



Advances in  
**Cognitive  
Behavioral  
Therapy**  
*Newsletter*

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*The International Association of Cognitive Behavioral Therapy is a proud member of  
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Dear colleagues,

I am honored to introduce myself as your new president. Our non-profit multidisciplinary and certifying organization was founded in 1998 with the mission to support continuing education and research in CBT, to provide a resource for professionals and the public at large, and to actively work towards the identification and certification of clinicians skilled in CBT.

The exacting standards of the Academy are designed to identify clinicians with the necessary training, experience, and knowledge to be effective cognitive therapists. Certification by the Academy indicates to the public, potential employers, and other clinicians that the individual is a skilled cognitive therapist. Our Board, Officers and Founding Fellows are highly experienced CBT therapists who have made major contributions to the development of CBT.

As your new president, I will try my best to continue these efforts. The academy is financially very healthy and our membership number is stable. However, we could – and should – do a lot better at growing our membership and improving our membership retention. Every member, including you, can help us with this. Please talk to your colleagues and convince them to join. CBT has become the dominant orientation in mental health care delivery across the globe. Virtually every evidence-based practitioner is a self-identified CBT therapist, but few practice good CBT. Please spread the news and encourage your colleagues to join.

Related to the membership issue is our more general goal to enhance the visibility of CBT in general. Again, we heavily rely on you to spread the word through the media and other means

CBT really does work and investing into the research and practice of CBT pays off enormously! We need to advocate for ourselves and especially to funding agencies, insurance companies, and policy makers. They need to know that we are here, what we have been doing, what we are planning on doing, and what we could do if we only had more support and resources. Thank you for being part of it and thank you for your help.



# IACBT'S PRESIDENT'S COLUMN

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Lynn M McFarr, Ph.D.



Greetings International CBT Community. We hope you have settled into the new year. We would first like to extend our thoughts and care to the people of Turkey and Syria who have suffered a devastating earthquake which has resulted in over 20,000 deaths and taken a significant toll on their economy. Two of board members, Mehmet Sungar, MD (Past President) and Çağdaş Öykü Memis, MD (Social Media Committee Chair) are both working diligently to serve the people of their country at this time, Dr. Sungar is working closely with the Tocev Foundation for Educating Children and has shared the information below should you wish to donate.

<https://donate.tpfund.org/campaign/tocev/c164321>

In solidarity, I wanted to dedicate my column to their efforts. Please take a close look and see how you might be about to help out.

## TOÇEV - Foundation for Educating Children

We provide children who want to get educated but cannot due to their parents' financial inadequacy or who have to start working at a young age financial and moral support through their education. There are 450 children registered to our foundation. We are trying to improve the lives of these children and their families with a 17-year partnership.

## Earthquake Natural Disaster Support;

Our 123 families and 243 children were affected by this great disaster which occurred on February 6th.

Adana: 127 children / 75 families  
Mersin: 54 children / 22 families  
Adıyaman: 52 children / 21 families  
Gaziantep: 10 children / 5 families

What we did swiftly: First of all, our team contacted each one of the families to get informed about their health condition. Unfortunately, the homes of the families who live in Adana and Adıyaman collapsed and we still cannot reach 3 families. We are hopefully waiting to hear from them. There are also cracks in homes of the families in other provinces.

We have temporarily guided them to mosques and schools which are safe areas and thus clarified where they can shelter. Some of them still stay in vehicles.

They were all provided with blankets and water.



Food areas were set up by our supporters in the provincial centers mentioned above. Our families had the opportunity to have full meals.

These are quick and temporary solutions, and what we will do in the process is as follows: With the package we have created for these families, it will be ensured that essential needs of these children and families are met until their living standards improve.

- After finding solutions for shelter, food and clothing support, we will determine their mental and moral needs and ensure that they meet with experts in the period when life starts to normalize.
- After they get back to schools, we will start material and education activities.
- When necessary, we will provide support for medical problems and transportation to and from hospital.

Informing and guiding families about the emotional, cognitive, physical and behavioral reactions that can be seen in both our children and their families especially after a disaster, and working on issues such as post-traumatic stress reactions and coping with anxiety are important in terms of maintaining psychological resilience and well-being. Accordingly, our psychological first aid process, which we will create with the mental health experts we work in both our team and the provinces where our children reside, is among the priorities of our emergency support package.

*Continued on next page*



Lynn M McFarr, Ph.D.



We can describe the starting point of our association as "the power arising from love."

May our love be a source of strength for our children and continue to grow from generation to generation...

THANK YOU

Tuvana Okuma İstekli Çocuk Egitim Vakfı

Garanti Bank

USD Account Number

TR 41 0006 2000 1350 0008 9984 83

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*We also need CBT experts who can donate some time to offer webinars focused on themes related to mental health first aid, trauma, and recovery for both professionals and paraprofessionals. Please reach out to IACBT board member Scott Waltman ([walt2155@pacificu.edu](mailto:walt2155@pacificu.edu)) if you are willing to help out.*

In other news, the IACBT is delighted to announce that we will be partnering with the World Congress of CBT in Seoul Korea 2023 <https://wccbt2023.org/> to publish the proceedings in the International Journal of Cognitive Therapy. This has been a long planned cooperation that has been a joint effort with the World Confederation of CBT <https://wccbt.org/> and the World Congress. We hope you plan to attend the World Congress on South Korea as well. I am sure you have all seen how enjoyable it is to see your conference family in person again. Seoul is a vibrant city and the conference and social events as sure to be memorable. We look forward to seeing you there.

Finally, new year, new name. as both the Academy and the IACBT have included *behavior* in their name, so shall the newsletter. Behold, *Advances in Cognitive Behavioral Therapy*! And thanks again to Scott Waltman for his never ending pursuit of a better newsletter. We are grateful.

