

Spring 2025 | Number 9

# NEWSLETTER



## DEAR MEMBERS

Welcome to our second newsletter for 2025! In this edition we'll include a report on the recent European Association of Behavioural and Cognitive Therapies (EABCT) congress; international CBT developments; progress within the organisation.

We'll introduce our board members and provide feedback from them. In this edition, we've also got contributions from our representatives from all the CBTs.

Read the full "Reflections from EABCT in Glasgow" article by Prof Bronwynè Coetzee here:

[https://drive.google.com/file/d/1zkl2n1eGfCfdHyVXwl3Lg25TcPVD75Cj/view?usp=drive\\_link](https://drive.google.com/file/d/1zkl2n1eGfCfdHyVXwl3Lg25TcPVD75Cj/view?usp=drive_link)



# INTERNATIONAL DEVELOPMENTS

## CBTAA

The Cognitive & Behavioural Therapies Association for Africa (CBTAA) is a regional organisation and represents all CBT models in Africa. It is an initiative of World Confederation of Cognitive and Behavioral Therapies (WCCBT) and Pan African Network (PAN) along with the EABCT Special interest Group which, together with five CBT organisations in Africa, make up the organising committee. These countries are Morocco, Nigeria, Uganda, Zimbabwe and South Africa. It is exciting to be part of the establishment of this fledgling organisation. It was a privilege for the CBTASA to have participated in the first international CBTAA round table meeting. Activities so far have included the development of a logo design, the drafting of its goals and mission statements (in line with that of the WCCBT and other regional organisations).

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Some mock-up logo designs created by the CBTASA and not finalized yet

Report on the round table meeting, hosted by Dr Lata McGinn, President of the WCCBT, on 28 October 2025:



[www.wccbt.org](http://www.wccbt.org)



[www.eabct.eu](http://www.eabct.eu)



[www.who.int](http://www.who.int)

A WCCBT-World Health Organisation (WHO)-CBT Organisation of Africa Development Committee round table meeting was convened to officially plan the establishment of the CBTAA. The three-hour online event was attended by WCCBT Board members, WHO representatives, PAN members and the five CBT organisations from Africa.

Dr McGinn informed the working group of the WCCBT's mission, goals and key priorities, whereafter Helen Macdonald and Pierre Philippot provided an overview of PAN's history. A transition to the WCCBT-CBT organisation Development Committee was introduced. Peter Phiri shared the provisional results of the feasibility of a CBT Organisation of Africa research project, which proves to have a positive outcome.

Thereafter Jamal Chiboubb from Morocco, Stephanie Okalo from Nigeria, Shane Pienaar-Du Bruyn from South Africa, James Sebuddee and Ronald Muyomba from Uganda and Tarisai Bere from Zimbabwe presented on the state of mental health and the status of their CBT organisations in their countries. The WHO representatives Mark Van Ommeren, Ken Carswell and James Underhill spoke on WHO psychological interventions, implementation and competency initiatives and Chido Rwafa Madzvamutse focused on the five represented countries.

The round table meeting was a historical global event highlighting the need for culturally adapted CBT interventions, effective policy implementation and improved resources.

Training professional and paraprofessionals is crucial for the way forward.

Administrative functions and follow-up meetings are in the process of being discussed.



WCCBT Training Guidelines link:

<https://1drv.ms/w/c/f669712b1ab65ec1/EUoGbWUKH1DnTa1BKBDfowBYZ6LRsBpzHxG8jC3sRv4Ag?e=t2iUes>

## 2026 International Training Conferences



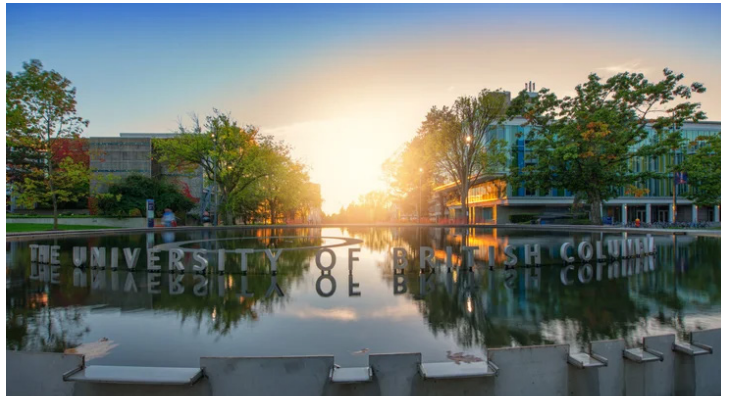
WCCBT San Francisco, June  
<https://wccbt2026.org/>



EABCT Brussels, September  
<https://eabctcongress.org/>



ABCT Baltimore, November  
<https://www.abct.org/convention-ce/annual-conventions/>



CACBT Vancouver, May  
<https://www.cacbt.ca/2026-conference>



ISST Thessaloniki, May  
<https://inspire2026.events-schematherapy.org/>



**LYON FRANCE**  
2026 ACBS World  
Conference Location

ACT Lyon, July  
<https://contextualscience.org/wc2026>



DBT Online, October

<https://wdbta.org/wdbta-mission/>

## NATIONAL DEVELOPMENTS

### CBTASA PROGRESS

#### New on website

Video snippets of presenters on page 2 (second and third Generation CBTs) and Academy (University Training) pages. To come – webinar recordings for sale.

#### Introducing EXCO Members

Members previously active in the organisation were nominated and voted in by an informal committee. Portfolios and brief resumes below (Secretary/Treasurer vacant).

