



Advances in
**Cognitive
Behavioral
Therapy**
Newsletter

Publication of: The Academy of Cognitive & Behavioral Therapies (A-CBT) & The International Association of Cognitive Behavioral Therapy (IACBT)

*The International Association of Cognitive Behavioral Therapy is a proud member of
The World Confederation of Cognitive and Behaviour Therapies*



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SUMMER 2026 ISSUE

A-CBT'S PRESIDENT'S COLUMN: GUEST COLUMN WCCBT PRESIDENT

Advances in CBT
Summer 2026 Issue, Page 2

Lata K. McGinn, PhD
President
World Confederation of Cognitive and
Behavioural Therapies (WCCBT)

It is a special pleasure to write for the Academy of Cognitive and Behavioral Therapies, an organization I have been privileged to serve as President and whose commitment to CBT excellence continues to inspire our field.

As President of the World Confederation of Cognitive and Behavioural Therapies (WCCBT), I am delighted to invite Academy members to join us for the 11th World Congress of CBT, June 25-28, 2026, at the Marriott Marquis San Francisco.

The theme is Health for All: Affirming, Equitable, and Sustainable CBT, which captures both the urgency and the promise of this moment. Around the world, the need for effective, culturally responsive, scalable psychological care has never been greater. The Congress will bring together clinicians, researchers, trainers, students, and community innovators to share cutting-edge science, strengthen practice, and build collaborations.

The program is exceptional. We will open on Thursday, June 25 at 8:15 a.m. with the WCCBT Opening Ceremony and my Presidential Keynote on the Future of Global CBT. Friday morning will feature the presentation of the inaugural WCCBT Global Impact Award to David M. Clark at 9:15 am, followed by his keynote address. Throughout the Congress, attendees will hear from other remarkable keynote speakers and workshop leaders, including Judith Beck, Richard Bryant, Dixon Chibanda, Younghee Choi, Michelle Craske, Steven Hayes, Christine Padesky, Ronald Rapee, Jessica Schleider, Roz Shafran, and many others. The Congress will also offer workshops, posters, symposia, clinical roundtables, panel discussions, and a rich social program, including Thursday's welcome reception and social at 5:30 pm, and Friday evening's World Congress Signature Event & Dinner.

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To learn more about the
WCCBT Check out:

<https://wccbt.org/>

To learn more about the
upcoming conference
check out:

<https://wccbt2026.org/>

A-CBT'S PRESIDENT'S COLUMN: GUEST COLUMN WCCBT PRESIDENT

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I also want to emphasize that WCCBT is more than the World Congress. The Congress is one highly visible expression of our broader mission: advancing access to evidence-based psychological care worldwide. WCCBT's work includes collaboration with the World Health Organization, regional partners, and governments, support for emerging CBT organizations in underserved areas of the world, World CBT Day, the Global Ambassador Program, and other initiatives aimed at ensuring that high-quality, culturally responsive CBT training and services are available worldwide. I look forward to sharing what we have accomplished during my keynote in San Francisco and in my 3-year presidential report that will be published following the Congress. Please visit our website at wccbt.org to learn more.

For me, this Congress will be especially meaningful. At the closing ceremony on Saturday evening, I will complete my three-year term as WCCBT President. I can think of no better place to mark that transition than among colleagues from across the globe, including many friends from the Academy community.

I hope you will join us in San Francisco. Come to learn, teach, reconnect, celebrate, and help shape the future of CBT worldwide



Lata K. McGinn, PhD
President
World Confederation of Cognitive and Behavioural Therapies
(WCCBT)



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check out:

<https://wccbt2026.org/>

ANNOUNCEMENT: RECENT ADDITIONS TO THE A-CBT BLOG AND AUTHOR SPOTLIGHT SERIES!



Dating with Social Anxiety in the Digital Landscape

Dating with Social Anxiety in the Digital
Landscape by Chamin Ajjan, LCSW, A-CBT, CST

Learn more about Chamin
Ajjan's book: Seeking Soulmate:
Ditch the Dating Game and
Find Real Connection

<https://www.amazon.com/Seeking-Soulmate-Ditch-Dating-Connection/dp/1941529577>



Load-Bearing Walls: A CBT Approach to Understanding Addiction

By Christopher Schamber, LCSW

Visit Chris' website:
<https://holding-light.com>

If you're a member of the Academy and interested in contributing a future article and being featured in an upcoming Author Spotlight, please contact Dr. Katy Manetta at katymanetta@gmail.com



INTRODUCTION TO COGNITIVE BEHAVIORAL THERAPY (CBT)

This course provides psychotherapy professionals with an in-depth introduction to the foundational elements of CBT. Immediately utilize cognitive and behavioral tools to reduce suffering and improve functioning in adults, adolescents, children, couples, and families.

APA CE Approved Credits: 6

The Academy of Cognitive and Behavioral Therapies is approved by the American Psychological Association to sponsor continuing education for psychologists. The Academy maintains responsibility for this program and its content.

ABOUT A-CBT

Founded by a group of leading clinicians, educators, and researchers, The Academy of Cognitive & Behavioral Therapies supports continuing education and research. A-CBT actively works towards the identification and certification of clinicians skilled in cognitive therapy.

CORE CONCEPTS

- CBT Guided by a Case Conceptualization
- Therapy Relationship Process and Structure in CBT
- Behavioral Interventions
- Cognitive Restructuring

OUR INSTRUCTORS

This course is taught by leading voices in the field of Cognitive Behavioral Therapy using industry-standard best practices.



STEFAN G. HOFMANN
Ph.D.



JACQUELINE B. PERSONS
Ph.D.



Stephen J. F. Holland
Psy.D.



LATA K. MCGINN
Ph.D.



STEVEN D. HOLLON
Ph.D.

