



Issue 1 Volume 1
October 2020

IACBT NEWSLETTER

The first edition of the official newsletter of Indian Association for Cognitive Behavior Therapy (Regd. 2016)



PRESIDENT'S MESSAGE

It gives me immense pleasure to be able to release the very first edition of the IACBT newsletter and that too on the special occasion of the World Mental Health Day 2020. IACBT was born out of my passion for CBT - which not only provided me a solid framework to understand human experiences & help people overcome their negative psychological processes but also as a tool for self-improvement and growth. This newsletter is an attempt to highlight CBT as a multi-disciplinary approach to mental well-being and psychological robustness as well as to showcase the modest yet special efforts and achievements of the Association and its members (and potential members) since its inception in 2015 and in times to come. We hope that other like-minded professionals and students who want to advance their knowledge and expertise in the field of cognitive behavioural interventions will continue to join us in an effort to rid ourselves and our world of negative mindsets and psychological illnesses. I hope you will enjoy reading this first edition!

- Dr. Nimisha Kumar,
Founder & President, IACBT

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WORLD MENTAL HEALTH DAY 2020

World Mental Health Day is observed on 10 October every year, with the overall objective of raising awareness of mental health issues around the world and mobilizing efforts in support of mental health.

The Day provides an opportunity for all stakeholders working on mental health issues to talk about their work, and what more needs to be done to make mental health care a reality for people worldwide.

World Mental Health Day was observed for the first time on 10 October 1992. It was started as an annual activity of the World Federation for Mental Health. The day is officially commemorated every year on October 10th.

This year's World Mental Health Day, on 10th October, comes at a time when our lives have changed considerably as a result of the COVID-19 pandemic.

Given past experience of emergencies, it is expected that the need for mental health and psychosocial support will substantially increase in the coming months and years. Investment in mental health programs at the national and international levels, which have already suffered from years of chronic underfunding, is now more important than it has ever been. This is why the goal of this year's World Mental Health Day campaign is increased investment in mental health.



Findings of National Mental Health Survey conducted by NIMHANS

- At least **13.7%** of India's general population has various mental disorders
- **10.6%** of them require immediate intervention
- One in every **20 people** in India suffers from depression
- While nearly **10%** of the population has common mental disorders, **1.9%** suffers from severe mental disorders
- Prevalence of mental morbidity found to be very high in urban centres, where there is a higher prevalence of schizophrenia, mood disorders and neurotic or stress-related disorders
- Treatment gap for all mental health disorders is more than **60%**

Survey covered all important aspects of mental illness including substance abuse, alcohol use disorder, tobacco use disorder, severe mental illness, depression, anxiety, phobia, and post-traumatic stress disorder among others

Table 1: Reasons for Treatment Gap in India

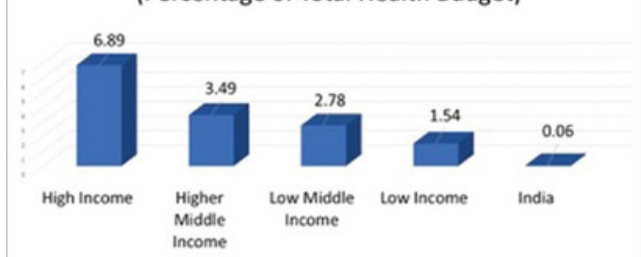
Reasons for the Treatment Gap	Factors
Mental healthcare and state policy	<ul style="list-style-type: none"> - Deficiencies and lack of implementation of policy initiatives - Biomedical approach - Lack of community participation - Lack of coordination at different levels
Lack of mental healthcare resources	<ul style="list-style-type: none"> - Lack of availability - Poor attitudes - Lack of knowledge - Lack of training for healthcare providers
Socio-economic burden of mental illness	<ul style="list-style-type: none"> - Stigma - Gender - Economic costs of treatment
Beliefs, explanations, and help-seeking behaviours	<ul style="list-style-type: none"> - Non-medical explanations of mental illness - Easy accessibility of traditional healing resources
Violation of human rights	<ul style="list-style-type: none"> - Role of public interest litigations (PIL) and judicial intervention

Table 4: Mental Healthcare Resources in India

Healthcare Facility	2001	2005	2011
Psychiatric beds per 10,000	0.26	0.26	0.08
Psychiatrists per 10,000	0.4	0.20	0.03
Psychologists per 10,000	0.02	0.03	0.004
Psychiatric nurses per 10,000	0.04	0.05	0.016
Social workers per 10,000	0.02	0.03	0.004

Source: Various WHO Mental Health Atlases.

Mental Health Budget in Different Countries (Percentage of Total Health Budget)



Source:

<https://www.who.int/campaigns/world-mental-health-day/world-mental-health-day-2020>

<https://www.thehindu.com/news/national/karnataka/raah-a-one-stop-source-of-data-on-mental-health-centres-professionals/article29789725.ece>

<https://www.epw.in/journal/2017/31/perspectives/treatment-gap-mental-healthcare.html>

<http://www.indianjpsychiatry.org/text.asp?2019/61/4/415/262796>

DATA SAYS IT ALL!

“Mental Health is like an abused child - neglected, ignored, deserted, marginalized, crying for attention and care”

We are all aware and agree that there is a “mind-body connection”. We have all at some point in our life experienced what psychological pain and suffering are like and how they can sap the very life energy in us making us vulnerable to life’s demands and devoid of motivation to go on. These moments may have been very brief or may have been prolonged but we somehow fought back or let something or someone help us to get through and feel the sunshine again!

It makes me wonder why then do we shy away from talking about illnesses that plague the mind? Why are we so focused on physical appearance and physical fitness but ignore matters of the mind? Why do we simply wait to “get over” stressful times, suppress negative feelings & hesitate to ask for help? Why do we not take the same preventive, active stance when it comes to mind’s health – or Mental Health. If a family member or friend is suffering from a physical ailment or disease we make our best efforts to get them to a doctor as soon as possible and get treated. But when it comes to a psychological issue we hush it up or look at it as an excuse or wait for the bad time to pass or even consult one of the many faith-based professions (astrologers, palmist, tarot, black magicians, etc) believing that some external force is responsible for the issue.

It is quite interesting that we prefer to attribute physical problems to internal and treatable causes but mental problems to external and uncontrollable causes. No wonder, we become so passive when it comes to our own mind’s health!

We are all a party to this dichotomy, this irony, this felony. But the time has come to really re-look at the reasons for this active marginalization of mental health issues. And the biggest reason is that if we don’t, then we have to be ready to pay and keep paying a big price for it. This price is in terms of increasing unhappiness despite having all material pleasures, loss of man hours, loss of young lives, irreversible personal, social and economic losses to families, communities, nations and the world.

This Mental health Day let us pledge to create a more acceptable discourse around mind health issues and psychological difficulties. Let us pledge to create a culture of acceptance, understanding and validation of difficult emotions and inability to deal with life’s troubles. Let us all work towards our own mental fitness and that of our loved ones. Let us get to know our mental health providers, demand more and better quality mental health services and facilitate access to these services. Prevention and early intervention of mental illness is a crucial foundation on which our future success will be based. All nations of the world recognize this and are working towards it – some faster than others.