#### Special Advisor

Prof David Edwards (PhD)



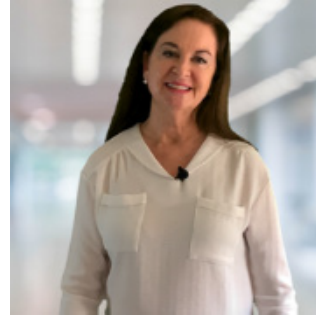
David Edwards is an Emeritus Professor at Rhodes University in South Africa where, for over 25 years, he taught cognitive-behavioural therapy (including schema therapy) to trainee clinical and counselling psychologists. He also taught group therapy and offered intensive workshops to students using expressive therapies including psychodrama, clay sculpture, drawing and dance. Since his retirement, at the end of 2009, he continues to work as a researcher and research supervisor.

Read more here:

[https://drive.google.com/file/d/1zkl2n1eGfCfdHyVXwl3Lg25TcPVD75Cj/view?usp=drive\\_link](https://drive.google.com/file/d/1zkl2n1eGfCfdHyVXwl3Lg25TcPVD75Cj/view?usp=drive_link)

## President

Shane Pienaar-Du Bruyn (DPhil)



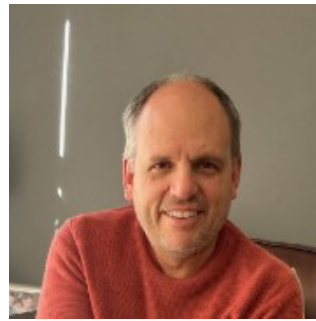
Shane Pienaar-Du Bruyn (DPhil) is a clinical psychologist and internationally accredited CBT/Cognitive Therapy Trainer and Consultant.

Read more here:

<https://easternsun.eventsair.com/2024-cbtasa-congress/workshops>

## Vice Presidents

Jaco Rossouw (PhD)



Jaco is an extraordinary senior lecturer at the Department of Psychiatry, Faculty of Medicine and Health Sciences at Stellenbosch University. His research interest lies in the field of PTSD and cognitive-behavioural treatment of PTSD amongst youth and adults. Jaco is now in his 29th year of private practice with a focus on the CBT treatment of emotional disorders as well as OCD and PTSD.

Read more here:

<https://easternsun.eventsair.com/2024-cbtasa-congress/congress-chairs>

Duane Booysen (PhD)



Dr Duane D, Booysen is a licensed clinical psychologist and senior lecturer in the Department of Psychology at Rhodes University in South Africa.

Read more here:

<https://easternsun.eventsair.com/2024-cbtasa-congress/workshops>

## **Communications (Public & Members)**

Daniel Rabinowitz



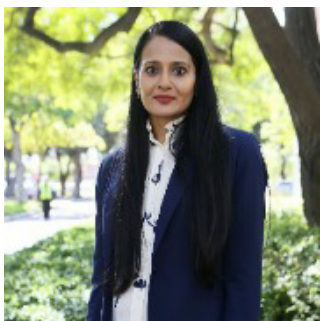
Daniel is a Clinical Psychologist registered with the HPCSA in South Africa and the HPCA in New Zealand. In 2011, he was awarded his Honours at the University of South Africa, and in 2013, he was awarded his MA at the University of Johannesburg. Daniel is an Internationally Accredited DBT member (Marsha Linehan board certified, and Advanced REBT/CBT Associate Member (CBTASA).

Read more here:

<https://easternsun.eventsair.com/2024-cbtasa-congress/congress-chairs>

## **Training A Division (Universities)**

Prof Anita Padmanabhanunni (PhD)



Anita Padmanabhanunni is a Professor, registered Counselling Psychologist and Head of the Department of Psychology at the University of the Western Cape (UWC).

Read more here:

<https://easternsun.eventsair.com/2024-cbtasa-congress/workshops>

Prof Bronwynne Coetzee (PhD)



Prof Bronwynne Coetzee is an Associate Professor of Psychology at Stellenbosch University, and the incoming Co-Director of the Alan J Flisher Centre for Public Mental Health (2026 onwards). She is a National Research Foundation (NRF) Y1-rated researcher and a member of the South African Young Academy of Science (SAYAS). She teaches both undergraduate and postgraduate students.

Read more here:

[https://drive.google.com/file/d/13NLm1bLMu2Ld8MaOqwG0hF6LWH4GQYwi/view?usp=drive\\_link](https://drive.google.com/file/d/13NLm1bLMu2Ld8MaOqwG0hF6LWH4GQYwi/view?usp=drive_link)

## **Vetting (Members)**

Prof Anita Padmanabhanunni (PhD)

Shane Pienaar-Du Bruyn (DPhil)

Linda Blokland (PhD)



Linda has over 30 years of practice as a clinical psychologist in private practice. As a clinical psychologist she has been trained in her scope of practice to assess and treat persons with severe psychological and psychiatric conditions as well as with the normal population. In addition, she has many years of experience in

psycho-legal work in the area of child custody and access arrangements. She has taught in academia at the University of Pretoria in the Department of Psychology for over 25 years until retirement in 2022.

Read more here:

<https://cbtasa.co.za/wp-content/uploads/2025/02/Mini-CV.pdf>

## Training B Division (CBT Reps Coordinator)

Shane Pienaar-Du Bruyn (DPhil)

## CBTASA Brochure



The brochure is a multi-page document with a yellow and white color scheme. It features several images: a group of people in a meeting, a woman and a man in a therapy session, and a woman talking to a child. The text is organized into sections with headings and bullet points. The CBTASA logo is prominently displayed at the top left.

