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IN THIS ISSUE:

Special Memorial Issue:
Remembering Aaron T Beck, MD
Tributes from:
A-CBT President's Message - 2
IACBT President's Message - 3
Bob Leahy - 4
Mehmet Sungur - 5
Keith Dobson - 6-7
Christine Padesky - 8-9
Leslie Sokol - 10
Donna Sudak - 11
Lata McGinn - 12-13
Jesse Wright - 14
Dennis Greenberger - 15-16
Trainers' Corner 17-19
Impacts of colonization on mental health 20-22
Book Reviews 23-25

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My President's Column is a tribute to ATB.

In our home office my husband has a poster of The Rolling Stones and I have a signed photo of Aaron T. Beck. We joke about how ATB is my rebel rock-star hero, but it's true.

In Boston in 1981 I was at a "what's next moment?" in my career. As I completed my fellowship with Carol Dweck where we investigated the cognitive underpinnings of achievement motivation, I asked how could I continue to apply this research to real world challenges? Did I pursue a career in academics, or pivot to clinical psychology? At the suggestion of my officemate Mary Bandura, I attended a visiting lecture by ATB. Speaking about CT at the Harvard Medical School Ether Dome, he was soft-spoken and appeared slightly nervous; understandably so as the audience for the most part was grounded in psychoanalysis and psychopharmacology for the treatment of mood disorders. I'm not sure how he was received by others in the audience. To me he was a gentle disrupter who courageously challenged the status quo. The power of his ideas about therapeutic change derived from his caring curiosity about patients and tested by research sparked my Eureka experience. My choice wasn't either/or - I could bridge cognitive research with clinical applications. In that moment, I committed to find a way to study CT with him. Like many who follow rock stars, I would follow him anywhere - in this case to Philadelphia. I was fortunate to be accepted to his Center for CT as a social psychologist with little clinical training. My acceptance spoke to his incredible ability to integrate knowledge across disciplines. The Center was populated by Bob Leahy, Judy Beck and others who years later would become Academy members. My supervisors included Robert Berchick, Art Freeman and Jeff Young.

I obtained my license and returned to Boston to hone my skills in a private CT practice. In 1988 my practice was established, and I again asked, "What's next?". A phone call from ATB answered that question. In his warm, mild-mannered way, he helped me see the value of working toward a greater CT presence in Boston. In collaboration with Steve McDermott and Steve Bishop, we developed CT courses for staff, psychologists, psychiatrists, and a CT training program at MGH/Harvard Medical School. It was awesome to grow as a trainer and supervisor at the very place where I had been inspired by ATB's vision for therapy.

My snapshot is one of many examples. He changed innumerable lives through his groundbreaking ideas rooted in inspirational inquisitiveness and tested through dedicated research. Moreover, he disseminated CT throughout the world through the strength of his personality. He had this ability to authentically connect with almost anyone - schizophrenics and the chronically depressed, academics and sceptics of CT, who were moved by his warmth and guided through Socratic questioning to explore new paths.

Please share your memories/tributes of ATB so that we may archive them for the Academy. Send them to Matt Brooks (mbrooks@academyofcbt.org).



Lynn M McFarr, Ph.D.

I had the good fortune to first meet Tim when I was helping to organize a reunion for the Center for Cognitive Therapy Trainees when I was working with Bob Leahy in New York City in the 1990s. I was a mere grad student at the time, but remember Tim being very kind and gracious with me. I was in a psychoanalytically-oriented graduate program at the time, so learning and practicing CBT was my lifeline to sanity (and I never looked back). There is too much to ever say, but Tim's interest in treating psychosis, like my dedication to the dissemination and implementation of CBT to the poor and underserved, were about extending the reach of CBT to the farthest ends of psychiatric illness. One only has to look at Improving Access to Psychological Therapies (IAPT) initiative in the UK to see the transformative power of CBT. Dr Beck's reach is incalculable. The lives saved, countless. The generational impact of healthier parents and children, a populational wonder. But for this this frustrated grad student from long ago, thank you, thank you, thank you, for showing us all another way and taking me along for the ride. I am forever in your debt.

On behalf of the International Association of Cognitive Behavioral Therapy, I would like to both send our deepest condolences to the Beck family, as well as equally deep gratitude for the world changing contributions of Dr Aaron T. Beck. The IACBT (then the IACP) was formed in part to represent the scientific advances in Cognitive Therapy both by founding a journal and by hosting a triennial conference. Over the years, Dr. Beck expressed the wish that the Academy of CBT and the IACBT could be more closely aligned. In his mind, he had never intended them to be separate, unaffiliated organizations. To honor this, first, we started to publish the joint newsletter that you are reading now. Next, after much negotiation, we forged a formal services agreement in 2018. We are anticipating that 2022 will bring an even more formal affiliation. Our only regret is that Dr. Beck did not live long enough to see his wish come to fruition.



Lynn McFarr, Ph.D.

A TRIBUTE TO DR AARON T BECK: IT'S A WONDERFUL LIFE

Advances in Cognitive Therapy
Winter 2021 Issue, Page 4

Bob Leahy, PhD

We all mourn the death of our colleague and mentor Tim Beck-who died at the age of 100 while still working on a project that he did not want to leave unfinished. Blind, bedridden for 10 months, Tim continued to push forward every day in his work. He embraced life with a fervor and he left no stone unturned in his quest for truth. I had known Tim for 40 years. I learned cognitive therapy from him, we coauthored a book together and several chapters. I last saw him in person in Philadelphia a couple of years ago when we had lunch at his apartment on Rittenhouse Square. His voice was subdued but his mind was active, inquisitive, always interested in knowing more.

When somebody dies we feel the sadness, the loss and the finality of their death. But what I want to focus on here is to imagine what it would have been like if Tim Beck had never existed.

This reminds me of the 1946 Frank Capra movie with James Stewart, *It's A Wonderful Life*. You will remember that the lead character -a banker- is on the verge of going bankrupt and he contemplates suicide as he stands on the bridge thinking his life has been a waste and that he has been a failure. An angel appears by his side and asks him to think what the life of others would've been like if he had never existed.

This is a theme of negation but in fact we might think of as a cognitive therapy technique to reveal existential meaning. In fact, Jean Paul Sartre used this technique in his book *Being and Nothingness* where he imagines that the absence of a friend illuminates what his presence had meant. Absence reveals presence.

Let's imagine what life would've been like if Tim Beck had never existed, had never developed cognitive therapy, and had never trained the many people he taught over those many years.

I can imagine a mother and father standing over the grave of their daughter who had committed suicide. She had died because there was no cognitive therapy to save her. I can imagine a man in his 40s struggling with depression year after year with no relief because Tim Beck had never existed and had never developed cognitive therapy for depression. I can imagine the many scholars and clinicians worldwide who would be sitting talking with patients without the tools of cognitive therapy to help guide them. I can hear the silence because they didn't have the words that Tim gave us.

And I can imagine that my life would have been far less meaningful and effective if I had never known him Tim and never learned Cognitive Therapy.

So, all around us in the international community who carry out his work on a daily basis can say to that man standing on the bridge, "Please do not despair. This has been a wonderful life".

Ironically, we miss him because he is still here. In you, in me.



A TRIBUTE TO DR AARON T BECK

Advances in Cognitive Therapy
Winter 2021 Issue, Page 5

Mehmet Sungur
Professor of Psychiatry, Istanbul Kent
University, Istanbul
President of the Turkish Association for
Cognitive Behaviour Psychotherapy (TACBP)
Former President of European Association of
Behaviour and Cognitive Psychotherapy
(EABCT)
Past President of the International Association
for Cognitive Psychotherapy (IACP)
Diplomate, Founding Fellow Academy of
Cognitive Therapy (ACT), ACT Certified
Supervisor, Trainer and Consultant
Beck Institute International Advisory
Committee Member
World Confederation of Behavioural and
Cognitive Therapies Board Member

I find it very difficult to write following the loss of a legend who has been an inspiring role model even for the giants and masters of Cognitive Therapy in many different ways...

