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IACBT NEWSLETTER

The second edition of the official newsletter of The Indian Association for
Cognitive Behaviour Therapy (IACBT)
Permanent Member of Asian Cognitive Behavioral Therapies Association
(ACBTA)

THEME- E-PSYCHOTHERAPY DURING COVID-19



Humans and technology

The coronavirus pandemic is a game changer for mental health care

Regulatory changes and anxiety heightened by isolation are leading to a boom in use of mental health apps and teletherapy—but are they good enough?

ABOUT THE EDITION:

The year 2020 brought forth a lot of challenges before humankind. The pandemic and resulting lockdowns have changed our lifestyle, way of working and learning. This new normal and adaptation to the unexpected challenges have been a source of distress for many. For the mental health community as such, professionals had to shift from a face to face mechanism of working with clients to telephone, e-mail and online or e-psychotherapy. Our dependence on technology has increased manifold bringing with it new challenges for some and has proved to be a blessing for others. Studies investigating the long-term effectiveness of e-therapy for the treatment of specific disorders or conditions or in particular cultures are currently lacking. In this edition of the IACBT newsletter, we have made an attempt to highlight some of the perspectives on the issue of online psychotherapy, as well as IACBT events and highlights of 2020-21.



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WORLD MENTAL HEALTH DAY, 2021

Mental health care for all: let's make it a reality

This year the slogan for World Mental Health Day is Mental health care for all: let's make it a reality. Covid-19 pandemic has affected the mental well-being of almost everyone out there but not everyone has been able to get the help they need.

This Mental Health Day, let's acknowledge the treatment gap we face in mental health, the stigma and discrimination faced by people when they are going through mental distress and the importance of talking about your concerns when faced with mental health concerns

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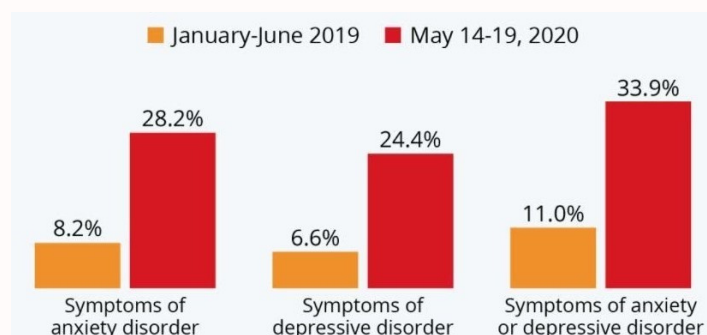
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COVID-19 AND MENTAL HEALTH

Since the onset of covid-19 and new fast spreading variants causing devastation, it has definitely led to a toll on people's mental health. Researchers have been looking into the cause and impact of this stress and they fear that the pandemic's impact on mental health will continue even in post-pandemic situations. During the pandemic we got to see a rise in depression, anxiety, substance abuse, etc. due to various reasons- stress of being a frontline worker, financial and job loss, fear and isolation, panic, working from home, etc. It has also been reported that during the lockdown there was a massive increase in cases of domestic and child abuse as well as suicide rates.

Mental health has always been a taboo subject in our society. However, the pandemic exacerbated it too much to remain unnoticed. The pandemic has shown to impact the youth greatly. Apart from depression and anxiety, the youth also dealt with the languishing where their motivation to do regular chores as well as other activities was far less. According to UNICEF, about 46% of youth dealt with languishing.

The deteriorating state of affairs during the pandemic pushed the mental health professionals to provide the best of their services via E-psychotherapy. Therapy is generally provided face-to-face but the pandemic challenged up to adapt to remote means opening us up to a new realm of psychotherapy with its own advantages, pitfalls, needed adaptations and a whole new range of experience for psychologists.



Anxiety and depression symptoms increased among the youth during the pandemic. About 25% young adults engaged in substance abuse vs 13% of older population and 26% reported suicidal ideation.

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EDITORIAL

Covid 19 And the Rise Of E-Therapy

Purnima Sahai

Counselling Psychologist, Anamcara

EC Member, IACBT

E- Therapy has been the biggest gain in the world of mental health services ever since the pandemic broke out.

Covid-19 has forced all of us into a transition that no one could have foreseen let alone be prepared for. With so much uncertainty, changes, fear of the disease, and loss of lives, the population at large went through intense waves of collective anxiety, grief, trauma, and depression. A lot of us who had pre-existing mental health concerns got a further hit. While the grim side of this pandemic is not lost on anyone, let's not forget about the tremendous resources that humans came up with in these dire circumstances. One such resource has been E-Therapy or Online Therapy. While this resource has existed for a long time, it's real power & value was realized only during this pandemic.

E-Therapy has suddenly opened the doors of therapy to the whole world. We are no longer restricted due to our geographical locations. We can reach out to a therapist of our choice, someone who gets our cultural sensibilities along with the mental health difficulties. We have people from north east or south India connecting with a therapist in Delhi, Indians living in Africa seek therapy from a therapist in India, and students who have moved abroad for education seeking support from counsellors back home.

For most of our clients, as the added stressors like commute time, traffic, waiting period, and taking time off work are significantly reduced, Therapy in its online avatar has become even more focused.

In our conversations with therapists, we have found that they are able to utilize their time more effectively and offer their services to more clients as they have extra time due to reduced commute time. Balancing work and personal lives has become simpler for a lot of therapists while of course there are others who feel being at home interferes with the quality of work. Therapists are also coming up with creative solutions like connecting a tab with the laptop to explain cognitive models to clients. Even a simple task like creating a list of goals becomes much more collaborative when the client can see what the therapist writes. Similarly, share screen and go through a depression or anxiety scale making it super effective.

In this edition of our newsletter, we hope to expand more on this theme and continue to increase our learning because truth be told - E-therpay is here to stay!



MEMBERS SPEAK

e-CBT expanding the view of Neuro-diverse minds

Ms. Parul Gupta, Head and Director, Potentials Therapy Centre

Manmeet Kaur Marwah, Social skills and Communication Therapist, Potentials Therapy Centre.

We all are aware of the connection between our thoughts, feelings and actions. Yet we struggle with not letting our feelings and actions get influenced with our distorted thoughts. Similar was the case with one of the young adolescent I have been working with online. However the difference here was not just the errors in thoughts but also the way he perceived the world with his Autism. What is connected and automatic for us, existed in disjointed pieces for him due to how his brain is wired. Identifying what is bothering him was effortful as he was still learning to reflect and express his thoughts and feelings. Though his actions reflected how he maybe feeling about something, the goal was to help him control his actions and feelings by better understanding his thoughts.

The experience was unique for me. Shifting to a virtual mode of therapy came along with many challenges and benefits. Though I felt thrilled about extending therapy to different cities, was nervous at first about connecting through a screen. However, the therapeutic framework helped me structure my sessions without letting my mixed emotions come in way. And I started enjoying what felt challenging initially.

As we progressed with our sessions, I had to unlearn the stereotypical patterns of thinking and processing, to join how he perceived the world. We co-created a space to understand each other. It wasn't easy as he was learning more functional ways to express himself and expand his way of perceiving the world. We started with helping him give a structure to his thoughts and making him understand it's impact on his feelings and actions through visual aids. Since it was difficult for him to integrate all these pieces together, we presented each through pictures, tables, videos and symbols. Offering concreteness to the concepts in the form of visuals, helped him relate to it better.