**CBTASA**  
Cognitive Behaviour Therapy  
Association of South Africa

w. [cbtasa.co.za](http://cbtasa.co.za)  
e. [info@cbtasa.co.za](mailto:info@cbtasa.co.za)

**Training pathways for practitioners**  
The CBTASA promotes internationally accredited training in CBT. The association can assist you in navigating the array of recognised CBT training qualifications, each with its own application process.

To support effective implementation, the CBTASA's Academy invests in providing training, conducting research, and forming meaningful collaborations with professional and academic institutions.

In 2024, the CBTASA organised the inaugural CBT conference in South Africa, hosting world-renowned CBT experts such as Dr Judith Beck, Dr Frank Dattilo, Dr Paul Salkovskis, and Dr Dan Stein.

As an affiliate to the European Association for Cognitive and Behavioural Therapies (EABCT), the CBTASA is also involved in creating a CBT organisation for Africa (CBTAA), together with the World Confederation of Cognitive and Behavioural Therapies (WCCBT) and CBT associations in Morocco, Nigeria, Uganda, and Zimbabwe.

**WHAT IS CBT?**  
Cognitive Behaviour Therapy (CBT) is a structured, evidence-based method of psychotherapy that helps people understand and change patterns of thinking and behaviour that contribute to emotional distress. CBT is used in South Africa by mental health practitioners to treat a range of mental health conditions, and is supported by growing local research and training initiatives led by organisations like the CBTASA.

CBT focuses on the present: how your thoughts, emotions and behaviours interact in real time. It helps you identify unhelpful thinking patterns and replace them with more balanced, realistic ones. This shift can lead to meaningful changes in mood, behaviour, and overall well-being. Core beliefs, which are often established in childhood, is the focus at the end phases of the therapy process.

**CBT fidelity**

**How is CBT delivered?**  
CBT may be offered in individual or group formats, in-person or online. Sessions typically last 51–60 minutes and may run from 6 to 15 weeks, depending on your needs. In South Africa, shorter formats are sometimes used to accommodate resource constraints. More complex conditions may take longer.

CBT is a collaborative process: you and your therapist work together to set goals, practice new skills, and reflect on progress. In CBT, you are encouraged to implement techniques to try out in your life. You may also co-construct unique experiments between sessions, making therapy an active and practical process.

**How can CBT help you?**  
CBT has been shown to be effective in treating a multitude of psychological and behavioural concerns, including:

- ✓ Depression and low mood
- ✓ Anxiety disorders (including panic, phobias, and social anxiety)
- ✓ Post-traumatic stress disorder
- ✓ Obsessive-compulsive disorder
- ✓ Substance use and addiction
- ✓ Sleep difficulties and insomnia
- ✓ Aggression and impulse control
- ✓ Relationship and interpersonal problems
- ✓ Adjustment difficulties related to chronic illness or life transitions
- ✓ Personality disorders
- ✓ Psychosis

In South Africa, CBT has also been adapted for use with adolescents, people living with HIV, and those facing trauma in under-resourced communities.

**CBT accessibility in africa**

**Is CBT available in South Africa?**  
Yes, CBT is increasingly available in South Africa through private practitioners, university clinics, and community-based services. There is a growing application of CBT in industry. The CBTASA maintains a network of vetted CBT therapists registered with professional bodies. They also offer training, resources, and events to support the growth of CBT across South Africa and the African region.

**What other CBT resources are available?**  
Self-help CBT resources—including books, worksheets, and online programs—can be helpful, especially when supported by a therapist. The Institute for Mindfulness South Africa (IMISA) offers training, reading groups, retreats, and more to reduce stress through mindfulness practices. The South African Dialectical Behaviour Association (SA-DBTA) is to offer CBT booklets, worksheets and training. The Schema Therapy Institute South Africa also provides free CBT worksheets and web-links to international self-help sites.

**CBT accessibility**

Designed by Daniel Rabinowitz

View full brochure here:

[https://drive.google.com/file/d/1VX0kIjyHiCqNBN0Ensw\\_U4X1p4FxDOT4/view?usp=drive\\_link](https://drive.google.com/file/d/1VX0kIjyHiCqNBN0Ensw_U4X1p4FxDOT4/view?usp=drive_link)

## Feedback from the Board

### President's Report: A Year of Growth, Collaboration and Strategic Development

By Shane Pienaar-Du Bruyn and Daniel Rabinowitz

Since our last newsletter, Shane Pienaar-Du Bruyn, the President of the CBTASA, has been deeply engaged in advancing the organisation's strategic vision, strengthening international partnerships, and promoting high standards of CBT training and practice within South Africa. Her extensive activities reflect a commitment not only to the growth of CBTASA, but also to expanding the footprint of CBT across the African continent.

### Building CBT Capacity Across Africa

One of the most significant developments this year was her participation in the establishment of the CBTA. This initiative represents an important step towards creating a unified, continent-wide platform for training, practice standards and collaboration across all generations of CBT.

### Strengthening Training Standards

Maintaining excellence in CBT training remains a core priority. To this end, she had oversight of the translation into Afrikaans of the WCCBT Training Guidelines, ensuring broader accessibility for South African practitioners. She also engaged in discussions with Professor Keith Dobson on the guidelines, which continue to be grounded in the Beckian/Cognitive Therapy model while incorporating recommended elements from newer CBT generations.