A loved and deeply respected person dies only when his/her name is commemorated for the last time. He will certainly be missed but his visionary legacy and leadership will always be remembered and recognized.

There are things that even death cannot steal from us and one of them is the memories that we have shared with our lost ones. My first memory was the interview I made with him via a basic audiotape more than 30 years ago regarding the "future of CBT" which I kept like a treasure. It was shocking for me to find out that he remembered this interview made 30 years ago on the last occasion I met him, which was the Beck Summit that was held only 2 years ago. Another memory which I recall clearly was the interview he made with the Dalai Lama decades ago called "Meeting of the Minds" where his modesty, flexibility, compassion, and enthusiasm to both learn and share was so impressive. I am so happy for having had the chance to write a chapter in the book called "Cognitive Therapy of Personality Disorders, third edition" edited by him and another deeply loved and lost giant Arthur Freeman and Denise D. Davis.

Dr. A. Tim Beck lived a meaningful life that we all appreciate and left us with pain that may sometimes become a magnificent teacher for those who want to learn from it.

My sincere condolences to Beck family and to every colleague who are touched by his extraordinary influential contributions.

I would like to remind all colleagues about an old book called "Aaron T. Beck," written by M. Weishaar in the year 1993 and published by Sage regarding his life.

Your brilliant mind and unmeasurable contributions will always be recognized and appreciated not only by professionals working in the field of mental health but also by the clients whose lives are touched by thousands of CBT therapists who have learned from you Dr. A. T. Beck. Sleep in peace.



A TRIBUTE TO DR AARON T BECK: IN MEMORIAM- DR. A. T. BECK

Keith S. Dobson

I first met Aaron (Tim) Beck in the fall of 1978, at the Center for Cognitive Therapy on the top floors of the bank building at 133- South 36th Street in Philadelphia. I was a senior graduate student at the time, working with Dr. Brian Shaw in Canada, and Brian made the introduction for me and my wife, Deborah Dobson, also now a CBT psychologist to visit the Center. This was the year before *The Cognitive Therapy of Depression* book was published (Beck, et al., 1979), and the field of mental health was almost pulsating with the promise of the “cognitive revolution”, which was becoming quickly dominant in research laboratories and clinics alike (Mahoney, 1991; Miller, 2003). We had the privilege to attend a case conference with Dr. Beck, who also gracefully introduced us to several of the key people at the Center at the time. I still very much recall the sense among everyone that “big things” were happening and that the Center for Cognitive Therapy was in fact going to be its epicenter.

Who could have known then that cognitive therapy and then cognitive behavioral therapy would become so integral to the field of mental health, or that today the influence of Dr. Beck would be seen globally? Why did this early work catch on, and spread as it has? While there are many reasons, three primary factors stand out for me.

One of the reasons I believe CBT has been so successful is that the theory is generalizable, and yet provides sufficient specificity that it leads to clinical interventions. The model has been applied to a wide range of disorders, and yet within each disorder, specific testable interventions have been developed and evaluated. The model has also shown remarkable adaptiveness across nationalities, cultures and language groups. With some adaptations, many of the predictions of cognitive theory have been replicated around the globe.

The second factor I associate with cognitive therapy’s success was the focus from its inception on evaluation. I believe that the emphasis on what is now termed evidence- based practice in cognitive therapy helped to ground the model in science and paved the way for a wide range of theorists, experimentalists, and clinicians to work together with common methodologies to expand the scope and value of the cognitive model of psychopathology and psychotherapy. The 1980s and 1990s witnessed the many new applications of cognitive therapy, and the ability to study a testable psychotherapy model no doubt accounts for part of its rapid expansion.

The final factor that helps to explain the remarkable success of cognitive therapy is Aaron Beck himself. His clinical acumen, generosity of spirit, his ongoing enthusiasm and interest in what different people were doing, his drive to see CBT as a field expand internationally all speak to a person who was a visionary, and who knew the work he was doing mattered globally. I still recall many times at conferences when we would see each other, he would stop me and ask what I was doing, and my appraisal of next steps for the field. He almost always had a suggestion for me, or someone he thought I should connect with. There is no doubt that he had a major impact on my life and my own career. Indeed, I am honoured to be the current President of the World Confederation of Behavioural and Cognitive Therapies, which is a global alliance of regional and other CBT organizations. This type of global initiative would not have been possible without the incredible legacy of Tim Beck.

Keith S. Dobson
Calgary, Canada
December 8, 2021

Keith Dobson is a Professor of Clinical Psychology at the University of Calgary in Canada. He was the President of the Academy of Cognitive Therapy and the International Association of Cognitive Psychotherapies and is the President of the World Confederation of Cognitive and Behavioural Therapies (2019-2023).

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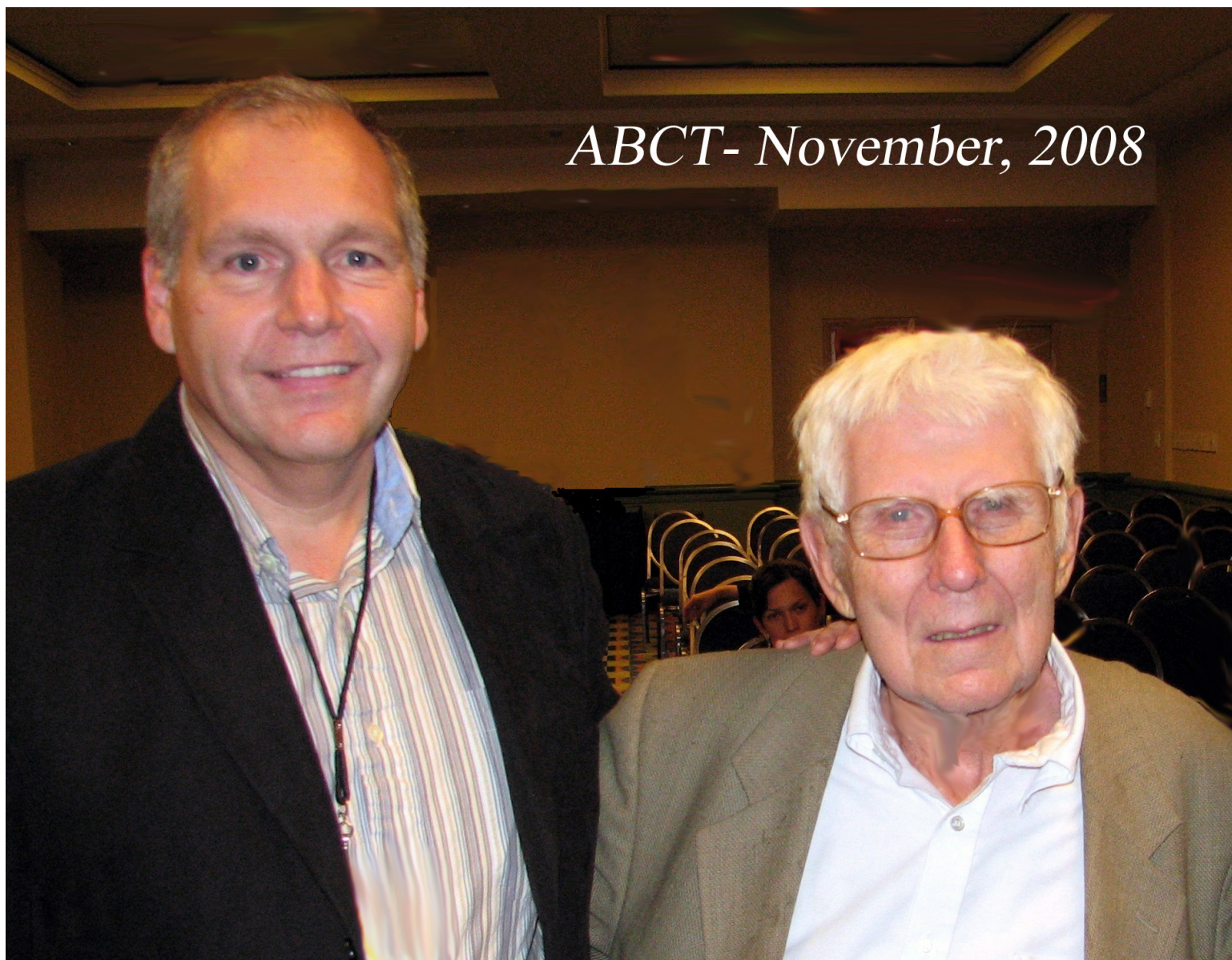
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A TRIBUTE TO DR AARON T BECK: IN MEMORIUM- DR. A. T. BECK