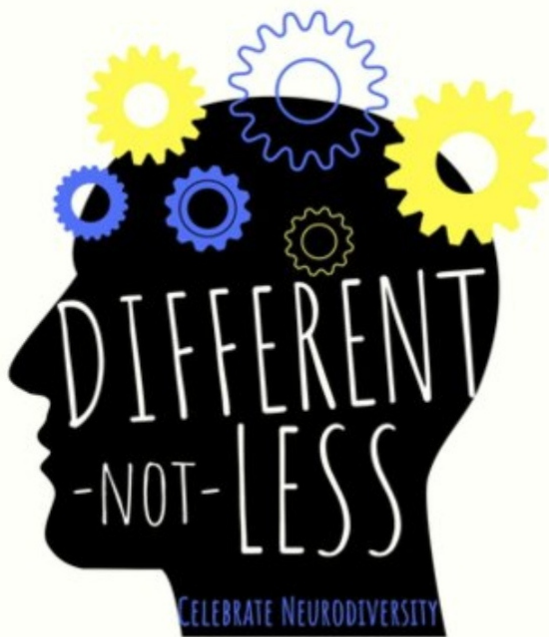
His response to the pictures was not limited to just facts for long, he soon started sharing the corresponding thoughts and feelings that emerged. I vividly remember him sharing that he felt "yucky" (disgusted) looking at a picture of boy in mud. That was one of the first few moments that an unpleasant feeling was voiced out. This was followed by identifying and sharing more thoughts and feelings in the daily life.

After identifying thoughts and expressing feelings came the piece of what can one do about it, the following actions. Discussing and practicing various descriptive exercises helped him gradually move towards modifying his actions.

The words still echo in my ears, since the day his mom shared how the other day he asked her for a pen. Mom had no idea why was he asking for it. And just then he asked for a paper and started penning down his thoughts about the class he didn't want to attend. This was part of an exercise that we were practicing, to help him identify his thoughts and write them down to plan what he can do about it. Until that day it was prompted. He would engage in self talk or walked restlessly and sometimes even used hands on others, whenever experienced with an unpleasant thought or feeling, earlier.

Mom further shared how happy she was looking at her son trying to address what was bothering him on his own. "It saved what could have been one hour of a meltdown", she added.

Though it's a long a journey, reaching points like these gives so much more motivation to continue taking the small yet priceless steps towards expanding the view of a neuro-diverse mind.



"Neurodiversity may be every bit as crucial for the human race as biodiversity is for life in general. Who can say what form of wiring will prove best at any given moment?"

Harvey Blume
Atlantic, September 1998

MEMBERS SPEAK

Samarth: Breaking Barriers, A Therapeutic Intervention

Reena Sharma

**Founder | Forensic & Rehabilitation Psychologist & Criminologist
The Mind Practice**

What is Samarth: Breaking Barrier ?

It is believed that it is difficult to change the thinking of an offender and their antisocial solutions to their problems. Samarth is an attempt to change this fact for offenders and enable them with prosocial methods to transition them to live better lives. Samarth is India's first of its kind Cognitive and Emotional Literacy; Therapeutic rehabilitation intervention. It is based on Forensic CBT (Cognitive Behaviour Therapy) and on the philosophy of positive criminology. "Samarth" has been developed and facilitated by Ms. Reena Sharma, a Forensic Psychologist and Founder of The Mind Practice. The Mind Practice is a mental health care and forensic Psychological solution provider involved in providing a variety of Mental health solutions to work closely with Police, Prisons, also with people from different walks of life in Clinic settings. Samarth is a program that enables individuals to effectively work on their cognitive and emotional regulation to live responsible and dignified lives.

Mental Health Awareness & COVID -19 Response Among The Inmates

Prisons took extra measures to ensure that inmates remained secure and calm. Concerns like hygiene education, family worries, depression, suicidal thoughts, anxiety, even OCD symptoms started surfacing, which were a cause of unrest amongst the inmates. Moreover, the parole extensions of the inmates were increased and were also a cause of distress to the peer groups among the prisoners. The mental health awareness & suicide prevention campaign was run by Samarth Intervention

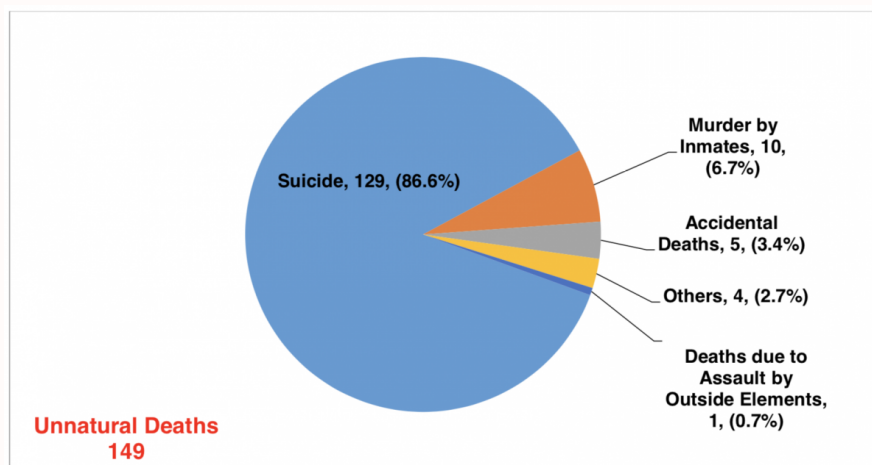
Programme throughout the lockdown period

under the essential services. One to one therapy sessions and group therapy sessions were conducted keeping social distancing norms. Additionally, skill training was given to them to cope up with anxiety. Their grievances were addressed along with prison staff training to deal with the COVID situation, mental health awareness, and suicide prevention. This created a sense of security amongst the inmates during these tough times and maintained their mental equilibrium. Adequate measures were taken to prevent stigmatization of individuals who were and are considered to be potential carriers of viruses

Mental Health & Suicide Prevention Campaign & Preparedness To COVID-19 Response

Mental Health & Suicide Prevention Campaign & Preparedness to Covid-19 Response Prison staff were given helpful tips and trained on their own mental health as well as keeping a mental wellbeing balance in the Prison. Also trained on reading the warning signs and urgent response to suicide prevention. Tool kits were provided to help them deal with the current situation.

Prison staff's job is also strenuous as they are also inside the four walls and have to deal with all adverse situations in prisons and how to deal with inmates more cordially. Hence the staff training involved cognitive and behavioral techniques to equip them to do their job in a more balanced and calm manner. Samarth worked in sync with the Prison and WHO guidelines to provide the best psychological solution to combat the situation caused by COVID -19.



- As per data provided by States/UTs.

Deaths of Prison Inmates due to Unnatural Causes during 2018

Source: <https://thewire.in/rights/prison-custodial-death-medical-care>

“I focussed on the mental wellbeing of the people rather than just talking about the negatives or mental illness alone or how bad is the current situation caused by COVID -19. The same ideas were imparted to the prisoners and prison staff in the forms of campaigns, personal sessions, and staff training keeping the social distancing norms intact. Inmates were worried about their families during the lockdown and the sessions on emotional regulation helped them address their feelings and emotions. Beyond all odds, many inmates managed to understand this skill taught to them and practiced it. The Jail Administration and management exceptionally supported the campaign, which made it possible even during the lockdown. Initially, it was difficult to bring the balance but an intriguing exercise to create harmony and regulate the mental wellbeing inside the lockups for the ones who were already legally locked up versus people who are legally free but locked in their houses.” states Reena Sharma.

MEMBERS SPEAK

Female Struggles During the Pandemic

Dr. Siddiqa Hussein

Clinical Psychologist and Psychotherapist

Mindworks Bait

Udaipur

The pandemic period has been a very dark era, caused drastic and painful changes in every aspect of human life. “There are wounds that never show on the body, that are deeper and more harmful than anything that bleeds.” Quoted by Laurel Hamillton, faultlessly describes the struggles women faced during this pandemic. Women’s roles and labour in their communities, workplaces and their homes are riddled with financial, physical and emotional struggles that they experience on a daily basis. Lockdown in many parts of the world drew a significant increase in gender-based violence which has earned a name for itself, ‘shadow pandemic’. Medical, economic, social resources and infrastructure are imperatively needed due to the new developments (Özkazanç-Pan & Pullen, 2020). The pandemic has brought attention to the care work done by women whether paid or unpaid child and elderly care, low income jobs and menial work that Institutions, including governments, health organizations and universities, were unaware of.

