

Welcome

Welcome to our **12th Issue** of the **Accreditation Programme for Psychological Therapies Services'** Newsletter!

Since our last newsletter in 2025, we have continued to share regular updates with those on our mailing list. If you are not yet subscribed, just email us to join!

In this edition, we are pleased to focus on the theme Addressing Gaps in Psychological Therapies. You'll find an overview of recent initiatives, events, and publications, as well as articles exploring this important topic.

We will also be highlighting our recent Annual Forum, which brought together our member services and external speakers to discuss practical ways to close gaps and improve access to psychological therapies.

We are also excited to share that our upcoming Service User Report will provide valuable insights into lived experiences and recommendations for future improvements so keep an eye out for that!

We are very thankful to all contributors to this newsletter and hope you enjoy reading it!

THIS ISSUE:

Bridging the gaps: recognising and addressing barriers in interpreter-mediated CBT - **Page 2**

Formulating (even more) holistically in CBT - **Page 4**

A summary of the 10th APPTS Annual Forum - **Page 7**

Meet the APPTS Team - **Page 9**

Bridging the Gaps: Recognising and Addressing Barriers in Interpreter-Mediated CBT

Taf Kunorubwe, CBT Therapist, Trainer, Supervisor, Mindfulness in Reading, Berkshire

Individuals who require or request an interpreter continue to face disproportionate barriers to all aspects of healthcare at every stage of the pathway (Whitaker et al., 2021). This is also true for NHS Talking Therapies (TTad). Despite intentions to offer truly accessible psychological support for all, a significant gap remains for clients who require or request an interpreter. Although an under-researched area, anecdotal reports from staff and colleagues suggest that clients accessing interpreter-mediated therapy within TTad continue to experience inequities in both access and outcomes. This article provides a brief overview of emerging research.

Poorer Access and Outcomes

TTad data offers some of the most robust routine mental health care data available, as such information is rarely recorded or reported in other settings (Clark et al., 2018). However, while routinely collected TTad data includes extensive patient characteristics, information on preferred language is not available (NCCMH, 2023).

Our research, the first of its kind within TTad, used a retrospective cohort study to explore waiting times and outcomes for 177,340 Step 3 CBT clients treated in TTad between 2022 and 2023 (Kunorubwe et al., 2025a). The findings are striking:

- Clients using interpreters had lower rates of reliable improvement (58.5%) compared with non-interpreter users (69.2%).
- Recovery rates were also lower (32.5% vs. 44.5%), with outcomes poorest among clients who used professional interpreters (28.8%).
- Interpreter users experienced longer waiting times before treatment, potentially compounding inequities in timely access to care.

While these findings do not suggest that interpreter use inherently limits therapy success, they highlight the urgent need for system-level changes to support clinicians and interpreters in working together more effectively.

Understanding the Barriers

Aligned with our other research, these barriers occur across multiple, interconnected levels: individual, service, organisational, and systemic (Kunorubwe et al., 2025b).

- Individual level: Therapists often find it challenging to build therapeutic rapport when communication is mediated through an interpreter. Subtle nuances of emotion, tone, and metaphor can be lost or altered, affecting the collaborative spirit that underpins effective therapy.
- Service level: Access to interpreters is frequently inconsistent, with variation in availability, quality, and consistency. These inconsistencies can disrupt continuity of care and delay treatment.
- Organisational level: Many services report limited training and guidance for clinicians working in triadic therapy settings, where the therapist, client, and interpreter must all engage effectively. High caseloads and funding pressures-

further restrict opportunities for reflective practice and supervision focused on intercultural and interpreter-mediated work.

- Systemic level: Broader structural issues, such as policy gaps, fragmented commissioning, and inconsistent national standards, create a lack of coherent frameworks for interpreter-mediated psychological therapy across the NHS.

These findings depict a system operating under pressure, yet one in which inequities persist because infrastructure and training have not fully adapted to the diversity of the populations served.

