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# Cognitive Behavior Therapy Today

## From the President and President Emeritus

Welcome to Beck Institute for Cognitive Behavior Therapy's newsletter - *CBT Today!* We have so much news to relate since our last newsletter went out, including a new name, a new logo, new edition of *Cognitive Behavior Therapy: Basics and Beyond*, and more.



## Dr. Aaron T. Beck Celebrates His 90<sup>th</sup> Birthday

Reminiscences from colleagues and students have been pouring in from across the globe as Dr. Aaron Beck celebrates his 90<sup>th</sup> birthday this year. Beck Institute will mark the occasion with a special e-book for Dr. Beck to enjoy on his iPad. Thanks to everyone who made contributions, as we commemorate this milestone in Dr. Beck's life. It's not too late for you to email us ([beckinstitute@beckinstitute.org](mailto:beckinstitute@beckinstitute.org)) a paragraph or more expressing how Dr. Beck has influenced your career or your life or recounting personal anecdotes about interactions with him. We may edit and publish your remarks in our various social media outlets. We plan to honor Dr. Beck at the upcoming workshop for students and post-doctoral fellows on August 15 - 17, 2011.

## The New Beck Institute Website

The Beck Institute website has a new look, but the biggest change is in the approach, not the



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appearance. The website has been redesigned with new sections to better meet the needs of health and mental health professionals, students, and organizations, as well as consumers and patients, in addition to a new section for individuals treating active duty and veteran military. A clearer structure, simplified navigation and improved search functions make finding information on CBT, and Beck Institute, easier than before. Be sure to check out our new features. In particular, we would like to draw your attention to the *Ask Drs. Beck* column. We encourage you to join the conversation by emailing questions to [beckinstitute@beckinstitute.org](mailto:beckinstitute@beckinstitute.org). The Drs. Beck will respond on [Beck Institute's homepage](#).



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### Beck Institute seeks Education Director

We're Looking for a new full-time Director of Education and Training. We think it's an exciting opportunity ([click here for details](#)). If you meet the requirements and you're interested in the position, please submit your application to Julie Hergenrather, Ph.D., our executive director, at [jh@beckinstitute.org](mailto:jh@beckinstitute.org).

### The Basis for Cognitive Therapy

Aaron T. Beck, M.D.  
*President Emeritus*

My present notion of cognitive therapy is that it is based on a theory of psychopathology (information processing model), and the techniques that are utilized are those that can help to ameliorate the dysfunctional aspects of the individual's beliefs, interpretations, and avoidance behaviors, as well as dysfunction in attention and memory. Thus, in a given case, at a given time, the therapist might choose to focus on the beliefs, misinterpretations, safety behaviors, selective focus or selective attentional inhibitions, aberrations in memory, or defects in executive function. The selections of interventions will vary according to what seems to be most feasible for a given patient, and also, the therapist's particular skills. Basically, the therapeutic armamentarium that is available will be utilized selectively. In general, however, the main thrust of the therapy will be to modify the dysfunctional cognitive processing.



### The Fallacy of Cognitive Mediation



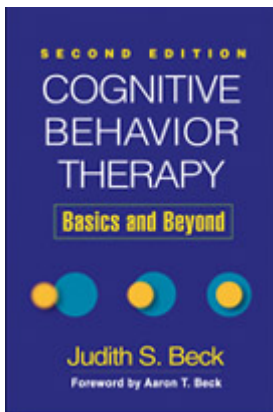
Aaron T. Beck, M.D.  
*President Emeritus*

A recent exchange on the Academy of Cognitive Therapy listserv prompts me to discuss something that has been on my mind for a long time; specifically that cognitive change is an essential part of any improvement in depression by any means. The cognitive model of depression stipulates that negative cognitive processing is the central psychological factor in depression. Thus, improvement in depression by any treatment should show a change in cognition. This has

been demonstrated in a wide variety of interventions, including pharmacotherapy. My strong hypothesis is that if there is no change in cognition then the person does not recover from depression, or conversely, if there is no negative cognitive component then the person is not depressed in the first place. So, a change in cognition with treatment or spontaneously is a validation of cognitive theory but not of cognitive therapy. A more relevant mediating variable would be the acquisition of cognitive strategies.

