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Panel Discussion: Tension and tenacity in rebalancing power and equity in CBT Leadership: Reflection from BABCP 2025 Cohort

Participants: Jen D'Aubyn, Elaine Davies, Ontonio Dawson, Rani Griffiths, Leila Lewton, Mallika Sharma, Francesca Waddington, Kirsty Wright

Abstract:

The need for inclusive, compassionate leadership in CBT has never been more urgent. In 2024, BABCP members asked for leadership development that could have practical impact and effect real-world change in pressurised environments. In response, BABCP launched a Leadership Programme. Members from the first cohort will be reflecting on their learning and impact of this Programme. The panel will be discussing leadership barriers and solutions within a variety of areas such as primary and secondary care, private practice and higher education. How do we define leadership in CBT? Is CBT leadership autocratic, a top-down approach, driven by political agenda and national targets? What and how many opportunities are there, outside of mandated professional roles for lateral leadership, inclusive of passion, marginalised identities and special interests? How do we protect leadership opportunities in relation to wellbeing, growth and creativity to aid service provision, prevent burnout and apathy? The panel will discuss their personal/professional identity and perspectives on the future development of leadership across organisations. Female leaders in higher education are still underrepresented (White, 2011). There is lack of transparency in the recruitment process but apart from that location, geographical mobility, subject areas and gender pay gaps are many other barriers women face (White and Burkinshaw, 2019). The intersectionality for people of colour pose barriers for progression to more senior leadership roles (Blell et al, 2023; Wood et al, 2025). Successful implementation of CBT within CMHTs depends heavily on the status and influence of leaders who are CBT therapists (McGuire et al, 2024). Although CBT Therapists often have organisational and clinical leadership experience, they hold less power than Clinical Psychologists. Can lack of respect for CBT lead to reductive and limited implementation? How do we negate risks to flexibility, creativity, and cultural adaptation in CBT? When those furthest from harm define reality, inequity remains unseen. Effective leadership requires removing these blindfolds by centering lived experience alongside data and having the courage to name discrimination explicitly. Can we rise to the challenge of the BABCP's aims to cultivate a more connected, compassionate, and capable leadership community across BABCP that enables individuals, services, and the wider profession to thrive in complex and evolving contexts?

Aims:

Our shared motivations

- To improve all staff wellbeing and retention, prevent burnout and move towards a healthier, thriving workplace for CBT Practitioners.
- To Support the BABCP's aims to cultivate a more connected, compassionate, and capable leadership community across BABCP that enabling individuals, services, and the wider profession to thrive in complex and evolving contexts.

- To enable the audience to shape concepts and vision of leadership in a variety of areas of working as a CBT Therapist.