Advances in Cognitive Therapy
Winter 2021 Issue, Page 7

Keith S. Dobson



A TRIBUTE TO DR AARON T BECK: BECK WAS MUCH MORE THAN HIS THOUGHTS

Christine A. Padesky, PhD

In 2001, there was a Festschrift in honor of Aaron T. Beck's 80th birthday. People came from far and wide to talk about the impact his theories had on their professional development, research, and clinical work. In my talk* at that Festschrift, I summarized his contributions to psychotherapy and his personal qualities that contributed to his remarkable lifetime achievements. It turns out I was very premature in summarizing his lifetime achievements! Little did I know at that time that Beck (known to friends as Tim) would continue to work for another 20 years, help develop another form of therapy targeting psychosis (Recovery Oriented Cognitive Therapy or CT-R) and that his publications, theoretical contributions and clinical innovations would keep coming until his recent final days with us.

So many people have written lovely memories of meeting Dr. Beck and how this changed their lives and/or was the start of a lifelong relationship with him. Tim had a gift of being genuinely interested in others. During the 25 workshops I taught with him, I was struck over and over again with how interested he was in people who would come up to speak to him or ask him a question. He would often ask them in depth about their own work and interests and, remarkably, often remember these the next time he met them.

Throughout these workshops, he would also generously cite other people's work and research as the basis of his own evolving ideas. He also did this in private conversations. He appreciated other people's ideas and humbly acknowledged them. Kathleen Mooney and I talked to him extensively about our emerging Strengths-Based CBT models starting in the year 2000. Every time we would see him he would ask me to do role plays with him to demonstrate our current approaches. People wrote me several years later and said he referenced our work in a lecture he gave in Florida as one of the early influences on the development of CT-R. Since our careers were launched from his work, it was quite moving to know the innovations we introduced into CBT had an impact on him as well. We know many of you had similar experiences.

Since his death, Kathleen Mooney and I have been reviewing photographs from our 40+ year friendship with Tim. What a precious reminder they are of a great friend and generous human being. Tim Beck was more than his ideas and vast professional contributions. In the final years of his life, he and I carried on a correspondence that reflected a more personal part of his story.

For example, early in the pandemic lockdown, I wrote to Tim about the joy I experienced watching butterflies outside my window and how fortunate I felt to have access to nature. He responded by writing to me about a butterfly collection he had as a young boy and his story underscored what a naturalist he has always been. I reminded him how he told us during a taxi ride in New York City about the biochemistry that led to leaves changing their colors. His scientific interests and curiosity always extended far beyond psychotherapy. He was an avid student of evolutionary theory, biology, and neuroscience.

He also loved photography as a young man. On that same weekend in 2003 that Tim, Kathleen and I met for a holiday together in New York City, he told us he was excited to see the exhibit at the Metropolitan Museum of Art on Daguerre and the invention of photography. On a later visit in Los Angeles, he asked us to go with him to the Peterson automotive museum because he wanted to see the first electric car. His eclectic interests were a direct result of his deep and pervading curiosity about so many things.

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A TRIBUTE TO DR AARON T BECK: BECK WAS MUCH MORE THAN HIS THOUGHTS

Christine A. Padesky, PhD

Most of all, looking through our photographs reminds us how much fun we had with him. We laughed together heartily and often. He'd help us play pranks. One time he hid behind a screen when I was teaching and when a student asked a question I said, as we had planned, "That's a tough one. I wish Dr. Beck was here to help me answer it." At that point he lifted the screen and watched the entire class gasp in surprise. We giggled over and over again afterward when he would imitate the look he saw on their faces. He also played pranks on me. When I told an anecdote at one workshop that received a good audience response, he told that same anecdote as his own in the next city and then looked at me with a twinkle in his eye, challenging me to come up with a new one.

As Aaron T. Beck, he enjoyed a remarkable life. He will be recognized in history as the most influential psychiatrist of the 20th and, most likely, the 21st century. As Tim, he was one of the finest friends we've ever known. We will forever miss him, his curiosity about life, his laugh, and the twinkle in his eye.

*Padesky, C.A. (2004). Aaron T. Beck: Mind, Man, and Mentor. In R. Leahy (Ed.) *Contemporary Cognitive Therapy: Theory, Research, and Practice*. New York: Guilford Press. Available online from: <https://www.padesky.com/clinical-corner/publications>

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Aaron T Beck and Christine Padesky after visiting the Peterson Auto Museum in Los Angeles. © 2009 Kathleen A Mooney



A TRIBUTE TO DR AARON T BECK:

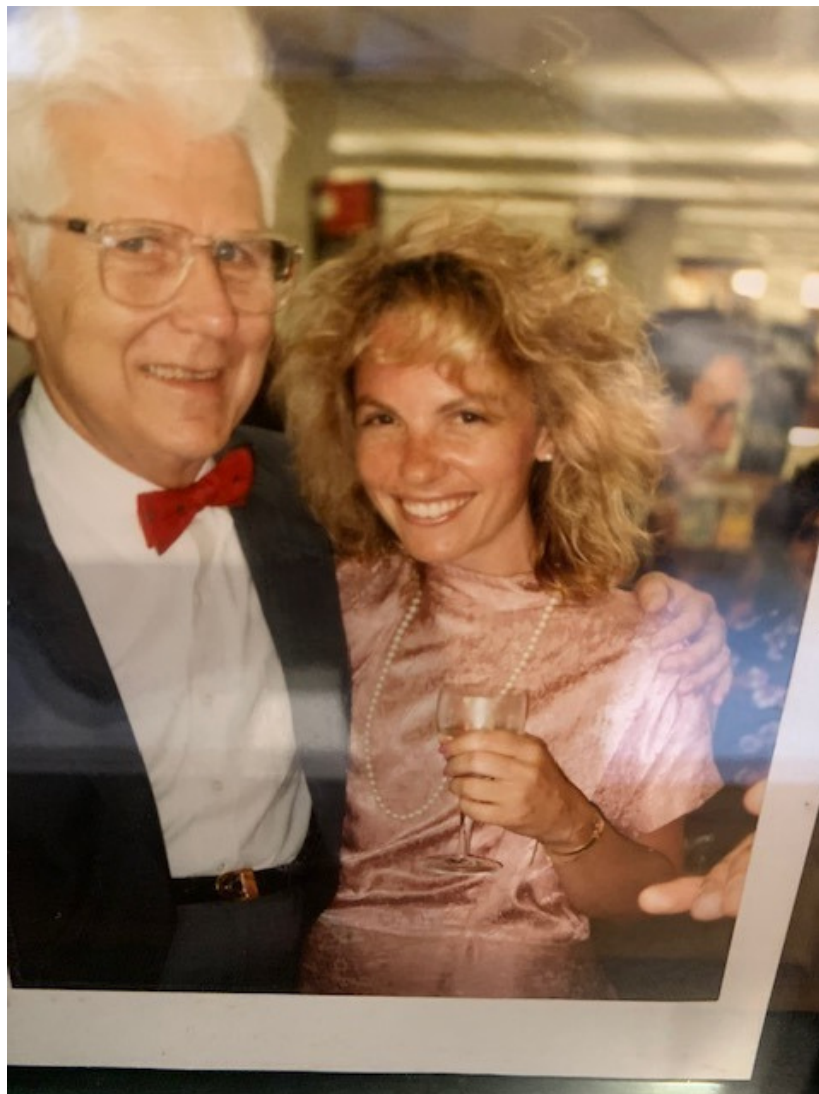
Advances in Cognitive Therapy
Winter 2021 Issue, Page 10

Leslie Sokol, PhD

Although the world has lost Dr. Aaron T. Beck with his passing, we have not lost all he has contributed to the alleviation of suffering, his zest for the science of truth, and his passion for what he believed. From the moment he convinced me to do my clinical internship with him at Penn, I was transformed from solely a number crunching scientist to a practitioner who got to see first hand the power of CBT. His passion for science and the ability to use that to alleviate suffering was contagious and led to endless long nights of us sitting side by side reviewing our earth shaking panic data and talking shop. He devoted his life to helping others and validating those mechanisms that made that possible.