Furthermore, an important evaluation of efficacy and mediation would be not at the end of treatment (when improvement can occur with almost any type of therapy or no therapy at all) but the durability/relapse prevention. There is an interesting controversy within the CT field as to whether durable improvement is from learning new skills or defusing negative schemas/strengthening positive schemas. Another possibility is that the shift in the negative bias enables the patients to perceive and take advantage of the external resources which they were blinded to because of their negative cognitive bias.

### **New Edition of Cognitive Behavior Therapy: Basics and Beyond**



Judith S. Beck, Ph.D.  
*President*

The first edition of Cognitive Therapy: Basics and Beyond published sixteen years ago, has been translated in over twenty languages and is the major text in the field. With so many recent developments, it seemed an appropriate time to write a second edition.

This book is intended both as an introduction to CBT for aspiring clinicians, and as a review for more experienced therapists who want to improve their skills. The second edition includes a greater emphasis on assessment, the therapeutic alliance, utilizing patients' strengths, improving homework, compliance, troubleshooting difficulties, and

preventing relapse.

A sample case write-up (required for certification in the Academy of Cognitive Therapy) and seven reproducible clinical tools can be downloaded at [www.beckinstitute.org](http://www.beckinstitute.org) (click *About CBT* then *Professional Tools & Resources*).

These worksheets, and others, along with completed examples are available from our [CBT Bookstore](#).

To comment or ask questions about this book send email to [beckinstitute@beckinstitute.org](mailto:beckinstitute@beckinstitute.org).

### **The Rule of False Negatives**

Aaron T. Beck, M.D.  
*President Emeritus*

Why do people experience anxiety way out of proportion to actual events? Why do they get angry over trivial affairs?

The culprit seems to be the evaluations bound up in False Negatives. Take the ordinary life situation of

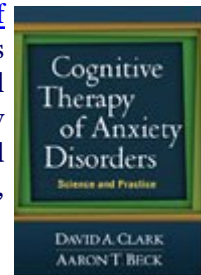


being frightened by a sharp pain in the chest or by a stranger with a bulge in his pocket resembling a gun. You may be concerned or anxious a thousand times (False Positives) and your fear turns out to be wrong. But if you fail to recognize a real danger (False Negatives) just once, your life may be finished and you will be eliminated as a potential donor to the gene pool. The same rule holds true for taking offense and becoming angry too readily. You can misinterpret malevolence numerous times without fatal consequence, but if you fail to detect a person's lethal intent just once, you may get killed and your genes will be eliminated from the gene pool. Of course the Rule of False Negatives also applies to potential situations that are not life threatening but can still have adverse effects, such as interfering with specific goals. These situations may produce lower levels of anxiety and anger than presumed threat to life. Nonetheless, people seem to be programmed to exaggerate the degree of threat to their interest. These reactions generally involve one or more of the classical thinking errors such as dichotomous (all-or-nothing) thinking, selective abstraction, and overgeneralization. Thus, in a way, False Negatives rule our lives.



### Awards for Dr. Aaron T. Beck

- 2010 Sigmund Freud Award from the *American Society of Psychoanalytic Physicians*
  - Upon receiving the Sigmund Freud Award, Dr. Aaron Beck presented a lecture titled: "My Early Introduction to Psychoanalytic Therapy" which included the history of how Dr. Beck discovered automatic thoughts.
- 2010 Bell of Hope Award from the *Mental Health Association of Southeastern Pennsylvania*.
  - The Bell of Hope Award was presented by the MHASP to recognize significant and far-reaching contributions made by Dr. Aaron T. Beck, benefiting individuals facing the challenges of mental illness.
- 2010 Scholarship and Research Award from the *National Alliance on Mental Illness of Pennsylvania*
  - Dr. Beck was honored at the Second Annual NAMI of Pennsylvania's Cherry Blossom Ball with the Scholarship and Research Award for his current research on Cognitive Behavior Therapy for Schizophrenia.
- 2010 Book of the Year in Psychiatric-Mental Health Nursing from the *American Journal of Nursing*
  - Dr. Aaron Beck and Dr. David Clark were recently honored with the Book of the Year Award by the AJN for their publication: [Cognitive Therapy of Anxiety Disorders: Science and Practice](#). AJN's panel of judges recognized the book as the "most valuable psychiatric-mental health nursing text of 2010." Cognitive Therapy of Anxiety Disorders incorporates the latest research on anxiety treatment and offers guidelines for cognitive assessment, case formulation, cognitive restructuring, and behavioral intervention.