Regular strategy meetings with Daniel, Jaco and Duane helped to clarify portfolio roles, streamline communication pathways, and reinforce our shared commitment to high training standards. These discussions emphasised the importance of promoting international training guidelines to safeguard treatment fidelity and adherence across all CBT generations.

## International Liaison and Credentialing

International engagement has been an essential part of Shane's portfolio. She has been in ongoing communication with Helen Macdonald on matters related to credentialing with the EABCT. While the current EABCT board position is that credentialing cannot be granted to affiliated members, this ruling may be revisited next year. In the long term, the new CBTAA may develop its own credentialing framework. In the interim, members are encouraged to seek accreditation or certification through recognised international bodies.

Further collaboration with Professor Shirley Reynolds has explored avenues for access to supervision by internationally accredited supervisors - an important potential resource for South African clinicians seeking advanced training and oversight.

She has also been sourcing international training opportunities to expand the range of accessible, high-quality options available to our members.

## Operational and Administrative Leadership

Behind the scenes, her operational commitments have been equally substantial. These included:

1. Updating and maintaining the CBTASA website
2. Editing training videos
3. Providing regular member correspondence
4. Serving as newsletter editor
5. Consulting on tax matters
6. Coordinating EXCO meetings held on 25 July and 27 November

Her administrative oversight and attention to detail have helped ensure the smooth running of the organisation in the last six months and throughout the year.

## Looking Ahead

In the coming months, Shane will be drafting an *Affiliation Invitation Letter* to local organisations including: The Institute for Mindfulness South Africa (IMISA), the Schema Therapy Institute of South Africa (STISA), the South African Dialectical Behaviour Therapy Association (SA-DBTA), and Association for Contextual Behavioural Science South Africa (ACBS-SA [ACT]) to strengthen local partnerships and broaden the CBTASA's collaborative network.

## Vice-Presidents' Update

By Jaco Rossouw and Duane Booysen

We are pleased to share an update from Jaco and Duane, who have now settled into their roles as Vice-Presidents (VPs) of the CBTASA. As the board expands and our committee grows, we are able to advance the work of CBTASA more efficiently and strategically in South Africa and beyond.

In our capacity as VPs, we are currently overseeing the finalisation of the association's constitution, a foundational document that will guide both the committee, our members and the work of the association. We are proud to report significant progress on the constitution, with a draft now ready for discussion with the committee. Our aim is to have the constitution finalised by early 2026, providing clear direction and governance for CBTASA's activities moving forward.

Our oversight also extends to coordinating the training sub-committees, which are responsible for engaging with universities on matters related to CBT, the training initiatives endorsed by CBTASA, the training offered by CBTASA, and the accreditation process for our members.

As a key focus area, our work entails the oversight of the alignment of training criteria within South Africa with international standards, such as those established by the EACBT, of which CBTASA is an associate member.

CBTASA, through the work of Anita Padmanabhanunni and Bronwyne Coetzee in collaboration with the VPs and President are hoping to work closely with universities to develop guidelines that reflect best practices in international CBT training, while also considering the unique aspects of South Africa's dual public and private health sectors and our rich cultural diversity. These guidelines are intended to support universities in continually enhancing the quality of CBT training and supervision. As CBTASA, we are focused on developing a guideline in collaboration with universities to create a CBT programme that incorporates a framework aligning their training with international standards.

It is essential to note that CBTASA hopes to serve as an umbrella organisation for all CBT orientations and associations in South Africa. In developing training guidelines, our emphasis remains on the structure and delivery of CBT treatment, rather than prescribing specific models or approaches within CBT. This ensures that both universities and practitioners have the flexibility to meet diverse clinical needs while maintaining rigorous training standards.

We are also constantly working on aligning the different types of membership available to members in South Africa with international standards. As a result of online training opportunities, this is becoming increasingly more accessible at more reasonable rates.

It is also essential to continue developing the quality of supervision in CBT training. To this effect, CBTASA is in the process of finalising partnerships with international CBT associations and organisations to help train a core group of local South African supervisors in alignment with international training standards.

The VPs, in collaboration with the accreditation committee, consisting of Shane Pienaar-Du Bruyn Anita Padmanabhanunni, and Linda Blokland, will continue to work on finalising membership criteria that can assist practitioners in working towards accreditation that would be internationally recognised.

This remains a long-term project, aided by the continual work of Shane Pienaar-Du Bruyn in collaboration with sister associations from Africa to establish an African CBT Association. This initiative aims to enable Africa to be affiliated as a continent with the WCCBT and to develop training standards tailored to the unique needs of our continent.

## **Communications**

By Daniel Rabinowitz

Daniel liaised with Lenmed regarding their Wellness Day; designed our first CBTASA brochure; and is assisting with IT and web-related tasks. Benefits of Membership and the positioning of the organisation as the recognised CBT resource and training hub (in collaboration with affiliated members) in SA, was reviewed. Presence at upcoming local conferences is being considered.

## **Vetting**

By Shane Pienaar-Du Bruyn

Linda, Anita and Shane reviewed a few applications, to the CBTASA. Those without a core mental health registration and with a non-accredited training backgrounds (such as Udemy) were not accepted. We have a new British Association for Behavioural and Cognitive Psychotherapies (BABCP) accredited member, who is a mental health nurse - Cheryl Ramsay from Gqeberha. Several enquiries were received from UK based BABCP accredited CBT Therapists who plan to return to South Africa.