LEARN HOW TO

- ✓ Explain how the model of case conceptualization-guided CBT helps the therapist.
- ✓ Identify the elements of a conceptualization based on Beck's cognitive model.
- ✓ Describe the elements and structure of a CBT session and identify relationship factors that research suggests contribute to good outcomes.
- ✓ Identify what behavioral interventions are and how to describe rationale for their use to make change.
- ✓ Describe coherence between thoughts, feelings, physiology, and behavior in any given situation.



Scan here to enroll today!

GET TO KNOW YOUR BOARD MEMBERS: SIMON REGO, PSYD, ABPP, A-CBT

Bio

Dr. Simon Rego is Chief of Psychology at Montefiore Medical Center, Director of Technology, Analytics, and Digital Transformation in the Department of Psychiatry at Montefiore, Director of the OCD and Anxiety Program at Montefiore-Einstein Psychiatry Associates, and Professor of Psychiatry & Behavioral Sciences at the Albert Einstein College of Medicine. He is board certified in Cognitive Behavioral Psychology by the American Board of Professional Psychology, a Certified Trainer-Consultant of the Academy of Cognitive and Behavioral Therapies, and a Fellow of ACBT, ABCT, ADAA, and APA's Division 12. Dr. Rego has authored multiple clinical and self-help books—most recently *The CBT Workbook for Leaders* (coming January 2026)—and has been featured in media outlets more than 450 times. Outside of work, he is an avid runner (six marathons and counting!), lifelong hip-hop fan, and enthusiastic explorer of tasting menus with an Instagram trail to prove it (@iatethere).

Q&A

How were you first introduced to CBT?

Like many, I first read about CBT while an undergraduate psychology major at Queen's University in Kingston, Ontario, Canada. I then completed a master's degree in forensic psychology and was trained to use CBT in forensic settings during an externship placement in Toronto, Canada. However, my first deep introduction to CBT occurred while completing my PsyD at the Graduate School of Applied and Professional Psychology at Rutgers University. There, I was fortunate to be mentored by the late, great Arnold Lazarus, as well as Terry Wilson and my longtime mentor and friend, Bill Sanderson. Under their guidance, it didn't take long to realize two things: (1) CBT made immediate sense to me, and (2) more importantly, it made immediate sense to my patients. Once I experienced the combination of structure, collaboration, and real-world utility, I never looked back.

What's your favorite thing about CBT?

CBT is both humble and ambitious. It doesn't assume it has all the answers, yet it gives people practical tools to meaningfully change their lives. I love that it empowers patients to become their own therapists, because long after we're out of the room, their skills stay with them.

How did you become involved with the Academy?

My relationship with the Academy goes back to the early 2000s, when Bill Sanderson, who was on the Board at the time, encouraged me to apply to become a diplomate. As someone who tends to devour every resource I can find, I followed his advice—becoming a Diplomate in 2004, a Fellow in 2009, a Certified Trainer-Consultant in 2013, and now a member of the Board of Directors. It feels a bit like coming home to the mothership of cognitive therapy!

What's the best clinical advice a colleague or supervisor has ever given you?

"Stay curious." Curiosity helps us catch cognitive biases, understand complex presentations, and maintain compassion when cases (or systems) get challenging. It's also a quiet antidote to burnout. A close runner-up: "Don't be afraid to take risks."

What career advice would you give early career members?

Three things: (1) Find mentors who see your potential before it fully emerges; (2) Say yes—but strategically. Not every opportunity deserves watering; more will always come your way; and (3) Let your values guide you, not the noise. Academia and clinical work have many shiny distractions; the meaningful path is often the quieter one.

(Continued on next page)



GET TO KNOW YOUR BOARD MEMBERS: SIMON REGO, PSYD, ABPP, A-CBT

What projects are you currently working on?

Several—because apparently, I’m allergic to free time. Right now, I’m getting set for the January 2026 launch of *The CBT Workbook for Leaders*, which I co-authored with another career-long mentor and friend, Dr. Julian Barling, who is Distinguished University Professor & Borden Chair of Leadership at the Smith School of Business at Queen’s University. I’m also continuing digital transformation work at Montefiore, including AI integration and a transdiagnostic, exposure-based augmented reality (AR) platform designed to enhance clinical outcomes. Additionally, I’m building a new OCD and Anxiety Program at Montefiore Einstein Psychiatry Associates, and I recently received grant funding to help establish an evidence-based practice training hub in our department that is aimed at upskilling social workers and other clinicians in CBT.

Do you have any fun side or passion projects?

Absolutely! I love using pop culture—superheroes, music, movies—to make CBT relatable (yes, hip-hop metaphors come in handy more often than you’d think!). Outside the therapy world, I’m an avid runner and an enthusiastic explorer of tasting menus around the country—one carefully plated dish at a time. If it involves a long run, a great playlist, or a beautifully executed tasting menu, I’m in! And when I’m not doing any of that, there’s a good chance I’m watching my Toronto Blue Jays, Toronto Raptors, Toronto Maple Leafs, or Tennessee Titans.

What do you envision as the future of the field?

A convergence of precision, scalability, and humanity. As digital tools, AI, and analytics expand, CBT will become more personalized and accessible—but the heart of therapy will remain the same: curiosity, collaboration, and compassion. I think the future will be “high-tech, high-touch,” with technology enhancing rather than replacing the clinician’s role.

Which CBT books would you say are must-reads?

I always return to the classics—many written by the Founding Fellows of the Academy—such as Beck, Barlow, Foa, Hayes, Linehan, and Leahy. They built the foundation that many of us stand on. And although self-promotion isn’t entirely compatible with my core beliefs, I’d humbly note that our upcoming CBT Workbook for Leaders may offer something useful for bridging mental health skills and leadership effectiveness.

Editor’s Note: Simon’s new book is now available and it looks fantastic!

