# RATIONAL EMOTIVE BEHAVIOUR THERAPY

## 100 KEY POINTS & TECHNIQUES

WINDY DRYDEN & MICHAEL NEENAN

100 Key Points series  Series Editor: Windy Dryden

# Rational Emotive Behaviour Therapy

Rational Emotive Behaviour Therapy (REBT) is practised all over the world and has many therapeutic, occupational and educational applications.

*Rational Emotive Behaviour Therapy: 100 Key Points and Techniques* presents 100 main features of this system, to help therapists improve their practice. These essential points have been derived from the authors' own practice, and also from their experience as trainers and supervisors of novice rational emotive behaviour therapists. Beginning with an introduction outlining the basics of the approach, this book offers thorough coverage of all the vital topics, including:

- Therapeutic alliance issues
- Educational issues
- Dealing with clients' misconceptions about REBT
- Encouraging clients to work at change
- Dealing with obstacles to client change
- Using the system in a creative way

This concise and highly practical book will be invaluable to psychotherapists and counsellors in training and practice, ensuring comprehensive understanding of the REBT approach.

**Windy Dryden** is Professor of Psychotherapeutic Studies at Goldsmiths College, London

**Michael Neenan** is Associate Director of the Centre for Stress Management, London

**100 Key Points**
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# Rational Emotive Behaviour Therapy

## 100 key points and techniques

*Windy Dryden and*
*Michael Neenan*

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# Contents

# Preface

In this book we present 100 key points to help rational emotive behaviour therapists improve their practice. These points have been derived not only from our own practice, but also from our experiences as trainers and supervisors of novice rational emotive behaviour therapists.

During the many years that we have been associated with rational emotive behaviour therapy (REBT), we have become increasingly involved with two major aspects of its development which are reflected in this book. First, we have been concerned to encourage people to use this system in a creative way – one which fully engages the client in an emotional experience. Second, we have been keen to base the effective practice of REBT on sound general therapeutic principles, drawing particularly on recent work that has been done on the therapeutic alliance. This latter theme crops up throughout the book, but especially in its opening section, and our thinking here has been much influenced by the work of Ed Bordin who died in 1992.

Windy Dryden and Michael Neenan

# The basics of rational emotive behaviour therapy

Before we outline the 100 key points that we hope will improve your practice of REBT, we will outline the basics of this approach to therapy.

### *Brief history*

Rational Emotive Behaviour Therapy (REBT) was founded in 1955 by Albert Ellis, an American clinical psychologist who had become increasingly disaffected with psychoanalysis in which he trained in the late 1940s. Originally, the approach was called Rational Therapy (RT) because Ellis wanted to emphasize its rational and cognitive features. In doing so, Ellis demonstrated the philosophical influences (largely Stoic) on his thinking. In 1961, he changed its name to Rational-Emotive Therapy to show critics that it did not neglect emotions, and over 30 years later (in 1993) Ellis renamed the approach yet again, calling it Rational Emotive Behaviour Therapy to show critics that it did not neglect behaviour.

In 1962, Ellis published *Reason and Emotion in Psychotherapy*, a collection largely of previously published papers or previously delivered lectures, but which became a seminal work in the history of psychotherapy. Most of REBT's major, present-day features are described in this book: the pivotal role of cognition in psychological disturbance, the principle of psychological interactionism where cognition, emotion and behaviour are seen as interacting, not separate

systems, the advantages of self-acceptance over self-esteem in helping clients with their disturbed views of their selves, and the importance of an active-directive therapeutic style, to name but a few.

REBT is practised all over the world and has many different therapeutic, occupational and educational applications. However, it tends to live in the shadow of Beck's cognitive therapy, an approach to cognitive-behaviour therapy which has attracted a greater number of practitioners and is more academically respectable.

### *Basic assumptions*

Since the concept of rationality appears as the first word in this approach to therapy and has done so since its inception, let us begin by considering it. First of all rationality is a concept that is normally applied to a person's beliefs. Rational beliefs, which are deemed to be at the core of psychological health, are flexible and non-extreme, consistent with reality, logical and self- and relationship-enhancing. Irrational beliefs, which are deemed to be at the core of psychological disturbance, are rigid and extreme, inconsistent with reality, illogical and self- and relationship-defeating.