We need to open our eyes, join hands and first acknowledge that the problems of the mind are as “real” as that of the body and stop hiding our minds behind our bodies. Each person in this world deserves acknowledgement and validation, however weak or vulnerable they may seem. They deserve a chance to be heard and facilitated. We can’t forget that we as a community can only be as strong as our weakest link!

- DR. NIMISHA KUMAR

INTRODUCTION TO IACBT

The Indian Association for Cognitive Behaviour Therapy – IACBT (www.iacbt.org) was established as a Registered Society in India in 2016 to advance the theory, evidence based practice and research of CBT in India. The IACBT was founded by Dr. Nimisha Kumar, a Delhi University and University of Derby (UK) alumni and a Commonwealth Scholarship holder. In the past three years, three International conferences and numerous training workshops have been convened under its banner. We have also established the IACBT in the global map and are now an official member of the Asian CBT Association (www.asiancbt.weebly.com) and thereby also a member of the World Confederation of Cognitive and Behavioural Therapies (www.wccbt.org).



IACBT aims to bring together everyone interested or engaged in Cognitive Behaviour Therapy in India on a common platform so as to systematise and further develop Practice, Training and Research in this field. We hope to bring about a successful cross-fertilisation of the knowledge base, expertise and resources of the Eastern and Western CBT Therapists in order to create awareness of the importance of mental health and to provide accessible, efficient and effective mental health interventions based in the Cognitive Behavioural Framework.

MISSION STATEMENT

“To place India on the Global Mental Health map through evidence based practice, high quality training and supervision, socially meaningful research, development of indigenized models of MH practice and extensive professional networking”

OBJECTIVES

- To advance the theory, evidence based practice and research of CBT in India.
- To promote ethical practices and high professional standards for clinical practice, training, supervision and research in Cognitive Behavior Therapy by the members of the IACBT.
- To develop and maintain a register of all psychotherapists in India using CBT techniques in their area of work.
- To convene conferences, seminars, workshops and to organize training courses, study circles, meetings and lectures useful for exchange of thoughts and the spread of knowledge pertaining to Cognitive Behavior Therapy.
- To serve as a forum for exchange of ideas, knowledge, skills and applications as well as a resource and information center for matters related to Cognitive Therapy in India.
- To promote Indigenous research in Cognitive Behavior Therapy and enhance the status of CBT as a specialized area of expertise in India.
- To convene meetings, camps, organize lectures, seminars, public literature in order to educate the general public about CBT.

EC MEMBERS OF IACBT



NIMISHA KUMAR
FOUNDER & PRESIDENT

Senior Consultant Psychologist & CBT Therapist
Founder & Director, Ascend-PsyCare



RITU SHARMA
VICE PRESIDENT

Dean, SLS, PDPU, Gandhinagar



SUJATA SATAPATHY
GENERAL SECRETARY

Additional Professor of Clinical Psychology, Dept. Of
Psychiatry, AIIMS, New Delhi



PARUL GUPTA
TREASURER

Child & Adolescent Psychologist.
Owner, Potentials Therapy Center for Autism, New Delhi



NAMITA KAITH
EC MEMBER

Counseling Psychologist, Delhi & Gurugram



PURNIMA SAHAI
EC MEMBER

Counseling Psychologist, New Delhi



SUSMITA HALDER
EC MEMBER

Associate Prof., Dept. of Clinical Psychology
Amity University, Kolkata

IACBT INTERNATIONAL MENTORS



DR. LATA K. MCGINN,

Professor of Psychology Ferkauf Graduate School of Psychology
Yeshiva University New York, USA
Past President, Academy of Cognitive & Behavioural Therapies
Board of Directors, WCBCT
Chair, International Training Committee, ABCT



DR MICHAEL TOWNEND

Associate Professor and Consultant Cognitive Behavioural
Psychotherapist
RN, BSc, MSc, AdBehPsyCert, PGCert, PhD,
Accredited Therapist BABCP, Accredited Supervisor
BABCP, Accredited Trainer BABCP, Registered
Psychotherapist (BABCP), Fellow of the Higher Education Academy.



DR. FREDRIKE BANNINK

Clinical Psychologist & Master of Dispute Resolution.
International keynote speaker, trainer & author
Positive Psychology, Positive CBT & Solution Focus
Amsterdam, The Netherlands



DR. JAMES COURTNEY

Clinical Psychologist
Lead, Clinical Governance Program
Lead, Trauma & Adult Services
Monash Turner Institute for Brain and Mental Health
Monash University Melbourne Australia



DR. DAVID KINGDON

Professor of Mental Health Care Delivery
University of Southampton. United Kingdom

IACBT INTERNATIONAL CONFERENCES

1

ICCBI-AIIMS 2015

Conference Theme: "Fitting the pieces: Towards Consolidation and Newer Directions"

The First International Conference on Cognitive Behavioural Therapy to be ever held in India, organised at the Country's premier healthcare Institute - the All India Institute of Medical Sciences, New Delhi on 2nd and 3rd March 2015 with pre-conference workshops on 28th February and 1st March 2015 as well as post conference on 4th March 2015. The Conference involved 8 training workshops, clinical roundtables, keynote lectures and a number of scientific sessions. It was attended by over 300 participants from India and abroad and was widely appreciated.

2

ICCBI 2017

Conference Theme: 'Culturally Responsive CBT: Prospects & Challenges'.

The conference was organized at AIIMS, New Delhi from 6th to 8th March 2017 with pre-conference workshops on 4th and 5th March in collaboration with the Dept. of Clinical Psychology. The aim of this Conference was to address cultural-responsiveness in psychotherapy in general and in Cognitive Behavioural approaches in particular, in the light of global developments in this field and the uniqueness of Indian context. The Conference was supported by the Indian Council for Medical Research (ICMR), the Rehabilitation Council of India (RCI) and the Pandit Deendayal Petroleum University (PDU) at Gandhinagar. An edited book comprising research papers presented in the conference titled "CBT in Indian context" was published as an outcome of the event.

3

ICCBI 2018

Conference Theme: 'The rising burden of Psycho-social distress: need for Trans-disciplinary CBT Interventions'.

This event was organized by the IACBT in collaboration with the Dept. of Clinical Psychology, SGT University, Haryana from 27th to 29th September 2018 with pre-conference workshops on 25th & 26th September. The Conference aim was to pool in resources from various branches of Psychology as well as related disciplines in order to make a concerted effort towards theoretical, practical and research advancement in this area of trans-disciplinary CBT intervention. The event was RCI CRE certified and attended by over 250 delegates from all over India and from countries such as Netherlands, United Kingdom, Australia, Nepal, USA, Malaysia, etc. The papers presented in the Conference were published in a special issue of the IAHRW journal International Journal of Social Sciences Review.