## **CBT Representative Coordinator**

By Shane Pienaar-Du Bruyn

Second and third generation CBT model representatives were identified per contact persons on page 2 of the website [www.cbtasa.co.za](http://www.cbtasa.co.za). Request to these Reps is to update their pages from time to time in the form of a brief news blurb and to provide feedback in biannual newsletters.

This includes links to local and international training events, resources or any news.

The CBTASA functions as:

1. A central referral source;
2. A training hub to provide resources and training contacts for each model;
3. A provider of endorsements in collaboration with each model's organization;
4. A point of transfer of international training standards to local practitioners and students.

## Contributions by Representatives:

### DBT

Representatives Daniel Rabinowitz and Jeromy Mostert

Daniel Rabinowitz and Lauren Creese recently presented a two-day DBT workshop in Gqeberha

Read the full article here:

[https://drive.google.com/file/d/153bm6tGNkMljorPncuxcARADaB-o6tDB/view?usp=drive\\_link](https://drive.google.com/file/d/153bm6tGNkMljorPncuxcARADaB-o6tDB/view?usp=drive_link)

If you are a therapist and would like to attend a DBT Training Workshop for Adolescents, please contact Daniel Rabinowitz Clinical Psychologist, DBT-Linehan Board of Certification, Certified Clinician® at [danielpsychologist@gmail.com](mailto:danielpsychologist@gmail.com) for more information.

### ACT

Representative David Rosenstein

Over the past year, we have all been considerably busy and, as a community, have largely focused on **maintaining ACT** rather than expanding it. While there has been **modest growth**, the reception and uptake of ACT in South Africa remain more limited compared to certain other regions. This reflects a consolidation phase and highlights the importance of building **sustainable, evidence based** growth through our ongoing initiatives.

Recent training opportunities, including **“When Control Becomes a Problem, Facilitating Change Through ACT,”** presented by **Bertus Swanepoel** on 26 September, have supported continued engagement with ACT and helped maintain the standard of contextual behavioural science teaching in South Africa.



Looking ahead, we are pleased to share that we have **almost finalised a collaboration with a UK based ACT training collective, Contextual Consulting**, and we hope this partnership will become available to clinicians and mental health care providers in **early 2026**. The collaboration aims to expand access to high quality ACT training, strengthen supervision pathways, and support practitioners across clinical and organisational settings.

In parallel, **David Rosenstein** will continue teaching ACT and Behavioural Therapy within the **University of Cape Town's Clinical Psychology Masters Programme**, and will extend ACT training and supervision through ongoing work with Psychiatry Registrars in the Division of **Department of Child and Adolescent Psychiatry (DCAP)**.



We are also expanding ACT based clinical research and innovation. Together with **Professor Stefan du Plessis**, we are conducting a **single integrated Virtual Reality (VR) study** applying ACT processes to exposure based intervention for **acrophobia**, as well as a **generalised anxiety and stress response paradigm**. This work explores how ACT mechanisms such as openness, willingness, and flexible attention can be strengthened through immersive VR based environments.

In addition to this research, we are developing a **separate ACT informed pain intervention initiative**, which will likely begin within the clinical environment of **Life Vincent Pallotti Hospital**. This project focuses on acute and chronic pain experiences and aims to combine behavioural science with innovative clinical delivery models to improve patient outcomes.

Furthermore, beginning **October 2025** and continuing into **early 2026**, we have a **small pilot of the WHO Caring for the Caregiver programme**. This pilot is based on the publication **Supporting caregivers of children with disabilities, findings from an ultra brief caregiver wellbeing programme in South Africa**, for which **Dr Liezl Schlebusch served as the Principal Investigator** and **David was one of the co-authors**. The current pilot is being run by a student under supervision and applies the original WHO model to **parents whose children attend DCAP**. Although limited in scale at present, it illustrates the application of a task shifted, ACT informed intervention and signals the potential for consolidation and broader uptake in 2026.

As the **Association for Contextual Behavioural Science South Africa chapter (ACBS-SA)** transitions leadership, our collective intention is to support the continued development, accessibility, and coherence of ACT in South Africa. Through structured training, research initiatives, and the advancement of high quality contextual behavioural therapies, we aim to contribute to the sustainable growth of ACT as we move into **2026 and beyond**.

## Schema Therapy



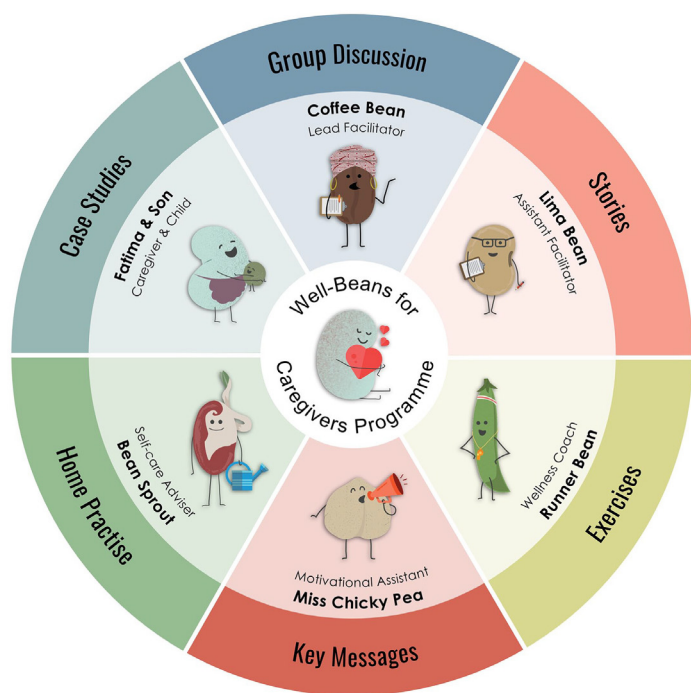
[www.stisa.org.za](http://www.stisa.org.za)