The pandemic has reflected on issues faced by the male population in the past year where some of the major underlying issues were high mortality rate, financial and professional losses, increased sense of insecurity, Limited freedom and restricted movement. The other spectrum of the dichotomy however, dealt with increased responsibility where many were forced to take up online courses at the expense of their career or house work to support their families where there was no time for breaks and leisure (Russell, 2021). Many were isolated with toxic relationships globally. It was reported that the surge in domestic violence and sexual abuse cases from several different countries highlighted alarming figures. It reported a rise of 40% or 50% in Brazil and in one region of Spain, the government claimed that calls to their helpline had risen by 20% in the first few days of the lockdown. Cyprus noted that calls to their hotline rose to 30% in the first week of lockdown. In the UK, the leading domestic abuse organization by the name of Refuge, highlighted that their helpline increased by 25% and there was a 150% increase in visits to the Refuge website (Bradbury-Jones & Isham, 2020). This is a pattern that is witnessed at a global scale which allows us to see how the pandemic has pushed a majority from this singular gender to become the punching bag for their frustrated husbands and their families..

Resilience is a psychological construct, which is a belief that one has the ability to overcome adversity. It is a coping mechanism and it has taken a deep root into the lives of many women who are struggling during this tough period (Gladding & Batra, 2018). Cultural beliefs and social taboos have not only restricted them from reaching out to healthy support systems where they can voice their concerns on the abuse and unrealistic expectations but they have also pushed them to become the sole breadwinners for their families.

In one of my recent cases, my client's husband lost his job as a tour guide and a travel agent due to the pandemic. Which consequently led to excessive drinking, sleeping, playing online games and gambling. It created chaos in the house where objection led to physical abuse for the client. She involuntarily became obligated to provide online tuitions and catering services to earn money for the house expenses but the earnings got absorbed into buying alcohol for her husband. There is no 'end of the list' for such victimized cases.

It is necessary that women rise up and stand against such violence, sexual, emotional and physical abuse. Demand for their rights and reach out for genuine help. The government should not only support such women, but also be accountable for such changes in the social realm of India. They need to take steps like

- introducing Hotline services; especially in the rural areas where women can approach without being stigmatized.
- Establish women support centres,
- Introduce self-defence classes,
- Educate women on their rights and
- Provide centres which allow unprivileged women to become financially independent.

That's how the journey begins for self-empowerment and constructive coping strategies. These are necessary to irradiate the patriarchal constructs and promote gender equality. It sets the foundation for women to have their voices heard and reduce said malpractices.

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The
Future
is Female

UNSTOPPABLE
WOMEN



MEMBERS SPEAK

My experiences transitioning to online therapy and training during the pandemic: benefits and challenges

Dipti Joshi

Psychotherapist, Ahemdabad

The beginning of the pandemic saw me reluctant to transition to online therapy. I overcame my uncertainties by becoming proficient with computer technologies, securing reliable, fast internet, and sourcing appropriate hardware. My psychology practice and training career exploded as a result. I am now an internationally recognized therapist and trainer, regularly providing services beyond the confines of Gujarat (my sole pre-pandemic place of practice). I now easily access international mentors to support my practice, and online therapy provides clients with worldwide options.

Online technology proficiency transformed my practice. I am a Level 4 certified TEAM-CBT Trainer—an extension to CBT based on the revolutionary work of Dr. David Burns from the Feeling Good Institute, California—undertaking almost all my training online. TEAM—Testing, Empathy, Assessment of Resistance, and Methods—is eight times more powerful than other treatment practices (Feeling Good Institute, 2021).

Dr. Burns' techniques are well suited to online therapy. The Testing and Empathy components use standardized tools and evaluation instruments to measure therapeutic progress accurately and identify therapist strengths and areas for improvement on a therapy session to session basis. All tools are designed for online practice, and therapy scores can be collaboratively interpreted with clients using the screen-sharing tool available in many video conferencing apps.

Once a client and I agree that we are right for each other, we explore any resistance to be addressed the Assessment of resistance phase. The client acknowledges that therapy is hard work and that they must be genuinely engaged in bringing desired changes, thus reducing therapy resistance and ensuring transparency and client-centred outcomes.

Online technologies have not only allowed to provide high-quality therapy to clients but also deliver fully online training programs for psychologists globally. The world of therapy has become so much more transparent, effective, and accessible.

Overall, transitioning to online therapy is a blessing in disguise.

CASE STUDY

Efficacy of Online CBT Techniques on Panic Symptoms during COVID-19 Pandemic : A Case Study

Authors:

Ms. Shinjini Samajdar, Clinical Psychologist, Kolkata

Dr. Susmita Halder, Associate Professor, St. Xavier's University, Kolkata

Case Details:

The indexed client is 38 years old, female, doctorate, employed, unmarried, hailing from urban area. Presenting complaints are worries, panic attacks, anxiety symptoms, low mood, helplessness, hopelessness, low self confidence, irritability, anger outbursts, sleep disturbances, and decreased daily activities. Client's social interaction has been deteriorated. She was having difficulties in concentrating so occupational functioning was affected. Predisposing factors were the family history of mental illness, hypertension, hyperthyroidism, and premorbid personality which was unassertive. Precipitating factor was COVID-19 pandemic, which impacted over career and death of near ones was also present. In the session assessment tools which were used are Beck's Anxiety Inventory (BAI) and Hamilton Depression Rating Scale (HAM-D). Total number of online session was 12, mode of therapy was Cognitive Behavioural Therapy (CBT) and duration of each session was 45 minutes.

Psychotherapeutic Plan:

In the online therapy sessions, the primary target was to reduce the panic symptoms. Triggering factors i.e. uncontrollable external situations were identified and nature of panic symptoms associated with the triggering situations was explored. In case of present client symptoms were palpitations, hot and cold flushes, pounding heart, numbness, unconsciousness, changes in behaviours and the severity of the symptoms was moderate and it sustain for 15 minutes. Online relaxation techniques were demonstrated and practiced along with systematic desensitization. Situational coping and dos and don'ts were provided to the client and family members.

| Situation | Triggering Situation | Negative Automatic thoughts |
|-------------------|-----------------------------|---|
| COVID-19 outbreak | Career uncertainty | "I will not able to complete my post-doctorate" |
| | | "I am a failure" |
| | | "My career will be destroyed" |
| | When mother is outside home | " my mother will be infected" |
| | | "I shall be miserable" |
| | | "Something will happen with mother" |

Outcome of the therapy:

Table 1: Quantitative outcome of the therapy

| Domains | Tools Used | Pre-Intervention | Post Intervention |
|------------------|----------------------------------|------------------|-------------------|
| Anxiety Symptoms | Beck's Anxiety Inventory | 31 (Severe) | 15 (Mild Anxiety) |
| Mood Symptoms | Hamilton Depression Rating Scale | 23 (moderate) | 7 (not present) |

Table 2: Qualitative outcome of the therapy

| Domains | Pre-intervention | Post-intervention |
|----------------------------|--|-------------------|
| Prominent Anxiety Symptoms | Numbness, feeling hot, fear of losing control, hot sweats | Mild |
| Prominent Mood Symptoms | Depressed mood, Insomnia, agitation, anxiety, somatic symptoms | Not present |
| Assertiveness | Unassertive | |
| Irritability | Difficulties in saying NO | Increased |
| Self confidence | Increased | Decreased |
| Social interaction | Low | Improved |
| | Deteriorated | Interacting well |

Discussion:

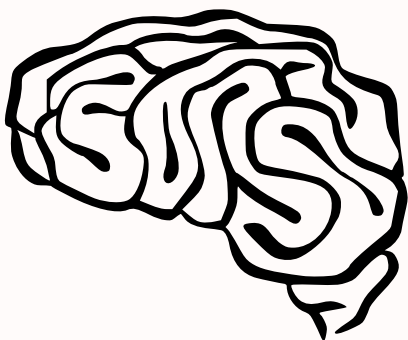
In the present study, the manifestations of symptoms have been precipitated during the COVID-19 pandemic situation. The symptoms of anxiety and self-reported stress are common psychological reactions to the global pandemic (Rajkumar, 2020). Along with the situational factors, in case of present client, the premorbid vulnerability to stressful situation had stimulated the presenting symptoms. Evidences show that, the adverse impact of COVID-19 pandemic led to disturbed psycho-social functioning. Due to uncontrollable and unpredictable environment, manifestations of anxiety symptoms with and without panic attacks are prevalent. Intensity of individuals' distress can be varied but the undesirable situation exhibited panic attacks as well. The fear of negative situation and consequences leads to negative thoughts and physiological changes. Fears connected with panic attacks can become so concentrated that they begin to negatively impact a person's behaviors. The efficacy of CBT is multi-factorial but the inferences could be dissimilar in terms of nature of panic attacks. Cognitive Behavioural Therapy aimed to explore the negative automatic thoughts related to anxiety symptoms and maladaptive behaviours. The rate of clinical output and recovery is depending upon the expertise and protocol of cognitive behavioral approach during pandemic (Li et.al. 2020). CBT aims to use wide range of activities and exercises to help the client become aware of their negative thoughts, and learn to replace them with healthier ways of thinking.