Disseminating his ideas began with my willingness to travel anywhere in the world for any amount of time to talk CBT on his behalf but shortly became my personal passion. I am so grateful for the life of meaning and service he made possible by taking me under his wing and giving me the confidence, tools, and opportunities. Every time I help an individual become proficient in the delivery of CBT, or one of my client's or the client's of the multitudes of those that I supervise, suffering is diminished and their goals obtained, I know Dr. Beck is still here. I hope his wisdom, kindness, and genuine open minded inquisitiveness shines in all of us for future generations. Tim, I will miss your physical presence in this world but I carry you in my heart forever.

Love,
Leslie Sokol



A TRIBUTE TO DR AARON T BECK: AARON T. BECK REMEMBRANCE

Donna M. Sudak, MD

I am profoundly grateful to have the opportunity to write this remembrance. My decision to choose psychiatry as a specialty was highly determined by an exposure to CBT during my medical student clerkship. When I returned to Philadelphia to be a residency training director, I was fortunate to be asked to teach at the Beck Institute. The opportunity included a generous invitation to attend case conferences accompanied by my residents. Dr. Beck interviewed patients live via closed circuit television, while everyone watched and the senior members of the group rated the encounter with the Cognitive Therapy Rating Scale. Thereafter, he discussed his thoughts about the patient with the group. It was an incredible opportunity - one that many of my residents never forgot. Dr. Beck's approach to continual evaluation and feedback was an incredible model for everyone.

In recent years, Dr. Beck would join the seminars that I was teaching at the Beck Institute for a part of a day to discuss patient difficulties and questions with the attendees. He approached every inquiry in a thorough, empathic, and humble way, always asking for input from others and often role-playing alternative approaches to a situation with the therapist who brought the concern. It was a delight.

What struck me most as I read the many tributes to him on his recent birthday and at his death is how consistent those homages were. Here is a man who many idolized. He had fans from every corner of the world, who were awe-struck at meeting him, while proffering a book for a signature or asking for a photo. And what they found was a human. A genuine, kind, curious but unmistakable human, brimming with interest and wonder about what he could learn from you. I have an email from several years back - which I saved - wherein he asked me if I had any thoughts about a new concept in neuroscience and how it would relate to something he had been thinking about regarding depression. It makes me smile just remembering it.

A quality that made Tim so special is that he recognized that we were all in the same boat. He just saw the boat more clearly than most of us, and he was able to draw its outlines and contours so that we could start to see it too. He always remembered how difficult the work of helping others could be, how much suffering there was to be remedied and how there was always dignity and hope even in the most challenging situations. Although his theories and intellectual rigor have made a profound difference in our field and in so many lives, my good fortune was to know first-hand the joy he took in connecting with others. My greater fortune was to feel connected to him. He made us all better therapists and better humans. I shall miss him very much and I cherish the gift of his memory.



A TRIBUTE TO DR AARON T BECK: REMEMBERING A VISIONARY WITH A BIG HEART

Lata K. McGinn, PhD

Even though I knew this dark hour would come one day, I was still unprepared for how devastated I would feel to hear that Tim had passed away. I was filled with immense sadness for Judy, Dan, and their family, for us, and for the field. Somehow it felt that Tim would always be here with us in body and soul. But even as his physical body has left us, I feel comforted knowing that his legacy and spirit will be in our hearts and minds forever. As George Eliot said, "our dead are never dead to us, until we have forgotten them." Like Freud, Tim will never be forgotten. He will always be remembered in the annals of psychology, psychiatry, and the culture at large for his impact on cognitive science, on psychotherapy, and on the human spirit. He lifted our spirits by teaching us how to reflect on our experiences rather than falling victim to the shutters that blind us, to view life in shade of grey with all its ups and downs, to be kind to ourselves and to each other, to widen our perspectives and look for benign, flexible explanations, to understand and accept emotions, and to approach life instead of retreating.

These lessons have changed each of us for the better.

These lessons have changed the world for the better.

These lessons are so ingrained in each of us and in what we do each day that we often forget that it was Tim who gave us this gift.

I met Tim when I was a post-doc fellow, and what struck me most about him, other than his brilliant mind and his capacity for reflection, was his kindness and generosity to others. I still remember how kind and interested he was in me and in my career on an early paper we co-authored or when I interviewed him for a journal. He closely followed and supported my career throughout, from writing letters for my tenure and promotion, for appointing me a Beck Scholar, for giving special talks just for my students, for writing the foreword to one of my books, for working closely with me when I served as the president of the Academy of Cognitive and Behavioral Therapies (A-CBT) and the International Association of Cognitive Psychotherapy (IACP), and for always taking the time and trouble to ask about my life, my career, my husband and my children, and so much more. He was a visionary with a big heart.





