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## ПРЕДИСЛОВИЯ FOREWORDS

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# TO THE SPECIAL ISSUE DEVOTED TO A.T. BECK'S 100<sup>TH</sup> BIRTHDAY

**For citation:** Beck J.S. To the special issue devoted to A.T. Beck's 100<sup>th</sup> birthday. *Konsul'tativnaya psikhologiya i psikhoterapiya* = *Counseling Psychology and Psychotherapy*, 2021. Vol. 29, no. 3, pp. 5–7. DOI: <https://doi.org/10.17759/cpp.2021290301>

# К СПЕЦИАЛЬНОМУ ВЫПУСКУ ЖУРНАЛА, ПОСВЯЩЕННОМУ 100-ЛЕТНЕМУ ЮБИЛЕЮ А.Т. БЕКА

**Для цитаты:** Бек Дж.С. К специальному выпуску журнала, посвященному 100-летию юбилею А.Т. Бека // Консультативная психология и психотерапия. 2021. Т. 29. № 3. С. 5–7. DOI: <https://doi.org/10.17759/cpp.2021290301>

Twenty-five years ago, the first Russian translation of several chapters of the book *Cognitive Therapy of Depression* was published in a special issue on *Cognitive Therapy* in this journal. My father, Dr. Aaron T. Beck, opened the special issue with a foreword addressing Russian professionals and expressing the hope that *Cognitive Therapy* would grow in Russia. He also noted that over the previous 30 years, *Cognitive Therapy* had been demonstrated to be effective in the treatment of a wide range of mental health conditions. Today, theoretical models and effective therapy techniques based on his cognitive model have been developed and tested for almost all conditions included in mental disorder classification manuals.

Indeed, over the last 25 years, Cognitive Therapy has evolved into the most widely practiced evidence-based psychotherapeutic approach to the treatment of mental health conditions. Its development has given rise to new therapeutic strategies and techniques, which have been continually refined as a result of extensive research. Cognitive Therapy has been successfully adopted in a wide range of treatment settings, and has been shown to be effective with diverse populations and cultures all over the world.

As Cognitive Therapy, or Cognitive Behavior Therapy (CBT), as it is now known, has grown in popularity, a “third wave” of evidence-based treatments, such as Acceptance and Commitment Therapy, Dialectical Behavior Therapy, and Mindfulness-Based Cognitive Therapy, have been developed and tested. At our non-profit organization, Beck Institute for Cognitive Behavior Therapy, we incorporate techniques from various evidence-based psychotherapeutic modalities, including these, into CBT treatment and into all our training programs, which are currently all virtual. Treatment always begins with a cognitive case conceptualization, and techniques are selected based upon the individual case formulation. When selecting interventions, we take into account not only the client’s challenges and problems but also their strengths and resources. Increasingly, we have found that focusing on a client’s aspirations can help with the development of meaningful goals for treatment and provide the client with motivation to do the work of therapy. We now often begin treatment by asking clients about a period in their life when they were at their best. This information can paint a powerful picture of what the client wants to accomplish as a result of therapy.

Learning CBT is a lifelong endeavor; the treatment I deliver, informed by research, changes substantially as time goes on, and particularly in the past five years as I have learned about Recovery-Oriented Cognitive Therapy from my dad and our colleagues at Beck Institute. CBT is a constantly evolving field, as researchers all over the world adapt treatment for different populations and develop new treatment delivery models to help make CBT treatment available to those who need it most. Good cognitive therapists have mastered general theoretical models of psychopathology and receive ongoing training in CBT, including supervision based on a review of their therapy sessions, to ensure they are practicing in line with current research findings.

I am particularly pleased to learn that over the last 25 years, Cognitive Therapy has gained wide recognition and popularity in Russia. Russian cognitive therapists have their own national associations and robust training programs; many Russian colleagues have become members of international

associations and take active part in international congresses. I am excited that St. Petersburg will be the venue for the next IACP congress in 2023. The Beck family has roots in Russia, and it is symbolic that this important international cognitive therapy event, which brings together hundreds of participants from all over the world, will take place there.

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