Conclusion:

In conclusion, it can be said that, there are composite evidences in terms of efficacy of cognitive behavioural therapy in reducing anxiety related symptoms. The CBT techniques' exploration and modification are needed to intervene each individual with panic symptoms because the nature of symptoms is different. In this present study, efficacy of CBT techniques has been shown in intervention of symptoms of the indexed client, specifically in this uncertain and unpredictable situation which impacted overall lifestyles.

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EVENTS

Conferences 2020-21

In 2020-21 Indian Association for Cognitive Behavioural Therapy participated in:


PACT- 11th International CBT Conference
"Covid and the Rise of E-psychotherapy"
1st March 2021

7th Asian Cognitive Behavioural Therapy Conference
"Embracing Differences, Creating Diversity"
5th-7th July, 2021



CBT & COVID-19 UPDATES
DR. NIMISHA KUMAR





Topic:
5 July Cultural nuances of the COVID-19 outbreak in India: Prospects and challenges for CBT practice

Dr. Nimisha Kumar is the President-Elect (2021 – 2024) for the Asian CBT Association. She is a Senior Consultant Psychologist and trained CBT practitioner based in New Delhi, India. She has a PhD in Psychology from University of Delhi and an MSc in CBT from University of Derbyshire, UK (as a recipient of the prestigious Commonwealth Scholarship). Her doctoral work was on a CB framework for Diabetes. Dr. Kumar is the Founder-President of the Indian Association for CBT (www.iacbt.org) and Founder-Director of Ascend-PsyCare (www.ascendpsycare.in), an MSME based in Delhi. She is currently Associate Professor at the Faculty of Behavioural Sciences, SGT University, Gurugram. Dr. Kumar has over 15 years of experience in clinical practice, teaching and research at prestigious institutions in New Delhi. She organized the first ever International Conference on CBT in India in 2015 and pioneered the IACBT in 2016. She organized two subsequent highly successful international conferences on CBT in 2017 and 2018 with outcomes in the form of special edited volumes on CBT related research. She has written papers on cultural adaptation of CBT in Indexed Journals, presented papers at National and International conferences and mentored a number of Masters and Doctoral research dissertations. Dr. Kumar has her own practice in New Delhi where she uses CBT for a number of mental health concerns and provides training and supervision to students and professionals from diverse backgrounds. She is presently launching India's first certificate and diploma level programs in CBT.





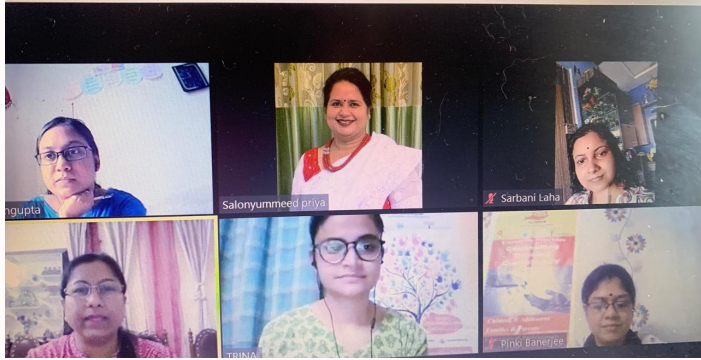
PACT 11TH INTERNATIONAL CBT CONFERENCE
THEME: COVID & THE RISE OF E-PSYCHOTHERAPY
MARCH 12TH - 14TH, 2021
(VIRTUAL)

CALL FOR ABSTRACTS AND WORKSHOPS
(PAPERS, POSTERS AND WORKSHOP PROPOSALS)


SUBMISSION DEADLINE
1ST MAR 2021

ORGANIZED BY:
PAKISTAN ASSOCIATION OF COGNITIVE THERAPISTS
✉ CONFERENCEPACT@GMAIL.COM ☎ 03456073258 - 03233914614

REMINISCING 2020-21




**Dr. Nimisha Kumar in interarction with staff of
Ummeed NGO on How to take care of Mental
Health during the Covid-19 Outbreak on 9th
October, 2020**



AN IACBT EVENT

WEBINAR ON DIALECTICAL BEHAVIOR THERAPY (DBT)

Resource Person: Ms. Mansee Gupta



**RESOURCE PERSON -
MS. MANSEE GUPTA**

Mansee is a Counselling Psychologist from India, with an overall 13 years' experience, and since the last 4 years working in England, UK. She is currently working as a Senior Mental Health Practitioner with Children and Adolescent Mental Health Service (CAMHS) at Telfordshire and Worcestershire Health and Care NHS Trust.

Her professional registrations are as follows: RCI (Rehabilitation Council of India); BACP (British Association for Counselling and Psychotherapy); Accredited; BPS (British Psychological Society) - Graduate Member; APT (The Association for Psychological Therapies); Level 4 Accredited.

WORKSHOP DESCRIPTION:

Dialectical Behaviour Therapy (DBT) is a type of psychotherapy that utilizes a cognitive-behavioural approach. DBT was originally developed to treat chronically suicidal individuals diagnosed with Borderline Personality Disorder (BPD). It is an evidence based treatment which has proven effective in treating a wide range of mental health disorders. This webinar will briefly focus on the DBT model and few essential skills that can add to your knowledge and aid your therapeutic practice.

FEES:
₹500 - STUDENTS
₹700-PROFESSIONALS

REGISTER NOW!
(E-CERTIFICATES WILL BE PROVIDED)

MARK YOUR CALENDAR

DATE: 11TH DECEMBER

TIME: 3:30 - 5:30

ZOOM LINK WILL BE PROVIDED TO ALL THE REGISTERED PARTICIPANTS

TO REGISTER CONTACT
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ROLE OF SUPERVISION IN CLINICAL PRACTICE

An IACBT Webinar Series in
Collaboration with BABCP Accredited
Practitioners



30th JANUARY 2021
4:00 - 6:00 PM IST

MODERATOR

Dr. Nimisha Kumar
Senior Consultant Psychologist
UK Trainee CBT Therapist
Founder Director, IACBT



CONCEPT

The psychotherapy and counselling scenario in India continues to be largely unregulated and unstructured despite being highly rich and varied. Most practitioners evolve through a challenging process of experiential learning in an environment of limited training and mentoring opportunity. This poses as a serious threat to the quality and credibility of mental health services in the country.

"The primary goal of supervision is to provide clients with care that is properly and completely managed... in which the supervisor provides the trainee with ongoing feedback and direction so that treatment stays on course and adheres to professional guidelines and mandates.

The secondary goal of supervision is to promote the professional development of the supervisees themselves by affording them hands-on clinical experience combined with supportive and corrective instruction."

The IACBT has thereby launched an initiative to create awareness about the role of supervision in clinical practice and benefit more and more practitioners through high quality supervision services at par with global standards. This webinar is a first step in this initiative.

SPEAKERS

Dr Malika Sharma



MBACP, MACBCT, Senior
CBT Therapist, Talking
Therapies, NHS England
and Clinical Tutor at
University of Bedford,
England.