There are four types of rational beliefs:

- flexible preferences ('I want to be approved of, but I don't have to be')
- anti-awfulizing beliefs ('It's bad to be disapproved of, but it isn't the end of the world')
- high frustration tolerance beliefs ('It's difficult to face being disapproved of, but I can tolerate it')
- and acceptance beliefs (e.g. self-acceptance: 'I can accept myself if I am disapproved of'; other-acceptance: 'I can accept you if you disapprove of me'; life-acceptance: 'Life is a mixture of good, bad and neutral events. My being disapproved of is only one bad event').

Similarly, there are four types of irrational beliefs:

- rigid demands ('I must be approved of')
- awfulizing beliefs ('If I'm disapproved of, it's the end of the world')

- low frustration tolerance beliefs ('I can't tolerate being disapproved of')
- depreciation beliefs (e.g. self-depreciation: 'I am worthless if I am disapproved of'; other-depreciation: 'You are horrible if you disapprove of me'; life-depreciation: 'Life is all bad if I am disapproved of').

REBT advocates a situational ABC model of psychological disturbance and health. A situation occurs in which the person has an emotional episode. *A* stands for the activating event and it is the aspect of the situation about which the person has an emotional reaction. This aspect is frequently an inference. *B* stands for belief (rational or irrational). *C* stands for the consequences of holding a belief about *A* and can be emotional, behavioural and cognitive. Thus, A's do not cause C's but contribute to them. B's are seen as the prime but not only determiners of C's.

Holding a rational belief about an A leads to healthy emotions, functional behaviour and realistic subsequent thinking, whereas holding an irrational belief about the same A leads to unhealthy emotions, dysfunctional behaviour and unrealistic subsequent thinking.

REBT's view of human nature is realistic. Humans are seen as having the potential for both rational and irrational thinking. The ease with which we transform our strong desires into rigid demands suggests that the tendency towards irrational thinking is biologically based, but can be buffered or encouraged by environmental contexts. On this last point, a person who is anxious about disapproval will be less likely to think irrationally about being disapproved of when she is in an environment where she is approved of than when she is not.

Clients often have the unfortunate experience of inheriting tendencies towards disturbance and being exposed to their parents' disturbed behaviour. REBT is optimistic and realistic here. It argues that if such clients work persistently and forcefully to counter their irrational beliefs and act in ways that are consistent with their rational beliefs, then they can help themselves significantly. However, REBT also acknowledges that most clients will not put in this degree of effort over a long period of time and will therefore fall far short of achieving their potential for psychological health.

### *Origin and maintenance of problems*

People are not disturbed by events but by the rigid and extreme views that they take of them. This means that while negative events contribute to the development of disturbance, particularly when these events are highly aversive, disturbance occurs when people bring their tendencies to think irrationally to these events.

REBT does not have an elaborate view of the origin of disturbance. Having said this, it does acknowledge that it is very easy for humans when they are young to disturb themselves about highly aversive events. However, it argues that even under these conditions people react differently to the same event and thus we need to understand what a person brings to and takes from a negative activating event.

People learn their standards and goals from their culture, but disturbance occurs when they bring their irrational beliefs to circumstances where their standards are not met and their pursuit of their goals is blocked. REBT has a more elaborate view of how disturbance is maintained. It argues that people perpetuate their disturbance for a number of reasons including the following:

- They lack the insight that their disturbance is underpinned by their irrational beliefs and think instead that it is caused by events.
- They think that once they understand that their problems are underpinned by irrational beliefs, this understanding alone will lead to change.
- They do not work persistently to change their irrational beliefs and to integrate the rational alternatives to these beliefs into their belief system.
- They continue to act in ways that are consistent with their irrational beliefs.
- They lack or are deficient in important social skills, communication skills, problem-solving skills and other life skills.
- They think that their disturbance has pay-offs that outweigh the advantages of the healthy alternatives to their disturbed feelings and/or behaviour.
- They live in environments which support the irrational beliefs that underpin their problems.