IACBT PARTICIPATION IN GLOBAL EVENTS



1

6TH ASIAN COGNITIVE BEHAVIOUR THERAPY CONFERENCE

Location: , Dhaka, Bangladesh, February, 2018

Dr. Susmita Halder participated and represented IACBT here. She presented a paper titled “CBT for undiagnosed children with academic difficulties”.

2

9TH WORLD CONGRESS OF BEHAVIOURAL AND COGNITIVE THERAPIES (WCBCT),

Location: Berlin, Germany, July, 2019

Dr. Nimisha Kumar, Dr. Ritu Sharma, Dr. Susmita Halder and Dr. Mallika Sharma participated and presented papers as well as a symposium together. Dr. Nimisha was invited as a speaker in a Plenary session titled “Cross-Cultural Issues in Applying Cognitive Behavioral Therapy in Asian Countries II”. She also represented IACBT in the Asiam CBT Association Board Meeting held there.

3

EACBT

Location: Athens, 2020

Dr. Mallika Sharma was invited to conduct a half day workshop on Cultural adaption in CBT at the European Association for Behavioural & Cognitive Therapies at Athens in September 2020

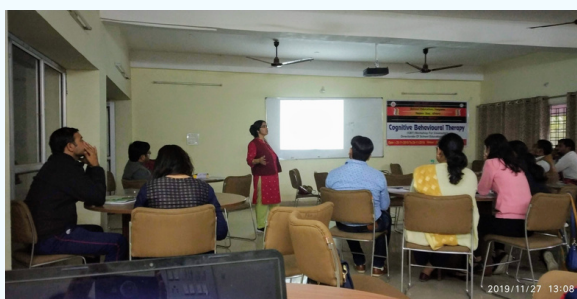


REMINISCENCE 2019-2020

- 1 UGC SPONSORED ONE WEEK WORKSHOP ON CBT CONDUCTED BY IACBT AT RAVENSHAW UNIVERSITY, CUTTACK, ODISHA IN FEBRUARY 2019.



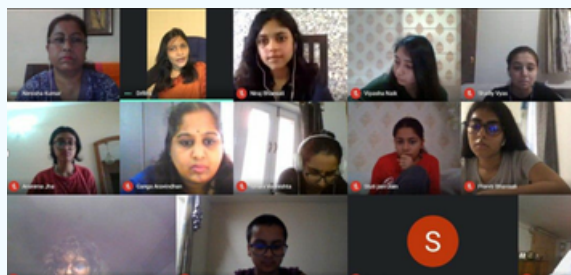
- 2 ONE WEEK TRAINING WORKSHOP CONDUCTED BY IACBT FOR HARYANA DIRECTORATE OF SCHOOL EDUCATION AT SCERT, GURUGRAM IN NOVEMBER 2019.



- 3 DR. NIMISHA KUMAR ON BEHALF OF THE IACBT CONDUCTED A ONE DAY WORKSHOP ON CBT SKILLS AT THE DELHI PAIN MANAGEMENT CENTRE, PREET VIHAR ON 7TH DECEMBER 2019.



- 4 WEBINAR SERIES ON USING CBT AS AN EFFECTIVE TOOL TO MANAGE STUDENT STRESS IN COVID TIMES - 9TH AUGUST 2020



Aatmann, The Psychology club of Pandit Deendayal Petroleum University, Gandhinagar organised Part-1 of the free webinar series on CBT on the online platform of Google Meet. President and vice president of Indian Association of Cognitive Behaviour Therapy Dr. Nimisha Kumar, and Dr. Ritu Sharma, were the speakers at the event. In her lecture, Dr. Nimisha Kumar spoke in depth about the effect of the Covid-19 induced pandemic on the stress and anxiety levels of the students and the triggers that bring about these issues. Dr. Ritu Sharma on the other hand focused more on CBT techniques that help to acknowledge the issue, perceive the challenges, and look at them from a different perspective. The webinar was not only limited to the students of PDPU, but it was open for anybody that was interested and as a result, 140 participants attended the Webinar.

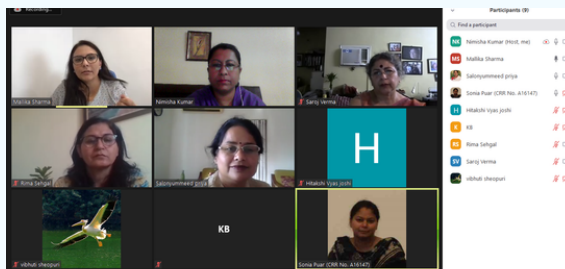
5 WEBINAR ON RELEVANCE OF CBT IN INTERPERSONAL FUNCTIONING - 23RD SEPTEMBER 2020



Aatmann, The Psychology Club of Pandit Deendayal Petroleum University organised Part-2 of the free Webinar Series on CBT on the online platform of Microsoft Teams. Two distinguished personalities, Dr. Nimisha Kumar and Dr. Ritu Sharma (Dean SLS, PDPU & Vice President, Indian Association for Cognitive Behaviour Therapy) were the speakers at the event. In her lecture, Dr. Nimisha Kumar spoke in depth about how interpersonal relations should be strengthened and how they are majorly based on the powerful attributes of security and trust.

Dr. Ritu Sharma focused more on the role of cooperation in a healthy relationship. She also explained how self-reflection and introspection is important to understand and ensure that interpersonal relationships do not turn into interpersonal difficulties. About 100 participants attended the Webinar.

6 HALF-DAY WORKSHOP ON ONLINE CBT CONDUCTED BY DR. MALLIKA SHARMA ORGANISED BY IACBT ON 11TH SEPTEMBER 2020



7 FREE PUBLIC AWARENESS INITIATIVE - A PANEL DISCUSSION ON CBT CONCEPTUALIZATION AND INTERVENTION FOR SUICIDE - BY MEMBERS OF THE EXECUTIVE COUNCIL OF IACBT WAS ORGANIZED ONLINE ON 26TH SEPTEMBER 2020



8 ONLINE WEBINAR ON "POSITIVE CBT" ORGANIZED BY IACBT ON 3RD OCTOBER 2020 CONDUCTED BY DR. FREDRIKE BANNINK



Stanislaus Chelladurai,
Life Member,
IACBT

This is an incident which happened when I was in Delhi for attending the first CBT conference in 2015. The conference in AIIMS was conducted just like a festival and we all delegates from all over India enjoyed the entire proceedings from morning to evening and had no time to think about other businesses. Though I had plans to meet many people in Delhi, I could spend some time only on the last day with my close friends working in Delhi. It was my first get together with them after my transfer from Delhi and also it was the birthday of one of my friends. While we all were chatting and roaming around Connaught Place area I observed my friend celebrating his birthday was not his usual self. From other friends, I came to know that he was seen upset frequently due to some misunderstanding that happened with his boss. Further I was told that the problem was mainly due to my friend's wrong assumptions and beliefs about his boss's community but all efforts to persuade him had failed.