See you in Seoul!





# CHILDREN'S IMAGES AND COGNITIVE THERAPY

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Gillian Solomon, MA

The social isolation of covid has provoked widespread anxiety. Revealed by the 32,000 submissions to The RA Young Artists Summer Show in 2022 submitted by young people aged 5 to 19. This upsurge of art making which mirrors both hope and anxiety supports clinical findings regarding mental imagery and reveals to us the central role that art (as mental imagery) plays in everyday-life. It provides a links between art and science by showing the vital link between art making behavior and what our images reveal to us about our multidimensional selves as human beings.

Dr. Luisa Stopa's recent comprehensive publication on Imagery in CBT suggests that The Self Memory System Model ( SMS model) ( Cilli and Stopa 2001) shows the way our representations of self are represented visually , and how these selves, however we refer to them—as self-concept (e.g., Markus & Wurf, 1987), self-representations (Brewin, 2006), or the working self (Conway & Pleydell-Pearce, 2000) might be represented by images that function in various ways as an overlap between visual imagery and visual working memory. This provides clinicians with an opportunity to utilise imagery in the planning and execution of treatment. It highlights the way imagery can play a pivotal role in the diagnosis and treatment of many mental disorders.

Children's crayoned drawings with wobbly hearts, and blocky pictures of speeding ambulances, accompanied by positive messages reading "Thank you NHS" and "We will be OK" are representations that play an important role in reminding us of our own experience of Covid. These images help us understand the way we see ourselves, the world or others in the " minds eye" and focuses us on our subjectively lived situations, as a picture story, through images. This provides a direction in the way we might conceptualise imagery in therapy" as a sensory trigger that acts to energise our hopes, across all senses, smelling, 'tasting,' or 'feeling' bodily sensations, alongside imaginary scenarios. These pictures in our "mind's eye", may be a dream, a single sense (sight, sound, taste, smell, or sensation) or occur in more than one sense at a time and experienced as a multifaceted autobiographical story. It can be seen from many sides, like a cubist image, it might be sharp, unclear, brief or lasting.

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New research into psychological therapy methods have permitted more direct investigations, that have resulted in a new understanding of the role of art and mental imagery in perception, cognition, and mental health. This in turn has affected the way we understand images, those we make as art, in therapy and these images children made during Covid. Imagery does not need to be logical or linear, but can give access to the self and to subjective meaning. As seeing is believing, the image in our mind solidifies from dream, or nightmare, it renders experience tangible and puts it "out there" allowing it to separate from the imagination that produced it, when it can become shaped through the therapeutic process of "imagery re scripting" , or " re living" .

*Gillian Solomon MA , is a British art and Cognitive psychologist, who worked as a psychotherapist for more than 30 years treating primarily traumatised children and adults in South Africa. She currently works using Art imagery and CBT in the United Kingdom, where she specialises in treating anxiety.*

## References

Stopa, L. (2021). *Imagery in Cognitive-behavioral Therapy*. Guilford Publications.  
Grant PM, Beck AT, Inverso E, Brinen AP, Perivoliotis D. (2020). *Recovery-Oriented Cognitive Therapy for Serious Mental Health Conditions*. Guilford Press.



# CHILDREN'S IMAGES AND COGNITIVE THERAPY

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Gillian Solomon, MA

Stopa (2021) proposes that this use of imagery is hopeful, as it shows a nuanced positive multidimensional self with benefits that the negative one dimensional self lacks, and is an aspect of imagery that can be utilised in therapy to bring about change. The speeding ambulances depicted in the children's drawings when re-scripted from a potential symbol of alarm and catastrophe, to one of hope in the aspiration that we will be cared for by "Our NHS". This utilises the individual aspirations and hopes that energise individuals with mental health disorders when used in art groups and clubs in Recovery Orientated Cognitive Therapy (CT-R) (Beck, Grant, & Inverso 2021). These are pivotal in understanding the manner in which we process our thoughts and as a problem solving tool have better cemented our understanding of the role visual mental imagery plays, and have unexpected ties to memory and visual perception, suggesting a more nuanced understanding about mental images.

We value our children's art because it reveals the multidimensional aspect of lived experience before children have developed words, as subjective self-expression, and as a direct communication. Our impulse to communicate through images is an expression of our feelings and thoughts, that communicates needs that can't yet be put into words, an ability we use naturally in order to develop. To visualise is to rehearse our aspirations and hopes for the future.

Children's art is an important place of psychological "becoming" nurturing subjective images, defining who we are in culture. It is the place where process matters more than outcome. This Art is "of value" because is an expression of internal processes. Imagery allows us to retain the ability to use creative problem-solving skills, in science, maths, and in all aspects of development. Our images need to mature, or we get stuck, and anxious, in the fear of getting it wrong, as children we are free of the constraints of convention.

## **The value of imagery in therapy**

Examination of mental imagery offers us insights into the development of new treatments for many troubling disorders, particularly anxiety. Verbal methodologies alone have severe shortcomings, whereas exposure to "art", colour form and size, and the way we visualise and map the "self" in therapy has provided a yet unexplored powerful toolbox of therapeutic techniques that include imagery-focused components.

Mental imagery techniques currently in use in evidence-based treatments. (Stopa, 2019) shows how cognitive behavioral therapy (CBT) often includes 'imaginal exposure', as a key technique, used in social anxiety (Stopa 2019/ 21). Similarly 'imagery rescripting' aims to transform imagery content, to show how treatment of social anxiety can include a therapeutic alteration of an imagined negative outcome to a new, more adaptive image. This therapeutic inclusive gradual and sensitive exposure to images, as well as words, of feared objects or situations, when paired with a opposite response, such as physical relaxation – allows change until the image no longer has the effect of triggering negative emotions

The "value" of these imagery-focused therapeutic techniques is to reduce the powerful impact of negative (dysfunctional) imagery on emotion and to help reduce the frequency of associated intrusive negative imagery. It is noteworthy that imagery-focused CBT, as reviewed in clinical guidelines has the strongest documented impact on treating PTSD and social phobia, with some trials showing success rates of up to 75%.