### *Change*

REBT therapists consider that the core facilitative conditions of empathy, unconditional acceptance and genuineness are often desirable, but neither necessary nor sufficient for constructive therapeutic change. For such change to take place, REBT therapists need to help their clients to do the following:

- Realize that they largely create their own psychological problems and that while situations contribute to these problems, they are in general of lesser importance in the change process.
- Fully recognize that they are able to address and overcome these problems.
- Understand that their problems stem largely from irrational beliefs.
- Detect their irrational beliefs and discriminate between them and their rational beliefs.
- Examine their irrational beliefs and their rational beliefs until they see clearly that their irrational beliefs are false, illogical and unconstructive while their rational beliefs are true, sensible and constructive.
- Work towards the internalization of their new rational beliefs by using a variety of cognitive (including imaginal), emotive and behavioural change methods. In particular act in ways that are consistent with the rational beliefs that they wish to develop and refrain from acting in ways that are consistent with their old irrational beliefs.
- Extend this process of examining beliefs and using multimodal methods of change into other areas of their lives and committing to doing so for as long as necessary.

### *Skills and strategies*

REBT therapists see themselves as good psychological educators and therefore seek to teach their clients the ABC model of understanding and dealing with their psychological problems. They stress that there are alternative ways of addressing these problems and strive to elicit from their clients informed consent at the outset and throughout the counselling process. If they think that a client is better suited to a different approach to therapy they do not hesitate to effect a suitable referral.

REBT therapists frequently employ an active-directive counselling style and use both Socratic and didactic teaching methods. However, they vary their style from client to client. They begin by working with specific examples of identified client problems and help their clients to set healthy goals. They employ a sequence of steps in working on these examples which involves using the ABC framework, challenging beliefs and negotiating suitable homework assignments with their clients.

Helping clients to generalize their learning from situation to situation is explicitly built into the counselling process as is helping clients to identify, challenge and change core irrational beliefs which are seen as accounting for disturbance across a broad range of relevant situations.

A major therapeutic strategy involves helping clients to become their own therapists. In doing this, REBT therapists teach their clients how to use a particular skill such as challenging irrational beliefs, model the use of this skill, and sometimes give the clients written instructions on how to use the skill on their own. Constructive feedback is given to encourage the refinement of the skill. As clients learn how to use the skills of REBT for themselves, their therapists adopt a less active-directive, more prompting therapeutic style in order to encourage them to take increasing responsibility for their own therapeutic change.

REBT may be seen as an example of theoretically consistent eclecticism in that its practitioners draw upon procedures which originate from other counselling approaches, but do so for purposes that are consistent with REBT theory. REBT therapists are judiciously selective in their eclecticism and avoid the use of methods that are inefficient, mystical, or of dubious validity.

REBT therapists have their preferred therapeutic goals for their clients, namely to help them to change their core irrational beliefs and to develop and internalize a set of core rational beliefs. However, they are ready to make compromises with their clients on these objectives when it becomes clear that they are unable or unwilling to change their core irrational beliefs. In such cases, REBT therapists help their clients by encouraging them to change their distorted inferences, to effect behavioural changes without necessarily changing their irrational beliefs or to remove themselves from negative activating events.

Now that we have provided an overview of the basics of REBT, we will now outline 100 key points in which we detail ways in which you can improve your practice of REBT.

# Part 1

# THERAPEUTIC ALLIANCE ISSUES

# 1

## Use the concept of the therapeutic alliance

In the late 1970s, Ed Bordin (1979) wrote what we consider to be a seminal article in the field of psychotherapy where he introduced a tripartite model of the therapeutic alliance. His argument was that there are three major components of the alliance. First, psychotherapy is goal directed. Second, it takes place within a context of a developing bond or interpersonal relationship. Third, both clients and therapists have tasks to do. In our view all three aspects of the alliance are equally important. However, generally in the psychotherapeutic field, the bond or relationship domain is overemphasized often to the detriment of the goal and task domains.

Effective rational emotive behaviour therapy (REBT) occurs when both you and your clients:

- know what your respective tasks are
- can implement these tasks in the service of your clients' goals
- can work together in an adult-to-adult partnership.

In this relationship you are both equal in humanity but you, as therapist, have greater expertise than your clients in facilitating psychological change.

As you will know if you have practised REBT, work with clients often falls short of this ideal. When this happens, we have found it very helpful to use the therapeutic alliance concept to determine what has gone wrong in our alliance with our clients and what needs to be done to repair the rupture (Safran 1993).

Common ruptures in the *goal* domain of the therapeutic alliance occur when you and your clients are working towards different goals, when you do not give your clients an opportunity to state her goals, or when she has a hidden agenda where she surreptitiously seeks a goal which is at variance with her explicitly stated goals.

Ruptures in the *task* domain of the alliance frequently occur when your clients:

- do not understand what their tasks are in REBT
- receive inadequate training from you in these tasks
- do not understand the relationship between carrying out these tasks and reaching their therapeutic goals
- are being asked by you to practise tasks which have insufficient potency to enable them to achieve their goals.