Meanwhile my friend decided to treat us for his birthday in a famous restaurant. My friend ordered a set of items for a grand party and only after that he realised that the hotel was run by a person from the community for which he was having aversion. Immediately he got up and asked us to follow him to some other hotel.

As it was already late for my train to Chennai and the items were already ordered I compelled him to have the dinner there itself and with hesitation he agreed. Soon the treat was over and the bill was handed over to my friend. When I was in a hurry to leave for station, found my friend was searching for his purse which was missing. Immediately I collected money from all friends and gave to him but still some more amount was needed for settling the bill. And my friend with shame and guilty went to the owner and gave the bill with the cash available with him telling the owner about the problem in settling the bill immediately.

The owner didn't reply and as my friend noticed the owner looking and silently thinking something. So he expecting some conflict because of his belief, removed his watch with anxiety and gave it to the owner saying that the cost of the watch would be more than the bill amount and he would get back it after paying the balance.

The owner denied to accept the watch and looked at us. And said to him "Payya (brother) I know your problem and noticed you collecting money from all your friends. Don't worry, you people may need money when you go back home. Take your money back". Hearing this my friend became speechless and when he hesitated to accept money from the owner, he took his hand and returned the entire amount saying "I trust you payya, you can pay the bill when you come this side next time.

We could not believe our eyes as the entire thing happened before us was just like a drama while for my friend it was just like a therapeutic treatment. From that incident my friend's behaviour completely changed and his misunderstanding with his boss settled. I realised this was real-life CBT happening and how beliefs and assumptions can quickly change in the face of contradictory evidence!

COGNITIVE BEHAVIOR THERAPY (CBT) IN CONTEXT OF COVID 19

Dr Susmita Halder, EC Member.
IACBT

**Associate Professor,
Clinical Psychology, Amity
University, Kolkata**



Most people infected with the COVID-19 virus tend to experience mild to moderate respiratory illness and recover without requiring special treatment. However, older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more susceptible to the disease and are likely to develop serious illness (World Health Organization, 2020). The alarming rise in infections, resultant deaths worldwide and preventive strategies in terms of restrictive lockdowns in most of the countries including India has created a collective feeling of worry, apprehension and panic in people across age groups. The preventive measures are necessary to retard the spread of the virus, however impediment of usual daily routine has induced a sense of apprehension and anxiety among the mass (Halder et al, 2020).

Due to the ambiguity in situation and in the absence of any definite treatment, behavioural and emotional manifestations are found common in COVID 19, in reaction it is most likely for people to get overwhelmed, feel anxious, overthink and thereby resort to negative and faulty ways of thinking in face of stress. In the present context, CBT is uniquely suited to help people gain control of their lives and feel better. It is based on the idea that what we do is deeply rooted in our thoughts, our feelings and our behaviours and by changing them one can improve his mood and wellbeing (Stutz, 2020).

In Covid 19, CBT finds application with respect to preoccupations and increased focus on news related to the disease, anxious behaviour, changes in role demand, working remotely, and dealing with emotions of dear ones, reduction in usual income source, and displaced frustration / aggression on close ones. Underlying these behaviours is a range of negative thoughts and painful emotions. When these thoughts, emotions and behaviours become aligned, a repetitive cycle begins based on the belief, "There is danger and whatever I do is inadequate." This constitutes the underlying explanation for why trying to gain control only leads individuals to feel less in control. CBT would thus focus on identifying faulty ways of thinking and cognitive errors in thinking, assessing facts related to the disease, examining evidence (chances of one getting infected), considering odds, considering alternative ways of thinking and thereby restructuring them (Halder et al, 2020; Stutz et al, 2020).

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- World Health Organization. Health topics. (2020)
Halder, S; Mahato, A; Manot, S (2020) COVID-19: Psychological Impact and Psychotherapeutic Intervention EC Psychology and Psychiatry.
Stutz, S. A. (2020). How Cognitive Behavior Therapy (CBT) can help reduce COVID-19 stress

MEMBERS SPEAK

PSYCHOTHERAPIST IN UDAIPUR

Dr. Siddiqa Hussain, Life
Member, IACBT

Clinical Psychologist &
Psychotherapist,
MindworksBait

You only talk! Do we pay for talking too? Don't you give something to make my mind relax? Give me somethings to stop thinking? Do you think I am normal? You don't give us enough time. Can we visit your home?

These are the comments I commonly heard from my clients. I have practiced Psychotherapy with all age groups in various sectors of Kuwait. Recently, I returned to my hometown Udaipur, Rajasthan with a hope of making a difference in regards to psychological counseling here. Well aware of the fact that mental well-being is not considered as important as physical well-being, I decided to take up the challenge. Guided by my positive and encouraging thoughts I set up MindworksBait Center (MWB) which works in three main areas: Psychotherapy, Training and Assessment. Being Certified in CBT, Choice theory & Reality Therapy and Biofeedback and having completed diploma courses in various therapies my confidence has been very high and assured me of great success.



MWB started introducing its services to the professionals in the fields of medicine, psychiatry, education and community services. Needless to say that there is a great need of counseling, formal and authentic assessment and training in Udaipur. The journey started with great enthusiasm but soon faced serious roadblocks of myths about psychological counseling, cultural interferences, lack of knowledge about mind & body connection, importance of mental health and Psychotherapy as a treatment strategy. To begin with, a very high percentage of the mental health patients suffering from serious problems come from country side and for them medicine is the first choice.

"I am not crazy", a common statement used by city residents which discourage the individuals from seeking help. Social norms and taboos are the biggest roadblocks. The most commonly noticed Cognitive error is "Should & Must" which in turn results in stressful nerve-breaking situations.

Parent's superstitions and interference of religious

heads restricts the approach to seek psychotherapy which in turn intensify the symptoms and lead to drastic consequences. A 20yrs old girl, suffering from severe depression, self-mutilating, violent & aggressive behaviors goes unreported because the so called Guru doesn't find any need of psychological intervention and the father is scared of getting noticed in the society.

Reluctance to pay Session charges /fees is another important reason for dropouts, discontinuation and choosing medicine over therapy.

Realizing the need of a good team of effective trained psychotherapists MWB has started training graduates on APA ethics and various therapies. To highlight the importance of mental well-being, to create awareness and to reach out to common people webinars, lectures to small groups, talks on social media are organized on regular basis. Its long way to go but I am convinced that success comes to those who take challenges.

