



# CBTASA

Cognitive Behaviour Therapy  
Association of South Africa

Autumn 2026 | Number 10

## NEWSLETTER



### DEAR MEMBERS

We are happy to report on international and local CBT developments. In this edition the CBT Association of Africa and the CBTASA's Academy Division will be highlighted. In line with acquiring competency and excellence in the CBT models, we support our members on their journey of Becoming a Maestro in their respective fields of choice.

An article on 'What is Task-Sharing?' by Daniel Rabinowitz is relevant to mental health service provision in South Africa (p9).

Interesting research articles have been received from our CBT representatives - Schema Therapy, REBT, DBT, ACT, MBCT, UP and Beckian CBT models (p11).

### **Please consider completing the brief survey compiled by Prof Bronwyne Coetzee:**

CBTASA National Training, Supervision & Certification Survey – Fill out form

Training needs collected through this survey will enable the CBTASA to plan future training events and to advise relevant parties based on outcome.

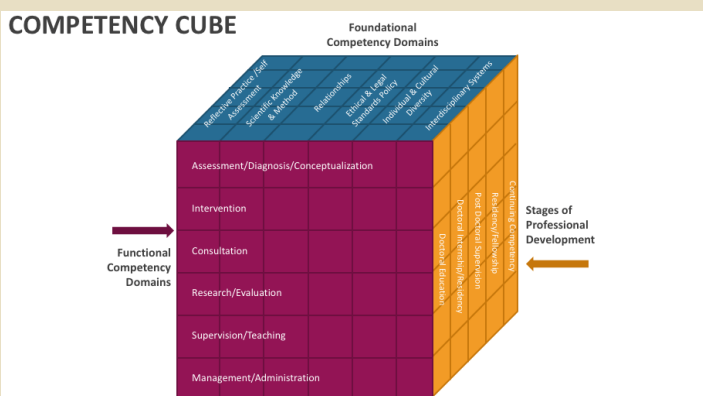
## Comment from the CBTASA president

For many years, Dr. Cory Newman has concluded the proceedings of international CBT congresses with a piano recital. The symbolism of delivering such performances with mastery reflects his virtuosity and expertise in Cognitive Behaviour Therapy – truly a maestro in the field. Read more about Dr. Newman as our Focus On personality in this edition.

The theme of this newsletter is “Becoming a Maestro.” Much like music, CBT requires knowledge of theoretical principles, passion, interpretation, creativity, disciplined practice, and continuous refinement.

CBT training follows a similar developmental process. Foundational training, practical application, advanced learning, supervision, and ongoing practice all contribute to the growth of expertise. The Competency Cube Model, developed by Rodolfa et al. (2005), serves as a valuable framework for trainees working towards competence, and for trainers tasked with teaching and assessing professional development.

The Cube Model of Benchmark Competencies. Adapted from “A Cube Model for Competency Development: Implications for Psychology Educators and Regulators,” by E. Rodolfa, R. Bent, E. Eisman, P. Nelson, L. Rehm, & P. Ritchie, 2005, *Professional Psychology: Research and Practice*, 36(4), pp. 347–354.



The value of the CBTASA lies not only in providing a trusted network of vetted CBT practitioners, but also in supporting members throughout their professional training journeys. Our membership categories recognise each stage of development and encourage progression toward the highest levels of mastery. International certification pathways are discussed later in this publication. Our EXCO is actively orchestrating training opportunities and developing standardisation guidelines for local practitioners, trainers, and students.

Through the Academy Division, these offerings will be made available to members at reduced rates. In keeping with international practice, all recognised CBT models are supported.

To assist us in planning future educational initiatives, we have compiled a survey through which members can indicate their specific training needs and interests.

We remain committed to bringing together local and international experts to collaborate on our training platform through workshops, supervision, and professional development opportunities. As the official CBT organisation in South Africa, the CBTASA facilitates the transfer and implementation of international training guidelines through ongoing collaboration with organisations such as the European Association for Behavioural and Cognitive Therapies (EABCT) and the World Confederation of Cognitive and Behavioural Therapies (WCCBT).