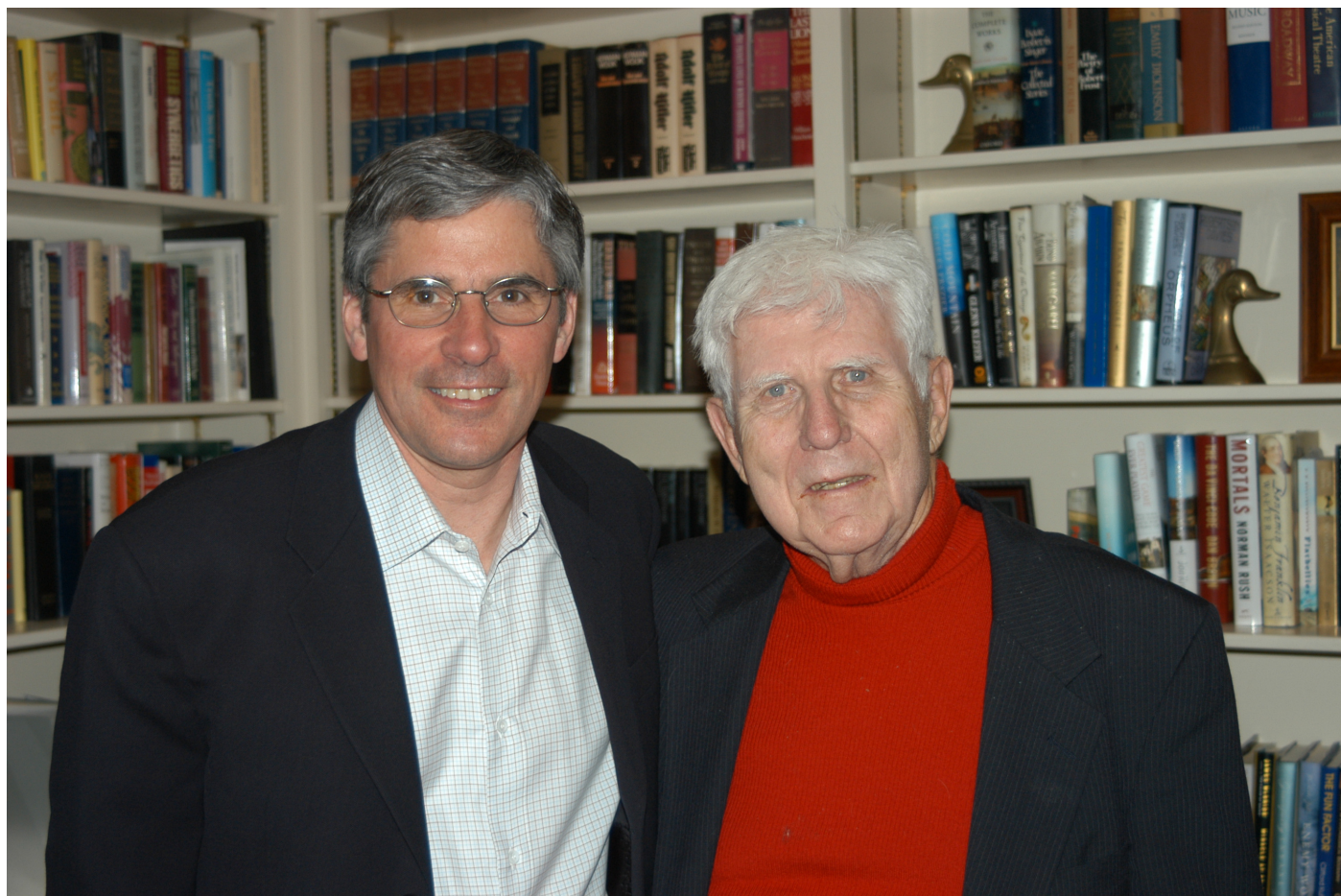
A TRIBUTE TO DR AARON T BECK: A PERSONAL REFLECTION

Advances in Cognitive Therapy
Winter 2021 Issue, Page 14

Jesse H. Wright, M.D., Ph.D.

When I met Aaron Beck for the first time in 1979, I had no idea how much he would transform my career and life. He had graciously agreed to journey to Louisville for a Grand Rounds and Workshop and to kick start our efforts to begin a cognitive therapy inpatient program. Our team had great interest in CBT but were total novices. No problem, Tim took us under his very large wing and devised a training effort that took our group of psychiatrists, psychologists, and social workers to Philadelphia for a brief, but intensive course followed by terrific workshops in Louisville from Tim and his coworkers. His nurturing wasn't done, not by a long-shot. Over the next four decades he did so much to foster my work in CBT.

Some of the highlights were: working with him on scientific publications; having his guidance and support in developing the first multimedia computer program for CBT; being tapped by him to be the Founding President of the Academy of Cognitive Therapy; and having him return to Louisville to accept the 2004 Grawemeyer Award in Psychology. Dr. Beck even befriended my daughter, Laura, and had a profound influence on her development as an academic physician and primary care clinician who uses CBT. Through all of the years, he was the kindest, wisest, and most loyal mentor one could hope to have. I was blessed to have walked in the shadow of one of the giants in the history of psychiatry.



A TRIBUTE TO DR AARON T BECK

Advances in Cognitive Therapy
Winter 2021 Issue, Page 15

Dennis Greenberger, PhD



The passing of Tim Beck has left a large void in the world and in our hearts. It is an honor to be asked to write a tribute for him. I will leave it to others to document Tim's brilliance, the revolutionary impact he had in the mental health community and in the lives of countless people. In this tribute, I will focus on Tim's personal qualities and the fond memories of the precious time that we spent together.

I first met Tim in the late 1980s at the Center For Cognitive Therapy at the University of Pennsylvania. I walked into a very old building and into an incredibly cramped and cluttered room filled with 12 or so people. As I opened the door, Tim was the first one to speak and my warm greeting was "You must be Dennis – we've been waiting for you". The warmth and kindness of his first greeting echoed in every interaction we had going forward. I had the incredible gift of working closely with Tim for many years. He became a mentor, friend, teacher, colleague, collaborator, and advisor. It was always Tim's personal qualities, his kindness, warmth, gentleness, compassion and curiosity that defined him for me.

There was something about moments with Tim that I and everyone who met him will remember forever. When interacting with Tim we knew that he was an extraordinary giant in our field. However, we also knew in these moments that he was fully engaged, involved, and completely interested in whoever he was talking to. His presence with you made you understand that this was a moment to be cherished. A car ride, walking around a hotel after lunch, waiting for baggage at the airport, riding in an elevator became moments of specialness and these are the moments that stick in my memory.

On Tim's visits to Southern California, I often was the lucky chauffeur. On one visit we were driving three hours up the California coast to UC Santa Barbara for an evolutionary psychology conference. Tim had the ability to infuse specialness into the ordinary and the mundane – a car ride. After the long drive and conversations about psychology, research, science, politics, and family I was reminded of the giant Tim was by the extraordinary greeting he received from the conference organizers. I was reminded that he was so much more than the mensch that he had been for the last 3 hours. There was such a stark contrast between his down to earth, personal conversational style and the reverence with which he was treated when we arrived at the conference.

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A TRIBUTE TO DR AARON T BECK

Dennis Greenberger, PhD

I In the early 1990s I was directing an inpatient psychiatric hospital unit. Tim agreed to serve as a consultant to the program and I was fortunate to meet with him regularly for consultation and supervision for over a year as this program developed. During this time the hospital hosted a workshop for the local mental health community. Part of this workshop was Tim interviewing a depressed woman who had made a recent suicide attempt. The interview was brilliant, but my main memory of that event was that Tim asked about her, by name, every time we met, for the next several years. To me this reflected his heart and soul. It represented his genuine concern, caring, compassion and connection with people.

Tim was blessed to be surrounded by a loving family, by respect from the mental health community, by recognition from the medical community and by how he will be remembered and understood by future generations. The memorials and eulogies in this newsletter and elsewhere are testimonies to the impact he has had on all of our lives.

Tim's life was focused on his commitment to work and family. He always spoke lovingly of his family. Despite declining health, I was always in awe of his continuing to be active in research, writing, corresponding, and making appearances. Tim was the prototype of living and aging well. This was a life well lived.

A poem called *The Dash* refers to what is written on headstones which are marked with the date of birth, a dash, then the date of death. The headstone mark that matters most is the "dash" between the years as that represents the life the person lived. The life that Tim Beck lived was remarkable not only for his revolutionary life changing work but also for the kind of person he was, his character and the impact on the lives of anyone who was blessed to spend time with him. History will smile fondly on Tim for what he did, and we can smile on him for what he did AND who he was.

Tim had a profound influence on my life. I am forever grateful for the good fortune to have met him and for the lessons learned – professionally and personally. May his memory be for a blessing.

TRAINERS' CORNER: A FRAMEWORK FOR UNDERSTANDING AND TEACHING SOCRATIC QUESTIONING

By R. Trent Codd, III, Ed.S.

In the cognitive and behavioral therapies *guided discovery* and *collaborative empiricism* are parallel terms that describes the process of using collaborative strategies to join with the client in applying scientific curiosity to their thought and behavior patterns (Tee & Kazantzis, 2011). Socratic questioning is a way to engage in a collaborative empiricism with clients and is thought to lead to a deeper level of learning and change (see Beck, 2011), though there has been minimal research completed on Socratic questioning (Padesky, 2019). One notable study demonstrated that the use of Socratic questioning in the treatment of depression is predictive of decreases in depressive symptoms; further, this relationship held even after controlling for the relationship (Braun, Strunk, Sasso, & Cooper, 2015). Certainly, further research is warranted, and measures have been developed to aid in that research (see Waltman, Codd, McFarr, & Moore, 2020).

Common pitfalls and stuck points in learning Socratic Questioning

There is some evidence that learning to use Socratic strategies artfully and competently is among the hardest skills for a psychotherapist to learn (Waltman, Hall, McFarr, Beck, & Creed, 2017). A common pitfall to Socratic questioning is *provided discovery* (as opposed to *guided discovery*), which is when a therapist tries to tell a client the conclusions they should be reaching. Many thought records and attempts at cognitive restructuring focus on trying to show the client why their thinking is distorted (see Waltman, Frankel, Hall, Williston, Jager-Hyman, 2019)—this can be counter collaboration.