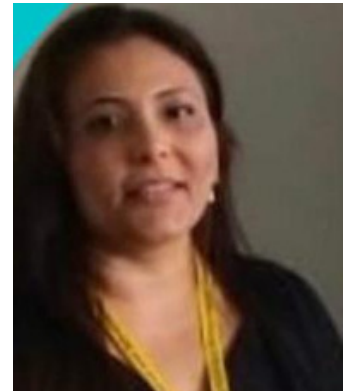
MEMBERS SPEAK

After qualifying as a clinical psychologist from India, I pursued a career in the private hospital before migrating to England where I furthered my educational journey by enrolling into a post-graduate course, specialising in 'Research Methods in Psychology'. Upon discovering my professional background, my professors kindly provided me the opportunity to volunteer at a clinic at the university itself. I was offered to work on a project which was designed to help parents manage their children's anxiety using CBT techniques; as a then mother of two, I had first-hand experience of and felt passionately about. The director, who was hugely supportive of my work, provided me with one-to-one supervision, helping me to implement my theoretical knowledge of CBT into successful practice. Her feedback on my first audio tape was so constructive; "You have the skills which no course/tutor/book can teach anyone, Mallika - you are a good listener, a naturally empathetic person and curious to understand your client."

MY JOURNEY AS A CBT THERAPIST – FROM EAST TO WEST

Dr. Mallika Sharma, Life
member, IACBT

**MBABCP, MIACBT Senior
CBT Therapist NHS
England**



The experience of working on this CBT-based project fuelled my drive to undertake an accredited Masters course in CBT. Although normally funded by the National Health Service (NHS) for British citizens, I decided to self-fund as I was so eager to get going as soon as possible, rather than being held back by the restraints that can come with finding a trainee position. My main obstacle was finding placements where I could complete my 200 hours of clinical work in one academic year. It wasn't easy as I had limited work experience in the country, but I started writing to various charities and organisations and offered my voluntary solo clinic and managed to find five different placements (some paid and some voluntary).

Unfortunately, I therefore had to pay for my supervision separately as it was not the case that supervision was being provided by the organisations; a hidden cost in addition to the course fee! The course itself involved two full days at the university, and the remaining three were spent at the placements. Despite the hectic schedule, I feel the variety of experience I gained was worth the blood, sweat and tears that went into every minute. This was a series of opportunities, from working in a charity supporting vulnerable immigrant women to reputed clinics in Central London, that wouldn't have been accessible to me, should I have taken the NHS funding route. All the hard work certainly paid off when I was offered a job in the NHS prior to finishing my course.

Currently I am working as a Senior CBT Therapist within the NHS which is a very supportive environment for career progression and gaining a variety of experience and further training. I often come across some trainees in CBT Masters course who are often concerned about the amount of work experience required for this course while the immigration law restricts students to work only 15 hours a week. Please do not forget that these restrictions are for paid work only (no restrictions for volunteering!). And now to finish with a phrase that you are all almost certainly sick of hearing, but regardless, is very true: 'Where there is a will, there is a way!'

MEMBERS SPEAK

In the Indian urban populace there is a growing awareness of importance of mental health. Mental well being , being happy and enjoying healthy relationships , managing stress have become important indicators of being fit . This has created a sense of personal responsibility to improve your own quality of life .Specially the educated youth today is seen to take , initiative to discuss their emotional issues and want to learn to deal with it in more productive and efficient manner. Mentally healthy people are not only happier as it appears , they are very consciously working on their attitude and life style to cope with life challenges , with acceptance and gratitude .They feel good about themselves, have a positive self-esteem and do not operate from helplessness . They ,like all human beings experience gamut of emotions, but they do not become overwhelmed by emotions, such as fear, anger, jealousy, guilt, or anxiety. They bounce back from difficulties and disappointments, they have lasting and satisfying personal relationships and they feel comfortable with other people.

Being the better me! – My Mental Health is my responsibility and My choice. A meaningful choice !

**Salony Priya, Life Member
IACBT & Director, Umeed
Counselling Centre**



Don't we all want to be like that ...My better self . Hence, our key is taking care of our mental wellbeing so that we are functioning at a satisfactory level of emotional and behavioral adjustment. Some very basic tips to start with are the 5 stars given below;-

- Get plenty of sunlight - source of all energy and positive rays of light to brighten every aspect of life .
- Do something you enjoy - have a daily activity of JOY – something that makes you feel in sync with yourself, explore and have this as at every age its important to create a reservoir of joy
- Connect with others and be sociable- keep reaching out to meet different people . Friends and family can make you feel included and cared for. They can offer different views from whatever's going on inside your own head. They can help keep you active, keep you grounded and help you solve practical problems. There's nothing better than catching up with someone face-to-face. But that's not always possible. Give them a call, drop them a note or chat to them online instead. Keep the lines of communication open. It's good for you!
- Get plenty of sleep. Sleep is really important for our physical and mental health, mostly underrated but extremely critical and the best indicator of good mental health .
- Physical Activity and exercise in any form is necessary to keep the balance of mind and body . a morning walk, Yoga, pranayam, meditation, mindfulness any of these incorporated in your life style has long term rewards. Regular exercise can boost your self-esteem and help you concentrate, sleep and feel better.

Prevention is always better than cure , hence adopting these simple things will ensure better mental wellness Let us all as professionals also pledge to take care of our mental health .

TRAINEE DIARIES



Aarushi Kohli (Intern)
MA Psychology, DU

Having been on most sides of the table if not all in the area of mental health, my training in CBT has taught me so much with its widespread applicability. Being a budding mental health professional, the primary caregiver of a family member with mental health problem and a lay person dealing with the daily stress of life (that ranges from mild to severe). I have not only seen its positive impact on me but also used it as a primary tool of help for the ones around me, and seen tremendous changes.



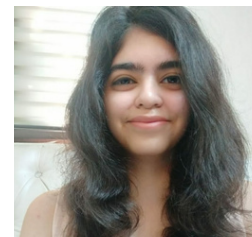
Simran Khurmi (Intern)
MSc Clinical Psychology,
Manipal University, Jaipur

Being an over-scrutinizer myself, I always wanted to put a hold over some therapy which would allow a person control over their ruminations. After entering the field of psychology, I realized that CBT was a technique that served the purpose well. It not only helped me gain self awareness and insight into the cycle of thoughts, emotions and behavior but also made me confident enough about my skills to help others in need to exert control over their distorted thinking patterns. Throughout the journey, the effectiveness and potency of the CBT made me realize how reliable the technique is and thus, it became an major part of my practice.



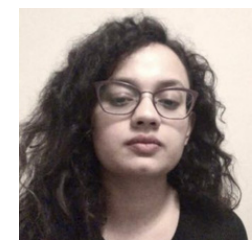
Nikita Srivastava
MA Clinical Psychology, Amity
University, Noida

I was struggling to find a psychotherapy that resonated with me. As a student of Psychology, when we find ourselves in this situation, we go into an eclectic desperation mode. However, during my training session of CBT, I had the feeling of eureka. Here was a therapy approach that I aspired to sincerely master. Throughout the course of my training, CBT has helped me in learning a lot of things about myself. It has become a psychotherapy approach that I want to keep with me as I enter the professional world.



Vedantika Sethi (Intern)
MA Clinical Psychology,
Amity University, Noida

My experience at IACBT as a trainee has been a truly amazing and enriching experience. CBT is one of the most commonly used and most effective forms of treatment in clinical psychology and as a budding clinical psychologist, this internship has immensely helped me expand my horizons. From informative webinars to interactive sessions and exposure to many other areas have only increased my interest and knowledge in the field of psychology. I have learnt so much under the guidance of our wonderful mentor, Dr. Nimisha Kumar ma'am. This initiative taken by her is absolutely commendable! I'm glad to have her as my mentor and having the opportunity of being a part of this organization!