- Shane Pienaar-Du Bruyn (Edited by ChatGPT)

## The art and science of psychotherapy



[https://www.researchgate.net/publication/290276157\\_The\\_Art\\_and\\_Science\\_of\\_Psychotherapy](https://www.researchgate.net/publication/290276157_The_Art_and_Science_of_Psychotherapy)

## International News

### Cognitive & Behavioural Therapies Association of Africa (CBTAA)

#### Message from the Development Committee to CBTASA members

- By Prof Peter Phiri

Across the continent, CBT has been growing through clinics, universities, community programmes, faith and civil society partnerships, and the often-unseen labour of supervisors and volunteers. In many places it has grown in fragments, country by country, person by person, and often without a shared

continental platform to make the work visible, defend standards, strengthen training, and speak with one voice when global decisions are made. On Wednesday 4 March 2026, Prof. Peter Phiri chaired the online meeting attended by representatives from several African countries on the CBT Africa Development Committee to take a practical step forward. The purpose of the meeting was to advance the formation of the Cognitive & Behavioural Therapies Association of Africa (CBTAA) and to agree a pragmatic direction on hosting and governance as we prepare materials for WCCBT consideration in June 2026.

### Meeting attendance and nominated roles

In attendance were Prof. Peter Phiri (Zimbabwe/UK), nominated President/Chair of CBTAA; Dr Shane Pienaar-De Bruyn (South Africa), nominated Representative/Trustee; Dr Jamal Chiboub (Morocco); Dr Maha Belabdi, Associate Professor (Morocco), nominated Secretary; Dr Stephanie Okolo (Nigeria), nominated Treasurer; Ms Tarisai Bere (Zimbabwe), nominated Representative/Trustee; Dr Ronald Muyomba (Uganda); and Mr James Sebudde (Uganda).

### Why CBTAA, and why now

CBTAA is being established to strengthen collaboration across African CBT associations and country leads, so that training, supervision, quality, cultural adaptation, and sustainability are not tackled in isolation. Our aim is not to replace national associations.

Read the full article here:

[https://docs.google.com/document/d/11GgcXYw\\_-j7aklAx0eq3bpyZc0rOJdUb/edit?usp=sharing&oid=104599346592670156923&rtpof=true&sd=true](https://docs.google.com/document/d/11GgcXYw_-j7aklAx0eq3bpyZc0rOJdUb/edit?usp=sharing&oid=104599346592670156923&rtpof=true&sd=true)



**WCCBT congress (June 25 – 28, 2026, San Francisco)**



**Register now (click here)** to secure your spot and add workshops. Seats are filling up. Join the largest meeting for CBT professionals and explore the beauty of San Francisco while you're there! **Watch this video (click here)** to learn more about our host city.

Please contact [meetings@abct.org](mailto:meetings@abct.org) for registration help.

## 2026 Scientific Program Chairs



### Psychotherapy from art to science

<https://www.sciencedirect.com/science/article/abs/pii/S0924933814781180>



## Panel Discussion

### Health for All in Africa: From Roundtable to Roadmap for a Pan-African CBT Regional Association

-Abstract by Dr Lata McGinn

#### Chair and Moderator

Dr. Lata K. McGinn, President of the World Confederation of CBT (WCCBT), Professor, Yeshiva University, Co-Founder, Cognitive & Behavioral Consultants (CBC) (Chair and Moderator)

#### Panellists

Dr. Peter Phiri, Visiting Professor in Global Health and Director of Research & Innovation (Interim) at the Hampshire & Isle of Wight

Healthcare NHS Foundation Trust

Dr. Helen MacDonalad, co-chair of the Pan-African Special Interest Group of the EABCT,