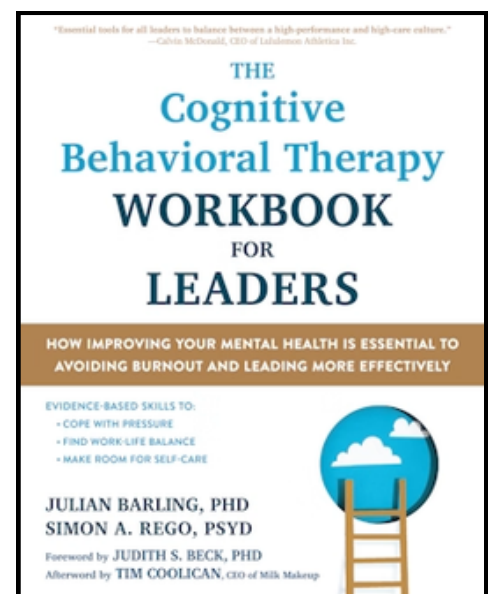
New Book: *The Cognitive Behavioral Therapy Workbook for Leaders*

We are excited to share the publication of *The Cognitive Behavioral Therapy Workbook for Leaders* (New Harbinger Publications, 2026). Although leaders are often responsible for supporting the well-being and performance of others, they frequently receive little guidance on managing their own thoughts, emotions, and behavioral patterns. In this workbook, we draw on cognitive behavioral therapy and leadership science to provide practical, evidence-based tools for addressing challenges such as stress, perfectionism, self-criticism, difficult conversations, burnout, and work-life balance. We hope the book will be useful not only to leaders, but also to CBT clinicians, consultants, coaches, and educators interested in applying CBT principles in organizational and leadership settings.

— Simon A. Rego, PsyD, ABPP, and Julian Barling, PhD

<https://www.newharbinger.com/9781648484773>

<https://www.amazon.com/Cognitive-Behavioral-Therapy-Workbook-Leaders/dp/1648484778>



THE XYZ STRATEGY: A NOVEL APPROACH TO ADDRESSING HIDDEN PROBLEMS IN PSYCHOTHERAPY

Irismar Reis de Oliveira, M.D., Ph.D., Professor of Psychiatry, Department of Neurosciences and Mental Health, Federal University of Bahia, Brazil.

Patients often withhold information from their therapists due to shame, fear, or a perceived lack of trust (Baumann & Hill, 2015). The therapeutic relationship is founded upon trust and open communication. However, patients may conceal crucial information, hindering the therapeutic process (Tingley & Dearing, 2002). While therapists often view the disclosure of previously undisclosed problems as a sign of trust and progress, this perspective can create a blind spot: How many secrets remain hidden? How many patients will continue to harbor hidden secrets after therapy concludes?

Patients may withhold information for various reasons:

- **Shame:** Traumatic experiences, socially unacceptable behaviors, or deeply personal struggles can be shrouded in shame, making disclosure difficult.
- **Fear of judgment:** Patients may fear negative reactions or consequences if they reveal certain information.
- **Lack of trust:** Previous negative experiences or a perceived power imbalance can hinder trust development.
- **Protecting others:** The secret may involve another person, and the patient feels obligated to maintain confidentiality.

To address this issue, I propose the X, Y, Z strategy, a novel approach designed to foster a therapeutic environment conducive to disclosure. This strategy complements the Color-Coded Problems Hierarchy (CCPH) and the Color-Coded Goals/Aspirations Hierarchy (CCGH), which provide structured and quantitative approaches to tracking therapy progress (de Oliveira & Clyman, 2023).

The CCPH is a color-coded problems list that assigns scores ranging from 0 (light blue) to 5 (red), respectively indicating minor and easily solvable problems to problems that cause significant distress. While the CCPH encourages patients to explicitly identify and score their problems, some may be hesitant or unable to disclose certain issues due to shame, fear of judgment, or a desire to protect others.

The X, Y, Z strategy addresses this limitation by introducing generic problem categories (X, Y, and Z) to the CCPH. These categories represent undisclosed problems, allowing patients to acknowledge their existence and impact without divulging specific details. The therapist explicitly informs the patient that their right to secrecy is respected and expresses gratitude for acknowledging the existence of these undisclosed issues. This approach creates a safe space for patients to engage with the therapeutic process at their own pace.

For instance, X could represent a hidden childhood sexual abuse, Y could signify a secret conflict with a loved one, and Z could stand for an undisclosed personal struggle. The therapist collaborates with the patient to label these categories in a way that feels most comfortable and meaningful for them and establishes their impact using the 0-5 scoring system.

Case Vignette:

Maria, a 22-year-old medical student, sought therapy to address feelings of being overwhelmed. During initial sessions, she identified various issues, including stress related to her demanding university schedule, chronic procrastination, frequent rumination on negative thoughts, and recurring migraines. She also expressed distress about her self-perceived body image and the pressure she felt to maintain a consistent physical exercise routine.

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As therapy progressed, Maria demonstrated a willingness to explore most of these concerns in depth. However, during the initial discussion about possible hidden difficulties, she hesitated before reluctantly admitting to having two additional problems she was not ready to disclose. Respecting Maria's boundaries, the therapist introduced the X, Y, Z strategy and collaboratively agreed to label the undisclosed issues as "X" and "Y," incorporating them into her CCPH.

Maria rated "X" as a 5 (red), indicating that the problem caused so much distress that she couldn't see a solution to it, and "Y" as a 4 (yellow), indicating that the problem elicited distress and its solution was very difficult. She acknowledged their significant emotional impact but emphasized her need to withhold the specifics for now. The therapist expressed gratitude for her trust in sharing their existence and affirmed her autonomy in deciding when, if ever, to discuss them further.