Ruptures in the task domain of the alliance can also occur because you, as therapist, practise REBT unskilfully. Such errors include: failing to prepare clients for the active-directive nature of the therapy, disputing irrational beliefs before clients understand the relationship between these beliefs and their disturbed feelings and behaviours, and unilaterally assigning homework assignments to clients, rather than negotiating them *with* clients.

Ruptures in the *bond* domain of the alliance are often, in our opinion, given insufficient attention by REBT therapists. While many clients do appreciate the typical down-to-earth, active-directive style of many REBT therapists, quite a few clients react adversely to this style. If this is your usual style, be aware that some of your clients will regard it as evidence of lack of caring and understanding on your part, whereas others, who may be highly reactant, will consider that you are imposing a mode of thinking on them and taking away their much valued autonomy.

While we have dwelt at length on the importance of using the therapeutic alliance framework to understand when REBT does not go as smoothly as one hopes (or as smoothly as one reads in many REBT texts!), we want to stress that it can also be used as a helpful framework to enhance the effective practice of REBT. For example, it can serve as a reminder for you to monitor the degree of congruence that exists between your own and your clients' goals. It can encourage you to check whether your clients understand both their own tasks and yours. It can help you to check that your clients understand the relationship which exists between task completion and goal attainment. Finally, it can forcefully remind all REBT therapists of the interpersonal nature of their work and that effective REBT is not just a matter of, for example, disputing irrational beliefs or encouraging clients to use self-change techniques. Rather, REBT is fundamentally an important interpersonal relationship – perhaps more important in the minds of clients than in the minds of REBT therapists!

**Key point**

Use the concept of the therapeutic alliance to maximize the practice of REBT and to identify and repair ruptures to the therapeutic process.

# 2

## Vary your bond with different clients

Albert Ellis has portrayed REBT therapists as authoritative (not authoritarian) psychological educators who actively and directively teach clients the ABCs of REBT and what they need to do to overcome their psychological problems. However, commonsense tells us that not all clients respond well to this style. Thus, it is important for you to be prepared to vary your interpersonal style of relating to clients in an authentic way if you are to maximize your therapeutic effectiveness. Key dimensions of the therapeutic bond that are relevant to REBT are: formal/informal, self-disclosing/non-self-disclosing, and humorous/non-humorous.

We will consider the formal/informal dimension first. Whereas some clients will respond much better to you when you adopt a formal, businesslike expert style, other clients will respond more favourably to you when you adopt an informal, friendly style of interaction. To have a fixed, 'one size fits all' interpersonal style with all clients guarantees that you will fail with some of them.

How do you judge which style to use with which client? Our own practice is to discuss quite openly with clients what they expect from a therapist. Do they see their ideal therapist as someone who is authoritative and can teach them the emotional facts of life in a formal and businesslike way? Is their ideal therapist someone who is less formal, downplays the trappings of professionalism, and comes across more as an ordinary human being? Of course, it is important to guard against reinforcing a client's dire need for approval. However, we believe that it is usually possible for you to meet your clients' preferences on this issue without compromising your work as an REBT therapist. No matter what hunches you may have about your clients, you can only determine the actual way your clients respond to your interpersonal style by trial and error.

If REBT therapists are first and foremost good teachers, then they need to recognize that teaching can be done in a variety of styles. So consider whether your client will respond more profitably to a

formal or an informal style and modify your own interactive style accordingly.

Some clients are deeply affected by therapist self-disclosure. I (WD) have found that sharing my own difficulties with anxiety about speaking in public because of my stammer has been a profoundly important experience for some clients. First, they learn that I have used REBT with myself to overcome my problems. Second, they learn that rather than being an all-knowing fountain of rationality, I have my own difficulties too. This latter point can lead to profound learning for some clients who need to experience rather than know intellectually that their therapist is equal to them in humanity. However, to other clients, such self-disclosures either fall on deaf ears or are in fact quite anti-therapeutic. Such clients shrug their shoulders at such disclosures or indicate that they are just not interested in knowing about the private life of their therapist. These are clients who only wish to be helped by you as a non-self-disclosing therapist who emphasizes expertise, not human vulnerability.