Dr. Jamal Chiboub – Founder & Vice-President, Moroccan Association for Behavioural and Cognitive Therapy (MABCT), Morocco

Dr. Stephanie Okolo – Founder & President, Initiative for Cognitive Therapies and Mental Health (ICTMH), Nigeria

Dr. Shane Pienaar-du Bruyn – Cognitive and Behaviour Therapy Association of South Africa (CBTASA), South Africa

Dr. James Sebuddee or Mr. Ronald Muyomba—Therapy Uganda Associates Ltd.; (CBTAU founding initiative), Uganda

Tarisai Bere – Clinical Psychologist; Founder, Zimbabwe Cognitive and Behavioural Therapies Association (ZCBTA), Zimbabwe

#### Abstract

Access to evidence-based psychological care in many African settings is constrained by workforce shortages, limited training and supervision infrastructure, uneven accreditation pathways, and the need for culturally grounded adaptation. Consistent with WCCBT's mission to expand access to high quality CBT worldwide through partnerships, this panel builds on the WCCBT-WHO Africa CBT Development Roundtable to translate "Health for All" into a practical roadmap for a Pan African CBT workforce and regional association.

The panel will discuss WCCBT's priorities for sustainable capacity building in Africa, present an overview of the current state of mental-health systems in Africa and the work done to date to close the gaps, and will summarize feasibility findings from the KOLABO project. Leaders from CBT organizations in Morocco, Nigeria, South Africa, Uganda, and Zimbabwe will share brief country snapshots (what is working, what is hard, what support is needed), including examples of culturally responsive curricula, local language resources, community delivered CBT informed support, and approaches to strengthen African research and innovation.

Moderated discussion will address five implementation questions: (1) governance and representation; (2) scaling training/supervision through blended learning, train the trainer models, task sharing, and competency standards (including WHO/UNICEF EQUIP) with feasible accreditation; (3) stepped care, task sharing, and digital delivery to extend reach while protecting quality and complementing specialist CBT providers; (4) overcoming barriers such as financing, stigma, and limited data systems; and (5) partnerships with ministries, universities, NGOs, and communities to embed CBT in primary care and policy. The session ends with audience Q&A and a set of actionable commitments and a 12 month collaboration plan.



## Learning objectives

By the end of the session, attendees will be able to:

1. Identify WCCBT's priorities to increase access of evidence-based mental health care in Africa
2. Identify components of an African regional CBT workforce roadmap (governance, standards, supervision, implementation partnerships).
3. Identify scalable training and supervision approaches using competency-based methods.

### Editorial Note:

The CBTASA will not be attending the congress this year.

## Focus on



Cory Newman, PhD

Director, Center for Cognitive Therapy  
Professor of Psychology, in Psychiatry  
**Department of Psychiatry bio page**

Cory F. Newman, PhD is the Director of the Center for Cognitive Therapy, and Professor of Psychology, in Psychiatry at the Perelman School of Medicine at the University of Pennsylvania. Dr. Newman is a Diplomate of the American Board of Professional Psychology, and a Founding Fellow of the Academy of Cognitive Therapy. Dr. Newman is a highly active therapist, supervisor and lecturer. He has served both as a protocol therapist and a protocol supervisor in a number of large-scale psychotherapy outcome studies, including the National Institute on Drug Abuse Multi-site Collaborative Outcome Study on Psychosocial Treatments for Cocaine Abuse, and the Penn - Vanderbilt - Rush Treatment-of-Depression Project, among others.

Dr. Newman is an international lecturer, having presented hundreds of cognitive-behavioral therapy workshops and seminars across North America, as well as in South America, Europe, Asia, and Australia. Dr. Newman is the author of over a hundred articles and chapters on cognitive-behavioral therapy on a wide range of topics, including mood disorders and suicide prevention, personality disorders, substance abuse, clinical supervision, and the therapeutic relationship.