Systematic Review of Interpreter-mediated CBT

A comprehensive 20-year evidence synthesis (Kunorubwe, 2025) has shown that interpreter-mediated CBT is both feasible and beneficial, with several studies demonstrating its promise (d'Ardenne et al., 2007; Schulz et al., 2006; Mofrad & Webster, 2012). Clients can benefit substantially when appropriate structures and collaborative practices are in place. However, large-scale research remains limited, and best practice guidance has been inconsistently implemented across services. The review also synthesised recommendations for interpreter-mediated CBT at individual, service, and organisational levels, highlighting the interdependent nature of practical implementation.

Conclusion

Interpreter-mediated CBT provides a vital pathway for clients who might otherwise be excluded from

psychological therapy due to language barriers. Without targeted action, these clients risk continued poorer outcomes and reduced access to care.

By prioritising workforce development, standardising practice, and embedding interpreter-mediated therapy within the broader framework of evidence-based psychological care. Doing so would bridge language and understanding gaps while reaffirming the principle that high-quality, equitable therapy should be accessible to all, regardless of language.

Even as you come to the end of this newsletter, I invite you to reflect on your own practice. How might language and culture shape the way you build rapport with clients? How might working through an interpreter challenge the way you notice subtle emotional cues, metaphors, or nuances in conversation? Consider also the systems around you: how do organisational pressures, access to interpreters, or limited guidance influence your ability to deliver equitable care? What changes (small or large) could help you, your team, or your service support clients more effectively?

Formulating (even more) holistically in Cognitive Behavioural Therapy: when a safety behaviour is really a coping mechanism, when patients have very few spoons, when they really don't know how they feel... and other considerations!

Craig Sanderson, Cognitive Behavioural Psychotherapist & EMDR Therapist, NHS Lincolnshire Talking Therapies

Last year I wrote an article for the APPTS newsletter; I shared the development of the longitudinal formulation into a Complex-Post Traumatic Stress Disorder (C-PTSD) formulation and a comorbidity formulation (Sanderson, 2025). If you haven't already read it then I would recommend starting [here](#) before reading this article.

The formulation (Sanderson, 2025) has received positive feedback. I was invited to deliver a short training to the psychological therapists in a Children and Young People's mental health service. This service is planning on using the formulation (Sanderson, 2025) to help them to conceptualise service users, and they plan to share it with older service users. They also suggested that it would be helpful to share with parents / carers to help them to understand the difficulties and further support the children and young people. I am excited to hear back as to whether the formulation was useful and whether further adaptations have been made to make it more suitable for this client group. The C-PTSD version of the formulation (Sanderson, 2025) has also been used as a resource for the 2025 – 2026 cohort of a University Cognitive Behavioural Therapy (CBT) training course that trains staff from Talking Therapies Services. I have also been invited to teach it on the 2026 - 2027 cohort for this course.

Despite being initially happy with the formulation (Sanderson, 2025), I did notice that I was calling it holistic without considering factors such as an individual's neurodivergence or other diagnoses that may be relevant to consider during treatment. This is problematic because the autistic person's mental health problem needs to be understood through the lens of an autistic person (Wilson, 2024). The formulation I developed (Sanderson, 2025) is designed to be individualised and trauma informed as recommended in Wilson (2024), but to improve the individualised approach taken it needs to be adapted to include other relevant factors related to neurodivergent experiences. This is because, if the therapist is not aware of an individual's autistic traits, then they could be delivering an incorrect treatment. Challenging safety behaviours could be helpful for a person if the behaviours are maintaining their anxiety, but unhelpful if the behaviour is misunderstood and the patient is encouraged to challenge a helpful coping strategy (Wilson, 2024). The nature of each behaviour needs to be clarified before they are challenged (Wilson, 2024), this is why at formulation it may be helpful to separate these factors so that helpful coping strategies are not listed with the safety behaviours.