Radhika Jaiswal, CBT Trainee
MA Clinical Psychology

Reading about CBT is very different from its application and training under Dr Nimisha has given the essential practical approach to CBT. Not only has CBT helped me with clients but also this approach has become an integral part of my personal life as well. Over the top, working with IACBT for a short duration has given an immense knowledge about renowned CBT practitioners from all over india and how this is an enriching and promising field for aspiring CBT practitioners.

As I sat wondering what to write about, I figured that as we begin to introduce IACBT to the world through this newsletter, it seems appropriate to talk about how to introduce CBT to our clients when we start working with them. I find it useful to psycho-educate my clients about CBT early in therapy, perhaps in the very first session.

I talk about how CBT is a collaborative process and the goal is for the client to become his own therapist. Through this I make it clear that it's a goal directed activity with a clear purpose and that the process will come to an end once the client is confident about dealing with his problems on his own. By the end of the intake session, we already have a lot of data about the client. I find it very effective to use a situation from the client's narrative or some hypothetical, common situation to explain how CBT is based on the cognitive model as I draw it out on paper. The conversation goes somewhat like this:

Therapist: Give me a situation.

Client: Preparing for a job interview.

Therapist: What comes to your mind when you're preparing?

Client: There's no point, I won't be able to make it.

Therapist: And how does that make you feel?

Client: Really sad

Therapist: And then what do you do when you feel really sad?

Client: I just shut my books and go to sleep.



I might pause here to say that this is one cycle and that if this cycle keeps repeating itself, it just gets stronger. I allow the client to reflect on that and then proceed further.

Therapist: Now what could be another way of looking at this situation, something that's more helpful?

Client: Let me try at least give it a decent shot.

Therapist: And how would that make you feel?

Client: Maybe a bit more encouraged (and not as deflated)

Therapist: What are you likely to do then?

Client: Go on with my preparation.

Then I would ask the client what he makes of this and help him see that it's not the situation but our interpretation of the situation that determines our reactions. I explain how the real work happens between sessions where the client will be required to carry out tasks which we call our Action Plan. These tasks are decided upon together during the therapy sessions.

By the end of the session, I mention that the sessions are structured and that it would be useful if he could come to each session with about two agenda items that we can talk about. Through this entire process, I make sure that I am tuned in to the client to ensure that he is understanding all of this and is ok with it. There are times when I do this verbally by asking questions like, "What do you think about this?" "Does this make sense to you?" or by reflecting an emotion that I sense in the client such as, "You look a bit unsure. What's going on in your mind?" I have found that this conversation sets the tone for the entire course of therapy and also helps the client know what to expect.

A 28 year old married Hindu male was referred to me by a senior psychiatrist for CBT. He had shown very little improvement with appropriate doses of two different anti obsessional drugs. The total duration of his illness was more than 4 years.

He had obsessions about whether he was travelling in the right direction. He used to repeatedly confirm mentally whether he was travelling in east, west, north or south. He used to follow frequent rituals before leaving home. On detailed evaluation he was found to have few safety behaviours like carrying some object in his hand while travelling and reassuring himself continuously. His avoidance of leaving his home was increasing day by day. This had significant impact on couple and other social relationships. On Y-BOCS his score was 30.



In the next few sessions psycho-education socialization and case conceptualization was done collaboratively. We mutually decided to start with ERP after understanding the importance of dropping compulsive rituals. After a few sessions of improvement through ERP, the client suddenly started worsening. We spent couple of sessions to find out the cause of worsening. After 5-6 unsuccessful sessions we decided to re-evaluate and re-conceptualise the case. As a therapist I tried to look out for personality traits which might be hampering the progress. I did not find any significant factor related to family or his environment responsible for worsening.



I decided to take a detailed history again. I came to know that the client had a single episode of panic attack before the onset of obsessive symptoms. He was found to have catastrophic interpretation of physical symptoms at that point of time. Later on over few months he started believing that travelling in that specific direction can lead to panic attack. So in order to be 100 percent sure he started repeatedly confirming the direction in which he was travelling which seemed to be a compulsive behaviour to the doctors and therapists.

Behavioural experiment was designed to check his belief correlating direction with panic symptoms. Gradually he improved over next few months. Currently he is stable and his medications are being reduced. After this experience as a therapist I understood the real importance of complete reassessment and re-conceptualization in case of resistance. Also as a therapist we should be flexible enough to reassess before labelling it as a resistant case!

CBT SKILL BUILDING

COGNITIVE RESTRUCTURING IN A SPECIAL CHILD THROUGH STORYTELLING

Ankita Pareek, Special educator & CBT
Trainee

'A' is a good and talkative student of his class. Until grade 4, after diagnosis of SLD he suddenly stopped talking to anyone and grades were going down day by day. I met him in grade 7. Through classroom observations, teacher, classmates, and parent feedback I gathered all the information about him. During the first few interactions I realized he doesn't want to come to me, but after a few days, I managed to build up a rapport with him and probed him more about his feelings and thoughts about the outer world. After a few days, he came with a question which he wanted to ask me.

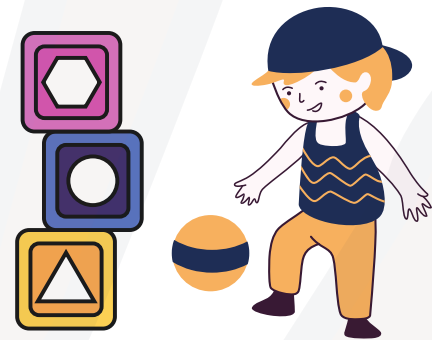
A: "What are the special features I have?"

Me: "Everyone is special in their own way, so you are also special"

A: "Do I look different from others?"

Me: "No"

A: "Then why do people call me one with special needs? I must be having some special features or maybe I am not able to get marks like them that's why? "



Now, I had an answer to my question about his selective mutism, as well as his loneliness. I listened to him carefully and then started telling him stories (imaginary stories made by me in which I wanted to give a particular message). For example: once there was a boy who felt the same as you do, due to the rude and avoidance behaviour of his classmates. But one day his mother encouraged him to participate in a dance competition at school. 'A' was very good in dance and he won a prize there. He realised that his classmates and teachers appreciated him after that. When he came home, his mother asked him about his learning and how he felt, the boy said "I have learned that when we try we can achieve things and people admire us for trying and also for winning".

After finishing such stories, I usually ask 'A' what message he got from the story and asked him to apply that message for the next week in his life. After one year this boy is now motivated enough to participate in extracurricular activities, have few friends and his grades also improved from E and D to C and B. I often use story-telling as a cognitive restructuring and motivating method for my students and it works very well!

