findings have implications for patient communication and the delivery of psychological treatment within substance use disorder services. In particular, the coexistence of favourable acceptance and misconceptions about CBT suggests that routine patient education should extend beyond introducing the intervention by name. Healthcare professionals should provide clear explanations of CBT's psychological foundations, collaborative therapeutic procedures, applicability to adults, and relationship with other components of addiction treatment. Such communication may support informed treatment decisions, although the present study does not establish that educational interventions would independently increase acceptance.

Equally important is the need to distinguish acceptance from actual treatment participation. The differences observed between general acceptability and willingness to attend CBT sessions indicate that a single favourable response may not adequately represent patients' readiness to engage in treatment. Future investigations should therefore assess knowledge, acceptance, treatment initiation, and continued participation as separate outcomes, allowing their relationships to be examined prospectively. These implications must, however, be considered alongside the study's limitations. The single-centre design restricts generalisability beyond the study setting, while self-reported responses may have been influenced by misunderstanding or socially desirable answering. More importantly, the negatively worded knowledge items require verification of scoring accuracy, and the original respondent-level data are needed to establish the direction and magnitude of the knowledge–acceptance association.

Despite these limitations, the study advances understanding of psychological treatment receptiveness by showing that recognition of CBT and favourable perceptions of its acceptability do not necessarily imply comprehensive therapeutic knowledge. Its principal contribution lies in drawing attention to the relationship between these constructs among patients receiving substance use disorder treatment in Lagos. Verification of the statistical analysis and subsequent longitudinal research would strengthen the evidence concerning whether accurate understanding of CBT is associated with informed acceptance and eventual treatment participation.

Contribution to Knowledge

This study contributes empirical evidence on the relationship between knowledge and acceptance of Cognitive Behavioural Therapy (CBT) among patients with substance use disorders in a Nigerian specialist psychiatric facility. Unlike studies concentrating primarily on CBT effectiveness, it distinguishes general treatment awareness from accurate therapeutic understanding and expressed acceptance. The findings reveal that favourable perceptions of CBT can coexist with substantial misconceptions about its therapeutic principles and applicability. Furthermore, the reported statistical association identifies a potentially important relationship requiring confirmation through corrected scoring. The study provides a foundation for refining patient education, improving treatment communication, and investigating informed acceptance within addiction services.

Recommendations

The findings support the integration of structured, patient-centred psychoeducation into substance use disorder treatment services at the Federal Neuropsychiatric Hospital, Yaba. Healthcare professionals should explain CBT's psychological foundations, therapeutic procedures, relevance to adult patients, and role in developing coping skills, particularly addressing misconceptions identified in this study. Such education should emphasise informed treatment decisions rather than assuming that increased awareness automatically produces acceptance.

Mental health professionals should assess patients' understanding and perceptions of CBT separately, using clear, culturally appropriate explanations and opportunities for questions. Information about session requirements, professional qualifications, and available treatment options should be incorporated into routine clinical consultations.

Future studies should employ validated knowledge and acceptance instruments, appropriately reverse-code negatively worded items, and examine the relationship using respondent-level data. Multicentre longitudinal investigations are recommended to determine whether accurate CBT knowledge predicts subsequent acceptance, actual attendance, treatment adherence, and clinical outcomes across different Nigerian addiction-treatment settings.

Conclusion

The study identified substantial recognition of CBT's therapeutic relevance and predominantly favourable perceptions of its acceptability among patients with substance use disorders at the Federal Neuropsychiatric Hospital, Yaba, Lagos. Nevertheless, misconceptions regarding the nature and applicability of CBT demonstrate that general awareness does not necessarily represent accurate therapeutic knowledge. A statistically significant relationship between knowledge and acceptance was reported, although its direction and magnitude require verification using correctly scored respondent-level data. The findings highlight the importance of distinguishing knowledge, acceptance, and actual treatment participation when developing patient-centred psychological services.

Additional Journal Declarations

Ethics Approval and Informed Consent

Ethical approval was obtained from the Babcock University Health Research Ethics Committee and the Health Research Ethics Committee of the Federal Neuropsychiatric Hospital, Yaba, Lagos (Approval No. FNPHY/HREC/2026/001/04/20). Informed consent was obtained from participants, and confidentiality and voluntary participation were maintained throughout the study.

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Conflict of Interest

The authors should declare any financial, professional, or personal relationships that could reasonably influence the research. Where none exist, the statement may read: The authors declare no competing interests.

Data Availability Statement

The anonymised dataset may be made available by the corresponding author upon reasonable request, subject to institutional ethical approval and applicable data protection requirements. This wording should be used only if the authors can fulfil such requests.

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