When viewed from this perspective, children's art has particular value and promise. Our children are a source of great positivity and redemptive power: they are another chance to become whole. Treatments for anxiety might be enhanced by better understanding our childlike use of imagery. New treatments can be devised by importing imagery techniques from those informed by art, to treating anxiety disorders, so that we might address pessimistic future orientation by training patients with anxiety & depression to generate more adaptive mental imagery. The wobbly hearts and blocky ambulances and slogans saying "Thank you NHS" and "We will be OK" simulate future positive events.

# ASK THE EXPERTS: CBT AND JUNGIAN-ORIENTED DEPTH THERAPY

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A question answered by  
Joanna Walling, MA, LMFT

## Letter from the Editor to Joanna:

Joanna, a common criticism of people who are naive about CBT is that it is shallow and lacking depth. What is your take on this and how does your training as a Jungian-oriented depth therapist influence how you practice of CBT?

## Answer:

Yes, I agree. I see this criticism all the time with students and professional groups, as the two models are typically seen as opposite and combatively push against each other. As with any theoretical model, if one doesn't stay curious and get to know the origins of the model, it can seem trivial or rudimentary. Even Freudian psychoanalysis can present that way if one doesn't take the time to understand it. Now, is this criticism due to the lack of creative inquiry of the practitioner, or perhaps the heavily regulated managed care model that has so widely adopted CBT, forcing it into a prescriptive package and ultimately doing a disservice to CBT? Perhaps we can save that conversation for another time.

Given that a fundamental tenet of CBT is to challenge cognitive distortions and negative core beliefs in support of more adaptive thinking, one could say that certain biases against CBT may in fact present cognitive distortion such as negative filter, black and white othering, or overgeneralizing when it comes to one's chosen theoretical orientation; a paradox that further emphasizes the valuable role of CBT. We teach our clients to mindfully detangle their cognitive distortions, perhaps this is a reminder for our fellow clinicians to examine their biases in their practices.

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Joanna Walling, MA, LMFT, is a Licensed Marriage and Family Therapist in private practice in California and serves as Research Associate and Adjunct Faculty in Pacifica Graduate Institute's Counseling Psychology department. Her research and clinical work focuses on the intersection of depth psychology and cognitive behavioral therapy. Joanna can be reached through her website, [www.joannawalling.com](http://www.joannawalling.com).





# ASK THE EXPERTS: CBT AND JUNGIAN-ORIENTED DEPTH THERAPY

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A question answered by  
Joanna Walling, MA, LMFT

I was trained in a psychodynamic Master of Counseling Psychology program at Pacifica Graduate Institute in Santa Barbara, that specializes in depth psychology. I am currently adjunct faculty and research associate in this program. Years ago, when I worked in community mental health in Los Angeles County, I was given the opportunity to become trained in the CBT model and obtain my membership to the Academy of Cognitive Therapy. I freely admit that I initially was quite biased against CBT. Come to think of it, I was even biased against the Jungian-oriented systems for the same reasons. They both seemed to be members of a parallel and oppositional orientation, CBT on one side as hyper-rational, and manualized, and depth work on the other as too symbolic, too focused on the unconscious and not grounded enough. Jung himself recognized how biases show up in the clinician's own practice and deeply advocated for each clinician to do their own therapy to uncover these biases and make them more conscious. It has taken a lot of years to find the balance in these left-brain and right-brain or top-down, bottom-up approaches, so to speak, but I am tremendously grateful for the two perspectives. They don't have to be at odds with one another. Like with any function of opposites, if effective, they can work together to find balance, rather than being split against one another.

In my research on this topic for an unpublished manuscript I just completed I came across the work of independent researcher Rachel Rosner (2002) and her research on Beck's early days in the field of psychoanalysis. Turns out, Beck studied not just psychoanalysis in his early training years, but also researched dreams alongside the great forefathers of other dynamics modes such as Freud and Jung. In fact, Beck's early work on developing the CBT model comes from dream analysis.

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I see CBT has having many underlying unconscious dynamics present in the use of the model. From a cognitive perspective, schema therapy and the discovery of one's negative core beliefs lay at the heart of change (or resistance to change) in mood, anxiety, and psychological integration. An integrative approach to dynamic and CBT models approaches schemas and core beliefs are residing within unconscious phenomena - out of conscious grasp, operating outside of awareness and ego - within one's life process, inner world, thoughts, fantasies, feelings even. There is only so much that we human beings can truly grasp and integrate at a time, and more and more research shows that trauma changes one's capacity for learning, integration, and flexibility in the brain and body. Depth psychology and specifically Jungian and post-Jungian traditions have taught me to think more symbolically about a client's inner world, histories, effect of those histories, and the meaning behind thoughts, feelings, and behaviors. This adds a whole new relational component to exploring CBT and unconscious dynamics. For example, CBT clinicians can benefit from not just challenging clients to change distortions and core beliefs but understanding the symbolic function they play within a client's life.