The third dimension of interpersonal style we wish to discuss is therapist humour. In REBT there are a number of concepts that you need to teach clients. With some clients you will be able to teach these concepts best if you use humour. In our experience, clients who respond well to therapist humour are, in fact, humorous individuals themselves. However, you need to appreciate that when some clients respond well to your humour, they may become overly giggly. Because they are having so much fun from therapy, they may stop taking you seriously as a viable helper. For such clients your humour turns therapy into entertainment rather than a serious endeavour.

Other clients regard therapy as very serious and consequently consider therapist humour as inappropriate, in that they may view you as a flippant person who is not taking them and their problems seriously. They may also consider you immature.

It goes without saying that when you use humour in REBT, direct it at your clients' irrational beliefs rather than at the clients themselves. Do not assume that because you are directing your humorous remarks at your clients' beliefs that they will not experience them as a personal attack. You may need to explain what you are doing before you do it.

We have argued that you should try to ascertain the interactive style to which your clients respond best quite early in therapy, perhaps even in the first session. However, it is also important to elicit your clients'

feedback concerning how they react to your therapeutic style throughout therapy. Here we believe REBT therapists can learn a lot from cognitive therapists, who routinely seek feedback from clients at the end of every session about various matters to do with the session itself and the therapist's contribution to it. Asking for frank feedback from clients concerning your therapeutic style will be quite useful in helping you to calibrate your style in the best interests of your clients. When your clients give you feedback, it is very important that you respond non-defensively or else you will be perceived as not practising what you are preaching to your clients.

While we consider that it is important for you to vary your bond with different clients, it is important that you do so authentically. Arnold Lazarus (1989) coined the term 'authentic chameleon' to describe a therapist who varies their interpersonal style with clients, but does so authentically. If you are going to apply this concept in your practice of REBT, rather than pay lip service to it, then it is crucial that you consider honestly your range of authentic interpersonal behaviour. We advise you to be genuine in your interactions with your clients rather than inauthentically try to meet their preferences for therapist behaviour. Refer a client to a colleague who will authentically offer that client a preferred bond when you cannot do so.

**Key point**

Vary your bond with different clients, but do so authentically.

3

## Vary your influence base

Some clients seek out therapists with national and international reputations. Such people may seek out Albert Ellis purely because he is Albert Ellis. It could be true that if Albert Ellis taught them something anti-rational, then they might well be influenced by him because of his reputation. However, REBT therapists avoid basing their communications on an authoritarian position. We prefer to encourage clients to think for themselves and hopefully would never insist that clients think in a certain way purely because we say so. As Albert Ellis emphasizes, there is a world of difference between being authoritarian and being authoritative. Thus, with clients who are impressed by your reputation as an authority, you will best be able to influence them by emphasizing the trappings of expertise. This quality encourages such clients to pay attention and listen to you. They will be impressed by your writings, your qualifications and other professional accoutrements which demonstrate that you know what you are doing.

Other clients respond much better to a therapist's likeability. Such clients are not interested in what you know or your reputation but in what you are like as a person. Whereas for the clients discussed above the salient question is 'What does this therapist know?', the questions for this group of clients are 'What is this therapist like?' Is the therapist going to like me? Are we going to get on?'

Be prepared to vary your influence base from authoritative expert to likeable person as far as you can without becoming inauthentic (see Point 2). If you are unable to modify your influence base, it is ethical practice to refer a client to a therapist who is, for example, more able to emphasize expertise.

We will now consider three styles of teaching that are relevant to the practice of REBT: (1) authoritative; (2) laissez-faire; (3) hypothesizing. *Authoritative* REBT therapists demonstrate clearly that they know what they are doing and this is, of course, related to the expert influence base previously discussed. Such therapists need to guard

against unwittingly doing a lot of work for the client, as it is easy to do that when you are in an authoritative mode.

In *laissez-faire* teaching, the message the therapist communicates to the client is 'You do all the work and I will encourage you the best I can.' The danger for *laissez-faire* REBT therapists is that by being allowed to ramble their clients will not discover rational principles by their own efforts. A laissez-faire style, however, is helpful for those clients who are highly reactant to being influenced. Such individuals find attempts to influence them highly aversive and are very sensitized to being influenced. As such they react negatively to the active-directive stance of the authoritative therapist.