Dr Denise Peerbay



Accredited NHS and
private clinician referring
to cognitive behavioural,
systemic,
trauma focused, and yoga
therapeutic methods.

Mansee Gupta



Accredited Senior Mental
Health Practitioner with the
Children and Adolescent
Mental Health Service
(CAMHS) at Herefordshire
and Worcestershire Health
and Care NHS Trust.

Kam Gillar



Accredited Cognitive
Behavioural Psychotherapist,
accredited DASH Practitioner,
Clinical Hypnotherapist and
Leadership Performance
Coach based in Berkshire and
London.

TO REGISTER: Fill the attached go form by 29th January 2021.

FEES: SS. 500 (Students); BS. 750; (IACBT members);
BS. 1200 (Professionals)

PAYMENT: In favour of IACBT, State Bank of India, Ansal Nagar,
Account Number: 35617340116; IFSC CODE: SBIN001356.
For Paytm / Gpay – see number 9036341379.

LEARNING OUTCOMES:

- be sensitized to the concept and importance of clinical supervision;
- become familiar with the structure and documentation of clinical supervision.
- Obtain first hand account of experiences of BABCP accredited senior level CBT therapists and clinical supervisors.
- be able to understand opportunities and threats of clinical supervision in the Indian context.

WEBINAR CONTENT:

Introduction to clinical supervision, Importance of supervision, Structure of supervision in clinical practice, Setting up a supervision contract, Initial apprehensions, Working with client ambivalence, Missed opportunities, Understanding Group Vs Individual supervision, Sharing personal experience, Why is self-care so important for therapists?, What is self-care self-care Practices, Personal Practice

Webinar on Role of Supervision in Clinical Practice with BABCP Psychologists on 30th January, 2021



PDEU PANDIT DEENDATLAL NEHRU ENERGY UNIVERSITY
GANDHINAGAR, GUJARAT

NAAC 'A' Grade Formerly Pandit Deendatlal Nehru University (PDNU)



SLS SCHOOL OF LIBERAL STUDIES



OIR Office of International Relations



ECU AUSTRALIA EDITH COWAN UNIVERSITY

Panel Discussion: Mental health and Indian youth: PANDEMIC CRISIS IN INDIA

23rd July 2021

PANEL EXPERTS



Dr. Sujata Satapathy
Professor, All India Institute of Medical Sciences, New Delhi



Dr. Urmil Biswas
Professor, M.S. University, Baroda



Dr. Nimisha Kumar
Senior psychologist, Founder-President of IACBT



Dr. Ajay Chauhan
Medical superintendent, Hospital of mental health, Ahmedabad.

PROGRAM CHAIR(S)



Dr. Nitil Sharma
Program Chair,
Dean, School of Liberal Studies,
Pandit Deendatlal Energy University



Dr. Lynn Grogan
Program Chair,
Study Tour Leader and Coordinator of Psychology,
International Programs
Edith Cowan University, Australia





Organized By Aatman – Psychology Club Of PDEU,
A WEBINAR SERIES ON
**Cognitive Behaviour Intervention in
Depression and Low Self-Esteem**

PART - 3/3



Guest Speaker
Dr. Nimisha Kumar

Moderated By
Riviera Barretto

FOUNDER & DIRECTOR,
ASCEND PSYPCARE &
FOUNDER & PRESIDENT,
INDIAN ASSOCIATION
OF COGNITIVE BEHAVIORAL
THERAPY

DEAN SLS, PDEU AND
VICE PRESIDENT OF
INDIAN ASSOCIATION
OF COGNITIVE
BEHAVIORAL THERAPY

**12 February, 2021
5:30 to 7:00 PM**

**Dr. Nimisha Kumar and Dr. Ritu Sharma
were Guest Speakers at webinar by
Aatmann- Psychology Club of PDEU on
12th February, 2021**

Panel Discussion at Pandit Deendayal Energy University on Mental Health and Indian Youth: PANDEMIC CRISIS IN INDIA on 23rd July, 2021

ACHIEVEMENTS



Dr. Nimisha Kumar was elected at President-Elect of ACBTA (2021-24)

IACBT will be hosting the 8th Asian Cognitive Behaviour Therapy Conference, 2021 at New Delhi



Indian Association for Cognitive Behaviour Therapy (IACBT)
REGISTERED IN 2016 UNDER THE SOCIETIES REGISTRATION ACT XXI OF 1860 (REG. NO. 1951)
Member of Asian Association for CBT (ACBTA)

IACBT in collaboration with BABCP (British Association for Behavioral & Cognitive Psychotherapies) accredited practitioners announces

A PROFESSIONAL CERTIFICATE PROGRAM IN COGNITIVE BEHAVIOURAL INTERVENTION (ONLINE MODE)

April to October 2021

Highlights

- A multi-disciplinary program open to professionals having a Masters degree & working in any area of mental health.
- Highly Interactive weekend sessions by experts
- Focus on skill building along with active supervision by accredited supervisors.
- Delivery through online classes, videos, role play, case vignettes, demonstration.

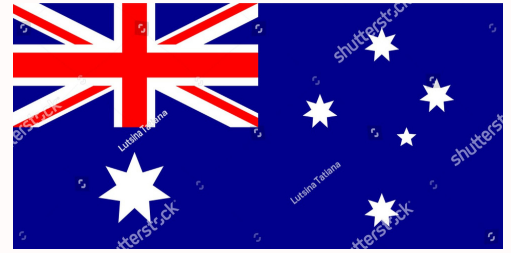
Limited Seats Available

Contact us for details - iacbtmembers@gmail.com

IACBT launched a six month multi-disciplinary professional certificate program in Cognitive Behavioural Intervention

Rapid transition to Telehealth – An Australian Perspective

Associate Professor James Courtney
Clinical Psychologist
Lead, Clinical Governance, Adult and Trauma Services
Turner Institute for Brain and Mental Health
Monash University Melbourne Australia



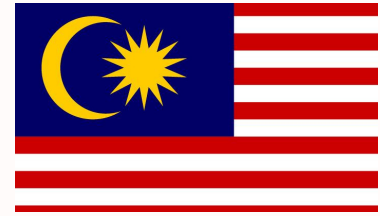
The Australian community is quite well served in the context of mental health care for those living in major cities, however the vast distances across regional and remote Australia means that many individuals are isolated from services more readily available to their city counterparts. Telehealth had not been adopted as a remedy for this situation until the 2019-2020 Australian bushfires when government and professional bodies permitted this form of engagement for affected regions. COVID-19 then emerged and approval for funded telehealth services were extended and normalised in mental health and medical settings. This recent history contrasts with the long established School of the Air approach to distance education for children in our remote regions, which we now call 'home schooling' during the COVID pandemic.

Our approach to clinical engagement rapidly changed to Telehealth as the pandemic worsened and 'lockdowns' were implemented in some of our major cities. This challenged psychologists at several levels including knowledge and access to suitable IT, working from home, managing risk, training clinicians under supervision, and administering formal assessments. And of course, confirming to our clients and ourselves that Telehealth is indeed a suitable platform through which to manage mental healthcare. We quickly learned that online engagement can bring additional complexities to managing the clinical space: partners joining a session to counterargue, the introduction of various pets, children seeking attention, clients joining a session by smartphone whilst driving, shopping, or hiding in small spaces! Through perseverance, necessity and a pragmatic approach to problem solving, we now hold significant experience in the delivery of mental health services to a broader community than pre-pandemic times. It now seems astounding that our Institute rapidly evolved to meet the challenges of COVID-19 by delivering over 2000 clinical sessions across 2020; a number that will be exceeded in 2021.

Telehealth is certainly here to stay with all the associated benefits and shortcomings, and we need to adapt as clinicians to maintain a high standard of care for our clients. The inclusion of digital mental health care technologies will further enhance our approach to clinical assessment and intervention and facilitate the inclusion of translational research efforts to underpin a true scientist- practitioner scope of practice to the benefit of our communities. There is much more to discuss in this space, so please do so...