*"CBT clinicians can benefit from not just challenging clients to change distortions and core beliefs but understanding the symbolic function they play within a client's life."*

# ASK THE EXPERTS: CBT AND JUNGIAN-ORIENTED DEPTH THERAPY

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Advances in CBT  
Spring 2023 Issue, Page 9

A question answered by  
Joanna Walling, MA, LMFT

**Question:** *If there was a piece of Jungian practice that you could integrate into modern CBT, what would it be and why?*

Answer:

Jung completed an enormous body of work exploring his patient's unconscious complexes. Freud too used this term to describe a particular pattern of thoughts, feelings, and behaviors that emerge when discussing a particular emotional or psychological trigger. Familiar examples are the inferiority complex, mother complex, or Oedipal complex. Jung (1937/1969) wrote:

*Complexes are psychic fragments which have split off owing to traumatic influences or certain incompatible tendencies. . . . Complexes interfere with the intentions of the will and disturb the conscious performance; they produce disturbances of memory and blockages in the flow of associations; . . . they can temporarily obsess consciousness, or influence speech and action in an unconscious way. (p. 21)*

Complexes can be seen akin to schemas and the cognitive triad in CBT. One might describe them as a sort of emotionally-toned experience, like a weather pattern of a tornado or hurricane that shows up in one's life and pulls one into compulsory thoughts, feelings, or behaviors. Even Beck (1979) has said, "the emotionally disturbed person is victimized by concealed forces over which he has no control." The difference between a schema and a complex would be the acknowledgement of the unconscious as factor in how complexes emerge.

Traditionally, CBT doesn't acknowledge unconscious phenomena because such phenomena are considered not measurable in standard scientific terms. However, this is changing as researchers study such phenomena as implicit memory, implicit bias, and implicit learning. In my research I uncovered how in the 1970's, even the behaviorist B.F. Skinner, in a discussion with Jungian analyst Ann Casement, was said to believe that the unconscious does exist but struggled with how to measure it, scientifically, so therefore left it aside as his work was to study phenomena that were specifically observable.

The analogy I make in my paper, which of course many other psychotherapists, physicists and scholars have said before me and will say after me, is that it can be helpful to approach unconscious phenomena as akin to the quantum particle. Physicists going all the way back to Niels Bohr and Albert Einstein have argued and disagreed as to how to study and measure the quantum electron for it has both wave-like properties and particle-like properties. Because of the inability to perfectly measure such a phenomenon, they recognize that the study of quantum mechanics is ultimately, incomplete. The quantum particles and the unconscious have been compared numerous times as both paradoxically exhibit a truth that: an observer can never know what the phenomena truly is but can only know the effects of it.

And yet, entire systems and worlds are based off the quantum particle being known; a fixed, complete, measurable phenomena to enable the engineering of various instruments of great awe and capacity. However, as dependable as such measurements are in the end, they are, none the less, incomplete. The unconscious does not have to be perfectly measurable to exist or be an actual phenomenon within one's psychological state. One does not need to see the unconscious, rather explore its affects. The unconscious, psychologically, simply acknowledges, symbolically, that other motivating factors, experiences, traumas, hidden memories, desires, or feelings, for example, exist within one's psychological life.

Many contemporary Jungians are now taking this a step further by examining how these complexes show up within our culture, within the collective, providing a more diversity to psychological perspectives.

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# ASK THE EXPERTS: CBT AND JUNGIAN-ORIENTED DEPTH THERAPY

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A question answered by  
Joanna Walling, MA, LMFT

## Selected References

- Baggott, J. (2021). Calculate but don't shut up. Aeon.  
<https://aeon.co/essays/shut-up-and-calculate-does-a-disservice-to-quantum-mechanics>
- Beck, A. T. (1979). *Cognitive therapy and the emotional disorders*. Penguin.
- Casement, A. (2010). A dialogue between analytical psychology and CBT. In D. Loewenthal & R. House (Eds.), *Critically engaging CBT* (pp. 98-112). Open University Press.
- Jung, C. G., (1969a). Psychological factors determining human behavior (R. F. C. Hull, Trans.). In H. Read, et al. (Eds.), *The collected works of C. G. Jung: Vol. 8. Structure and dynamics of the psyche* (2nd ed., pp. 114-125). Princeton University Press. (Original work published 1937)
- Lindorff, D. (2004). *Pauli and Jung: The meeting of two great minds*. Quest Books.
- Mares, L. (2021). Unconscious processes in psychoanalysis, CBT, and schema therapy. *Journal of Psychotherapy Integration*. Advance online publication. <http://dx.doi.org/10.1037/int0000276>
- Rosner, R. (2002). Aaron T. Beck's dream theory in context: An introduction to his 1971 article on cognitive patterns in dreams and daydreams. *Journal of Cognitive Psychotherapy: An International Quarterly*, 16(1).
- Stoycheva, V., & Weinberger, J. (2020). *The unconscious: Theory, research, and clinical implications*. Guilford.
- Wachtel, P. L. (1973). *Psychoanalysis and behavior therapy: Toward an integration*. Basic Books.
- Wills, F. (2022). *Beck's cognitive therapy* (2nd ed.). Taylor & Francis.

Joanna Walling, MA, LMFT, is a Licensed Marriage and Family Therapist in private practice in California and serves as Research Associate and Adjunct Faculty in Pacifica Graduate Institute's Counseling Psychology department. Her research and clinical work focuses on the intersection of depth psychology and cognitive behavioral therapy. Joanna can be reached through her website, [www.joannawalling.com](http://www.joannawalling.com).





