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BI Brings CBT to Community Mental Health

*Judith S. Beck, Ph.D.
Leslie Sokol, Ph.D.*

The Beck Institute has been extensively involved in bringing evidence-based practice to community mental health. We have provided training and supervision to community mental health providers in Mississippi, Oregon, New Mexico, Georgia, Pennsylvania, Vermont, Ohio, Virginia, Alabama, Texas, Arkansas, and elsewhere.

In the state of Michigan alone, we have provided training to over one thousand community mental health therapists and supervision to over two hundred of these providers since 2004. We take a two-prong approach. Large numbers of community providers participate in formal intensive training workshops in CBT, either a five-day workshop or three two-day workshops. With a goal to expose all staff to CBT, we continue to provide five-day intensive trainings annually. Following completion of this training, a select number of these participants continue on to receive weekly supervision of their cases by Beck Institute supervisors for a period of 6 to 12 months. Once they obtain proficiency in CBT, many then continue supervision to become proficient in supervising others.

Currently, the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), through Mental Health Transformation State Incentive (T-SIG) Grant funding from the Substance

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Rhoads Lecture: Part III

Aaron T. Beck, M.D.

On September 15, 2009, Dr. Aaron T. Beck was awarded the Eleventh Jonathan E. Rhoads Commemorative Medal from the College of Physicians of Philadelphia, the American Philosophical Society and the University of Pennsylvania Department of Surgery. He is the first psychiatrist to receive this honor. Below is the continuation of the lecture he gave. For Part I and Part II, see [Volume 14, Issue 2 - Fall 2009 of CT Today](#) and [Volume 15, Issue 3—Winter 2010 of CT Today](#).

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My approach to suicide was far more systematic. In contemplating research in this area, I planned in advance to proceed to look at the following dimensions: classification, assessment, prediction, and intervention. This was an ambitious project that actually continued for the next 35 years. Studies like this need to be started when one is young and is willing to stay with a particular subject for a professional lifetime.

In 1970, I headed up a task force on the Classification of Suicidal Behaviors. At that time, there was no classification of suicidal behaviors, but there was a conglomerate of conflicting and ambiguous terms, and, in many of the studies, completed suicides, suicide intent, and suicide attempts were all merged together.

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COGNITIVE THERAPY WORKSHOPS AT BECK INSTITUTE

⇒ **September 27–29, 2010**
 ⇒ **February 7–9, 2010**

⇒ **November 8-10, 2010**
Advanced CBT Experiential Workshop

The Advanced Workshop is designed for professionals who have already received training in Cognitive Therapy (CT/CBT) and seek to enhance their ability to deliver CT efficiently and effectively to clients who pose a challenge in treatment.

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Abuse Mental Health Services Administration (SAMHSA), has contracted with us to provide an intensive training and supervision program in Cognitive Behavioral Therapy (CBT). We have used a similar model to the one we used in Michigan. In addition, we are working to help build a state infrastructure to help develop the expertise of not only participating therapists but also non-therapist (paraprofessional) practitioners.

We provided four three-day trainings in CBT in Oklahoma over a seven month period. Two of those days were topic-focused workshops and one day was reserved for case discussion and supervision. Another

day was added on to provide training in a workshop format to the non-therapist providers. Over 700 non-therapist providers were exposed to the cognitive model and were taught how to apply CBT principles in their daily work. Currently, 26 community mental health therapists are receiving supervision from the Beck Institute to become competent in delivering CBT and in providing CBT supervision in their work place to therapists and non-therapist providers.

We have developed a variety of programs for community mental health providers in other states, based on their individual needs and practical constraints such as budget and therapist availability for training. We are proud

of the valiant therapists we have trained in community mental health systems. They often treat clients who are the most vulnerable and have the most challenging, complex problems.

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A TRIBUTE TO NAOMI DANK, PH.D.

Naomi Dank, our wonderful associate director, is changing her status and will become our consultant. Naomi was instrumental in the founding of the Beck Institute in 1994 and has been an integral part ever since, involved in both the day-to-day running of our organization and in helping us create and implement our vision. We will miss her! Thank you, Naomi, for all you've done for our Beck Institute "family."

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We came up with a classification of Completed Suicides, Suicide Ideation, and Suicide Intent. Each of the categories was classified by two qualitative terms, specifically "Degree of Intent" and "Degree of Lethality." Lethality actually referred to the biological/medical damage or medical dangerousness of intent or actual attempt.

My next venture was to devise various instruments to measure these attributes. I thus prepared the *Suicide Intent Scale* for attempters, *Suicide Ideation Scale* for ideators, and then the *Lethality Scale* to measure the medical consequences of the suicide attempt.