He has authored or co-authored six books on cognitive-behavioral therapy, including the volume *Core Competencies in Cognitive-Behavioral Therapy*. Dr. Newman is a past recipient of the Earl Bond award for outstanding mentoring and training of Psychiatry Residents and Fellows, and he was a past recipient of the Outstanding Clinician Award in the Association for Behavioral and Cognitive Therapy.

[https://www.med.upenn.edu/cct/faculty\\_newman.html](https://www.med.upenn.edu/cct/faculty_newman.html)

Papers by Dr Cory Newman

<https://upenn.academia.edu/CoryNewman>

Description of Other Expertise:

Cory Newman is a trained classical pianist. Often concludes international lectures with a piano recital (e.g., an all-Chopin program following three days of cognitive-behavioral therapy lectures in Warsaw, Poland, May 2007; performed John Adams's "China Gates" after delivering lectures in Hong Kong, January, 2010; performed works by Debussy and Ravel following lecture delivered in Quebec, Canada, May 2012; performed selections from Grieg and other composers following lectures delivered in Oslo, Norway, October, 2019; played a live and broadcasted recital of works by Chopin following a return to Warsaw in October, 2023 to deliver workshops for Uniwersytet SWPS).

<https://www.med.upenn.edu/apps/faculty/index.php/g275/p15256>

## **Being a Cognitive Behavioral Therapist Not Just about Technique – Cory Newman**

<https://www.goodtherapy.org/blog/being-a-cognitive-behavioral-therapist-not-just-about-techniques-0430145#:~:text=Editor's%20note%3A%20Cory%20F.%20Newman%2C,or%20co%2Dauthor%20of%20several%20books>



## **Read the A-CBT and IACBT newsletter**

here (with permission)

***Advances in CBT Fall 2025.pdf***

“Highlights include:

- A message from A-CBT President Dr. Jamie Schumpf, reflecting on organizational growth, new membership pathways, and global training efforts.
- Details on our Annual Reception in New Orleans and this year’s award recognitions.
- The launch of the A-CBT Blog and Author Spotlight Series, showcasing thought leadership from our diplomates and fellows.
- Updates on ongoing web-based trainings, including our foundational Introduction to CBT course.
- Information about the monthly peer-consultation group, open to all members.
- Member and community features spotlighting current work, international initiatives, and evolving directions in CBT practice.
- Recent publications from the International Journal of Cognitive Behavioral Therapy.

We encourage you to read the full issue for articles, announcements, and ways to stay connected with Academy and IACBT activities.

Thank you for your continued commitment to advancing high-quality CBT around the world!”

-Dr Scott Waltman

The Academy of Cognitive & Behavioral Therapies

The International Association of Cognitive Behavioral Therapy

## National News



### CBTASA Developments

Since our last newsletter, EXCO meetings were held on 27 November 2025, 30 January, 26 March and 30 April this year.

Topics discussed include:

#### 27 November 2025

- Board roles and structure
- Membership benefits and dues
- NPC registration
- Collaboration opportunities
- Monthly meetings going forward

#### 30 January 2026

- Summary of CBT Status in South Africa
- Constitution
- Subcommittee Structures
- Planned Contributions for 2026 : Training and capacity building, international collaboration
- Ethics and credentialing
- Marketing and communications
- University and contextualized training
- EABCT membership
- WCCBT congress
- Budget planning
- Affiliate invitations
- Membership registration and certificates
- Key action points

#### 26 March 2026

- Constitution
- CBT Training Surveys
- Webinars and Training Strategy
- Membership, Branding, and Administration
- Affiliate Strategy
- Ethics and Membership Vetting

- Accreditation Guidelines (Universities)
- Congress Recordings
- General
- Key action points

#### 30 April 2026

- General Survey
- Monthly webinars
- Training pricing
- University training accreditation guidelines
- Affiliation invitation letter
- CBTp webinar
- CBTReach project with Dr Shirley Reynolds

Full minutes available on request at [info@cbtasa.co.za](mailto:info@cbtasa.co.za).