As a disclaimer, I have not undertaken a thorough literature review about adaptations required. However, through my own experience as an autistic patient, my own psychotherapy training and continued professional development a couple of things stood out to me that sparked an idea to further adapt the formulation (Sanderson, 2025). It occurred to me that a simple adaptation was possible after reading research from Spain and Happé (2020) who suggest that creativity when formulating in CBT can better engage autistic individuals and if co-occurring neuropsychological impairments are understood it can enhance communication between therapist and patient (Spain and Happé, 2020).

The answer to what this adaptation could be came after attending training on 'CBT for Adults with ADHD' delivered by Dr Antonia Dittner and Dr Hannah Winfield. I was inspired by the adapted longitudinal formulation they presented (Dittner et al. 2018) which included a box labelled "Factors that contribute to ADHD Challenges" that linked in to experiences and predispositions. With my formulation templates (Sanderson, 2025) already covering experiences, I felt that a box covering predispositions and other factors would be helpful with specific patient groups, helping gain a shared understanding of co-occurring neuropsychological impairments.

Therefore, I added a box at the top labelled "Other important information about me: e.g. autism traits, ADHD characteristics, other diagnosis such as chronic fatigue syndrome". The examples are included to make it clear what this box is for. To date, I have limited experience of using the formulation with this minor adaptation, however, I have found it helpful with a few patients so far when identifying autistic traits and helpful coping behaviours.

This additional box helped separate Autism traits and helpful coping from maintaining anxiety behaviours, this was helpful both when using the adapted formulation templates when treating C-PTSD (fig. 1) and when treating comorbidity (fig. 2).

This also helped at the end of therapy because it highlighted what behaviours were helpful at preventing autism burnout which were then included in the staying well plan. Having only used this adaptation so far with patients with autism, I am interested to find out if this works as well when treating mental health problems with other co-occurring factors such as ADHD and Long-Term Conditions.

The adaptation to the C-PTSD formulation (fig. 1) and the comorbidity formulation (fig. 2) are shown below. As you can see, it is just one box different to the 2025 template (Sanderson, 2025). This means that if we started with the 2025 template because we have not yet identified that an individual is neurodivergent, we can simply add this new box to it. The templates shown in fig 1 and fig 2 have the change highlighted in blue purely to show the addition to the previous version (Sanderson, 2025). Please contact me directly if you want editable copies of these templates and please feel free to share them with anyone who may find them helpful.