# TRAINERS' CORNER: WORRY TIME

By Scott Waltman, PsyD, ABPP

For this month's trainers' corner I wanted to spend some time going over how to work with worry from a CBT perspective. Worry can be conceptualized as ineffective problem solving. The trouble is that people who worry tend to worry about the wrong things. They tend to worry about things that are out of their control and things that they cannot do anything about. A CBT plan for generalized anxiety is designed to teach people how to be more productive or more efficient worriers. The process of working with worry then becomes a layering process. First, start with worry time and worry logs. This is an early symptom management strategy. This also gives a good foundation for building more advanced strategies. Clients bring the worry logs to sessions, so they can review them with their therapist. Here the therapist can see what the client is focusing on and where they are spending their time. Is how they are spending their time worrying proportionate to the stressors in their life? Typically, individuals are spending a lot of time worrying about things they cannot do anything about - which is a great way to be anxious and miserable. To address this, the next step is creating categories to sort the worries that are identified. Common categories will be 'things I can do something about,' 'things I can't do anything about,' and so on. Clients are then directed to sort their worries into the different categories. This activity is how the therapy increases the focus on that which is going to be most productive, changing that which you can and accepting that which you cannot. I thought it might be fun to illustrate this with some content from my CBT/meme Instagram page

<https://www.instagram.com/socraticmethodcbt/>

The direct link for these slides is

<https://www.instagram.com/p/CUXRkHBLyNy/>

Continued on next page

Scott Waltman is a CBT clinician, board member of both the A-CBT and IACBT, and the editor of this newsletter. He is first author of the Routledge book *Socratic questioning for therapists and counselors: Learn how to think and intervene like a cognitive behavior therapist*.

[www.routledge.com/9780367335199](http://www.routledge.com/9780367335199)

*Editor's note: This column is part of a newer series of practice-oriented articles that are meant to teach and illustrate CBT in clinical practice. Submissions for this series are welcome. Email me with your ideas and suggestions. Scott Waltman, PsyD, ABPP, [walt2155@pacificu.edu](mailto:walt2155@pacificu.edu)*

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# TRAINERS' CORNER: WORRY TIME

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## How to work with worry from a CBT perspective

@socraticmethodcbt



**Step One: Don't tell people not to worry  
It's annoying and doesn't work**

## How to work with worry FROM A CBT PERSPECTIVE

**Step Two: Recognize that  
worry isn't inherently bad**

From an evolutionary  
perspective, worry and  
rumination is probably  
how we learned to solve  
complex problems



@socraticmethodcbt

## How to work with worry FROM A CBT PERSPECTIVE

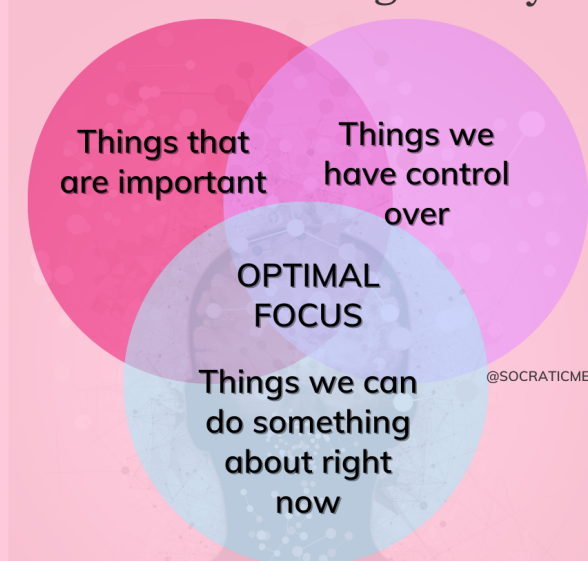
**Chronic worriers often  
have difficulty  
tolerating uncertainty**

**They over-worry/over-  
think as a way to try  
and escape the  
uncertainty of life**



@socraticmethodcbt

## Understanding Worry



@SOCRATICMETHODCBT

An anxious mind tends to want to focus on the things that someone has the least control over, because that is where the most uncertainty is

4

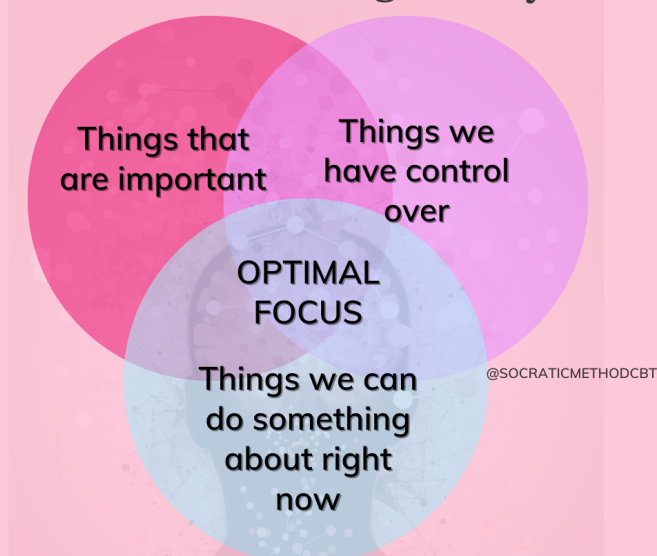
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## Understanding Worry



So, the goal is to shift from unproductive worry to productive problem solving. Stress and anxiety come down as productive steps are taken 5

@socraticmethodcbt

## How to work with worry FROM A CBT PERSPECTIVE

Note:

Worry Time is not intended to be a cathartic exercise

The idea isn't set aside time to worry and get it out of your system (that doesn't work either).

The idea is to learn to deal with worry in a different way that's less exhausting and more empowering (more sustainable). 7

## How to work with worry FROM A CBT PERSPECTIVE

Step Three: Worry time and worry logs

- Set aside 30-60 minutes each day to focus on addressing your worries. This is not easy and often requires a lot of mental redirection
- People worry about forgetting what to worry about, so logging worries on a notepad or sticky function in your smart phone reduces the mental load
- When worries come up outside of worry time (and they will), you have to actively remind yourself that you'll worry about that later. Write it down and focus on being mentally present in what you're doing 6

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## How to work with worry FROM A CBT PERSPECTIVE

Step Four: Sort worries and plan strategies

- With the most frequent worries: *Are they things that you have control over? Are they things you can do something about right now?*
- Review worry logs to check for themes to sort into categories (individualized categories work best)
- Good generic categories are *things I can control* and *things I cannot control*
- Then we want to plan a strategy for how to respond to each category. For example, we want to problem solve things we can control and deprioritize worrying about things we can't 8