**“Psychotherapy serves as both an art and a science. Grounded in psychological theory and scientific research, psychologists study techniques to help struggling people cope. Yet the practice of responding to patients in the therapy office requires the emotional sensitivity of an artist.”**

<https://www.psychologytoday.com/us/blog/frizzlebrain/202203/the-art-and-science-psychotherapy-0>



### Focus on Academy Division



The CBTASA has two training divisions.

**Training A** liaise with universities and are currently compiling a document based on international CBT training guidelines.

**Training B** incorporates representatives from all the CBT generations in SA. Training A and B collaborate on training offerings.

The Academy Division includes the development of the following projects (as per page 3 at [www.cbtasa.co.za](http://www.cbtasa.co.za)):

- National annual congress.
- A live workshop-oriented symposium is planned for later this year
- Bi-annual regional workshops
- Pre-recorded workshops
- Contribution at international congresses
- Peer supervision and reading groups
- Online training and research resources for practitioners including educational videos
- Participating in implementation science projects and research
- Student support
- Providing training resources to trainers and lecturers
- Collaborating with NGOs, provincial and governmental organizations
- Guidance on international certification

Many of these projects are in process (as highlighted above). More information to follow regarding:

- The outcome of the training needs survey **CBTASA National Training, Supervision & Certification Survey – Fill out form here**
- Live 90 min monthly workshops from May 2026
- Webinar recordings – local and international presenters
- International certification route
- Annual live training event
- Drafting of accreditation guidelines for universities
- Collaborating with a US-based CBT organisation on a certification-based programme for our members



Please contact [info@cbtasa.co.za](mailto:info@cbtasa.co.za) if you are interested in participating in our projects and working groups!

**“A CBT certification holds significant professional value because it validates your competence in delivering evidence-based mental health treatment.”** Perplexity (2026). The value of certification in CBT. <https://www.perplexity.ai/search/27011acd-5001-43b4-ab44-ff2d35529078>.

More information on certification routes in different models below. A Certificate of Attendance is issued after a training event but does not constitute certification.

#### **International certification in CBT/Beckian CBT/Cognitive Therapy**

<https://www.academyofcbt.org/certification>  
<https://beckinstitute.org/certification/>

#### **International certification in DBT**

<https://dbt-lbc.org/>

#### **International certification in Schema Therapy**

<https://schematherapysociety.org/Individual-Certification#:~:text=ISST%20Certification%20for%20Individual%20Schema,certification%20as%20a%20Schema%20Therapist>

#### **International certification in the Unified Protocol**

<https://unifiedprotocol.com/training/>

#### **International certification in ACT**

No international certification route currently available.

## International certification in REBT

<https://albertellis.org/product/primary-practitioner-in-rational-emotive-behavior-therapy-rebt-online-course/>

## International teacher certification in MBCT

<https://www.mbct.com/mbct-training-pathway/>  
<https://professional.brown.edu/academics/minfulness-education/cognitive-therapy>



## What is Task-Sharing?

- By Daniel Rabinowitz

Task-sharing is a health systems strategy developed to address critical workforce shortages, particularly in low- and middle-income countries (LMICs), where access to specialist care is severely constrained (Kakuma et al., 2011; Raviola et al., 2019). It is formally defined as the rational redistribution of tasks within healthcare teams, whereby responsibilities traditionally held by highly trained professionals are shared with, or delegated to, workers with fewer qualifications but targeted training (World Health Organization, 2008). In mental health care, this approach has gained traction as a pragmatic response to the substantial mental health treatment gap, especially in contexts such as South Africa where specialist resources are limited (Petersen & Lund, 2011; Spedding et al., 2015).