Fig 1. C-PTSD CBT formulation

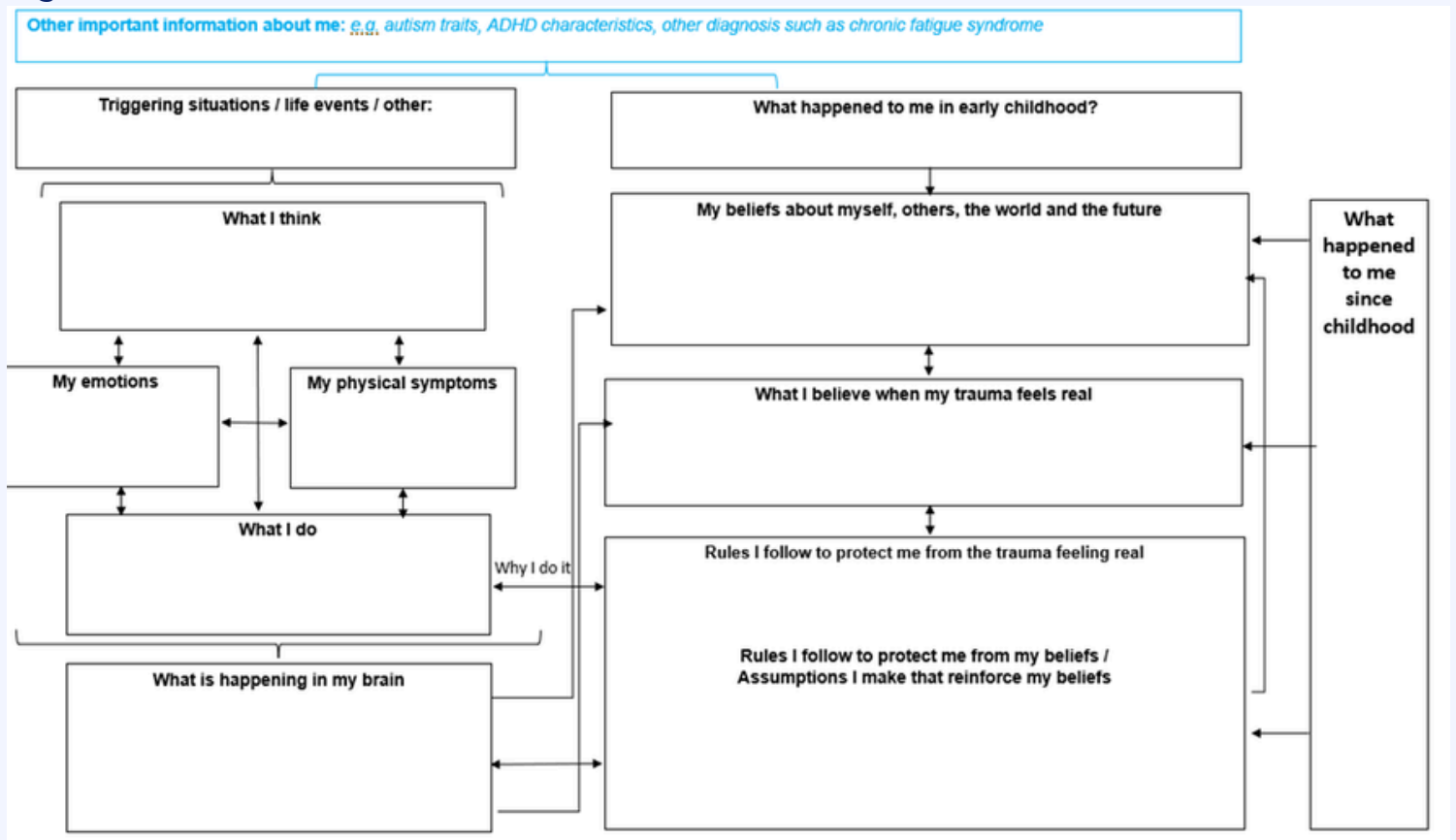
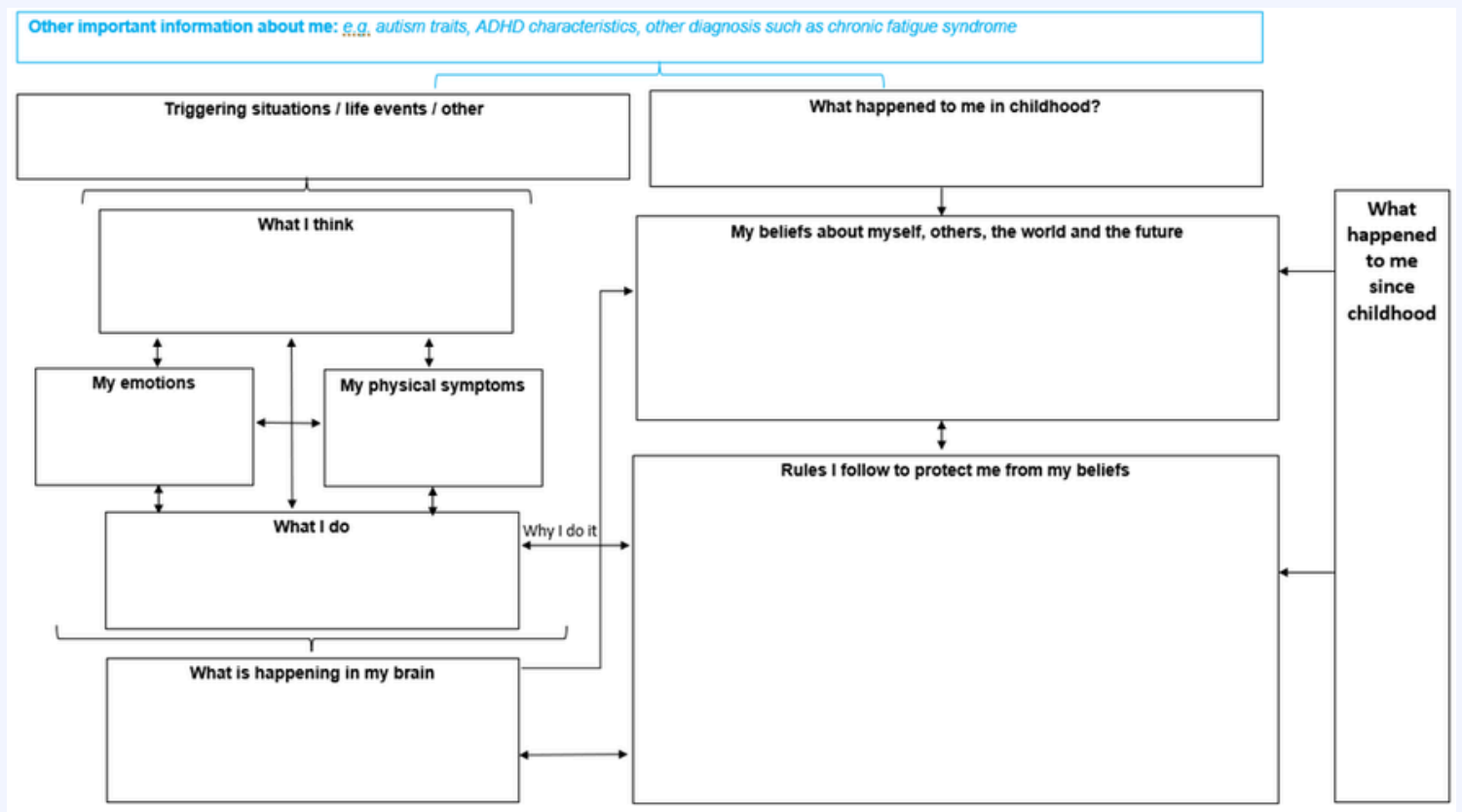