E-Psychotherapy during COVID-19 times: A Malaysian Experience within Higher Education and the Private Practice Settings

**Professor Dr Alvin Lai Oon Ng,
Sunway University, Malaysia**



When Malaysia went into lockdown in March 2020, most businesses were caught unprepared. At the university setting, many had to move to online teaching and learning within two weeks of the lockdown announcement. The same went for counselling services within the university. Other mental health services around the university, within the township area had to close. These businesses took time to move online as e-therapy was not common. Only when the lockdown was lifted in late 2020, the campus and these services opened up again only to close in March 2021 due to a sudden resurgence of COVID-19 infections. Malaysia did very well in the first year of the pandemic, with very well controlled infection rates – among the best in the world. However, with the second wave in early 2021, compounded by an ill-timed by-election in East Malaysia, the country plummeted into a severe situation with infection counts hitting highs of 20,000 per day for a number of weeks. In a country of 32 million people, it was a very high rate. Due to this, the country went into a prolonged lockdown again, with the Klang Valley surrounding the capital Kuala Lumpur being designated as a red zone where movements were only allowed within districts. Unessential businesses were shut and education was back to being fully online. While teaching and learning fared relatively well, the private clinical settings for mental health management struggled because they were considered nonessential service. By this time, most mental health services had moved online. Nevertheless, many individuals with mental health problems could not get face-to-face help. It was reported by the police that suicide cases increased during this period. Online therapy and crisis hotlines were highly sought to the point that many mental health providers were burnt out. Local councils and some state governments sought help from national organisations for mental health professionals such as the psychiatrists, counsellors and clinical psychologists to provide government sponsored supportive therapy, or in most cases – mental health and psychosocial support training to community leaders to extend their help online. It was very challenging given the lack of resources for mental health services. Back in the higher education setting, counsellors were working around the clock to provide 24-hour online support service to distraught students and staff. While such efforts are not sustainable, they have highlighted the importance of e-psychotherapy in a pandemic. As such, further measures are now being put in place to support online mental health services. Training programmes for mental health management and policies for qualification standards are being revised to include online contact hours as legitimate clinical experience. Meanwhile, the identified gaps in coordination for better access to mental health services are important learning points for improvements as teletherapy becomes a norm for address public mental wellbeing issues.

My Telehealth Transition

Shalini Bhalla, Psy.D.

Licensed Clinical Psychologist

Coordinator, Outpatient Mental Health Clinic and Behavioral Medicine Team

MassGeneral for Children at Salem Hospital (MassGeneral Brigham)

Salem, MA



If you had asked me 19 months ago if I wanted to switch my entire clinical practice to fully telehealth services, I would have said No Way. I am a clinical psychologist working 3 days a week at a hospital outpatient clinic and 2 days at my private practice, both about 20 miles north of Boston, Massachusetts. I really valued meeting with my patients in person, sharing their emotions, energy and deepest thoughts and worries, and doing therapeutic play on the floor with my pediatric patients.

With the onset of Covid-19 and lockdowns in the city, we transitioned rapidly to working from home starting March 16, 2020. At the clinic, we started with phone sessions, and then moved to the professional Zoom version. Many colleagues were making similar transitions and sharing various services on list-serves and questions abounded about patient privacy in their homes, accessibility to technology and internet, tech literacy of patients and their therapists, parents juggling work and childcare, and dealing with higher risk patients through these virtual media.

I was pleasantly surprised and unprepared for the value of accessing my patient's homes, their sharing personal spaces, pets and siblings and their requests to view my space. For the first time ever, my patients and I were all going through the same stressor but with different reactions and resources.

Engaging in therapy and providing CBT to the kids, teens and adults took more flexibility and creativity than I had imagined, and I utilized Zoom Whiteboard to outline concepts, used the Share Screen option to review handouts, and found online games to maintain attention and interest. My younger patients struggled with attending online, needed their parents to supervise and ground them which changed our interactions and some ended services. The change in service delivery brought other changes: adolescents attending in their pajamas and beds, adults meeting in their cars or other private spaces away from home, and these required more flexibility in shaping a therapy session based on their status for the day, while jointly acknowledging how strange this all was. Overall though, telehealth has really opened up opportunities to provide services to seniors, those with disabilities and limited schedules, geographical challenges and many patients have elected to continue with telehealth despite options to attend in person.



DEVELOPED VS DEVELOPING COUNTRY PERSPECTIVES

1. What changes did you notice in the way of working with clients in an online session than when you were taking face to face sessions? What worked for you and what didn't?

INDIA

A substantial part of my practice was online much before the pandemic began. Often clients would have to leave the city or the country for work or education purpose but they would still want to continue with therapy. Therefore, personally, making the switch to a 100% virtual mode of working was not very difficult to begin with. If one is able to strike a good rapport and a positive therapeutic relationship with the client, the medium of work (delivery) becomes less important. I have had clients who I have never seen up until now. They always preferred an audio session as opposed to a video session and we still worked beautifully together. However, the clients who made a switch to online therapy from face-to-face sessions, did face adjustment issues in the beginning and sort of took to it as a situation of no-choice. Some clients had issues of space and privacy, especially with spouses also working from home and children attending online school. I also went through some odd moments with kids walking in or guests at home, issues of a professional-looking space, working at odd hours (with no semblance of work timings).

UNITED KINGDOM

There were a lot of changes. First of all just the acceptance of the thought that now sessions won't be face to face was a task and so was challenging that thought because in the whole of our mental health training and career we generally prefer face to face sessions and now this electronic mode was the only medium of working. The major difference was that the therapist and the client are in 2 different settings and you are not in charge of the environmental factors that might affect the therapy outcome. But, on the other hand it also gave a sneak peek into the client's environment and by close observations you could figure out the dynamics of the house. Moreover, being in a known environment was comfortable for some. What really worked for me is thorough knowledge of the online platforms, using screen sharing, white board and all of those features were specially helpful and I was also able to share more resources with the client. The biggest challenge was technical issues, poor connectivity and lack of observation of non-verbal behaviour, especially body movements, sometimes facial expressions, if the session is telephonic.

2. What protocol is generally followed for e-psychotherapy (If there is any in the country? Ask if the authorities give any guidelines). How are issues around consent and confidentiality managed?

INDIA

The protocol is largely kept as close to the one used in face-to-face sessions. Issues of consent and confidentiality are explained exactly in the same manner. However, the absence of hard copies of documents, everything being digitally recorded did take some time to adjust to.

UNITED KINGDOM

There were no guidelines as such but one thing that we relied on was sending a lot of reminders to the client about the session and setting boundaries around time with the client.

Often one felt like using pen and paper working with 'joint attention' in the same "real" space with the client without distractions, since we have been used to this mode for most of our practice experience. In addition, with some client populations such as elderly, those unwell, children and those not technology friendly or lacking infrastructure, it has been difficult to manage online sessions. I have had adult children of elderly and parents of children keeping a 'tab' on the session and also sometimes intruding without consent or permission. I have had to be quite alert, sensitive and disciplined yet polite to keep family members away from the therapeutic space while taking online sessions.

However, we were slightly flexible in online sessions. We would wait for 20 mins for the client to join in before calling off the session. As far as consent and confidentiality is concerned, we would inform them that all the information they share here would be between the client and the therapist. However, in certain cases it could be breached, so we kept them informed and they were also asked for consent for video recording and sharing of resources (if we could, where to share, on whose email id, etc.) Special care was taken that no identifying information was there in the emails.

3. Mental health is generally a less discussed topic (especially in India), how do you think stigma impacts the efficacy of e-psychotherapy?

INDIA

The scenario has definitely changed from what it was a decade ago. Today, in comparison, people are far more aware of mental health. They understand the need for emotional health and mental wellness and are willing to seek help. We need to continue with our endeavor to spread awareness and encourage people to come forward and prioritize their psychological well-being just like their physical health. Once this is done, it would make little difference whether the form of help is through F2F or e-psychotherapy mode. The primary goal is client welfare that can be achieved using any available medium.