Although often used interchangeably with 'task-shifting', task-sharing is conceptually distinct. Task-sharing implies a collaborative,

team-based model with distributed responsibility across cadres, aligning more closely with flatter organisational structures (Raviola et al., 2019). In contrast, task-shifting suggests a more unidirectional delegation of duties from specialists to less specialised workers (World Health Organization, 2008). In LMICs, 'task-sharing' is generally preferred, as care is frequently delivered by community-based workers who operate within multidisciplinary, albeit resource-constrained, systems (Kakuma et al., 2011).

Task-sharing encompasses several forms: expanding the scope of practice for non-specialist clinicians, nurses, and community health workers; and enabling trained lay persons or community members to deliver elements of care, including psychosocial and preventative interventions (Raviola et al., 2019; van Ginneken et al., 2016). Importantly, this redistribution extends beyond formal clinical roles to include non-traditional actors such as community leaders or peer supporters, thereby embedding care within social and cultural contexts. This decentralisation enhances accessibility at the grassroots level while allowing specialists to focus on complex cases (Kakuma et al., 2011).

Historically, task-sharing is not a novel concept. Early examples include China's 'barefoot doctors' who were community members trained to provide basic health services in rural areas. More recently, the model was scaled up for HIV/AIDS care in sub-Saharan Africa, where it has demonstrably increased access to antiretroviral treatment and associated psychosocial services (Callaghan et al., 2010). Its application has since expanded into mental health, where lay counsellors and community health workers deliver structured psychological interventions, often under supervision (Raviola et al., 2019; Spedding et al., 2015).

The empirical evidence suggests that task-sharing can improve access to care and yield modest but meaningful clinical outcomes. Systematic and Cochrane reviews indicate that non-specialist workers can effectively deliver interventions for depression, anxiety, and substance use disorders, with some evidence of symptom reduction and improved functioning

(van Ginneken et al., 2016;

Spedding et al., 2015). Interventions based on structured, manualised approaches—such as cognitive behavioural therapy (CBT), interpersonal therapy (IPT), and problem-solving therapy (PST)—have been shown to be feasible, acceptable, and culturally adaptable when delivered by trained lay providers (Verhey et al., 2020; van Ginneken et al., 2016). However, the quality of evidence remains variable, with limitations including heterogeneity of interventions, insufficient role clarity, and methodological constraints (Spedding et al., 2015).

Cost-effectiveness is a central justification for task-sharing. Evidence suggests that integrating non-specialist workers into care delivery can reduce overall system costs while expanding service reach (Seidman & Atun, 2017). For example, collaborative models incorporating lay workers have demonstrated notable cost savings compared to physician-only care (Buttorff et al., 2012). Nonetheless, these efficiencies are contingent on sustained investment in training, supervision, and system infrastructure. Task-sharing is therefore not a low-cost substitute for professional care, but rather a reconfiguration of resources requiring careful implementation (Seidman & Atun, 2017).

Despite its promise, task-sharing is not without challenges. Key concerns include variability in training quality, insufficient supervision, role ambiguity, and risks to fidelity of intervention delivery (Spedding et al., 2015; Kakuma et al., 2011). There is also evidence of high attrition and burnout among community health workers, often linked to inadequate support and remuneration (Kakuma et al., 2011). Moreover, the relational and interpersonal dimensions of care—central to psychological interventions—remain underexplored in task-shared models (Raviola et al., 2019). These limitations underscore that task-sharing is not a panacea but must be embedded within robust health systems strengthening efforts.

Critical success factors have been identified across the literature. These include strong supervisory structures, ongoing training,

community embeddedness, cultural congruence, and integration within multidisciplinary teams (Raviola et al., 2019; Kakuma et al., 2011). Emerging approaches emphasise the role of community members not only as service providers but as co-creators of interventions, enhancing relevance and engagement. Additionally, digital technologies and transdiagnostic treatment models are increasingly being explored to support scalability and standardisation (Raviola et al., 2019).