Additionally, many therapists fall into the traps of trying to convince clients to see things from their point of view or to guide them to what they think the right answer is. This often results in noncollaborative encounters with therapists telling clients how things “really are.” Virtually every experienced therapist knows that simply providing clients with answers is ineffective and will result in their giving the same answer week after week.

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R. Trent Codd, III, Ed.S. is Vice President of Clinical Operations – North Carolina for Refresh Mental Health. He is a co-author of the Routledge book *Socratic questioning for therapists and counselors: Learn how to think and intervene like a cognitive behavior therapist*.

www.routledge.com/9780367335199

In addition to delivering clinical services he's active in training and supervision, including delivering training in the largest United States-based training initiative. He's a Diplomate, Fellow and Certified Trainer and Consultant of the Academy of Cognitive & Behavioral Therapies, and a former Academy of Cognitive Therapy Board Member at Large.

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Editor's note: This column is part of a newer series of practice-oriented articles that are meant to teach and illustrate CBT in clinical practice. Submissions for this series are welcome. Email me with your ideas and suggestions. Scott Waltman, PsyD, ABPP, walt2155@pacificu.edu



CONTINUED TRAINERS' CORNER: A FRAMEWORK FOR UNDERSTANDING AND TEACHING SOCRATIC QUESTIONING

Editor's note: This column is part of a newer series of practice-oriented articles that are meant to teach and illustrate CBT in clinical practice. Submissions for this series are welcome. Email me with your ideas and suggestions. Scott Waltman, PsyD, ABPP, walt2155@pacificu.edu

By R. Trent Codd, III, Ed.S.

A Framework for Socratic Questioning

It can be helpful for clinicians to have a framework for thinking about collaborative empiricism and Socratic strategies. In conjunction with the largest public mental health CBT training initiative in the United States, we have refined our method for teaching Socratic questioning to therapists (see Waltman et al., 2020). This framework assists in optimizing Socratic dialogue and avoiding the previously mentioned pitfalls. Instead of trying to get clients to see things from the therapist's perspective the focus is on trying to see things from their vantage point and then working to expand that perspective in collaboration. This is accomplished in four steps.

Step 1: Focusing

The first step in applying Socratic strategies is to identify the targets for these strategies. In a practical sense, there is insufficient time to address every thought that appears distorted or otherwise problematic. Additionally, not every thought is equally distressing or central to maintaining a client's core difficulties. Therefore, it is important to be deliberate in determining which thoughts are worthy of intervention, which requires patience and conceptual skills on the part of the therapist.

Step 2: Phenomenological Understanding

Phenomenology refers to understanding something in both subjective and objective terms. Since meaningful schematic change is facilitated when emotional schemas are activated, target cognitions need to be discussed and explored in terms that go beyond the strictly rational. The task of this step is to understand the client and the target cognition, guided by the principle that people come by their beliefs honestly. A central goal is to arrive at a joint understanding of how they came to think in the way they do. The assumption is that it must make sense given their unique history, regardless of how dysfunctional their cognition may be. This early emphasis on emotional processing and validation is also strategic in that it is relationship enhancing and can be regulating for the client. In our experience, clients are more open to alternative perspectives when they feel they have truly and sincerely been listened to.

Step 3: Collaborative Curiosity

Functionally this is the disconfirming evidence step. Curiosity is essential to this process. Once things are seen from the client's point of view, therapist and client can work to expand that view together. This is facilitated by the therapist asking themselves: "What are they missing?" There are two kinds of blind spots: things they don't see and things they don't know. The task is to identify what are they not attending to because of attentional filters as well as the gaps in their experiences resulting from their avoidance patterns. Many useful questions and lines of inquiry are found when exploring elements from previous steps. Clients tend to twist information to fit into their pre-existing assumptions and beliefs. Thus, it is helpful to assist them in taking a step back mentally and looking at both the context and the big picture.

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CONTINUED TRAINERS' CORNER: A FRAMEWORK FOR UNDERSTANDING AND TEACHING SOCRATIC QUESTIONING

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By R. Trent Codd, III, Ed.S.

Advances in Cognitive Therapy
Winter 2021 Issue, Page 19

Step 4: Summary and Synthesis

Therapists can be pulled to emphasize a solely positive perspective because a client might feel better. The difficulty with purely positive thoughts or thoughts that are only based on the disconfirming evidence is that they can be fragile when they do not fit the reality of the client's life. Therefore, the skillful therapist assists the client in developing new, helpful perspectives that are likely to survive over long time horizons. Thoughts that endure are balanced and adaptive, adequately capturing all sides of the story. Once a summary statement is available, the client is assisted in synthesizing this information with their previous ideas. For example, the client might be invited to reflect on the implications of the summarized data for the cognition that was targeted. They might also be asked whether there is an alternative perspective, relative to the target of exploration, that better fits the facts. Once a new idea is initially formulated it is important to assess its degree of believability to the client before moving forward. Finally, therapists work to solidify gains by helping their clients translate cognitive shifts into behavior change. This can be accomplished by asking them how they want to put the new thought into practice or how they want to test it out in the coming week.

Summary

Meaningful cognitive change frequently takes time and effort. There are no shortcuts or "silver bullet" questions a therapist can ask to disprove every belief that emerges in therapy. Instead, the successful clinician focuses on taking it slow, being curious and trying to really understand their client's point of view. Change is often incremental.

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THE IMPACTS OF COLONIZATION ON MENTAL HEALTH: A PERSONAL AND PROFESSIONAL PERSPECTIVE

Personal account; Rachel Cosford Indigenous Education Support Teacher; Anishnaabe - kwe from Mississauga 8

As an educator, I see the impacts of colonization at both the systemic level and with individual students. Part of my role as a teacher and an Indigenous person who has also experienced intergenerational trauma is to help others recognize the effects of the system they were educated in while also working with colleagues to disrupt this system and make tangible changes. This colonial mindset has had a significant impact on my own mental health. As a child, I was raised learning about the European settlers, including our first prime minister, here in Canada, John A. MacDonald. I did not learn, however, that he also said this:

"When the school is on the reserve, the child lives with its parents, who are savages, and though he may learn to read and write, his habits and training mode of thought are Indian. He is simply a savage who can read and write. It has been strongly impressed upon myself, as head of the Department, that Indian children should be withdrawn as much as possible from the parental influence, and the only way to do that would be to put them in the central training industrial schools where they will acquire the habits and modes of thought of white men." (1879 - John A. Macdonald)

Our colonized education system is failing our youth by perpetuating stereotypes and reinforcing oppression, and naturally this stigmatization impacts mental health. Every person, regardless of their profession, needs to take the time to learn our true history, not the one taught from the eurocentric voice. The Truth and Reconciliation Commission of Canada: Calls to Action(https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/indigenous-people/aboriginal-peoples-documents/calls_to_action_english2.pdf) explains the role all Canadians must take to implement the recommendations of the Commission. For example, as an educator, the delivery of the curriculum must include the history of residential schools, treaties and historical contributions both past and present. It is mandatory that this be implemented to teach our youth our true national history.

Another document that is absolutely necessary for people to read and understand is the United Nations Declaration on the Rights of Indigenous Peoples (https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf). This is a legal document that outlines the rights of Indigenous peoples, rights that are currently being violated on a regular basis.