Representatives: Chantal Renton and JP-Hartman

At 82, Professor David Edwards continues to inspire with his unwavering dedication to the development of schema therapy in South Africa. He remains actively involved in running the Schema Therapy Institute of South Africa (STISA), maintains a full therapy practice, and facilitates six supervision groups, in addition to offering individual supervision to practitioners at all levels of schema therapy training.

We also extend warm congratulations to Dr Chantal Renton on completing her training as a schema therapy trainer. Her achievement doubles the number of certified schema therapy supervisors and trainers in South Africa—from one to two. Dr Renton is already contributing substantially to the field, currently running three supervision groups alongside offering individual supervision.

South Africa proudly participated in World Schema Therapy Day on 7 November for the first time this year, presenting a range of interesting and diverse topics aimed at celebration, education, and expanding awareness of this powerful therapeutic modality. Organised by Mr Jean-Pierre Hartmann, the event opened with an engaging introduction to schema therapy by Dr Chantal Renton. This was followed by a compelling presentation from Mr Hartmann on his



Read the full Schlebusch article here:

[https://drive.google.com/file/d/1RiwYhH4q5oY-\\_Eld2zsenwZsEys4zonj/view?usp=drive\\_link](https://drive.google.com/file/d/1RiwYhH4q5oY-_Eld2zsenwZsEys4zonj/view?usp=drive_link)

collaborative work with Dr David Bernstein from the Netherlands, demonstrating the application of the SafePath programme in a Western Cape children's home. Their work showcased how schema therapy principles can support childcare workers in deepening their understanding and connection with the children in their care - an inspiring and heartwarming example of schema therapy in action.

Dr Graham Alexander then offered a rich clinical exploration of schema therapy's application in the treatment of anorexia nervosa, illustrating how the model can facilitate meaningful therapeutic shifts when traditional CBT interventions seem to have reached an impasse. Professor Edwards further contributed with an insightful presentation on early maladaptive schemas as systems of modes, highlighting the dynamics between parent and child modes, the role of coping modes, and how these elements interrelate within a broader mode framework. The programme concluded with Leisha Davies' informative presentation on incorporating schema therapy principles into ketamine-assisted psychotherapy, demonstrating how ketamine may soften coping modes and increase access to vulnerable child states.

Shortly after the World Schema Therapy Day events, Professor Edwards continued to enrich the community with a two-day advanced workshop focused on the early maladaptive schemas as systems of modes - another invaluable learning opportunity for local practitioners.

Professor Edwards's efforts to expand schema therapy in South Africa continue through his mentorship and community-building initiatives. Several psychologists he has trained have launched the Schema Therapy Forum - a peer-led learning space offering a range of schema-related activities. Led by Juan Korkie and Poppy Eagles, the forum has been active for several months and can be accessed at <https://www.schematherapyforum.com>. Additional peer support opportunities include a monthly peer supervision group hosted by Nicky Abdinor on the last Friday of each month ([info@nickyabdinor.com](mailto:info@nickyabdinor.com)), and weekly schema therapy training video sessions organised by Gordon Shaw ([gordonshawsa@gmail.com](mailto:gordonshawsa@gmail.com)).

Looking ahead, the South African schema therapy community is eagerly preparing for the International Society of Schema Therapy's biennial conference in Thessaloniki, Greece, from 28 to 30 May 2026. Several South African practitioners plan to attend, with both Mr Hartmann and Professor Edwards scheduled to present.

There is a great deal of exciting momentum within the schema therapy community, and we look forward to building on this energy in the months ahead. The website for the Schema Therapy Institute of South Africa is also undergoing a revamp. Keep an eye on <https://stisa.org.za> for updates.

## Unified Protocol

Representative: Tyrone Edgar

### Advancing Transdiagnostic Competence: UP Level 1 Certification in South Africa

In 2025, South Africa's transdiagnostic treatment capacity took an encouraging step forward with two successful Unified Protocol (UP®) Level 1 workshops. The UP is designed to target core emotional processes that cut across diagnostic categories, equipping clinicians to work flexibly where comorbidity and overlapping presentations are common.

#### This year's achievements

1. On **Friday, 28 February, 10 therapists** successfully completed the **UP Level 1** workshop and received certification.
2. A **second workshop was scheduled for Friday, 10 October 2025**, in which **15 occupational therapists in South Africa** also completed the **Level 1 training**.
3. **Feedback from the February and October workshops was positive:** Participants reported strong engagement with the material, practical integration of the eight UP modules, and a readiness to apply the approach in their work settings.
4. **Total trained: 25 therapists** completed UP Level 1 in 2025.

## Why this matters

By focusing on shared mechanisms - such as emotion awareness, cognitive flexibility, and exposure to emotion-driven behaviours - the UP offers a coherent, scalable approach that helps clinicians deliver evidence-based care across a range of emotional disorders.

## Looking ahead

We are planning further UP Level 1 workshops in South Africa in 2025 (dates still to be finalised).