The third style is one that we call *hypothesizing*. This style is similar to that advocated by cognitive therapists in their principle of collaborative empiricism. Here the message is 'Let's work together to discover the answer to your problem.' The problem with this style is that it can be somewhat hypocritical. REBT therapists work on the principle that they know, *a priori*, the kinds of irrational beliefs with which clients disturb themselves. To communicate that one can discover these afresh in a hypothesizing style may well come across eventually as dishonest in REBT. On the other hand, good REBT therapists, while being guided by REBT theory, hold this *a priori* knowledge open-mindedly and are ready to have their hypotheses disconfirmed. When this occurs, therapists need to shift their focus to irrational beliefs that are defined by their clients not by REBT theory.

**Key point**

Vary your influence base and avoid using the wrong base with your clients.

# 4

## Vary the extent of your directiveness over the course of therapy

Albert Ellis has always argued that REBT is fundamentally an active-directive approach to psychotherapy. In our experience it is difficult to practise REBT in the early phase of therapy without adopting an active-directive stance. At the start of therapy, you will need to direct your client to his disturbed feelings and self-defeating behaviours and direct him to understanding the ideological roots of his psychological problems. However, if you continue to be directive throughout therapy, you may well deprive clients of the opportunity to become more active and self-directing for themselves. Thus, consider fading the extent of your directiveness in a number of different circumstances. The first of these circumstances is when your client is making progress on a particular problem. Instead of continually directing the client to the ABCDEs of REBT, you can ask questions such as:

- 'What are you thinking in order not to be anxious?'
- 'How did you dispute that belief?'
- 'How could you dispute it more effectively?'
- 'How could you put that into practice?'

By asking such questions you will encourage your clients to internalize the model of REBT problem solving in a way that allows them to utilize their own resources.

However, when your clients introduce a new problem then you may resume your active-directive stance in helping them with that problem, especially if it has different ideological roots to the previous problem. Our own practice is initially to teach all clients the ABCs of REBT and help them understand the role that musts, awfulizing, low frustration tolerance and depreciation of self, others and life conditions play in their disturbance. When clients introduce another problem, we encourage them to direct themselves to the four irrational beliefs to see which may be relevant to their newly introduced problem.

Many therapists we have supervised over the years assume that practising REBT in the first session is the same as practising REBT in the middle or end phase of therapy. As a result, they tend not to change their level of activity and direction. This is a profound error and undermines the idea and practice of clients becoming their own therapists.

**Key point**

Reduce the level of your activity and direction as therapy proceeds to facilitate your clients doing the work for themselves.

# 5

## Work to facilitate your clients' learning

As we have already discussed, REBT is an educational approach to psychotherapy. Viewing REBT in this way helps you to acknowledge that your clients are basically in a learning role. Therefore applying sound principles to facilitate learning is a key issue in the practice of REBT. What are some of these principles?

### *Pacing*

The first principle is the need for suitable pacing. While some of your clients may learn very quickly, others may need you to go much slower. Therapists who are able to vary their pace to meet the learning needs of their clients, in our experience, practise REBT more effectively than therapists who have one set pace of working which they apply to all their clients. The latter therapists may have low frustration tolerance ideas towards increasing or decreasing their normal pace of conducting REBT. In which case, they need to challenge and change these ideas as they learn to vary their pace.

### *Checking clients' understanding*

Effective REBT therapists not only teach rational principles effectively, but also ensure that their clients learn rational principles thoroughly. Good teachers tell us that there is often a poor correlation between what one teaches and what students learn. Thus, particularly when you are employing a didactic style of REBT, check out what your clients are learning from your didactic teachings. This does not mean, however, that when you are working more Socratically you can forego this point even though the Socratic dialogue involves you giving feedback to clients when they provide answers which demonstrate inadequate grasp of these rational principles.

When we ask clients what they are learning from our attempts to teach them the principles of REBT, we are often surprised by what they say. A common misunderstanding, for example, is that giving up one's musts and remaining with one's preferences means that you as a therapist are advocating a philosophy of indifference. When you uncover such misconceptions in your clients' thinking about REBT it is important that you correct them (see Part 3 for a fuller discussion of dealing with common misconceptions of REBT).

Even when your clients have understood rational principles, this does not mean that they agree with them. Remember that understanding and agreement are not synonymous in REBT. Thus, once your clients have shown they have understood a rational principle, ask them to what extent they agree with the principle. If they disagree with it, ascertain their reasons before deciding how to respond.