### Specialty workshops at Beck Institute

For the first time, the Beck Institute will be offering 3-day specialty workshops on a variety of topics, in addition to our regular Level 1 and Level 2 workshops. At this time, our specialty workshops include:

### **Cognitive Behavior Therapy for Active Duty and Veteran Military and their Families**

This experiential workshop covers the basics of cognitive behavior therapy for mental health professionals who treat Active Duty and Veteran Military and their families. Participants will learn about the special characteristics and culture of this population and how to adapt CBT accordingly, with an emphasis on the treatment of depression and suicidality. Participants will also learn how to develop an individualized conceptualization of the client based on the Cognitive Model, plan treatment based on this conceptualization, develop a sound therapeutic alliance, structure sessions, and use CBT interventions. Techniques will be illustrated through roleplays and worksheets. A special feature is a question and answer session with **Dr. Aaron Beck**.

- **September 19 - 21, 2011**

### **Cognitive Behavior Therapy for Children and Adolescents**

This experiential workshop covers the basics of cognitive behavioral therapy for children and adolescents with depression and anxiety, ages 7-18. Participants will learn how to develop a conceptualization based on the Cognitive Model, plan treatment, and deliver CBT interventions to children, adolescents and their families. Specialized techniques are described and demonstrated for clients with depression, suicidality, and anxiety. A special feature is a question and answer session with **Dr. Aaron Beck**.

- **October 17 - 19, 2011**

### **Dr. Judith Beck Abroad**

Judith S. Beck, Ph.D.  
President

Earlier this summer, I traveled to Istanbul for the 7th International Congress of Cognitive Psychotherapy (ICCP) Conference. I presented on a variety of topics including CBT for Personality Disorders and CBT for Weight Loss and Maintenance. It was wonderful to discuss treatment and research with students and colleagues from around the world. I was impressed to find there were representatives from over 50 countries! It was truly an exceptional experience, and especially exciting to see young people from some countries where Cognitive Therapy is still in early development.



Last month, I presented at the 3rd Asian CBT Conference in Seoul, Korea. There were 344 participants from 12 countries who came together to share ideas and found a new organization - the Asian Cognitive Behavior Therapy Association (ACBTA). The 4th Asian CBT Conference will be held in Tokyo, Japan, in 2013.

## Staff Updates (a new baby!)

We are pleased to announce the return of Deborah Beck Busis, L.S.W., to Beck Institute, as our full-time Diet Program Coordinator. Debbie has already been very active on the [Beck Diet Solution's Facebook Page](#), and she is leading our team in the development of a new [Beck Diet Solution website](#).



We'd like to welcome the two new additions to our Beck Institute family. Our Executive Director, Dr. Julie Hergenrather, was married last month to Paul Bach, Ph.D., and our Education Coordinator|Online Based Initiatives, Brian Keenaghan, M.S., is a new father! His daughter, Carolina Rose Keenaghan (right), was born on Friday,



May 6, 2011.

## Cognitive Therapy with Older People



Ken Laidlaw, Ph.D.  
Senior Lecturer/Consultant Clinical Psychologist  
University of Edinburgh

Cognitive Therapy with Older People: A short review of treatment evidence and developments in theory.

*Part Two: How is CBT different with Older People: Age related negative cognitions.*

People are living longer and healthier than previous generations. When asked older Americans can name many positives about growing old such as having more freedom and more time to spend with their families. Typically older people report high levels of satisfaction overall with life and recent evidence suggests that emotional stability improves as people age (Carstensen & colleagues, 2011). Thus if you have a client in your clinic and they ascribe all their problems due to aging, this would suggest that this is a cognitive bias that is erroneous and ought to be challenged - empathically but emphatically!