If you are a therapist and would like to attend a UP Level 1 workshop please contact Tyrone Edgar Clinical Psychologist Level III Unified Protocol Trainer at [tyrone.edgar@cbtrsa.com](mailto:tyrone.edgar@cbtrsa.com) to register your interest and receive updates.



[www.unifiedprotocol.com](http://www.unifiedprotocol.com)

### We know that transdiagnostic CBT works, but how exactly?

Recently, researchers in Spain examined how transdiagnostic cognitive behavioural therapy (TD-CBT) improves outcomes for people with anxiety and depression treated in primary care. The Psicología en Atención Primaria (Psychology in Primary Care; PsicAP) trial included 1,061 adults with clinically significant anxiety or depression (PHQ-9  $\geq$  10; GAD-7  $\geq$  10), randomised to either treatment as usual (TAU) or seven 90-minute group sessions of TD-CBT delivered by trained psychologists within 22 primary health care facilities across Spain. The researchers showed that first, TD-CBT led to a marked reduction in rumination and worry immediately after treatment. Then, these cognitive shifts predicted lower anxiety and depressive symptoms six months later. Finally, reductions in symptoms led to improved psychological and physical quality of life at twelve months.

Read more here:

<https://www.tandfonline.com/doi/full/10.1080/16506073.2025.2573199?src=>

Resource provided by Prof Bronwyne Coetzee

## REBT

Representatives: Jaco Rossouw and Linda Blokland

An introductory, one-day REBT training session was held during the regional training event of CBTASA in Knysna in March 2025. This engaging and interactive workshop aimed to introduce participants to the theoretical framework of the REBT model, demonstrating how to identify the A, B, and C components, recognise unhelpful beliefs, and how to support patients in transforming these beliefs into more functional and adaptive expectations. Feedback from trainees indicated that the model significantly enhanced their ability to conceptualise emotional problems using this framework. As one of the foundational CBT modalities, REBT remains a highly effective treatment, offering a transdiagnostic approach to mental health challenges.

REBT made unique contributions to the field of CBT, particularly with its theory of emotion. It was the first CBT model to recognise the significance of secondary disturbance - becoming upset about one's own upset - which arguably laid the groundwork for the third wave of CBT concepts related to meta-cognition. Furthermore, REBT introduced the Stoic notion of addressing demands or rigid beliefs about the self, others, and the world into CBT, advocating instead for desires, wishes, and preferences. This is crucial in facilitating **E (Effective New Beliefs)** and **F (new Feelings and Behaviours)** in the REBT process. For example, the belief "I must not fail this exam, and it would be awful if I did," is replaced with, "It's natural to feel sad and to be **disappointed** about failing (a healthy negative emotion at C), but there is no evidence that I **must not** fail, and failing is not the end of the world; it is simply an unfortunate event, not an awful one." This negating of the rigid expectation amounts to an acceptance practice.

REBT has its roots in Greek and Roman Stoicism as well as the language movement of the 1950s, particularly the work of general semanticists like Alfred Korzybski. The recent resurgence of interest in Stoicism, led by modern proponents such as Scottish CBT psychologist Donald Robertson, has once again highlighted this connection with Stoicism and the enduring value

of REBT as a transdiagnostic treatment. REBT thoughtfully integrates the Stoic concept of cognitive causation with insights from the language movement, showing how rigid, evaluative language can contribute to psychological distress.

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## Cognitive Therapy/Traditional CBT

Representative Shane Pienaar-Du Bruyn

An online meeting was held with Professor Shirley Reynolds on 6 June, which was attended by EXCO members. Shirley reached out to the CBTASA in view of disseminating CBT in South Africa in collaboration with CBTReach and possibly the BABCP (for supervision). The plan is to offer CBTReach webinars on the CBTASA website at a reduced cost to members. The working group includes Shirley's team, Daniel, the VPs and Shane the CBT Reps co-ordinator. The initiative is accompanied by research by Bronwyne Coetzee, assisted by Anita Padmanabhanunni from the Training A Division.

Follow-up meetings with Shirley had to be postponed for personal reasons.

The Academy of Cognitive and Behavioural Therapies (the official CBT credentialing body in the USA), which also provides online Cognitive Therapy training to organisations, was also approached. The brief to the Academy was to design a **programme for our members which could prepare them for certification (Diplomate status – see below)**. More information hereon in the new year.

We look forward to closely working with the Training A Division, other training institutions, and the HPCSA in sharing international training guidelines based on the WCCBT's training guidelines as the international golden standard. The CBTASA's vision is to **encourage training towards certification and accreditation**. We need more accredited CBT therapists and trainers in view of training other mental health workers.

There is also the need to **collaborate** with government and other **stakeholders** on the WHO's psychological implementations manual which is strongly based in CBT and some ACT applications.