CBT SKILL BUILDING

When I was pursuing my Masters in CBT at the University of Derbyshire, one day my supervisor Dr. Michael Townend, while taking me through a role-play commented 'Nimisha you are being a perfect Rogerian counsellor, where is the CBT?'. This really shook me as I was 6 months into the course! After that I really understood the difference between general counselling/client centred therapy and CBT.

Often when clients come to us, they are highly distressed and full of emotions. It is usual for them to share experiences in a much unstructured form as it is coming straight from their feeling (suffering) side. This often makes counsellors and therapists confused and engulfed by a huge amount of information, which they may make extensive notes about. But lot of clients share that most psychologists and counsellors 'just listen' and there is really not much therapeutic movement. In addition, they may feel unsure about a therapy process where they spend time and money "only" to be listened to. On the other hand, clients may feel relieved in the short term through simply 'talking' while the therapists/counsellors (especially novice ones) may feel a sense of hesitation to stop the narrative either out of politeness or a lack of skills in direction and guided discovery. But in the long run, empathic listening at the cost of direction, may make the sessions largely ineffective, leading to drop out. While too much of direction, without adequate emotional support, may make the client frustrated.

As a CBT therapist, we are trained not to be a "therapeutic sponge" but to balance empathic listening with 'emotional containment' and direction for maximum benefit and therapeutic movement. In CBT, effectiveness comes from providing a sense of being heard, understood and being trained in self-help, often within the very first session. The use of Socratic dialogue, guided discovery and use of capsule summaries not only provides direction to the session but also helps the therapist collect a large amount of relevant information and maximise "windows to change". Making the client an equal partner in "change" and setting a collaborative agenda makes the therapeutic alliance strong and durable.

A very satisfying compliment that I usually receive from clients is that "you have really understood the problem". This really puts the therapeutic alliance in place and paves the way for setting of problems and targets, focussed assessment, a detailed case conceptualisation, and a smooth transition into psycho-education and a cognitive behavioural intervention plan.

**BEING A 'THERAPEUTIC
SPONGE'
VS
A 'FACILITATOR OF CHANGE'**

**Dr. Nimisha Kumar,
President, IACBT**



UPCOMING INTERNATIONAL CBT EVENTS



1

ABCT- ASSOCIATION FOR BEHAVIOUR AND COGNITIVE THERAPIES - ANNUAL CONVENTION 2020

Location: November 19 - 22, Philadelphia, PA

ABCT's annual convention brings the cognitive-behavioral community together to explore current developments in research and practice and to stimulate thinking about the myriad issues that surround CBT and how it intersects with other disciplines. While attending the annual meeting, in addition to networking with your peers, you will experience provocative speakers, professional development sessions, local culture, and face-to-face roundtables with mentors, colleagues, and luminaries.

(<https://www.abct.org/conv2020/index.cfm?mn=0&fn=HomePage>)

2

IACP- INTERNATIONAL ASSOCIATION FOR COGNITIVE PSYCHOTHERAPY - 2021

Location: May 13-16, Rome, Italy

This Congress aims to: (1) report about CBT state of the art applications in a large variety of clinical and non-clinical contexts; (2) introduce the latest research with powerful clinical implications in this field; (3) increase CBT internal cohesion by moving the various “schools” of this field towards an integrated and multimodal approach; (4) promote CBT as the best platform to integrate psychotherapy in an evidence-based framework; (5) stimulate CBT frontier research as well as infuse CBT with frontier research from related fields.

(<https://www.iccp2021.com/>)

3

WCCBT-WORLD CONFEDERATION OF COGNITIVE AND BEHAVIOURAL THERAPIES - 2022

Location: Jeju Island, South Korea

Cognitive Behavioral Therapies remain the gold standard in evidence-based practice in the mental health field. With the theme of “East Meets West: Embracing diversity and improving access to CBT”, the program of WCCBT2022 will include plenary presentations, symposia, workshops, master classes, and sessions. The primary goal of the Congress’ scientific program is to identify ways with which to develop and implement CBT in order to meet the needs of clients from diverse societal and cultural backgrounds. It will also address the challenges when using cutting edge technologies, and other innovations in the field, so as to overcome barriers in CBT utilization and dissemination.

(<http://www.wccbt2022.org/>)



OPPORTUNITIES



INDIAN ASSOCIATION FOR COGNITIVE BEHAVIOUR THERAPY (IACBT)

www.iacbt.org

INTERNSHIP PROGRAM



CONCEPT: This Internship is aimed at providing experiential training in working with a professional CBT organization & a representative of India in the global CBT arena. It is aimed at young people interested in multi-disciplinary personal/professional development.

ELIGIBILITY: Open to Post-graduates from Psychology, Management, Advertising & Marketing, Graphic Design, Web Development, Education, Social Work, Child Development. Its desirable to have fluency in communication skills, knowledge of computer skills, curiosity & enthusiasm to learn new skills & team work.

OBJECTIVES: To gain hands-on and 'real-life' exposure in the areas of CBT skill development, training, and research as well as various other tasks related to the organization's development.

BENEFITS: No fee, flexible working hours, work from home option, opportunity for skill building in counseling & CBT, professional networking, research skills, content development, social media management, team work, event management. All interns get a certificate of internship on successful completion as well as a letter of recommendation on demonstrating superior work ethics and commitment.

DURATION: 6 months (January to June or July to December)

DATES: The program begins from January 2021. One intake will be in December 2020 and another in June 2021.

SEATS: 6 (may be increased)

TO APPLY: Send in your latest resume, supporting documents, photograph and a personal statement in support of your application (max. 300 words) to iacbtinternship@gmail.com

Queries - please WhatsApp on 9953681570 or e-mail.

Apply by 30th November 2020 for January 2021 Intake

IACBT MEMBERSHIP IS OPEN TO PROFESSIONALS & STUDENTS FROM DIVERSE FIELDS INTERESTED IN CBT FOR PERSONAL AND PROFESSIONAL GROWTH