In the South African context, task-sharing has shown particular relevance for addressing both the mental health treatment gap and broader social determinants of health. Interventions delivered by lay counsellors and community health workers have demonstrated feasibility and acceptability across diverse settings, including primary care, HIV services, and community-based programmes (Petersen & Lund, 2011; Spedding et al., 2015). However, sustainability remains a central concern, necessitating alignment with policy, funding, and workforce development strategies (Petersen & Lund, 2011).

In summary, task-sharing represents a paradigm shift from specialist-centric models of care toward more distributed, community-engaged systems. For psychological practitioners, it offers both an opportunity and a challenge: to extend the reach of evidence-based interventions while maintaining clinical integrity through rigorous training, supervision, and system design.

## References

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## Research corner

### REBT

Deepening Philosophical Change in REBT with Experiential Methods  
[s10942-026-00651-3.pdf](#)

### Abstract

Rational Emotive Behavior Therapy (REBT) has made significant contributions to psychotherapy through its emphasis on addressing rigid and extreme attitudes via cognitive examination, alongside behavioral and emotive methods. Despite these comprehensive strategies, clients often face challenges in achieving REBT's most profound philosophical goals – unconditional self-, other- and life-acceptance –, particularly when entrenched patterns are deeply rooted. This paper argues that incorporating experiential techniques, specifically chair work and imagery rescripting, can enhance REBT's effectiveness and efficiency in meeting these goals. The paper presents a case example demonstrating how experiential tasks can complement existing REBT approaches to foster profound philosophical change. While honouring REBT's historical contributions and theoretical strengths, I explore critically its potential for growth through the inclusion of these experiential methods.

### CBT/Cognitive Therapy

Managing Transference and Counter Transference in Cognitive Behavioural Supervision: Theoretical Framework and Clinical Application

<https://pmc.ncbi.nlm.nih.gov/articles/PMC9384966/>

### Abstract

Dysfunctional patterns, beliefs, and assumptions that affect a patient's perception of other people often affect their perceptions and behaviours towards the therapist. This tendency has been traditionally called transference for its psychoanalytical roots and presents an important factor to monitor and process. In supervision, it is important to put the patient's transference in the context of the conceptualization of the case. Countertransference occurs when the therapist

responds complementary to the patient's transference based on their own dysfunctional beliefs or assumptions. Transference and countertransference provide useful insights into the inner world of the patient, therapist, and supervisor. Guided discovery is one of the most common approaches used by a supervisor and a supervisee to map all types and directions of transference and countertransference. Other options to map transference and countertransference are imagery and role-playing techniques.

## ACT

**Process-based therapy in an interdisciplinary framework for pain recovery: from psychological processes to interdisciplinary processes**

[https://contextualscience.org/article/processbased\\_therapy\\_interdisciplinary\\_framework\\_pain\\_recovery\\_psychological\\_processes](https://contextualscience.org/article/processbased_therapy_interdisciplinary_framework_pain_recovery_psychological_processes)

### Abstract

A new psychosocial approach has recently been proposed to overcome the limitations and challenges of psychological pain therapy research. Process-based Therapy is an intervention model focusing on therapeutic processes, based on a testable theory, which promotes individualisation by adopting a dynamic and timely approach to the selection of intervention treatment procedures. Although this framework already incorporates a biopsychosocial foundation, its application has so far been primarily confined to psychological intervention. However, the use of an interdisciplinary team approach has been well-established as both effective and cost-efficient in addressing the multiple dimensions of pain. Building upon the biopsychosocial principles of Process-based Therapy, the present proposal introduces an interdisciplinary enhancement—Process-based Interdisciplinary Therapy (PbIT)—to extend its implementation to coordinated, multi-domain pain recovery. Socio-demographic and mediating variables, together with specific therapeutic strategies and interventions, are key elements to integrate all biopsychosocial factors in a therapeutic context. The interdisciplinary approach presented provides an expanded Process-based Therapy that further operationalises and reinforces the biopsychosocial model of pain.

