



# Cognitive Behavioral Therapy Basics Training Course

30 August – 3 September 2027  
Vienna



## Cognitive Behavioral Therapy Basics Training Course

**Ref:** 1431\_205603 **Date:** 30 August – 3 September 2027 **Location:** Vienna **Fees:** 5700 Euro

### Overview

Cognitive Behavioral Therapy Basics Training Course is a one-week foundation course for healthcare professionals, mental health service coordinators, counselors in supervised practice, social care practitioners, and clinical support staff who leave with a Supervised CBT Practice Toolkit. Participants connect the cognitive behavioral model with structured formulation, collaborative goals, monitoring, behavioral activation, cognitive restructuring, session structure, and safe scope decisions. Agile Leaders Training Center presents CBT foundations through supervised skills practice and boundary-based case work.

### Who Should Attend

- Healthcare support functions responsible for coordinating mental health pathways and client communication
- Counseling functions responsible for supervised skills development and structured case reflection
- Social care functions responsible for recognizing patterns, supporting goals, and arranging referrals
- Mental health service functions responsible for intake, monitoring, documentation, and escalation
- Clinical education functions responsible for foundation knowledge and supervised practice support

The course assumes participants support mental health or social care work and leaves out diagnosis, independent psychotherapy, treatment authorization, and unsupervised clinical decision-making.

### Departments and Industries

The course supports departments and industries that require foundation CBT literacy and safe coordination of psychological support.

- Hospitals, outpatient services, and community healthcare providers
- Mental health intake, care coordination, and clinical support teams
- Social care, employee assistance, and community support services
- Higher education counseling and learner wellbeing functions
- Healthcare education, workforce development, and quality teams

### Learning Objectives

By the end of this course, participants will be able to:



- Apply the cognitive behavioral model to structured case examples
- Build a basic CBT formulation under supervision
- Use collaborative goals, monitoring records, and session structures
- Analyze behavioral activation and cognitive restructuring choices
- Compare support, supervision, referral, and escalation decisions
- Evaluate a supervised CBT practice plan against ethical boundaries

## **Course Agenda**

### **Day 1: CBT Foundations and Scope**

- Cognitive Behavioral Model Connection Map
- Thought Emotion Behavior Physical Response Cycle
- Collaborative Practice Principle Checklist
- Present-Focused Problem Definition Canvas
- Ethical Scope and Supervision Boundary Guide

### **Day 2: Assessment and Formulation**

- Situation Thought Response Monitoring Record
- Five-Part Problem Breakdown Method
- Maintaining Cycle Evidence Map
- Basic CBT Formulation Template
- Collaborative Goal-Setting Worksheet

### **Day 3: Behavioral and Cognitive Tools**

- Activity and Mood Monitoring Schedule
- Behavioral Activation Planning Grid
- Automatic Thought Identification Record
- Guided Discovery Question Framework
- Cognitive Reappraisal Evidence Table

### **Day 4: Structured Practice and Safety**

- CBT Session Structure Agenda
- Between-Session Action Plan
- Progress Review and Feedback Tracker
- Referral and Consultation Decision Tree
- Risk Recognition and Escalation Pathway



## **Day 5: Supervised CBT Skills Practice**

- Exercise: Map a Cognitive Behavioral Cycle
- Exercise: Draft a Basic CBT Formulation
- Exercise: Compare Activation and Reappraisal Options
- Exercise: Apply Referral and Escalation Boundaries
- Capstone Exercise: Supervised CBT Practice Toolkit

## **Practical Exercises**

The course uses suggested activities from healthcare, social care, and education support settings.

- Suggested activity: map thoughts, emotions, physical responses, and behaviors from a fictional supervised case.
- Suggested activity: use monitoring evidence to draft a maintaining cycle and collaborative goal without assigning a diagnosis.
- Suggested activity: compare behavioral activation, guided discovery, consultation, referral, and escalation choices within role boundaries.
- Suggested activity: assemble a Supervised CBT Practice Toolkit with records, formulation, goals, session structure, safety checks, and review points.

## **FAQs**

### **Who suits Cognitive Behavioral Therapy basics training, and what does it assume?**

Cognitive Behavioral Therapy basics training suits healthcare, counseling, social care, coordination, and support functions working under appropriate supervision. It assumes foundation experience with people-facing services and does not authorize diagnosis, independent psychotherapy, or unsupervised treatment decisions.

### **How does CBT basics training differ from advanced psychotherapy training?**

CBT basics training develops conceptual literacy, structured records, formulation practice, and boundary decisions using fictional or supervised cases. Advanced psychotherapy training develops condition-specific clinical competence through formal education, supervised delivery, assessed practice, and the applicable professional requirements.

### **What is the cognitive behavioral model?**

The cognitive behavioral model describes how interpretations of situations relate to emotions, physical responses, and behavior. A structured map helps practitioners examine connections and possible maintaining cycles without assuming that one element explains every difficulty.



## **What is a basic CBT formulation?**

A basic CBT formulation is a collaborative, revisable map of a person's current difficulty, relevant situations, interpretations, emotions, physical responses, behaviors, and maintaining patterns. It guides questions and supervised planning rather than serving as a diagnosis.

## **When should CBT support involve referral or risk escalation?**

CBT support should involve referral, consultation, or escalation when needs exceed the practitioner's competence or role, when risk or safeguarding concerns arise, or when assessment indicates that another service is more appropriate. Local procedures and qualified supervision guide the response.

## **Conclusion**

The course connects the cognitive behavioral model, formulation, collaborative goals, monitoring, activation, thought review, session structure, and safety boundaries. Participants take back a Supervised CBT Practice Toolkit. The toolkit organizes foundation case work, improves supervision discussions, documents role limits, and supports timely consultation, referral, and escalation.