Fig 2. Holistic CBT formulation for comorbidity



A summary of our 10th Annual Forum on **Addressing Gaps in Psychological Therapies** 9th Dec 2025

Josh Coelho, Project Officer, APPTS

The APPTS team hosted its 10th Annual forum on addressing gaps in psychological therapies services to drive quality improvements across service user care.

The speaker panel included:

- **Rachel Heggart**, Senior project Manager at NHS England and NHS Improvement
- **Tracey Paxton**, Clinical Director at Perkbox Vivup
- **APPTS service user** representative-Lived experience perspective
- **Maurita Murphy**, Cognitive Behavioural Psychotherapist at NHS Cornwall and Isles of Scilly Talking Therapies for Anxiety and Depression
- **Taf Kunorubwe**, CBT Therapist, Trainer, Supervisor at Mindfulness in Reading, Berkshire
- **Jemma Earey**, Operations Manager and **Nazma Miah**, Community Development Lead, Total Wellbeing Luton
- **Rani Griffiths**, Cultural and Ethnic Diversity Lead, Berkshire Talking Therapies Service
- **Dr. Sidrah Muntaha**, Consultant Clinical Psychologist (Newham, ELFT) and BPS' Division of Clinical Psychology's Lead for Equality, Diversity & Inclusion

The following excerpts detail a brief summary of the presentations taking place during the event:

Digitally Enabled therapies in NHS Talking Therapies services

Rachel Heggart delivered a presentation on how NHS Talking Therapies is expanding the use of Digitally Enabled Therapies (DETs), with NICE Early Value Assessments (EVA) guiding their use.