For those of us living with the impacts of Intergenerational Trauma, I believe it's important that we work to live with it. This is a part of who we are and trying to suppress the emotions and avoid its source can be harmful. My dad, Roger Daybutch, in response to people telling him to "just get over [residential schools and the trauma of attempted genocide]" stated "I don't want to get over it. I have to live with this [trauma] every day so I have to learn HOW to live with it". So how DO we live with it? I'm still working towards this answer for myself, but this past year has been monumental for me both with my mental health as well as my professional growth. What has helped me to maintain a healthy balance in my life included a combination of

1. Family
2. Ceremonies
3. Community
4. Nature
5. Psychotherapy

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THE IMPACTS OF COLONIZATION ON MENTAL HEALTH: A PERSONAL AND PROFESSIONAL PERSPECTIVE

Professional account; Stacey Roles RN PhD
Psychotherapist; Stacey E. Roles & Associates
Psychotherapy Services Inc & CBT Training
Center of the North

The impact of intergenerational trauma, the Sixties Scoop, Indian Day schools and the Residential School systems have had a far reach in the way of mental health. Depression, anxiety, substance use, PTSD, stigma, retraumatization, racism, shame, identity confusion in relation to ancestry and sense of self are some of the ways in which clients present when seeking help from myself or one of my associates. Seeking clinical help is often as a last resort as the level of trust in western world approaches is often scarce. It is for these reasons that it is so important that therapists learn from Knowledge Keepers or Elders about indigenous culture, and history and that we engage in a two-eyed seeing approach in collaborative alignment with the client. Two-Eyed Seeing (Etuaptmumk in Mi'kmaw) as described by Elder Dr. Albert Marshall embraces "learning to see from one eye with the strengths of Indigenous knowledges and ways of knowing, and from the other eye with the strengths of mainstream knowledges and ways of knowing, and to use both these eyes together, for the benefit of all," (McKivett, Hudson, McDermott & Paul, 2020).

Here are some suggestions for applying the two-eyed seeing approach in your clinical practice::

1) Combining psychotherapy with traditional healing methods in collaboration with Indigenous Knowledge Keepers or Elders. These may include drinking cedar tea, smudging or a ceremonial fire to integrate Indigenous knowledge into the psychotherapy approaches we use with our clients

2) Applying guided discovery techniques to uncover the root of the symptoms the person presents with in relation to identity, ancestry, community, intergenerational and family experiences. This will help to create a case formulation and treatment plan that is authentic to the individual's lived experience

3) Developing exposures and/or pleasurable events that are collaborative with the client including Indigenous knowledge and traditions. For example integrating beading and other crafts or groups that include cultural preferences.

4) Another way to support Indigenous clients is to become aware of the resources available in your communities. Making a list of services to have readily available to give to your clients may be helpful, one such example is the First Nations and Inuit Hope for Wellness Help Line 1-855-242-3310. Whether the client has or has not been raised with their cultures and traditions, there are many ways to reach out to Indigenous communities for support and guidance should the client be interested. For example, Friendship Centers, Indigenous Health Centers and local First Nations can help to connect with Traditional Knowledge Keepers or Elders in their community.

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THE IMPACTS OF COLONIZATION ON MENTAL HEALTH: A PERSONAL AND PROFESSIONAL PERSPECTIVE

Personal closing statement; Rachel Cosford
Indigenous Education Support Teacher;
Anishnaabe - kwe from Mississauga 8

I am fortunate to have been surrounded by wonderful people who have given me a vast array of opportunities for my own healing (Feather Carriers program, connections to a therapist from Stacey E. Roles & Associates Psychotherapy, and ceremonies). After my year end graduation from the Feathers Carriers program, I recognized how fortunate I am and the importance of sharing stories for both our healing and the healing of others. In part of my speech I said;

"Last year, at this time, I thought, 'this is the worst experience of my life.' Little did I know that this year would turn out to be one of the best years. I am so fortunate to have a community of people who have brought me to this point. The Feather Carriers program and understanding bridging stories. This is life promotion, this is how we heal. Embracing these stories and learning from them."

Chi-Miigwetch,
Rachel and Stacey

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Stacey E. Roles & Associates Psychotherapy Services Inc. and CBT Training Center of the North is comprised of registered multidisciplinary clinicians who are all certified cognitive behavioural therapists. We accept NIHB and VQRP among other payment methods with services offered across Ontario and Alberta for psychotherapy and internationally for CBT training. staceyrolestherapy.com 705-929-1612 ext. 6
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Rachel Cosford, ndizhnikaaz
Mississauga 8 ndoojibaa makwa
dodem, Indigenous Education Support
Teacher

Rachel Cosford is both Anishinaabe kwe from Mississauga 8 First Nation and Irish. Rachel has been an educator for over 15 years, recently in the role of Indigenous Education Support Teacher. In her current role, she works to support Indigenous students, their families and help guide teachers to include Indigenous history in their delivery of the curriculum as well as implementing strategies to improve Indigenous well being and academic success.

Stacey Roles RN PhD Psychotherapist is an Academy of Cognitive Therapy (ACT) Certified Trainer Consultant and Certified Cognitive Therapist and is also credentialed with the Canadian Association of Cognitive and Behavioural Therapies. Stacey has advanced training and supervision in Prolonged Exposure Therapy and Compassion-Focused Therapy. Stacey is competent in treating clients across the lifespan from early childhood to older adults. She is an Advanced Practice Nurse, an Adjunct Professor at Laurentian University with the School of Nursing, and is Psychotherapy Faculty and Associate CBT lead in the Psychiatry Program at the Northern Ontario School of Medicine (NOSM). Stacey has extensive experience working with First Nations populations throughout northern Ontario including on Manitoulin Island. Stacey leads the CBT Training Centre of the North and Stacey E. Roles & Associates Psychotherapy Services Inc.
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BOOK REVIEW: SHOW YOUR ANXIETY WHO'S BOSS

By Scott Waltman, PsyD, ABPP, A-CBT

My next review is of Joel Minden's "Show Your Anxiety Who's Boss." Recently, there has been a flood of self help for anxiety and depression books, with Amazon making it easier than even to self-publish. This leaves people with an overwhelming amount of options, with a major issue of questionable quality control. As Joel Minden is a Diplomate of the Academy of Cognitive and Behavioral Therapies, he already has a good reputation. His knowledge and competency has been peer reviewed by other CBT professionals. Then you add the fact that Seth Gillihan wrote the foreword for his book and I knew I had to read it.

Bottom Line Up Front: It's an excellent book! But the question on my mind was 'how does it stack up against other classics?' So, I did a head-to-head comparison of this and Reid Wilson's 'Stopping the Noise In Your Head.' This is Reid's refined version of his celebrated classic 'Don't Panic.' Reid's newer book has been my standard recommendation for self help for Anxiety related difficulties.

So, I reread Reid's book and read Joel's book on a cross country flight. Both are really good, and the key distinction is knowing the unique strength of each book.

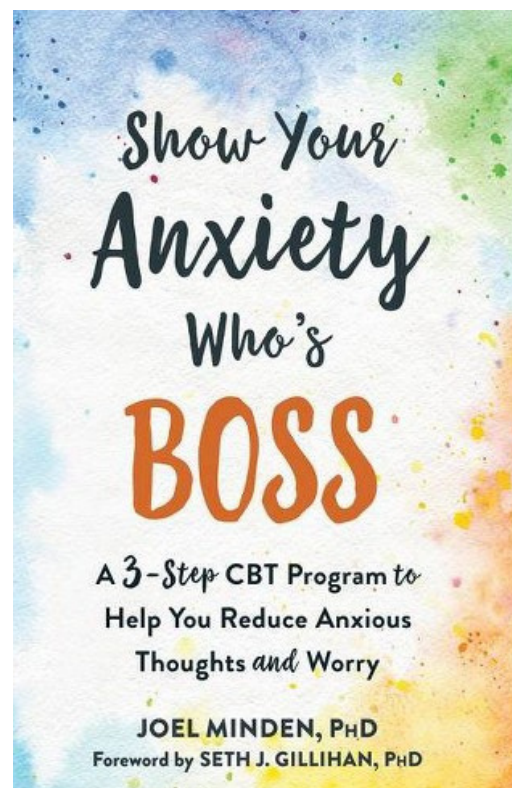
Reid Wilson's book is written from the perspective of an exposure and response prevention therapist. He leans heavily on behavioral strategies and largely sidesteps thought content. His framework is to take a step back, understand the paradoxical nature of anxiety (fearing fear gives it power), then leaning into the anxiety with exposure, and being cunning.