As therapy progressed, Maria's growing trust in the therapeutic relationship and the non-judgmental environment created by the X, Y, Z Strategy led to a decrease in the distress associated with these hidden problems. By the time she chose to disclose their nature, both "X" and "Y" had been re-evaluated by Maria as score 4 (highly distressing), reflecting some improvement in her ability to manage their emotional impact. On 07/08/22, Maria revealed that "X" represented sexual abuse by her first boyfriend, a traumatic experience she had kept secret for years. Shortly after, on 08/12/22, she disclosed that "Y" referred to her habit of smoking vape since the age of 18, a source of significant discomfort and personal shame.

By adopting the X, Y, Z strategy, the therapist was able to incorporate these undisclosed problems into Maria's therapeutic framework without pressuring her for disclosure. This approach not only respected Maria's need for privacy but also fostered an atmosphere of trust and collaboration, allowing her to feel understood and supported despite her reluctance to fully reveal these aspects of her life.

A	B	C	D	E	F	G	H
Color-Coded Problems Hierarchy							
0. Problem is small and its solution is easy (or it is not a problem anymore)							
1. Problem elicits discomfort, but its solution is relatively easy							
2. Problem elicits clear discomfort, and/or its solution is difficult							
3. Problem elicits much discomfort, and/or its solution is very difficult							
4. Problem elicits distress, and its solution is very difficult							
5. Problem elicits so much distress, that I can't see a solution							
METAS/ASPIRAÇÕES↓	DATAS-->						
	06/10/22	07/08/22	08/12/22	09/16/22	10/14/22	11/18/22	12/09/22
1 - Stress related to university	5	4	3	4	3	3	2
2 - Procrastination	4	3	1	0	0	0	0
3 - Rumination (dwelling on negative thoughts)	4	4	3	3	2	2	2
4 - Migraine	3	2	3	2	2	1	0
5 - Physical exercise (pressure on myself to do it)	3	4	3	3	2	1	1
6 - Body image (I see myself as too fat)	2	1	2	1	1	1	0
7 - X (sexual abuse by first boyfriend - disclosed on 07/08/22)	5	4	3	3	2	3	2
8 - Y (I smoke Vape since 18 - disclosed on 08/12/22)	4	4	3	3	2	2	2
9 -							
10.							
Total score	30	26	21	19	14	13	9
Number of problems eliciting distress	5	5	0	1	0	0	0
Percentage of total score improvement	0	13,33	30,00	36,67	53,33	56,67	70,00
Percentage improvement of distressing problems	0	0,00	100,00	80,00	100,00	100,00	100,00

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THE XYZ STRATEGY: A NOVEL APPROACH TO ADDRESSING HIDDEN PROBLEMS IN PSYCHOTHERAPY

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Actively Creating Space for the Unspoken

In addition to the X, Y, Z strategy, therapists can actively create space for the unspoken. This involves:

- Normalizing secrecy: Acknowledging that everyone has secrets and that withholding information is a common human experience.
- Utilizing indirect communication: Employing metaphors, storytelling, or creative techniques can allow patients to express themselves without direct confrontation.
- Observing non-verbal cues: Paying close attention to body language, hesitations, and changes in affect can provide clues about hidden issues.

Ethical Considerations

While the X, Y, Z strategy offers a valuable tool for therapists, it is crucial to address potential ethical considerations (Pope & Vasquez, 2015). These include:

- Potential for misuse: The X, Y, Z strategy should not be used to pressure patients for disclosure or to pry into their private lives.
- Therapist's role in addressing potential harm: If the therapist becomes aware of potential harm to the patient or others, they must adhere to ethical guidelines and explore appropriate interventions, such as risk assessment and safety planning.

Cultural Implications

The X, Y, Z strategy should be adapted to consider cultural differences in attitudes towards disclosure and secrecy. Therapists should be mindful of cultural norms and values that may influence a patient's willingness to disclose personal information (Leong & Ponterotto, 2017).

Conclusion

The X, Y, Z strategy offers a valuable framework for therapists to address the challenge of hidden problems in psychotherapy. By incorporating this strategy, therapists can gain a more holistic understanding of the patient's challenges, even if those challenges remain undisclosed. This approach fosters trust and encourages patients to actively participate in their treatment journey, knowing their privacy is respected.

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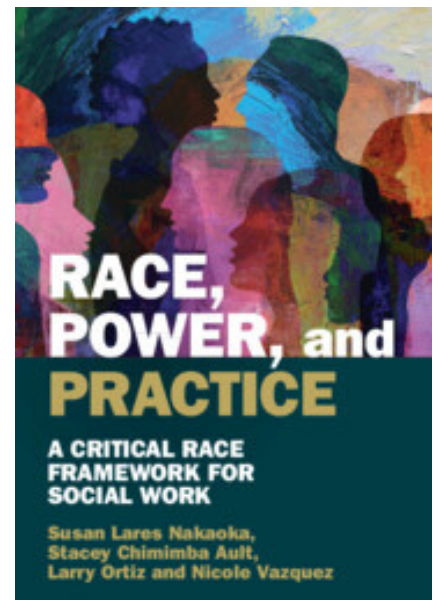
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BROADENING CASE CONCEPTUALIZATION THROUGH CRITICAL RACE THEORY

I hope the chapter offers CBT clinicians another lens for understanding context, strengthening racial literacy, and translating reflection into action within their practice.

Jeff Capps (匡時鑫, he/they), LCSW, is a clinical trainer at Pacific Clinics, adjunct professor at the University of the West, and inclusive practice consultant. Beyond mental healthcare, Jeff has also worked in film, media, and the family policing system. To reach Jeff, visit jeffcapps.net

<https://www.cambridge.org/highereducation/books/race-power-and-practice/8863757F57C055B05B936DA7E67BBD65#overview>



Jeff Capps, LCSW

Cognitive-behavioral therapists routinely consider how environments shape human experience. Yet many clinicians receive limited training in recognizing how systemic forms of oppression influence the contexts in which clients live and seek care. My newly published chapter, “Critical Race Praxis: Introducing a Process-Oriented Guide to the Integration of Critical Race Theory in Social Work Practice,” addresses this issue in the textbook [Race, Power, and Practice: A Critical Race Framework for Social Work](#) (Cambridge University Press).