UNITED KINGDOM

There is some stigma in the sense that people do not know what to expect out of therapy otherwise mostly there is a lot of awareness in people regarding mental health and related issues and most importantly they are able to identify when and what sort of help do they or people around them need. Eg: Fear of school in children has not been negated but is actually looked into and there is not that much shame in people while dealing with such issues.

4. What would be the points to keep in mind while trying to find and decide on the safest and most reliable options for e-psychotherapy?

INDIA

- Background check of your therapist – the therapist is qualified, trained and experienced to handle your area of problem.
- It would help if you can do a brief video or an audio call with the therapist to understand their nature of work, medium of delivery, payment structure, policies related to appointments, missed sessions etc in order to ensure smooth working in the future.
- Discuss the terms and conditions of confidentiality, consent, therapy contract.

UNITED KINGDOM

- Understanding the security and privacy of platforms.
- Make sure who has the host and recording powers.
- Emails should be without confidential or identification information of the patient. Also, its better to work through email. The professionalism and boundaries are well maintained this way.

5. How do you think the experience of e-psychotherapy can be improved?

INDIA

Better, seamless technology can be a huge game changer. Using e-psychotherapy as one of the options instead of the only options will itself improve the experience. In addition, increased mental health literacy, awareness and family support for those taking online therapy as well as availability of better infrastructure would also facilitate the usage of online therapy services.

UNITED KINGDOM

The most important thing is to put facilities into place, especially wifi facilities in private corners like some small space in school for the purpose and the second thing to be worked upon is awareness of e-psychotherapy and the expectations of the client are something that really need to be clarified and they need to be educated about limitations also so that they are more proactive. Also, people need to know that such services exist, especially old people.

We would like to thank Ms. Mansee Gupte and Ms. Namita Kaith for taking out time to answer our questions about E-Psychotherapy in UK and India respectively.

CBT CONFERENCES 2021

- **7th Asian Cognitive Behavioural Therapy Conference, 5th-7th July, 2021**
- **ICBCT003 2021: 15. International Conference on Behavioral and Cognitive Therapies July 22-23, 2021 in Tokyo, Japan**
- **ICCBT012 2021: 15. International Conference on Cognitive Behavioral Therapy July 29-30, 2021 in Vienna, Austria**
- **8-11 September 2021 / Belfast, Northern Ireland. Theme “CBT: Back to the Future”**
- **8th International Conference on Stress, Mindfulness, Meditation and Resilience. September 13-14, 2021 Barcelona, Spain.**
- **12th World Conference on Psychology, Counseling and Guidance (WCPCG-2021). ONLINE and FACE-TO-FACE, AAB University, Pristina, Kosovo, 24 – 26 September 2021.**
- **2021 ABCT Annual Convention. November 18 – 21, 2021. Promoting Cognitive and Behavioral Practice and Science in the Context of Public Health, Social Justice, Policy, Research, Practice, and Training.**
- **31st International Conference on Psychology, Psychotherapy and Mental Wellness. November 24-25, 2021 London, UK**
- **International Conference on Stress and Mental Health, December 02-03, Perth, Australia**
- **30th International Conference on Psychology Health, Human Resilience and Wellbeing. December 8-9, 2021, Budapest, Hungary. Theme: Protecting the Beloved Ones with Psychological Disorders.**



STUDENTS SPEAK

My experience of learning CBT online

Dr. Farhana Mohammed Irfan
BHMS PGDM HCM

We all are witness to the unprecedented times of the Covid 19 pandemic and the paramount anxiety that affected us all in some way or the other. The new normal became a way of life. The need for online learning platforms grew exponentially as one could learn from the comfort of one's home and abide with the Covid protocols as well. My interest in the mental health domain as a doctor led me to research the best courses online for learning CBT in India. Its then when I came across the Professional Certificate Program in Cognitive Behavioural Interventions by IACBT. The USP of this course for me apart from it being under the guidance of IACBT was that the course offered supervision sessions and its structure was based on the BABCP guidelines. It was an instant decision for me as if it was my calling and I am extremely happy I made that decision.

When I was starting of my pre requisites were putting my learning into practise and to be able to do so in a structured way. This online course is the perfect amalgamation of that. The theoretical modules that covered the essentials of depression, anxiety and other common psychological areas where CBT is helpful went hand in hand with my practise, the clinical hours that are vital to the course. The things I was learning in sessions I could actually implement in practise and that increased my conviction. The theory sessions were never like a lecture, we had case examples, role plays and a lot of interaction that made learning easy and fulfilling. Another important element are the case studies that are an essential part of the course, this aided immense introspection on my own work. I was able to explore the areas I could work upon to be a better therapist. The entire team at IACBT, all the teachers, supervisors and colleagues have made this course so enriching. They are all extremely approachable, friendly and would clarify all the doubts and give valuable feedback.

I feel if one is passionate and dedicated to learning then this course has everything to offer. It gets out the best in you and its equivalent to a full time 6 months training as it keeps you busy and on the check on your performance. I would like to end with a reminder of the famous lines of Atkinson J. that I came across and it drives me to reach out and make a difference“.....the creation of safe places for sharing where the unspeakable can be given a voice, where feelings can be felt, and where sense can be made out of what seemed previously senseless”.



STUDENTS SPEAK

Sunny Side Up With Sonali Barthwal Sihag

**-Sonali Barthwal Sihag
Counselling Psychologist**

I am trainee for a certificate course in Cognitive Behaviour Therapy(CBT), keeping in view the vast potential and critical role it plays for society, I am excited and thrilled. Conducting therapeutical sessions is an integral and important part of the course. In IACBT, my journey started in April 2021. Conducting therapy sessions online is a unique opportunity and different experience. I had my fair share of goose bumps and apprehensions as i was going to conduct virtual sessions independently. Cognitive behaviour therapy is a evidence based talking therapy, an effective tool for speeding up the therapeutic process and encouraging the client to find their own solutions for organic and durable positive results.

Like anyone in throes of anxiety, i embarked on a quest to have insights and attain certainty. I consider it to be my utmost good luck and good fortune to have excellent mentors having great qualities of head and heart. I would highly recommend and vouch for such great mentors to anyone who has slightest interest in learning CBT.

Conducting therapy online has its own pros and cons. As for pros, there are various advantages of virtual therapy sessions. First and foremost online therapy sessions are not tattered by any physical and geographical boundaries for both client as well as Therapist. Further the scheduling and timing are totally flexible at the convenience of both. This is important and critical for the comfort of Client and Therapist. Virtual therapy also ensures proper and secure boundaries in Client-Therapist relationship. In counselling 'dual' relationship refers to having any other relationship (Personal, Business etc) with therapist outside therapeutic relationship or therapist having close relationship with client's immediate family members. Virtual therapy ensures maintaining healthy boundaries.

Of course there are flip sides also in conducting online sessions. The notable disadvantages are technological glitches, inconsistent internet connectivity, frozen screens. Added to these are likely misunderstanding or missing the proper communication. A large part of communication involves observing, assessing, understanding the gestures, facial expressions, body language, tone and pitch of voice and so on. In online therapy sessions some of these may be missing which may lead to misinterpretation and misunderstanding as to what is being said or conveyed on the part of Therapist as well as Client. The therapist has to be conscious of these pitfalls and take adequate measures to ensure proper and correct communications for diagnosis and solutions.

Overall the pros of virtual therapy outweigh the cons. These expand the horizon of CBT and provide unique outreach beyond geographical boundaries. To me the online sessions have been life enriching in reaching out to vast majority of clients.

STUDENTS SPEAK

A Brief Case Study Report on e-Psychotherapy

Ritaja

Student (IACBT Certification Course)

Coounselling Psychologist

Although the practice of administering psychotherapy via the online method is not entirely unorthodox, the offline / in-person method is always preferred by both clients and therapists. However, the pandemic has left little choice in the matter. Therapists now use various chat, audio and video call platforms for their sessions as more and more clients are choosing the online mode of psychotherapy. I have described such a case of CBT conducted solely using WhatsApp chat.

