

Training at the Beck Institute for Cognitive Behavior Therapy

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The Beck Institute has had an interesting evolution. Aaron T. Beck, M.D., the founder of cognitive therapy, and I established the institute in 1994 in suburban Philadelphia. Initially we focused on clinical work, and our onsite and distance training programs were relatively small. While we still have an active clinic for individuals with mental health issues, we have realized our vision of becoming a national and international resource and training center. Two factors greatly aided our exponential growth. One, there was an explosion of research, well over a thousand randomized controlled trials, that demonstrated the efficacy of cognitive behavior therapy (CBT) for a range of psychiatric disorders, psychological issues and medical conditions with psychological components. Two, the Internet exposed literally millions of professionals, students, researchers, educators and consumers to CBT. (Our websites alone now attract over 100,000 visitors per year, and we are very active in social media.)

We have now trained approximately 3,000 health and mental health professionals through our workshop,

consultation and supervision programs. Our trainees, who range from novice therapists to experts in CBT, have been from all 50 states and 75 countries. They practice in every mental health discipline and other related fields (medicine, nursing, social work, occupational therapy, addictions, counseling, education and others). We have trained many thousands more via off-site (customized) workshops, conferences, webinars and distance supervision programs.

But our history of training began much earlier. In the 1970s, Dr. Aaron Beck began to train and supervise psychiatry residents and postdoctoral fellows at the University of Pennsylvania to use cognitive therapy, which he was continuing to develop and refine. He and his professional staff at Penn initiated a distance learning program in 1980. Mental health professionals traveled to Penn for workshops and received weekly phone supervision from master supervisors based on tape reviews of their therapy sessions. I joined the faculty at Penn in the mid-1980s and soon began teaching and supervising CBT as well.

For a variety of practical reasons, we opened our own autonomous institute in 1994, while still maintaining a close connection with Penn. Dr. Beck continued his research with his team there, but we moved our clinical and educational operations to our current site in Bala Cynwyd. Several Penn faculty members still supervise in our distance supervision program and teach at our onsite

and off-site workshops. I continue to teach second- and third-year psychiatric residents. Dr. Beck continues to train onsite at the Beck Institute, even to this day, and to supervise his research therapists at Penn.

Our onsite workshop program consists of a core curriculum and specialty topics. The core curriculum includes CBT for depression, anxiety and personality disorders. Other topics include CBT for post-traumatic stress disorder, substance abuse, psychosis and weight loss and maintenance, in addition to basic and advanced child and adolescent workshops. We offer partial scholarships to these workshops to any professional who works with the military, veterans or their families.

We also offer opportunities for students to learn more about CBT. Dr. Beck conducts a question and answer/role play period with our workshop participants (primarily practicing clinicians, but also educators, researchers and administrators) once or twice a month. We invite students and their professors who are within a half-day drive to attend these sessions. In addition, we reach out to graduate students worldwide. We now offer 20 full scholarships to a special three-day student workshop (for which we receive several hundred applications). This year, we are expanding this program by holding our first West Coast student workshop in San Francisco, in addition to our annual student workshop in Philadelphia.

Our long-standing supervision program is the gold

standard in clinical skills training, involving in-depth review of therapy recordings and tailored feedback. We now offer an innovative post-workshop consultation program using Web-based technology, we are able to connect with past participants anywhere in the country (or the world) and provide live, simultaneous implementation training in small groups. A typical consultation call might include a psychiatrist from California, a psychologist from Long Island and a social worker from Ohio discussing with our faculty member how best to implement behavioral activation with a severely depressed patient.

In addition to training practicing clinicians and students, we train and supervise therapists in research studies and monitor competency through tape review. We also work with hospitals, health systems, community mental health centers, the VA and other organizations whose aim is to establish or improve the delivery of CBT treatment by their staff. Training is individualized and often involves a hybrid of workshops, consultation, supervision and supervision on supervision. Here, too, we are in sync with the research literature, particularly from the burgeoning field of dissemination and implementation science, which informs the way we tailor training including: evaluating specific needs, addressing systemic factors and establishing a structure for post-training self-sufficiency.

We educate both professionals and consumers through an extensive social media program, keeping them up to

date on cutting-edge research and practice through our e-newsletters, blogs and video and audio clips. We use a variety of platforms, including Facebook, You-Tube, Twitter and LinkedIn. DVDs and CDs of actual and role-played therapy sessions are available through our website.

As a training institute for evidence-based treatment, we are committed to best practices in teaching and disseminating CBT. Not only do we teach an evidence-based treatment, but we also use evidence-based methods in our teaching, blending workshops with ongoing consultation and supervision. Doing so allows professionals to conduct CBT competently and with fidelity. Web-based technology helps us evaluate our training by conducting pre- and post-workshop implementation evaluations. These pre-training evaluations further allow us to tailor training to individuals and to specific organizations that seek our help with program and staff development. We also offer an annual workshop for graduate faculty and supervisors in mental health fields, to help them apply evidence-based techniques to their CBT teaching and training. We have initiated an international competition and award a number of scholarships to this workshop.

What does the future bring? We will continuously update our training programs and expect to use emerging technology in ways we can not necessarily predict at the moment. We are planning to develop online CBT programs for consumers and CBT training programs for students

and mental health professionals. CBT has finally become a household name, and we foresee an ever-expanding role for training in the field, especially as social service and governmental agencies recognize the importance of evidence-based treatment. There are, and will continue to be, a number of opportunities for us to fulfill our mission, which is to encourage the growth and dissemination of CBT throughout the world through leadership in the field and the provision of professional training, outpatient clinical services and research. We welcome ideas and collaboration in fulfilling this mission.

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