In short, I found that we could measure each of these variables. There was a large

correlation between suicide intent, as measured by the *Suicide Intent Scale* for attempters, with the degree of lethality. Since I had observed that hopelessness seemed to be the most powerful generator of suicidal urges, I developed the *Hopelessness Scale* to measure this variable.

The validation of the *Ideation Scale* was first carried out with individuals who were hospitalized because of severe suicide intent. This was a high-risk population, and, therefore, the base rate of ultimate suicides would be high enough to make a valid prediction. We had approximately 100 patients with suicidal ideation in this group. We followed them for five to ten years, and we found that the patients who scored high on our scale of suicide ideation were the most likely to

commit suicide. Even more significant was the fact that the patients who were high scorers on hopelessness were about 10 times more likely to commit suicide than lower scorers. This provided two valuable tools for estimating suicidal risk: the *Suicide Ideation Scale* and the *Hopelessness Scale*.

Suicidal outpatients were a different story because they have a relatively low base rate for ultimate suicide. In 1989, however, we had collected enough cases of suicide ideators – over 1,000 – to conduct a validation study. Again, we found that the *Suicide Intent Scale* discriminated between those who ultimately committed suicide and those who did not. Also, the high scorers on the *Hopelessness Scale* were 10 times more likely to commit

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suicide than the low scorers. Thus, once again, we found that the *Suicide Ideation Scale* and the *Hopelessness Scale* were valuable instruments for predicting future suicides or for determining suicidal risk.

The study of suicide attempters, however, apparently was a different story. When we studied this group, neither of our scales seemed to predict ultimate suicide. However, we later noted a significant fact: namely, by asking the question, “Were you sad

or glad that your suicide attempt did not end in your death?” it turned out that those who were unhappy about the failure of their attempt were significantly more likely to eventually commit suicide than those who were glad that the attempt had not succeeded. This finding validated both the *Hopelessness Scale* and the *Suicide Ideation Scale* as predictors of suicide.

Finding a successful intervention was a different problem. It was not until 2007 that Greg Brown and I completed a

study on a short-term intervention of cognitive therapy (10 visits) of 120 patients – 60 in the experimental group and 60 in the control group – of suicide attempters. We found, at a follow-up, that twice as many patients in the control group reattempted as compared to the experimental group, so we were able to cut down the reattempt rate by 50 percent with a very short-term intervention. We presume that the longer-term intervention would have produced even stronger results.

The Beck Initiative: A Unique Training Program to Implement Cognitive Therapy in a Community Behavioral Health System

By Rosanna Sposato, Psy.D., Postdoctoral Fellow, University of Pennsylvania

Despite substantial evidence that cognitive therapy (CT) is effective for a number of psychiatric disorders, consumer access to CT and other evidence-based treatments remains limited, particularly within community settings. In an effort to make CT more available to community settings, Dr. Aaron Beck and his research group at the University of Pennsylvania (UPenn) joined forces with Arthur Evans and the Department of Behavioral Health and Mental Retardation Services (DBHMRS), and Community Behavioral Health (CBH) of the city of Philadelphia, to develop one of the only large scale efforts to implement CT with child and adult low-income consumers within a U.S. community mental health system. Otherwise known as The Beck Initiative, the UPenn-Philadelphia partnership has trained more than 500 clinicians and DBHMRS personnel from 12 local community treatment settings in the

implementation of CT. Long terms goals of this project are to make CT available at every provider site within this network and to make the training program self-sustaining within the network.

Our current model involves training community based therapists over a period of 7 months. The training begins with a 16-hour face-to-face-didactic training in the fundamentals of CT and is followed by a six month consultation period, which involves a combination of individual supervision and weekly group consultation meetings provided by mentors from UPenn. Following this 6-month phase, therapists transition into an internally run CT consultation group at their agencies to maintain and build upon their abilities to offer CT to their clients.

Preliminary data are promising for both therapists and clients. In fact, The Beck Initiative has succeeded in aiding the vast majority of the

therapists participating in The Beck Initiative in achieving competence in the implementation of CT. Preliminary client outcomes reflect a decrease in the number of expensive inpatient hospitalizations and increased use of less expensive outpatient services.

Throughout the implementation of this project we have evaluated the effects of the training and have begun testing other models of training in order to determine which training model is most effective. The Beck Initiative is currently being funded by DBHMRS, but collaborators from UPenn and the City of Philadelphia are working to shape this unique training effort into a large scale, grant-funded research project to conduct additional research on the training models and outcomes. As this training program continues to grow, The Beck Initiative will strive to ensure that the program is flexible and sustainable as well as consistent with its original vision.