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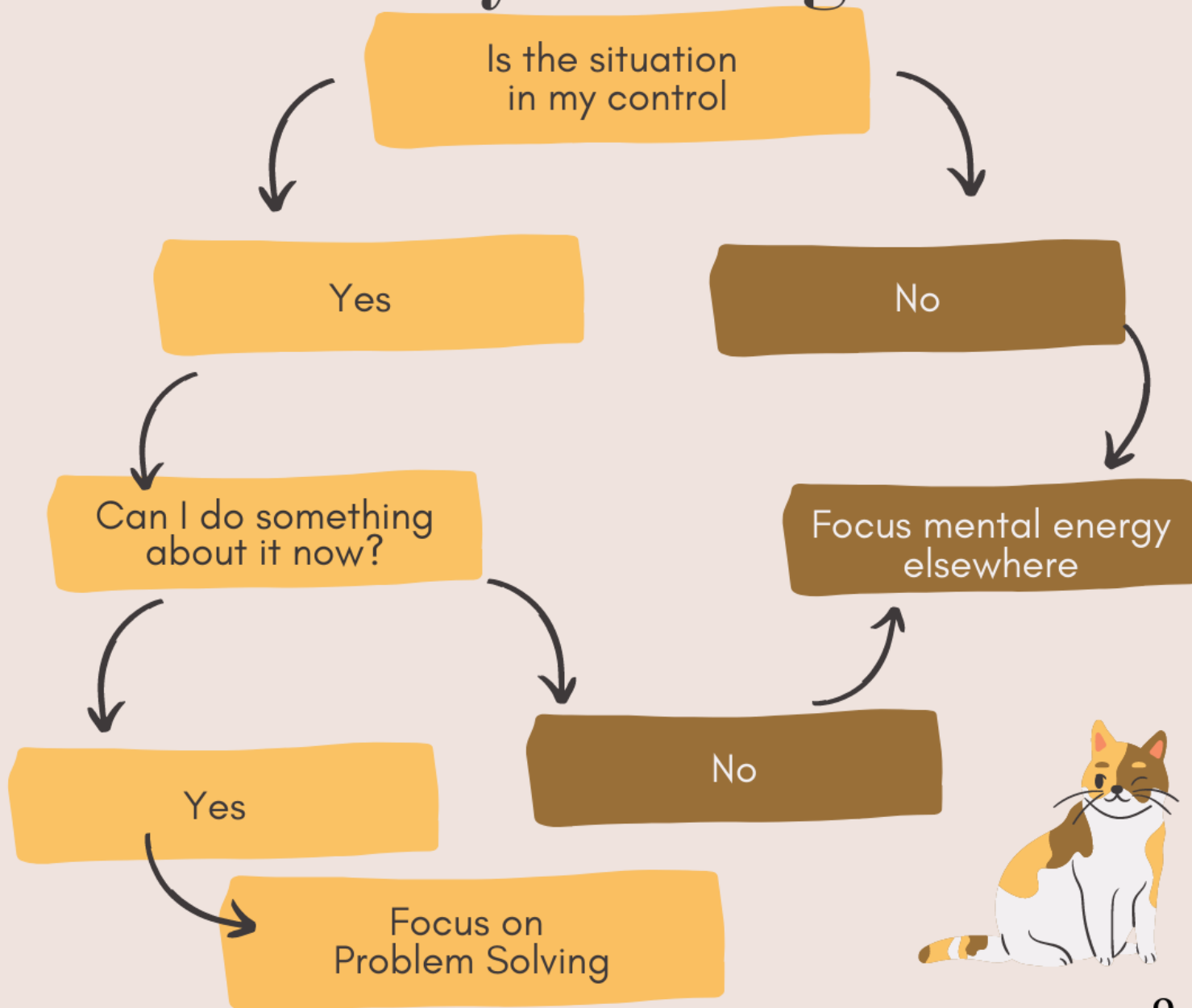
# TRAINERS' CORNER: WORRY TIME

By Scott Waltman, PsyD, ABPP

Editor's note: This column is part of a newer series of practice-oriented articles that are meant to teach and illustrate CBT in clinical practice. Submissions for this series are welcome. Email me with your ideas and suggestions. Scott Waltman, PsyD, ABPP, [walt2155@pacificu.edu](mailto:walt2155@pacificu.edu)

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## Worry Strategies



# TRAINERS' CORNER: WORRY TIME

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## **How to work with worry** FROM A CBT PERSPECTIVE

Typically, people are skeptical about whether worry time will work for them AND they still often find it to be helpful

Increasing tolerance of the discomfort of uncertainty is often a supplemental strategy

Learning to focus on what you have control over leads to increased self-efficacy and decreased demoralization

Of course, there is no silver bullet (the next strategy is imaginal exposure)

And as always, Instagram isn't therapy

# INTRODUCING THE INCOMING EDITOR OF THE INTERNATIONAL JOURNAL OF COGNITIVE THERAPY

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Edward A. Selby, Ph.D.

Hello! Please allow me to introduce myself – I'm Dr. Edward A. Selby, Ph.D. and I am the new incoming editor-in-chief for IACBT's leading journal, the International Journal for Cognitive Therapy. It is my duty and pleasure to be taking over leadership of the journal, and I consider myself honor-bound to see that the journal continues to grow and extend its reach, following in the constructive footprints and sound leadership of outgoing editor Dr. John Riskind. My hope with this editorial piece is that members of IACBT will have a chance to learn more about the leadership change in the journal and learn about my editorial vision for the journal for the next several years.

First, I want to acknowledge the outstanding work of the outgoing editor. Dr. Riskind took over the journal many years ago. During this time we have witnessed the journal steadily rise in recognizability and impact over these years, with the most recent metrics demonstrating an Impact Factor over 2.0. Dr. Riskind also contributed great effort to ensure international representation in the journal, with accepted submissions coming from practically every part of the world. Indeed, these are trends I hope to continue and extend during my time as editor.