The chapter grew out of a learning tool I developed for a critical race theory (CRT) workshop in 2021 for the National Association of Social Workers in Southern California. Seeking a practical way to make CRT more accessible, I developed a guide that encourages practitioners to generate their own questions, implications, and examples rather than simply memorize definitions of CRT tenets. The guide was subsequently adopted by educators and human service organizations and now serves as the foundation for this chapter.

Rather than treating CRT tenets as concepts to be mastered, the chapter presents them as tools for inquiry and anti-oppressive action. Similar to the spirit of guided discovery in cognitive-behavioral therapy (CBT), the guide emphasizes asking questions, examining assumptions, identifying what may be missing from a given perspective, and considering how broader social contexts shape lived experience. The goal is not to prescribe conclusions but to strengthen practitioners’ capacity for critical reflection and application across macro- to micro-level efforts.

Here are examples of clinical takeaways. When conceptualizing cases, consider expanding inquiry beyond individual cognitions and behaviors to include the social and institutional contexts that may contribute to clients’ experiences. These not only include racism but other forms of oppression such as ableism and sizeism, which are so ordinary that they often go unnoticed, resulting in pervasive inequities. Questions can deepen understanding and inform more responsive intervention: “How have systems shaped the development and/or maintenance of this belief?” “Is cognitive restructuring even applicable in this instance?” “To what extent am I endorsing the fallacy of meritocracy?”

BOOK REVIEW: INTEGRATING DIVERSITY INTO DBT

Advances in CBT
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Scott Waltman, PsyD, ABPP

Integrating Diversity into DBT: Dialectical Principles and Clinical Applications by Lizbeth Gaona, Lisa Bolden, and Katherine Anne Comtois is a book I have been looking forward to for years, and it is even better than I hoped it would be.

It is full of really practical advice of what to do in session. What I really like is how it helps you understand your client in the cultural context of their lives and even broaches environmental interventions. While the book specifically focuses on DBT, I suspect it would be useful for any therapist trying to apply evidence-based psychotherapy to culturally diverse clientele. It would also be a fantastic textbook with the really rich and practical illustration of core theories included.

To quote another Academy of CBT author on the quality of the book:

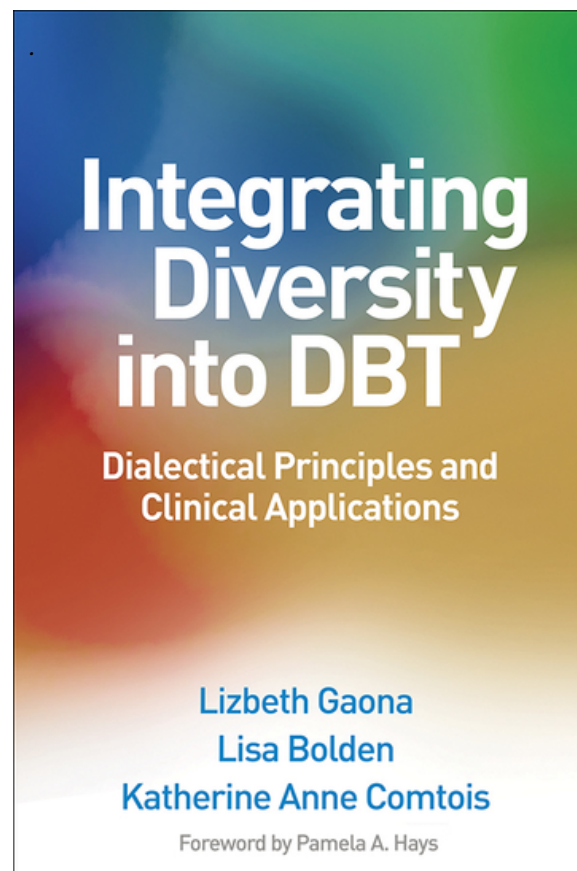
“An instant classic. The authors masterfully accomplish the daunting yet imperative task of weaving core cultural competence constructs into the very fiber of DBT theory and practice. Gaona, Bolden, and Comtois offer readers a master class in the integration of sociocultural context into every level of therapy—assessment, case conceptualization, and treatment. I highly recommend this book to any clinician who seeks practical and concrete strategies for doing culturally responsive DBT.”

—Janeé M. Steele, PhD, licensed professional counselor, educator, author, and speaker, Kalamazoo, Michigan

I agree with Janeé this is a fantastic book, that I would highly recommend.

Scott Waltman, PsyD, ABPP was a founding member of the Academy's Diversity Action Committee.

He is a Clinical Psychologist, Author (*Socratic Questioning for Therapists and Counselors: Learn to Think and Intervene like a Cognitive Behavioral Therapist*), President-Elect of both the Academy of Cognitive & Behavioral Therapies and the International Association of Cognitive Behavioral Therapy, he's Board Certified in Behavioral and Cognitive Psychology, Fellow, Diplomate, a Certified Trainer/Consultant, Academy of Cognitive & Behavioral Therapies, and Editor for the Advances in Cognitive Behavioral Therapy Newsletter



BOOK REVIEW: THE UNCONTROLLABLE CHILD

Scott Waltman, PsyD, ABPP

The Uncontrollable Child is a self-help book for parents that focuses on teaching Dialectical Behavior Therapy skills for them to use on themselves and in their interactions with their children. I found this book to be quite helpful and expertly put together. In the TV Show *Arrested Development*, Lucille Bluth famously says, "Well, I may not have been a perfect mother, but you know kids don't come with a handbook." This is essentially a handbook on how to skillfully parent children who might feel out of control.

