Overview of Cognitive Therapy

Aaron T. Beck, M.D., developed CT in the 1960’s as an alternative approach to the psychoanalytical process. Beck originally developed this structured, short-term, present-oriented psychotherapy for depression, directed towards solving current problems and modifying dysfunctional thinking and behavior. Since the early development of CT, Beck and others have successfully adapted this therapy for a diverse set of psychiatric disorders and populations. Beck and his team are currently emphasizing the treatment of schizophrenia in their work, and CT is being used across a wide range of presenting problems and populations, both nationally and internationally. CT has extensive empirical support for its effectiveness as a psychotherapeutic approach.
CT is based on the cognitive model, which proposes that dysfunctional (inaccurate or unhelpful) thinking is common to all psychological disturbances. This model states it is not the situations in our lives that shape how we feel, but rather our perception of those situations that influences our emotions and behaviors. Changes in our thinking can make a difference in how we feel and act in relation to those situations. Enduring improvement results from changes in an individual’s underlying dysfunctional beliefs. Treatment is based on a cognitive conceptualization of, or understanding of, the individual’s thoughts and beliefs. The cognitive therapist seeks to collaboratively produce change in the client’s thinking and belief system, with the aim of bringing about enduring emotional and behavioral change.

**Georgia Beck Initiative Core Design**

The Georgia Beck Initiative is aimed at training mental health providers serving individuals with serious mental health diagnoses in various levels of treatment throughout the state. Instructors conducting an intensive CT-R training workshop focus on the basics of CT, treatment and interventions, and cognitive conceptualization. Following the close of the workshop, intensive group or individual consultation occurs for six months. During the consultation phase, session review and direct feedback occur between the trainees and the instructors. Throughout the consultation period, the instructors listen to audio-taped sessions and score the sessions based on the Cognitive Therapy Rating Scale to measure the trainee’s mastery of CT-R. If the trainee is successful in reaching competency at the close of the consultation period, he or she becomes eligible for the Certification of Skilled Cognitive Therapy in Community Mental Health. Finally, once the training is completed, one or two of the trainees within the group are trained to lead their own ongoing internal CT-R supervision group to sustain the model within the network.

**Diverse Applications**

In response to needs identified by DBHDD and related departments, the Georgia Beck Initiative has conducted intensive training workshops combined with ongoing consultation in a wide array of settings and with various health care professionals, including:

- Residential treatment settings
- Hospitals
- Psychiatrists and program directors
- Adult outpatient services
- Intensive community-based services

For more information, please contact:

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