S.R, a 21year old female, presented with anxiety, low mood and fatigue which we later ascertained to be due to low self-esteem (Rosenberg's self-esteem scale score 7/30). Upon asking what was her preferred online platform for our sessions (audio or video calls), she stated that due to complete lack of privacy at her home, WhatsApp chat was the only option. Since it was an unconventional method of CBT intervention, I presumed it would be difficult for me to communicate active listening and empathy to her, nonverbal cues would be missing and our rapport would be poor. However, once our sessions began, with repeated summarising and feedback, and S. R's cooperation and psychological mindedness, the treatment was quite successful. We had six sessions which included formulation, psychoeducation, identifying and challenging cognitive distortions and behavioural experimentation. The client's RSES score at the end of 6 sessions was 16/30.

Since CBT is a structured, pen and paper-based psychotherapy, adapting it to the chat method was not very challenging. The process of sharing formulations, diagrams and homework assignments was straightforward and efficient. Another interesting finding was that due to lack of background noises and technical difficulties that are usually present during the audio-video meetings, our sessions were uninterrupted and smooth. I also had the option of scrolling up and checking our agenda, and rereading my questions before asking them. The client also communicated that, during the week, she would go through the chat conversation to recap on her learnings which reportedly helped her solidify and sustain the effects of the treatment. Therefore, not only was the chat-based method successful, it also might have certain advantages over in-person therapy sessions.

CLIENTS SPEAK

Online therapy has saved a lot of time and it's easier for me to find time in busiest of schedule . I have not faced any difficulties in communication and understanding. So far it has been a great experience.

-Client dealing with eating disorder

Online therapy was something I had never tried before the arrival of Corona. I could do CBT online during this hard time and which helped me immensely. I could bring into control my OCD which I had thought I would never be able to manage. Thanks to the sympathetic and open approach so that I am able to be in control of my OCD symptoms. Online therapy is something anyone can choose according to their comfort and convenience and, in my experience, it is highly effective and affordable.

-Client dealing with OCD

Connection and understanding between the therapist and patient is what matters. As much as we love the idea of lying down on a sofa and talking about our innermost feelings, that is not what matters. The sofa or the trinkets in the room like we see in movies and tv shows are not what make a difference, it's understanding, and a safe place; and that can be done on video or even on a normal call.

So, even though the scene of sitting in front of the therapist on a sofa interests my dramatic side, an online session is just as effective.

-18 year old client dealing with depression



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UPCOMING CONFERENCE ICCBI 2021



INTERNATIONAL CONFERENCE ON COGNITIVE BEHAVIOURAL INTERVENTIONS - ICCBI 2021
13th & 14th November, 2021
(Virtual)

THEME
Youth Mental Health - Pre & Post Covid Challenges & Solutions

SUPPORTED BY:   

ASIAN COGNITIVE BEHAVIOUR THERAPY ASSOCIATION (ACBTA) PANDIT DEENDAYAL ENERGY UNIVERSITY, GANDHINAGAR, GUJARAT

ABOUT THE CONFERENCE

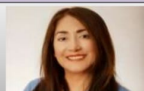
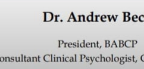


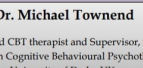
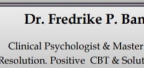

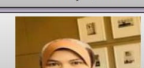
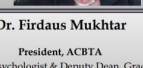
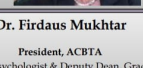
After organizing three successful international CBT Conferences, IACBT is pleased to announce its 4th Conference (in virtual mode). And everyone is invited! The Pandemic and post-pandemic situation has changed life as we knew it and created unimaginable and unprecedented challenges in our paths. Young people's trajectories are impacted the most, leading to immense stress in young people's personal, professional, academic and social spheres. The Conference attempts to take stock of these challenges and stresses with the aim of deliberating and brainstorming on the solutions - those that may already be in motion and those now needed to meet the demands of the situation - recreating safe, nurturing and stimulating spaces for the young and vulnerable. All this with a renewed emphasis on Cognitive Behaviour Therapy practice, training and research.



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Permanent Member of Asian Cognitive Behaviour Therapy Association (ACBTA)

www.iacbt.org iacbtmembers@gmail.com

INTERNATIONAL SPEAKERS

| | |
|---|--|
|  | Dr. Lata K. McGinn Honorary Secretary, WCCBT A Tenured Professor of Psychology, Director of the Clinical Program and of the CBT Training Program at Yeshiva University, New York, USA |
|  | Dr. Andrew Beck President, BABCP Consultant Clinical Psychologist, CAMHS, UK. |
|  | Dr. Michael Townend Accredited CBT therapist and Supervisor, Senior Lecturer in Cognitive Behavioural Psychotherapy, University of Derby UK. |
|  | Dr. Fredrike P. Bannink Clinical Psychologist & Master of Dispute Resolution, Positive CBT & Solution Focused Therapist, Amsterdam |
|  | Dr. Firdaus Mukhtar President, ACBTA Clinical Psychologist & Deputy Dean, Graduate School of studies, University Putra, Malaysia |
|  | Dr. Shin-ichi Ishikawa Board Member, ACBTA Professor, Dept. Of Psychology, Doshisha University, Japan |
|  | Dr. Alvin Ng Lai Oon Secretary, ACBTA Associate Dean (Engagement & Internationalization), School of Medical & Life Sciences, Sunway Univ, Malaysia |
|  | Dr. YoungHee Choi Treasurer, ACBTA Director, Metta Institute & Clinical Professor of Dept of Psychiatry, Paik Hospital of Inje University, South Korea |
|  |  |

NATIONAL SPEAKERS

| | |
|---|---|
|  | Dr. Paulomi Sudhir Professor, Dept. of Clinical Psychology, NIMHANS, Bangalore |
|  | Dr. M. Manjula Professor, Dept. of Clinical Psychology, NIMHANS, Bangalore |
|  | Dr. Pratap Sharan Professor, Dept. of Psychiatry, AIIMS, New Delhi |
|  | Dr. Naveen Grover Assistant Professor, Dept. of Clinical Psychology, IHBAS, Delhi |
|  | Dr. Akash Mahato Associate Prof. & HOD, Dept. of Clinical Psychology, Amity Univ, Kolkata |
|  | Salony Priya Founder Director, Ummeed Counselling Services, Kolkata |

And many more experts...



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WhatsApp: 9953681570
Website: www.iacbt.org
e-mail: 4thICCBT@gmail.com

REGISTRATION INFORMATION

| CATEGORY | EARLY BIRD (upto 31/10/2021) | ADVANCED (01/11/21 to 11/11/21) | ON SPOT |
|-------------------|---------------------------------|------------------------------------|------------|
| IACBT members | Rs. 800/- | Rs. 900/- | Rs. 1000/- |
| Non-members | Rs. 1000/- | Rs. 1100/- | Rs. 1200/- |
| UG & PG students | Rs. 300/- | Rs. 400/- | Rs. 500/- |
| Foreign delegates | \$ 50/- | \$ 60/- | \$ 70/- |

For Registration please visit our website www.iacbt.org and use the payment gateway and registration form there to complete the formalities.

For any queries please whatsapp on 00-91-9953681570 or email on 4thICCBT@gmail.com

There is no group registration available.

All Registered delegates will receive their e-mail id the Conference e-kit as well as the relevant workshop kits registered for.



IACBT RESEARCH INTERNSHIP

October to December 2021

(For Psychology Students Only)

Eligibility: Final year UG and PG Students
Research skills classes
Exposure to ongoing research projects.
Training in research design, data collection and analysis
Training & mentorship for research Writing
Support in paper publication.

To apply send your cv to **iacbtinternship@gmail.com**
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Indian Association for Cognitive Behaviour Therapy (IACBT)
REGISTERED IN 2016 UNDER THE SOCIETIES REGISTRATION
ACT XXI OF 1860 (REG. NO. 1951)

**IACBT announces 3 month Research Internship
October-January, 2021**

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

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Ms. Rhea Mathew for content related support

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interviews

Thanks to all the potential readers

-THE END-