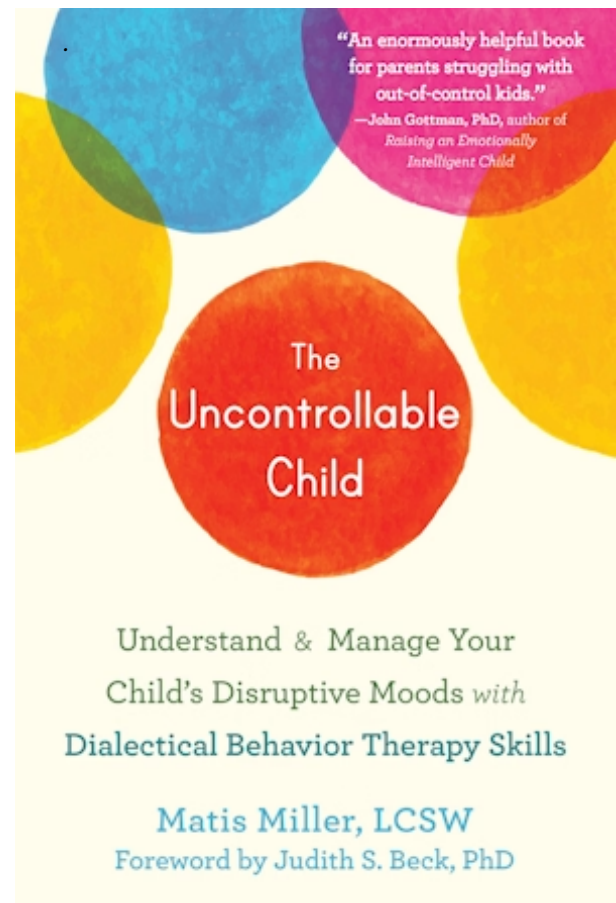
Often parents in this situation come into therapy exasperated and looking for a quick and guaranteed fix. The author Matis Miller starts out with acceptance-based strategies to help parents address their own emotion-dysregulation which is likely interacting with the system. Then parents learn core DBT skills related to mindfulness and communicating validation to build a strong foundation. This sets the stage for behavioral parenting strategies. First how to increase desired behaviors and next how to curtail unwanted behaviors. Then the book builds on how to find and create balance in the long term.

One of the things I really like about this book is that it is not just a rehashing of DBT. I have read a gratuitous amount of CBT, DBT, and ACT books, and many fall into the pitfall of spending more of the book just restating what has already been written before. The author very skillfully applies DBT in a way that shows they have an expertise on the topic and clearly have walked through this exact process in clinical sessions a multitude of times.

To me it reads like an instant classic. I would absolutely recommend it to clients or family members. In the words of the back cover endorsement by the famous DBT therapist and trainer Charlie Swenson, "A gift for parents of sensitive, emotional, and sometimes impulsive children."

Scott Waltman, PsyD, ABPP was a founding member of the Academy's Diversity Action Committee.

He is a Clinical Psychologist, Author (*Socratic Questioning for Therapists and Counselors: Learn to Think and Intervene like a Cognitive Behavioral Therapist*), President-Elect of both the Academy of Cognitive & Behavioral Therapies and the International Association of Cognitive Behavioral Therapy, he's Board Certified in Behavioral and Cognitive Psychology, Fellow, Diplomate, a Certified Trainer/Consultant, Academy of Cognitive & Behavioral Therapies, and Editor for the *Advances in Cognitive Behavioral Therapy Newsletter*



BOOK REVIEW: TREATMENT OF POSTTRAUMATIC STRESS DISORDER IN SERIOUS MENTAL ILLNESS: THE COGNITIVE RESTRUCTURING PROGRAM

Scott Waltman, PsyD, ABPP

Treatment of Posttraumatic Stress Disorder in Serious Mental Illness: The Cognitive Restructuring Program by Kim T. Mueser, PhD, and Jennifer D. Gottlieb, PhD, is an invaluable guide on how to work with some of the most complex of presentations in clinical practice. I initially was interested in the book for the focus on how to work with PTSD in populations who also experience psychosis and was happy to find it also focuses on people with severe mood disorders and presentation like borderline personality disorder.

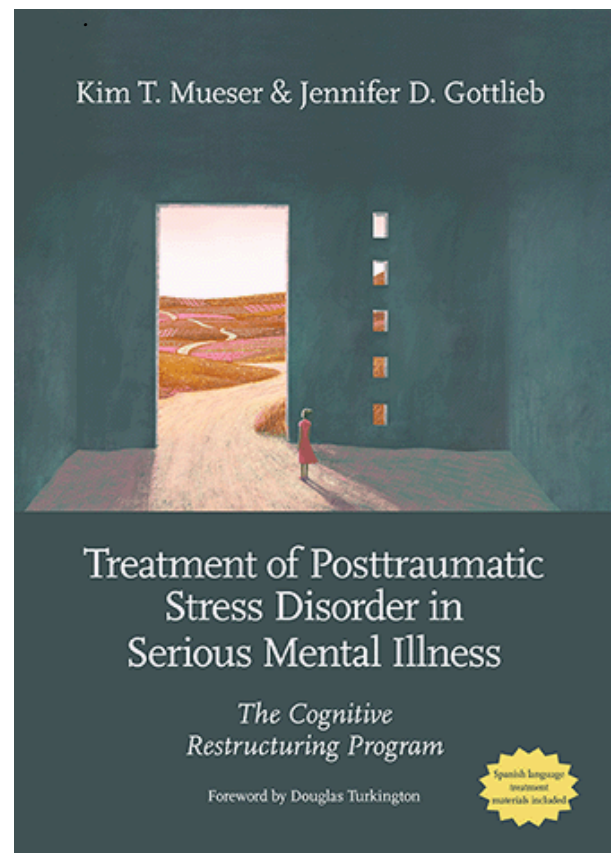
As someone who does a lot of trauma work and also spends a lot of time consulting with other clinicians who do trauma work, I can attest that one of the most complicated presentations you can run into is someone who needs to work on trauma and also is delusional. While the major CBT for PTSD protocols like Prolonged Exposure and Cognitive Processing Therapy have been shown to have some utility in these realms, it is really difficult and requires exceptional skill, that is hard to teach.