About myself: I am currently an Associate Professor and Director of Clinical Training at Rutgers, The State University of New Jersey. I have an extensive publication and external funding record, and in my role as program director, I also work closely with our clinical Ph.D. students to ensure they are well-trained for careers in psychology. I was trained in the Clinical Scientist Model at the Florida State University, under the mentorship of Dr. Thomas E. Joiner, an internationally regarded suicide researcher, and I completed my Psychology Residency at Brown University – Warren Alpert Medical School. This Clinical Science training background shapes all the work I do, from research, to teaching, and especially to clinical practice. I believe that psychosocial health service provision is best served by constant research, updated methods, and innovative advances in psychopathology, clinical assessment, intervention, and dissemination. Thus, it is with this background that I will approach my editorial responsibilities at the International Journal for Cognitive Behavior Therapy.

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The purpose of the International Journal for Cognitive Therapy is to serve as a platform for the dissemination of scholarly research and information related to the field of cognitive behavior therapy (CBT) and other relevant evidence-based treatment modalities (e.g., third-wave approaches, transdiagnostic and modular approaches, eHealth approaches). The advocates and reports on CBT and psychotherapy of various approaches that are used to treat a wide range of mental health conditions and/or advance behavioral health. The journal also provides an outlet for the psychological research community to share findings, theories, and best practices related to CBT and related treatments, and it serves as an important resource for clinicians, professionals, researchers, educators, and students in the field.

Although the journal covers a wide array of topics, at its core, the main function of this international journal is to advance knowledge and understanding of the principles, methods, and applications of CBT principles. The journal provides a forum for researchers to publish original research articles, outcome trials, review articles, theoretical articles, case series, and other types of manuscripts that contribute to the advancement of CBT principles. By publishing high-quality articles, the journal aims to promote evidence-based practice and provide a basis for future research and developments in the field.



# INTRODUCING THE INCOMING EDITOR OF THE INTERNATIONAL JOURNAL OF COGNITIVE THERAPY

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Edward A. Selby, Ph.D.

Another important function of the journal is to provide a platform for discussion and collaboration among researchers and practitioners. The journal typically includes sections for letters to the editor and commentaries, which allow for the exchange of ideas and the development of new theories and practices. By fostering a community of experts, the journal helps to ensure that the field of CBT continues to grow and evolve, and it helps to promote the dissemination of new and innovative ideas.

Therefore, in this editorial, you may have noticed a focus on CBT principles broadly construed, as opposed to the more specific and traditional focus on Cognitive Therapy, as highlighted by the journal's current name. This is because as the field is evolving, the utility of cognitive approaches can be found in almost all major evidence-based approaches, and cognitive approaches appear to work best when integrated with other treatment factors as well (e.g., behavioral, emotional, technological). Accordingly, in recognition of the growing scope of the journal and the utility of cognitive approaches, I'm pleased to announce that the journal is planning on a name change to take effect in 2024, renaming it to the International Journal of Cognitive Behavior Therapy.

Expanding our perspective from cognitive therapy to be more inclusive of behavior change means recognizing that change involves more than just altering thoughts and beliefs. It involves changing patterns of behavior, habits, and ways of functioning in the world. This means taking a holistic approach to treatment, considering factors such as the environment, relationships, and other aspects of a person's life that may impact their behavior. Additionally, it may involve incorporating techniques from other evidence-based therapeutic modalities, technologies, and psychological health settings. There is also rising recognition of the importance of implementing and disseminating CBT approaches, as well as investigating these topics in underrepresented communities, populations, and nations. The journal's new name will help us reach across prior boundaries for the journal and inspire increased submissions from researchers studying topics that may have previously seemed beyond the journal's scope.

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Advances in CBT  
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# INTRODUCING THE INCOMING EDITOR OF THE INTERNATIONAL JOURNAL OF COGNITIVE THERAPY

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Edward A. Selby, Ph.D.

With these changes in mind, my goal with taking over leadership of the journal is to focus on the following issues, which I believe will strengthen the journal's outreach while retaining its high-quality scientific reputation:

1. Promote evidence-based practice: The journal will prioritize publishing high-quality research that advances CBT and related evidence-based approaches that demonstrate clinical effectiveness.
2. Advance the science of Cognitive Behavioral Therapies: The journal will focus on the development and refinement of CBT theories and techniques, and publish studies that increase our understanding of how CBT works and how it can be improved. This includes conceptualizing the connection between treatment effects and underlying psychopathological and health behavior processes.
3. Foster interdisciplinary collaboration: The journal will encourage interdisciplinary collaboration between CBT practitioners, researchers, and academics to enhance the integration of CBT into diverse fields.
4. Encourage international perspectives: The journal will strive to represent a global perspective on CBT, publishing articles and perspectives from CBT practitioners and researchers around the world.
5. Advance clinical practice, implementation, and global dissemination: The journal will prioritize publishing articles and case studies that demonstrate the practical applications of CBT and its effectiveness in real-world clinical settings. Research focused on the implementation and global dissemination of CBT will also be highlighted.
6. Encourage diversity and inclusivity: The journal will strive to promote diversity and inclusivity in its publishing efforts, valuing contributions from and research focus on all individuals regardless of race, ethnicity, gender, sexual orientation, or cultural background.
7. Emphasize innovation: The journal will encourage and publish innovative research and practices in CBT, promoting new ideas and approaches that can advance the field including but not limited to novel eHealth delivery mechanisms, use of CBT approaches in novel settings and exploration of transdiagnostic CBT techniques.