Joel's framework is more the perspective of a modern integrative CBT therapist. His three step framework is effectively decatastrophizing, action instead of avoidance, and then acceptance-based strategies. It's well written and thought out.

My take is this, for problems like OCD where exposure and response prevention is the gold standard, Reid's book remains my choice. For people that I want to learn cognitive or acceptance-based strategies, Joel's book is a great choice. Really, they're both fantastic books and you should check them both out.

<https://www.newharbinger.com/9781684034079/show-your-anxiety-whos-boss/>

Scott Waltman, PsyD, ABPP, is the editor of Advances in Cognitive Therapy. He is a clinician, international trainer, and practice-based researcher. He is a full fellow and certified as a qualified Cognitive Therapist and Trainer/Consultant by the Academy of Cognitive & Behavioral Therapies. He is also a board member of the International Association of Cognitive & Behavioral Therapies. He also is board certified in Behavioral and Cognitive Psychology from the American Board of Professional Psychology. Currently, he works as a clinical psychologist in private practice and a managed care system, where he is a frontline clinician and practice-based researcher.



BOOK REVIEW: HOW TO THINK LIKE A ROMAN EMPEROR

By Scott Waltman, PsyD, ABPP, A-CBT

I enjoyed reading Donald Robertson's *How to Think Like a Roman Emperor: The Stoic Philosophy of Marcus Aurelius* so much. I've been a big fan of Dr Robertson's works since I read the first edition of his *The Philosophy of CBT* almost ten years ago. It's no secret that I'm a big fan of Socrates and Socratic Questioning, but Dr Robertson's knowledge and expertise is on a whole other level. Arguably, he is a world leader in Stoic thought, and he has been working to make Stoicism accessible to the general public. His book *How to Think Like a Roman Emperor* is not a self-help book. It's a mainstream book that has done very well.

Many of us have people in our professional or personal lives that we want to recommend classics like the *Feeling Good Handbook* to, but we worry that this will be too "mental health focused" for some of them. Dr. Robertson's book is a book you could give the people in your life, especially the men (who are often the hardest to reach) to teach the principles of Stoicism (which are highly compatible with cognitive therapy). He teaches these principles with interesting examples from the life of the Roman emperor. The lessons of the book are illustrated by this quote, "The Stoics can teach you how to find a sense of purpose in life, how to face adversity, how to conquer anger within yourself, moderate your desires, experience healthy sources of joy, endure pain and illness patiently and with dignity, exhibit courage in the face of anxieties, cope with loss, and perhaps even confront your own mortality while remaining as unperturbed as Socrates." Notably, Dr Robertson also has a graphic novel (*Verissimus*) that is coming out soon and will allow us to reach a whole new group of individuals.

<https://us.macmillan.com/books/9781250196620/howtothinklikearomanemperor>

For people who aren't actually familiar with Stoicism he even offers a free email course on the topic that teaches Stoic skills and strategies to increase coping and resilience (<https://donaldrobertson.name/how-to-think-like-a-roman-emperor-the-stoic-philosophy-of-marcus-aurelius/>). Large amounts of money and efforts have been spent trying to use positive psychology to build resilience. These programs teach people how to "hunt" for the positives in their lives. Arguably, these programs have not delivered the resilience that was desired. Personally, I think Stoicism might be a better option. The four basic virtues of Stoicism are wisdom, justice, courage, and moderation. If you're looking for a new avenue to reach folks you've had trouble reaching, give Stoicism a try. If you're looking for an easy-to-read book written for a broad audience *How to Think Like a Roman Emperor: The Stoic Philosophy of Marcus Aurelius* is for you.

"A clear guide for those facing adversity, seeking tranquility, and pursuing excellence."
— RYAN HOLIDAY, bestselling author of *The Obstacle Is the Way* and *The Daily Stoic*

HOW TO THINK LIKE A ROMAN EMPEROR

THE STOIC PHILOSOPHY OF
MARCUS AURELIUS

DONALD ROBERTSON



BOOK REVIEW: RELATIONSHIPS IN RECOVERY

By Scott Waltman, PsyD, ABPP, A-CBT

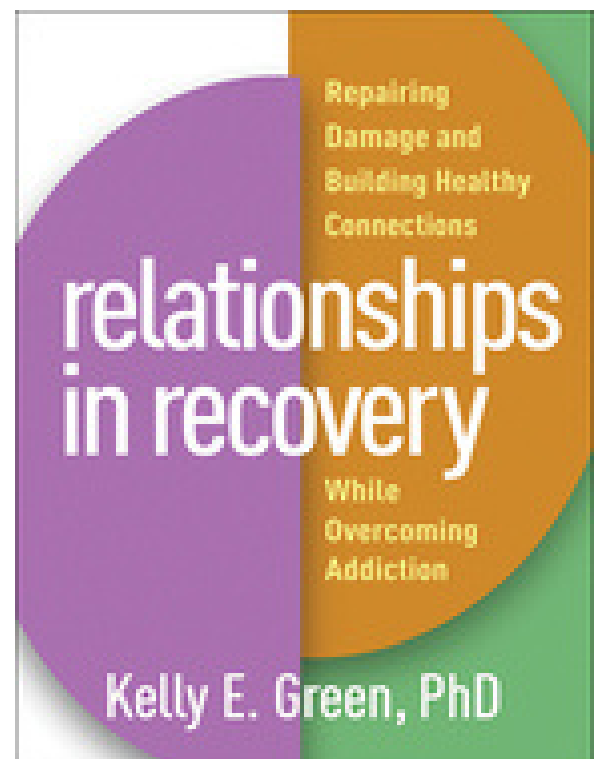
I initially agreed to review the Guilford workbook "Relationships in Recovery" by Kelly Green because I have been looking for more resources for wrapping language around the idea of boundaries, as this has been an ongoing area of interest for the millennials that I work with (and around the winter holidays, boundary setting with family members is often a common therapy topic as well). Relationships in Recovery does in fact have an excellent section devoted to setting and maintaining healthy boundaries. Chapter 9 covers the concept, barriers to, need for, tools for implementing, problem solving, adjusting, and holding to boundaries. This chapter covers the ins and outs of boundary setting and boundary navigation in a thorough and insightful manner.

To my delight the workbook is so much more than a boundaries-focused workbook. The subtitle for the book is 'repairing damage and building healthy connections while overcoming addiction,' and the book covers the breadth of repairing and rebuilding relationships that have suffered in the wake of addictive behaviors. It addresses skills related to building motivation, assessing healthy and unhealthy aspects of your relationships, improving communication skills, providing and seeking validation, being honest with yourself and others, rebuilding trust, setting and maintaining healthy boundaries, ending relationships appropriately, building emotional intimacy, and monitoring your relationships and relationship skills.

The workbook is a high quality Guilford workbook that is written in the traditional manner where it could be used as a supplement for therapy or for self-help. It could easily be used as a curriculum for a group therapy. It has a host of useful worksheets and exercises to both learn skills and identify areas for improvement.

I read this book hoping to learn more about skills for setting and maintaining healthy boundaries and I ended up learning and being exposed to more skills than I had anticipated. My expectations were high and this workbook exceeded them! I'd highly recommend this book for anyone who is looking to improve their relationships in the context of difficult life circumstances or clinicians who work with individuals who are seeking to improve their relationships while in recovery.

<https://www.guilford.com/books/Relationships-in-Recovery/Kelly-Green/9781462540990>



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Submissions to Advances in Cognitive Therapy are reviewed on an ongoing basis. Topic areas may include clinical issues, cultural considerations, research updates, conference and training information, book reviews, and summaries of any CBT-related activities from around the world! Articles co-written by professors and students are particularly encouraged.

Submissions should be 350-900 words with no more than five references (using APA style and as an MS Word document).

In addition, please include a brief (50-100 word) author bio and high quality photo/headshot with your submission. Submissions and/or suggestions for how to improve the newsletter and/or topics that should be considered should be sent to: Scott Waltman, PsyD, ABPP Editor: walt2155@pacificu.edu