The beauty of this book is how comprehensive it is. The authors review essential literature and provide exceptionally clear practical guidance on what to do in session. The handouts are really useful and also available in Spanish.

What I was most struck by was the level of expertise and experience it would take to put together such an effective manual. I'm in awe and truly grateful for a book that has improved my clinical practice. I strongly recommend you check this book out!

Scott Waltman, PsyD, ABPP was a founding member of the Academy's Diversity Action Committee.

He is a Clinical Psychologist, Author (*Socratic Questioning for Therapists and Counselors: Learn to Think and Intervene like a Cognitive Behavioral Therapist*), President-Elect of both the Academy of Cognitive & Behavioral Therapies and the International Association of Cognitive Behavioral Therapy, he's Board Certified in Behavioral and Cognitive Psychology, Fellow, Diplomate, a Certified Trainer/Consultant, Academy of Cognitive & Behavioral Therapies, and Editor for the Advances in Cognitive Behavioral Therapy Newsletter



BOOK REVIEW: THE CHRISTIAN'S GUIDE TO OVERCOMING OCD: STEP-BY-STEP TIPS AND EVIDENCE-BASED PRACTICES BY JUSTIN K HUGHES



Kim Rockwell-Evans, PhD

Have you ever implemented evidence-based practices with a client, only to be disappointed by the clinical outcome? Empirically supported therapies inherently rely on a nomothetic framework which is insensitive to the idiographic, deeply individualized realities of clients in our offices. If clinicians aren't attuned to critical contextual variables such as faith, culture, and race (just to name a few), even our most robust interventions can be limited. For this reason, Justin K. Hughes's *The Christian's Guide to Overcoming OCD: Step-by-Step Tips and Evidence-Based Practices* is a vital resource for Christian sufferers, their loved ones, clergy, and the clinicians who treat them. Written in a compassionate, hopeful, and conversational tone, the book translates clinical concepts into thoroughly accessible, informative guidance. It is an excellent roadmap for adapting evidence-based practices for a specific population that frequently faces unique barriers to mental health care and therapeutic buy-in.

In my 41 years of experience as a psychotherapist, I have observed several spiritual barriers that either delay help seeking behaviors or hinder treatment engagement:

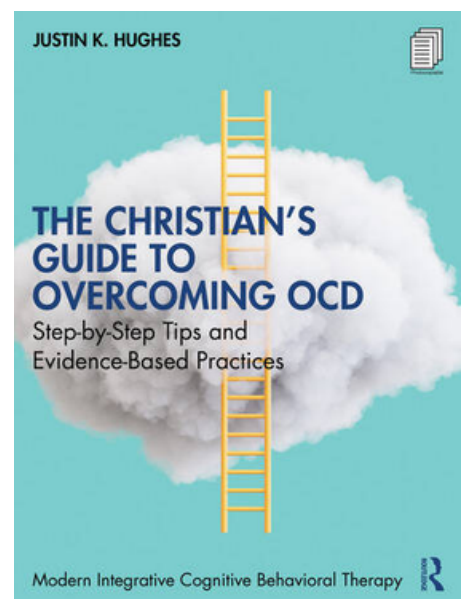
- Skepticism of secular science- Some Christians have a mistrust of psychology and science, viewing it as secular and therefore antithetical to their worldview.
- Shame related to weakness in faith- Clients mistakenly believe their suffering from OCD equates to deficits in their spirituality. Shame can be compounded when sufferers experience taboo obsessions and doubts about spirituality.
- Systemic reinforcement- Unfortunately, well-meaning spiritual leaders may reinforce stigma by suggesting that doubts and anxiety are related to a lack of trust in God.
- Spiritual warfare misattribution- some clients believe that obsessions are related to satanic influence rather than a neurobiological disorder.

All the above contribute to sufferers mistrusting and isolating themselves.

(Continued on Next Page)

Kim Rockwell-Evans PhD is a licensed professional counselor and licensed marriage and family therapist in the Dallas/Fort Worth area. For over 25 years, she has specialized in the treatment of OCD, and anxiety disorders. She has extensive specialized training in the treatment of OCD and anxiety disorders including several behavioral therapy training institutes. She has presented at the ADAA and IOCDF conferences and provided training for mental health professionals on treating OCD and anxiety. She's the author of the book, *Breaking the Rules of OCD: Find Lasting Freedom from the Unwanted Thoughts, Rituals, and Compulsions that Rule Your Life*.

<https://www.newharbinger.com/9781648481024/breaking-the-rules-of-ocd/>
<https://www.amazon.com/Breaking-Rules-OCD-Unwanted-Compulsions/dp/1648481027>