Depressed older people may endorse negative attitudes to ageing that sound plausible to therapists unused to working with older people. Evidence presented by aging researchers (see, Levy, 2003) suggest people endorse negative stereotypes of age that become internalized self-stereotypes (that function much like a diathesis in CT) leaving older people vulnerable as they accept negative experiences of aging in a passive way (the slippery slope of aging into decrepitude they always feared). Examples include, 'Old age is a terrible time', or 'All my problems are to do with my age'. Thus older people misattribute their problems as global, (i.e all of their problems are because they are old), stable (i.e these problems are to do with ageing and as such with them for the rest of their life) and internal (i.e. an attribute of the individual; their age). These statements can be difficult to challenge, but therapists are encouraged to ask specific questions about these beliefs as the overgeneralised and ultimately unhelpful character of these thoughts will be revealed. It is important for therapists to remember that their client's utterances about aging are expressions of thoughts and thus amenable to change in the way that all erroneous cognitions are. To do this well, therapists need to become knowledgeable about the modern experience of aging and this can best

be achieved by becoming aware of the science of gerontology which has produced (positive) data that challenges a lot of accepted (negative) myths about aging.

Why is this cognitive level of processing so important? It is important as some older people will develop diseases that increase the risk of depression that are not yet well treated. For example in depression in Parkinson's disease, the efficacy of antidepressant treatments is not yet established. People with depression comorbid with physical illnesses are in great danger of developing excess disability with potentially catastrophic consequences. In depression in dementia, cognitions may take on a reality that might persuade therapists that nothing can be done, but the central message is that clients with realistic problems can still think about these in unhelpful ways and cognitive re-appraisal can be powerfully helpful in tackling hopelessness and demoralization. Researchers have begun to explore the usefulness of CT for dementia and here the empowering, non-pathologizing stance of CT is very compelling in helping people manage one of life's most difficult experiences.

Carstensen, L. et al. (2011) Emotional experience improves with age: Evidence based on over 10 years of experienced sampling. *Psychology and Aging*, 26, 21-33.

Levy, B. R. (2003). Mind matters: Cognitive and physical effects of aging stereotypes. *Journal of Gerontology; Psychological Sciences*, 58B, P203-P211.

### **Speaking Engagements**

*Beck Institute sends speakers around the U.S. and the world to present half-day to full-week workshops for hospitals, professional associations, national/international conferences, managed care companies, primary care physician groups, and other related organizations. Lecturers and keynote speakers offer a wide range of cognitive therapy topics to meet the needs of your setting.*

#### **August 1-5, 2011 - Battle Creek, MI**

Venture Behavioral Health

Speaker: Leslie Sokol, Ph.D.

Workshop: Beck Institute CBT Levels I and II

Website: [Venture Behavioral Health](#)

#### **August 4-5, 2011 - Menasha, WI**

Theda Care Behavioral Health

Speaker: Randy Fingerhut, Ph.D.

Workshop: Fundamentals of CBT

Website: [Theda Care](#)

#### **August 4-7, 2011 - Washington, DC**

APA Convention

Speaker: Judith S. Beck, Ph.D.

Workshop: Cognitive Therapy for Personality Disorders

Website: [2011 APA Convention](#)

**August 8, 2011 - Larned, KS**

Larned State Hospital

Speaker: Sharon Morgillo Freeman, Ph.D.

Workshop: CBT for Personality Disorders

**October 14, 2011 - Nashville, TN**

Trevecca Nazarene University

Speaker: Judith S. Beck, Ph.D.

Workshop: CBT with Personality Disorders

Website: [Trevecca Nazarene University](#)

**November 4-5, 2011 - Badajoz, Spain**

Instituto de Psicología Aplicada

Speaker: Leslie Sokol, Ph.D.

Workshop: CBT for Difficult Cases

Website: [Instituto de Psicología Aplicada](#)

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