SPEAKING ENGAGEMENTS —CHECK WEBSITES FOR MORE INFORMATION

June 28-30, 2010 – Oaxaca, Mexico. System for the Integral Development of the State of Oaxaca

Speaker: Jesus A. Salas, Psy.D. **Workshop:** Advanced training course in Cognitive Therapy. **Website:** [Sistema DIF Oaxaca](#)

July 15-17, 2010 – Philadelphia, PA - 2nd Annual Robard Corporation Conference: The Science and Business of Weight Management. **Speaker:** Judith S. Beck, Ph.D. **Presentation:** Secrets of Successful Weight Loss: A Cognitive Behavioral Approach. **Website:** www.weightconference.com

July 21-23, 2010 – Hampton, VA. Hampton VA Medical Center. **Speaker:** Leslie Sokol, Ph.D. **Workshop:** Cognitive Behavior Therapy for Depression and Personality Disorders. **Website:** [Hampton VA Medical Center](#)

July 27, 2010 – Fairfield, Iowa. Life Solutions Behavioral Health. **Speaker:** Leslie Sokol, Ph.D. **Workshop:** Treating Trauma in Youth, a CBT Approach

August 2-6, 2010 – Battle Creek, MI. Venture Behavioral Health: Summit Pointe. **Speaker:** Leslie Sokol, Ph.D. A 5-Day Intensive CBT Training. **Website:** [Summit Pointe](#)

August 12-15, 2010 – Washington, DC. American Psychological Association Annual Convention

Speaker: Judith S. Beck, Ph.D. **Workshop:** Cognitive Therapy for Personality Disorders. **Symposium:** Modifying Core Beliefs in Cognitive Therapy as part of *Eminent Psychotherapists Revealed—Audiovisual Presentation of Principles of Psychotherapy*. **Website:** [American Psychological Association](#)

September 20-23, 2010 – Columbia, SC. Wm. Jennings Bryan Dorn VA Medical Center. **Speaker:** Leslie Sokol, Ph.D. Cognitive Therapy Training. **Website:** [Wm. Jennings Bryan Dorn VA Medical Center](#)

October 7-10, 2010 – Milan, Italy. European Association for Behavioral and Cognitive Therapies – 40th Annual Congress. **Speaker:** Judith S. Beck, Ph.D. **Invited Lecture:** Cognitive Therapy for Personality Disorders. **Workshop:** A Cognitive Behavioral Approach to Weight Loss. **Website:** [European Association for Behavioral and Cognitive Therapies](#)

October 19, 2010 - Manitoba, Canada. Grace Hospital. **Speaker:** Leslie Sokol, Ph.D. **Workshop:** Cognitive Therapy for Personality Disorders. **Contact:** rshymko@ggh.mb.ca

October 27, 2010 – Perry Point, MD. Chesapeake Health Education Program, Inc (CHEP). **Speaker:** Leslie Sokol, Ph.D. **Workshop:** CBT for Anxiety Disorders and PTSD. **Website:** www.chepinc.org

December 9-12, 2010 - Orlando, FL. Brief Therapy Conference. **Speaker:** Judith S. Beck, Ph.D. **Workshop:** Cognitive Therapy for Personality Disorders. **Keynote and Workshop:** Cognitive Behavior Therapy for Weight Loss & Maintenance **Website:** [Brief Therapy](#)

December 18-19, 2010 – Istanbul, Turkey. CBTiSTANBUL. **Speaker:** Leslie Sokol, Ph.D. CBT with Difficult Cases: A two-day Intensive Workshop with a Focus on Personality Disorders. **Website:** [CBTiSTANBUL](#)

March 4, 2011 – Vancouver, BC. British Columbia Psychological Association. **Speaker:** Judith S. Beck, Ph.D. **Workshop:** Cognitive Therapy for Personality Disorders. **Website:** [British Columbia Psychological Association](#)

March 25, 2011 – New Orleans, LA. (tentative) American Counseling Association Annual Convention. **Speaker:** Judith S. Beck, Ph.D. **Keynote:** Advances in Cognitive Therapy. **Website:** [American Counseling Association](#)

May, 2011 (tentative) - Tokyo, Japan. **Speaker:** Judith S. Beck, Ph.D. **Workshop:** Training Psychiatrists to Teach Cognitive Behavior Therapy

June 2-5, 2011 - Istanbul, Turkey. The 7th International Congress of Cognitive Psychotherapy. **Speaker:** Judith S. Beck, Ph.D. **Keynote:** Cognitive Behavior Therapy for Personality Disorders. **Workshop:** A CBT Program for Weight Loss and Maintenance. **Website:** [International Association for Cognitive Psychotherapy](#)

July 14-16, 2011 – Seoul, Korea. 3rd Asian CBT Conference. **Speaker:** Judith S. Beck, Ph.D. **Invited Lecture:** To be announced. **Pre-Conference Workshop:** To be announced. **Website:** [Asian Cognitive Behavioral Therapy Conference](#)