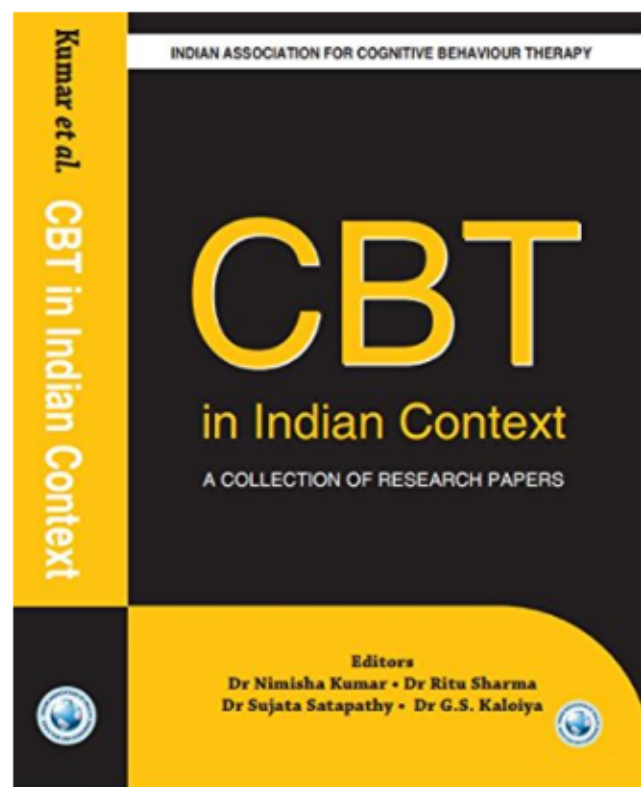
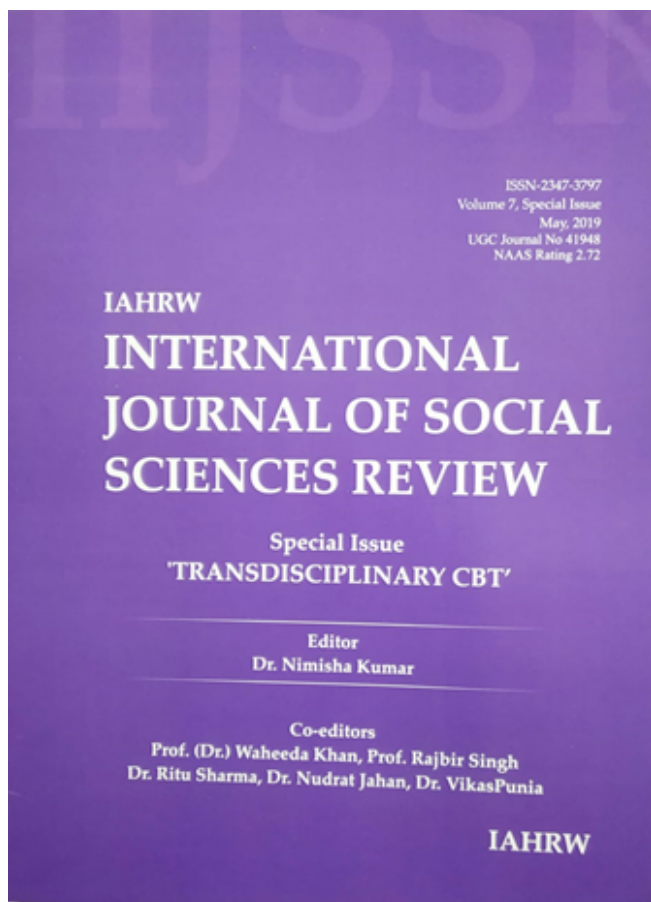
BECOME A PART OF THE GLOBAL CBT COMMUNITY...JOIN IACBT...TODAY!

BEING AN IACBT MEMBER HAS A HOST OF BENEFITS!

FOR DETAILS WRITE TO iacbtmembers@gmail.com OR DROP A TEXT TO 9953681570 (WHATSAPP ONLY)

MEMBER PUBLICATIONS (2015 TO 2020)

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2. Halder, S. & Sharma, S. (2020). Establishing efficacy of CBT in elderly treatment resistant chronic schizophrenia: a case report. *International Journal of Indian Psychology* 8 (2), 733- 739.
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5. Samantray, N.N., Kar, N., Singh, P., Swain, S.P., Singh, A. R., Chaudhury, S., & Mohapatra, J.M. (2019) Efficacy of cognitive behavioral therapy with paroxetine and paroxetine only for social anxiety disorder: A behavioral, placebo-controlled study. *Industrial psychiatry journal*, 28(2), 211-217.
6. Samantaray, N. N., Kar, N., & Singh, P. (2019). Four-session cognitive behavioral therapy for the management of obsessive-compulsive disorder using a metaphor for conceptualization: A case report. *Indian Journal of Psychiatry*, 61(4), 424-426.
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12. Singh, P., & Samantaray, N. N. (2017). Efficacy of Behavior Therapy in Internet Addiction. *Indian Journal of Clinical Psychology*, 45(1), 45-53. (National Journal)
13. Nayak, M. R., Samantaray, N.N., & Singh, P. (2017). Comparative Study on Efficacy of Various Types of Exposure Response Prevention Therapies on OCD. (National Journal).
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15. Kumar, N. (2016). Cognitive Behavioral Therapy Techniques with Children. (Care for Young Children – ECD knowledge series -III). Global Books Organisation, New Delhi (ISBN: 978-93-8057098-3)
16. Bhargava, R., Kumar, N. & Gupta, A. (2016). Indian Perspective on psychotherapy: cultural issues. *Journal of contemporary psychotherapy*. Vol 6(4). (ISSN: 0022-0116)
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18. Sharma, R. & Writer, S. (2015). Cognitive behavioral approach in mentoring college students for personal effectiveness: An empirical study. *Scholedge International Journal of Multidisciplinary & Allied Studies*. 36-42.



UPDATES

- ❖ IACBT was planning the International Conference on Cognitive Behavioural Interventions – 2020 in Goa in November. However, it had to be indefinitely postponed due to the pandemic. We will be organizing it as per circumstances in 2021. Updates to be provided on website and social media.
- ❖ We can be contacted by recognized institutions for organizing CBT related trainings, supervision circles or events at iacbtnewsletter@gmail.com
- ❖ We are in the process of finalizing plans to start a CBT Certificate / Diploma / MDP course(s) from 2021, Updates to be provided on website and social media.

CALL FOR SUBMISSIONS FOR NEXT EDITION OF NEWSLETTER

- ❖ Please submit contributions for the January 2021 edition of the IACBT newsletter to iacbtnewsletter@gmail.com latest by 10th December 2020. Any of the following may be submitted:
 - brief case studies (demonstrating CBT skills or unique applications of CBT) –including assessment, case conceptualization, session planning and evidence-based / contextualized CB interventions. (max – 500 words)
 - empirical or conceptual articles related to CBT (max 700 words)
 - training and practice experiences (max 300 words)
 - CBT events related information
 - CBT related publications (with APA referencing)

Note: entries will be scrutinized by a newsletter committee for quality, originality and authenticity and only those entries found suitable will be included in the newsletter. The accuracy of the data/writing as well as plagiarism check is a responsibility of the concerned author only.

IACBT ACKNOWLEDGES THE EFFORTS OF THE FOLLOWING PEOPLE IN MAKING THIS NEWSLETTER A REALITY:

Ms. Nikita Srivastava for designing and Ms. Ayesha Shariff for editing.

Ms. Aarushi Kohli, Ms. Radhika Jaiswal, Ms. Vedantika Sethi, Ms. Sanjula Arora, Ms. Simran Khurmi, Ms. Mridula Baurai and Ms. Muskan Singhal for content related support.

A word of thanks to PDPU students – Aishvee Bhansali & Mahek Pathak for their contribution to webinar reports

Thanks to all IACBT members who have sent their contributions in a timely manner.

Thanks to all potential readers of the newsletter!

नमस्कार

- THE END -