Bridging the gap in crisis mental health support

Tracey Paxton delivered a presentation highlighting the growing gaps in crisis mental health support due to overstretched public services and long waiting times, emphasising the role of Employee Assistance Programmes (EAPs) as a complementary resource without replacing public care.

Understanding and Navigating Neurodiversity: Developing Inclusive Therapy Pathways

The presentation by **Maurita Murphy** focused on creating inclusive therapy approaches for neurodivergent individuals, aiming to improve mental health outcomes and promote self-acceptance through tailored courses and strategies.

Bridging the Gaps: Practical Strategies for Inclusive Engagement through interpreter mediated Therapy

Taf Kunorubwe's presentation focused on practical approaches for delivering CBT effectively when working with spoken language interpreters in mental health.

Luton, a Marmot Town and the Importance of Community Working

Jemma Earey and **Nazma Miah** discussed how Luton applies Marmot principles to reduce health inequalities and improve community wellbeing.

Actively addressing inequality: Creating culturally appropriate Talking Therapy services

The presentation delivered by **Rani Griffiths** which looked at taking ownership of health inequalities, acknowledging concerns for therapy, collecting purposeful outcome data, to inform strategies to address inequalities of access.

Eurocentric Approaches in Psychological Therapies: Adaptations using Faith, Music and Creativity

This presentation by **Dr. Sidrah Muntaha** explores how mainstream psychological therapies are rooted in Eurocentric assumptions, shaping diagnostic systems, treatment models, and professional training. It highlights cultural limitations of approaches like CBT and attachment theory, and advocates for adapting and innovating therapies such as CBT-music and spiritually based interventions to better serve diverse communities and reduce health inequalities.

KnowledgeHub

If you missed the annual forum and wanted to watch any of these presentations, the recording was published on KnowledgeHub, alongside previous APPTS annual forums.

If you aren't familiar with KnowledgeHub, it is a free to join, online platform which allows you to be part of various groups. The Programme for Psychological Therapies Services (APPTS) has created their own group and we would very much like you to be part of this to join in on discussions around psychological therapy services.

We really hope that you will find this to be a useful platform for communicating with other members of the network and for facilitating discussions about good practice and a hub for resources for our members.

If you have not received a joining link and would like to join knowledge Hub please email the APPTS team at APPTS@rcpsych.ac.uk, and take a look at our [KnowledgeHub Guidance](#), for tips and troubleshooting.

Meet the APPTS Team

If you could learn one new skill instantly, what would it be?

I've been trying (and not succeeding) to learn Spanish for a few years, I would really love to be able to have a fluent conversation!

What's one small thing that always makes your day better?

A hot cup of tea and my reading book.

What do you appreciate most about our team?

I love that I work in a team full of snackers, an office day is usually paired with offering out random snacks and nibbles to help the day go by!



What's your go-to comfort TV show, film, or book?

Friends or my wife and kids

Coffee, tea, or "I survive purely on vibes"?

Coffee - couldn't live without it

Would you rather have your own theme tune play every time you walk into a room or live laugh track that follows you around?

Would rather have a theme tune every time I walk into the room

What's something you've learned recently?

Found out why marine mammals swim with their tails going up and down rather side-to-side

What's one small thing that always makes your day better?

Sunlight when I wake up or the M&S Salted Caramel Overnight Oats

Pineapple on pizza — yes or criminal?

Pineapple no peppers.



Contact The Network

Jemini Jethwa | Programme Manager | Jemini.Jethwa@rcpsych.ac.uk | 0208 618 4061

Alex Eneli | Project Officer | Alexandra.eneli@rcpsych.ac.uk | 0208 618 4264

Josh Coelho | Project Officer | Joshua.Coelho@rcpsych.ac.uk | 0208 618 4138

General Enquiries | APPTS@rcpsych.ac.uk