<https://www.routledge.com/9781041096474>

<https://www.amazon.com/Christians-Guide-Overcoming-Step-Step/dp/104109647X>

BOOK REVIEW: THE CHRISTIAN'S GUIDE TO OVERCOMING OCD: STEP-BY-STEP TIPS AND EVIDENCE-BASED PRACTICES BY JUSTIN K HUGHES

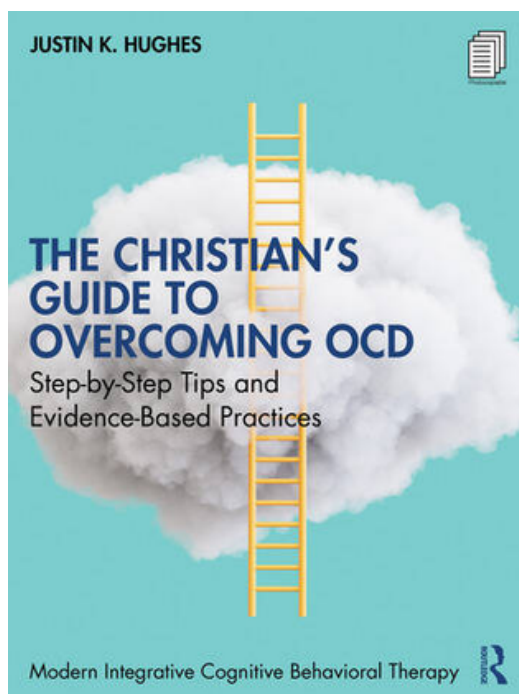


Kim Rockwell-Evans, PhD

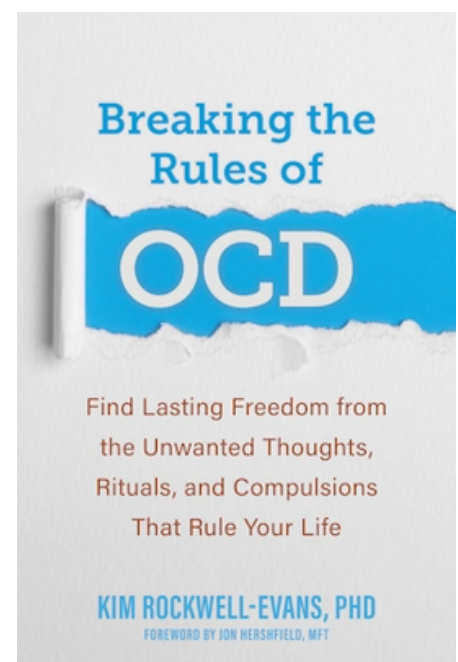
Hughes addresses these barriers head on. As both a devout Christian and well trained specialist in treating OCD, he forms a bridge between secular science and Christianity. He assures readers that OCD is a treatable condition rather than spiritual failure. He integrates exposure and response prevention (ERP) principles with Christian theology. The devotionals with journaling prompts, scriptural references, and addressing numerous faith questions is embedded with standard CBT exercises to treat OCD. Hughes provides clinicians with a masterclass on cultural sensitivity and adapting evidenced-based treatment with fidelity to personalize treatment. By doing so, it offers powerful tools to achieve clinical buy-in, dismantle obsessions, and help clients navigate the demands of ERP so they can move on with living the life they want.

Kim Rockwell-Evans PhD is a licensed professional counselor and licensed marriage and family therapist in the Dallas/Fort Worth area. For over 25 years, she has specialized in the treatment of OCD, and anxiety disorders. She has extensive specialized training in the treatment of OCD and anxiety disorders including several behavioral therapy training institutes. She has presented at the ADAA and IOCDF conferences and provided training for mental health professionals on treating OCD and anxiety. She's the author of the book, *Breaking the Rules of OCD: Find Lasting Freedom from the Unwanted Thoughts, Rituals, and Compulsions that Rule Your Life*.

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What to Do When Your Partner Is Depressed Supporting Your Loved One While Caring for Yourself

David J. A. Dozois, PhD, CPsych

"I love this book! Finally, here are practical, incredibly useful strategies for understanding your partner's depression and what you can do to help."

— **John M. Gottman, PhD**, coauthor of *Fight Right*

"Anyone who wants to improve their relationship with their loved one with depression should read this book! With clarity and compassion, Dr. Dozois shows how to provide emotional support while encouraging your partner to reengage with life."

— **Judith S. Beck, PhD**, President, Beck Institute for Cognitive Behavior Therapy

"When your partner is entangled with depressed mood and all it can bring, how can you stay connected without trying to 'fix' them? Dr. Dozois offers you a grounded, evidence-based way to respond—one that helps you promote meaningful change and care for yourself along the way. A compassionate and deeply practical guide."

— **Steven C. Hayes, PhD**, author of *Get Out of Your Mind and Into Your Life*

"You aren't your partner's therapist—but you can make a real difference in their recovery from depression. Dr. Dozois is a highly respected researcher and gifted clinician who brings years of wisdom to this excellent book. He gives you tools to be a better listener, communicator, and ally. The clear guidelines on setting limits and self-care are so essential for those supporting a partner."

— **Robert L. Leahy, PhD**, Department of Psychiatry, Weill Cornell Medical College; Director, American Institute for Cognitive Therapy

What do you do when the person you love seems replaced by a stranger? Renowned researcher and cognitive-behavioral therapist David J. A. Dozois walks readers through everything they need to know about depression and how to help a partner recover in this compassionate, evidence-based guide. Depression is a heavy burden not just for sufferers, but for relationships, too. The good news is there are a range of treatments that work. Vivid stories illustrate practical strategies and "dos and don'ts" for communicating sensitively with a depressed partner, helping them find the right treatment, encouraging them to reengage with activities they enjoy, and challenging negative thinking. Readers also get tools and tips for taking good care of themselves. For couples seeking to keep their bond strong and overcome depression together, this book offers a grounded, hopeful path forward.

Find full information about this title online: www.guilford.com/p/dozois

Editor's Note:

Check out the upcoming book from one of our members!

**Updates from the *International Journal of Cognitive Behavioral Therapy*
the official journal of the International Association of Cognitive & Behavioral Therapies**

Francisco, C., Maças-Carvalho, I., Martínez-García, L. et al. Development of UP-Prevent, a Group Prevention Program for Subclinical Symptoms of Emotional Disorders: Results from Two Focus Groups with Mental Health Professionals. *Int. J. Cogn. Behav. Ther.* (2026).
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<https://doi.org/10.1007/s41811-025-00276-x>



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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



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Summer 2026 Issue