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In summary, the International Journal of Cognitive Therapy (soon to be the International Journal of Cognitive Behavior Therapy) plays a crucial role in advancing the field of CBT by providing a platform for the dissemination of research, fostering discussion and collaboration, and promoting evidence-based practice. By adhering to these editorial principles, the journal will strive to be a leading voice in the field of CBT and a valuable resource for CBT practitioners, researchers, students, professionals, and educators worldwide. I look forward to working with IACBT to accomplish this international mission.

*"The International Journal of Cognitive Therapy (soon to be the International Journal of Cognitive Behavior Therapy) plays a crucial role in advancing the field of CBT by providing a platform for the dissemination of research, fostering discussion and collaboration, and promoting evidence-based practice."*

# WELCOME TO ONE OF OUR NEWEST BOARD MEMBERS

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Joel L. Becker, Ph.D

Having recently been made the chair of the Membership Committee and appointed to the Board of Directors of A-CBT, I wanted to introduce myself and write a few words about CBT and the role of the Academy. I am currently the founder of Cognitive Behavior Associates (our clinical practice) and director of the Cognitive Behavior Therapy Institute (our continuing education arm). In addition, I am a Clinical Professor in the Ph.D. program at UCLA. I have been directing an APA-approved continuing education in Behavioral and Cognitive Therapy for 42 years. When we started our continuing education organization, it was before the integration of Cognitive Therapy and was called the Boston Institute for Behavior Therapy (changed in 1981 to Cognitive Behavior Therapy Institute). In addition, I have been an active member of the Sexual and Gender Minority (SGM) SIG (chair 1984-88) and am interested in bringing more diversity to A-CBT.

As our field has matured, we have had to face a number of identity crises. I remember the battle re: adding Cognitive to the name of the Association for the Advancement of Behavior Therapy (now ABCT). I think A-CBT is now in the process of moving away from being an organization devoted to one kind of Cognitive Therapy and being more inclusive of new and other approaches. One of the greatest strengths of CBT has been our ability to redefine ourselves based on new empirical findings in therapies that fit under our umbrella. We want the academy to represent the variety of approaches used and yet be sure our members have the foundational skills that cut across these divisions. Years ago, I moved away from doing supervision based on brands (CBT, DBT, ACT, CF-CBT, etc) to focus instead on mechanisms of change. Students in supervision with me rate themselves on their familiarity with each mechanism of change and their perceived ability to apply that factor. Some examples of mechanisms of change are a) Cognitive, b)Behavioral, c) Mindfulness, d) Acceptance, e) Motivational, f)Interpersonal--these are 6 of the 11 that I use and I am sure each supervisor may come up with their factor list.

I am really looking forward to serving A-CBT and being part of the ongoing evolution that will attract new members and diplomates.



*" One of the greatest strengths of CBT has been our ability to redefine ourselves based on new empirical findings in therapies that fit under our umbrella. We want the academy to represent the variety of approaches used and yet be sure our members have the foundational skills that cut across these divisions"*

Thimm, J.C., Chang, M. Early Maladaptive Schemas and Mental Disorders in Adulthood: a Systematic Review and Meta-analysis. *J Cogn Ther* 15, 371–413 (2022). <https://doi.org/10.1007/s41811-022-00149-7>

Malivoire, B.L., Marcotte-Beaumier, G., Sumantry, D. et al. Correlates of Dampening and Savoring in Generalized Anxiety Disorder. *J Cogn Ther* 15, 414–433 (2022). <https://doi.org/10.1007/s41811-022-00145-x>

McLeish, A.C., Johnson, A.L., Luberto, C.M. et al. Development and Initial Evaluation of the Discomfort Sensitivity Scale. *J Cogn Ther* 15, 434–451 (2022). <https://doi.org/10.1007/s41811-022-00146-w>

Nishiguchi, Y., Ishikawa, R., Ishigaki, T. et al. Less Maladaptiveness of the Maladaptive Coping Styles in Japan than in Germany: Cross-cultural Comparison of Adaptive and Maladaptive Coping Styles. *J Cogn Ther* 15, 452–464 (2022). <https://doi.org/10.1007/s41811-022-00143-z>

Mehrabi, F., Tavakoli, M. The Effectiveness of Mindfulness-Based Stress Reduction Intervention for Cognitive Emotion Regulation and Cognitive Reactivity in Patients with Epilepsy. *J Cogn Ther* 15, 465–478 (2022). <https://doi.org/10.1007/s41811-022-00144-y>

Jessup, S.C., Knowles, K.A. & Olatunji, B.O. Linking the Estimation of Threat and COVID-19 Fear and Safety Behavior Use: Does Intolerance of Uncertainty Matter?. *J Cogn Ther* 15, 479–491 (2022). <https://doi.org/10.1007/s41811-022-00148-8>

Kowalski, J., Gawęda, Ł. Cognitive-Attentional Syndrome Moderates the Relationship Between Fear of Coronavirus and Symptoms of Coronavirus-Specific Health Anxiety. *J Cogn Ther* 15, 492–503 (2022). <https://doi.org/10.1007/s41811-022-00147-9>



*Submissions to Advances in Cognitive Behavioral Therapy are reviewed on an ongoing basis. Topic areas may include clinical issues, cultural considerations, research updates, conference and training information, book reviews, and summaries of any CBT-related activities from around the world! Articles co-written by professors and students are particularly encouraged.*

*Submissions should be 350-900 words with no more than five references (using APA style and as an MS Word document).*

*In addition, please include a brief (50-100 word) author bio and high quality photo/headshot with your submission. Submissions and/or suggestions for how to improve the newsletter and/or topics that should be considered should be sent to: Scott Waltman, PsyD, ABPP Editor: [walt2155@pacificu.edu](mailto:walt2155@pacificu.edu)*



 **10th World Congress of  
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Sejong University Convention Center  
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**June 1-4, 2023**  
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