Read more here:

<https://www.who.int/publications/i/item/9789240087149>



[www.academyofcbt.org](http://www.academyofcbt.org)

### Why apply to become a Diplomate with The Academy of CBT, USA? Let us tell you!

1. Becoming a Diplomate (Certified CBT Practitioner) demonstrates your mastery of CBT and your commitment to evidence-based treatment. It tells the world that your skills have been rigorously reviewed and meets the highest professional standards. In a crowded field, that distinction matters.
2. As a Diplomate, you will connect with expert clinicians, trainers, and supervisors from around the world who share your passion for CBT. There is nothing like having a professional home, and we would be honoured to be part of yours.
3. CBT continues to evolve as new research emerges, and so should we. As a Diplomate, you will have access to our renowned listserv for clinical consultation, ongoing education opportunities (including live webinars), and a network that supports lifelong learning.
4. Gain access to an exclusive, free monthly supervision group with leaders across the world. Apply to become a Diplomate today. We cannot wait to welcome you to the Academy of CBT community:  
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# MBCT

Representative: Matthew Watkin

## The Oxford Mindfulness Foundations Gathering to celebrate the 30-Year Anniversary of Mindfulness-based Cognitive Therapy

In October, Matthew Watkin had the privilege of attending the Oxford Mindfulness Foundation's Gathering to celebrate 30 years of Mindfulness-Based Cognitive Therapy (MBCT). The event brought together practitioners, researchers and teachers from around the world to honour the three founders—Zindel Segal, John Teasdale and Mark Williams—who were present for the occasion.

The gathering spanned three days. The first day was a full day of practice led by Mark Williams and Antonia Sumbundu. Drawing from Williams' latest book, *Deepening Mindfulness*, and its accompanying 8-week programme, the 250 delegates were guided through a sequence of mindfulness practices with a particular emphasis on feeling "tone".

That evening, ACCESSMBCT (an international registration of MBCT teachers) hosted a global networking event led by Zindel Segal. MBCT teachers from across the globe, including China, the United States, Australia, Germany, Vietnam, Israel, and the broader Middle East shared how and in what context they are applying MBCT. The sense of global community and shared purpose was palpable.

The second and third days featured keynote presentations from the founders as well as leading figures in the field, including Ruth Baer and Willem Kuyken. Dr Baer opened with an exceptionally clear and concise history of MBCT—its development, research foundation, multiple adaptations and worldwide dissemination. Dr Kuyken followed with an aspirational look toward the next 30 years, highlighting opportunities for integrating MBCT into schools, workplaces, organisations and broader community settings.

After a series of panel discussions, Zindel Segal delivered a keynote exploring MBCT's effectiveness through the lens of interoception and sensory engagement. He presented emerging research suggesting that, in vulnerable individuals, heightened frontal brain activity,

coupled with inhibited sensory processing, can lock the mind into patterns of suffering. He introduced the concept of sense foraging—a deliberate, curiosity-based engagement with sensory experience that increases perceptual presence and helps release the mind from rumination and other self-defeating patterns.

The evening social dinner provided an opportunity to network, view a wide range of poster presentations, and hear a special guest talk by Her Royal Highness Princess Noor bint Asem of Jordan.

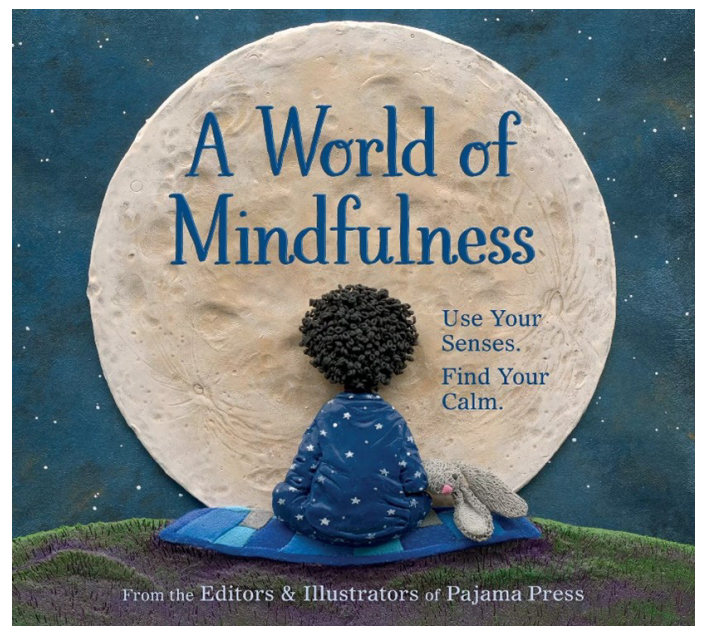
The final day began with a keynote by John Teasdale titled *Understanding Mindfulness: 30 Years On*. Drawing from his book *What Happens in Mindfulness*, Dr Teasdale outlined developments in how we conceptualise mindfulness—particularly its role in increasing well-being and inner freedom. He proposed that mindfulness reshapes the underlying shape of the mind in ways that foster integration and wholeness.

The gathering closed with Mark Williams' keynote, *MBCT: Passing the Torch*. Dr Williams summarised the past 30 years and then posed an important question: What of the next 30 years? Can we discern the direction of travel for MBCT? With all three founders now retired or near retirement, the answer rests with the next generation of teachers, researchers and clinicians.

The event was both a celebration and a call to continued stewardship—an invitation to honour the roots of MBCT while nurturing its future. Attending this gathering was deeply affirming. It highlighted not only how far MBCT has come, but also how alive and evolving the field still is. The founders' humility and clarity were inspiring, and the sense of global community was striking.

Michael left with renewed appreciation for the power of mindfulness to transform lives—and a sense of responsibility and enthusiasm for contributing to its next chapter.





We need more volunteers and working groups!

Please contact [info@cbtasa.co.za](mailto:info@cbtasa.co.za) for more information.

Editor  
Shane Pienaar-Du Bruyn

Sub-editor  
Daniel Rabinowitz

From all of us at the CBTASA, we wish you well over the festive season.



IMISA  
<https://mindfulness.org.za/>