## DBT

**View of An exploration of Dialectical Behaviour-informed occupational therapy in mental health, in South Africa**

Read full article here:

<https://journals.assaf.org.za/index.php/sajot/article/view/21677/23791>



**Essential DBT Skills for DBT-Informed Mental Health Practises**

- **Training by the DBT Foundation**

## Unified Protocol

**Inclusion of People of Color in Randomized Controlled Trials for the Unified Protocol: A Systematic Review**

<https://pubmed.ncbi.nlm.nih.gov/40576872/>

### Abstract

The inclusion of ethnic and racial minoritized communities in clinical research is crucial in order to determine the generalizability of findings that support evidence-based and empirically supported treatments. To date, many randomized controlled trials assessing evidence-based treatments have predominantly non-Latinx white samples. Therefore, it is unknown whether treatment findings are applicable across diverse groups. Though transdiagnostic treatments have shown promise among ethnic and racial groups, little is known about the Unified Protocol and its effectiveness across diverse groups. This systematic review aims to provide an overview of existing work and highlight inclusion rates of ethnic and racial minoritized communities in randomized controlled trials assessing the Unified Protocol. A systematic review of published

literature focusing on randomized controlled trials utilizing the Unified Protocol with ethnic and racial minoritized communities was conducted using PsycInfo, EMBASE, PubMed, and Medline databases. The review included 19 articles (reduced from 457). This manuscript summarizes these results in terms of race and ethnicity demographics, recruitment methods, diagnoses, treatment format, treatment duration, and outcomes for adolescent and adult populations. We found that ethnic and racial minoritized communities have mostly been underrepresented in randomized controlled trials on the Unified Protocol. Finally, building from the existing literature, we provide key recommendations for clinical scientists conducting clinical outcome research with ethnic and racial minoritized communities, which can enhance the representation of underrepresented groups in research and reduce health inequities.

## Schema Therapy

### Research progress of schema therapy for adolescents

<https://www.frontiersin.org/journals/psychology/articles/10.3389/fpsyg.2026.1810578/full>

#### Abstract

Adolescence is a vital time in human development, marked by fast physiological and mental changes that render teenagers more vulnerable to psychological suffering. With the growing frequency of mental health concerns among adolescents, the question of how to effectively intervene and help them in dealing with these challenges has emerged as a critical topic in the field of psychotherapy. Schema therapy, originally proposed by Young in the 1990s as an integrative psychotherapy approach, was initially developed for the treatment of chronic psychological disorders, particularly personality disorders. However, as schema therapy has evolved, its scope of application has gradually expanded, and numerous studies and clinical practices have begun to explore its use in adolescent populations. This paper focuses on schema therapy for adolescents, evaluating and summarizing important literature from 2000 to 2025 to inform future research and clinical practice.

## MBCT

### A rationale and framework for sharing mindfulness in trauma-dense communities in South Africa

<https://safpj.co.za/index.php/safpj/article/view/6114>

#### Abstract

Mindfulness has its historical roots in the teachings of the Buddha. The core of these teachings addresses the causes and relief of human suffering. It is a way of being with experience, through awareness of the present moment, in service of compassion and wisdom. Its universal applicability lies in the fact that it is an innate human capacity, which can be developed through practice. Mindfulness has moved into broader contemporary society through the emergence of mindfulness-based interventions (MBIs) over the last 50 years and an associated robust research base. Mindfulness-based pedagogy has been largely restricted to first-world countries although a 2-year training at Stellenbosch University has been an exception to this. Research based on the experience of graduates of this programme has resulted in a new, emergent curriculum that is more context- and trauma-sensitive, to better meet the challenges of the local setting, and to make learning how to share mindfulness with others more accessible, relevant and Afro-centric.

### Psychotherapy: A Mystical Dance of the Soul and Science.

<https://www.mendingmind.com/single-post/psychotherapy-a-mystical-dance-of-the-soul-and-science>



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