### *Encourage clients to take responsibility for their learning*

At the beginning, we ask all our clients what they think our responsibilities are in therapy (primarily to teach rational principles) and what they think their responsibilities are (primarily to learn rational principles). A number of our clients are quite surprised to be asked questions concerning their responsibility in therapy, as if they believe that their only responsibility is to turn up and listen to us as their therapist. Earlier in this book we mentioned that you can encourage or discourage your clients from taking responsibility for their own learning by the style you take as a therapist. Remember that one of your major roles as an REBT therapist is to help clients become their own counsellors. Helping them to take responsibility for their learning is an important step in their progress.

### *Cover material in manageable chunks*

We have known REBT therapists cover too much material in a given session, with the result that their clients learn less than they would have done if less material was covered. These therapists tend to do this because they think, wrongly, that REBT is a 'hurry up' therapy with fixed ideas about how much material should be covered in REBT sessions. Consequently, they tend to rush their clients which then

interferes with their clients' rate of learning. Thus, it is important to cover only as much material as your client can usefully process and learn from.

### *Vary your use of bibliotherapy*

It is important to use a wide range of bibliotherapy material. Clients respond in different ways to different types of self-help material and indeed some clients learn most about REBT by reading the professional literature even though they are not professionals themselves. They do so because they find self-help material either too simple or too patronizing. For other clients, however, it is a case that the simpler the better. Howard Young's (1974) *Rational Counseling Primer* is at just the right level. When you are not sure which type of material to give to your clients, offer them a range of books and ask them to report back which material they find easiest to understand. Then encourage them to stick with this until they are ready to move on to something more complex.

**Key point**

As a practitioner of REBT, you are educating your clients in healthy rational principles. As such, help them to learn these principles as effectively as you can.

# 6

## Use the 'challenging, but not overwhelming' principle

A number of years ago I (WD) introduced into the REBT literature the 'challenging, but not overwhelming' principle (Dryden 1985). While REBT therapists prefer to encourage their clients to take large steps forward and to take big risks to help them overcome their problems, such tasks which we as therapists might consider 'challenging' may be experienced by clients as 'overwhelming'. The fact that their experience may well be based on irrational thinking is not the point here. What is relevant is that if clients evaluate therapeutic tasks as overwhelming they will not undertake them.

Rather than trying to push your clients to do homework tasks from which they would theoretically benefit, but which experientially they consider to be too much for them, it is better to encourage them to choose tasks which are challenging. This would still encourage them to see that they are making progress, without threatening the therapeutic alliance, as would happen if you pushed them to do the overwhelming task. Our practice is to introduce clients to the 'challenging, but not overwhelming' principle and encourage them to choose a task that is challenging for them, given their present psychological state, avoiding, on the one hand 'overwhelming' tasks and, on the other, tasks that are 'too easy' for them.

If you steadfastly encourage your clients to do tasks that they consider to be 'overwhelming' for them (either because you think wrongly that this is what you are 'supposed' to do as an REBT therapist or because your ego is invested in your clients making great changes quickly), you may be perceived as being overly demanding and insensitive to the clients' feelings with the result that your clients may well drop out of therapy. On the other hand, when you provide insufficient challenge for your clients, therapy may well lose its potency which may also result in clients terminating therapy.

Therapeutic change comes neither from overly pressurizing clients to do something which they consider to be 'too difficult' for them, nor from being insufficiently challenging in one's approach to negotiating

tasks. Rather, it occurs when clients undertake healthy challenges to their irrational thinking.

**Key point**

Encourage your clients to undertake therapeutic tasks which are challenging for them. Do not pressure them into attempting tasks which are 'overwhelming' for them, and discourage them from doing tasks which are insufficiently challenging.

7

## Establish the reflection process

The reflection process is set in motion when you and your clients stand back from the work of REBT to reflect on it. This may be done at any point during a therapy session or more formally at the end of session as advocated by Beck *et al*. (1979). Additionally, it may well be helpful periodically to structure formal reflection sessions known as review sessions, to enable you and your clients to review therapeutic progress and, if necessary, to reformulate the work that needs to be done in the future.

If you have worked with clients with severe personality disturbances, particularly borderline individuals, you will know how difficult it is to encourage them to reflect on the work that you have been doing with them, especially so if they are experiencing quite a lot of emotional upset. David Burns (personal communication, 1990) has noted that the ability to empathize with the distress of such clients is one important bridge to helping them to reflect on any ruptures to the therapeutic alliance that may have occurred between you and which may have served as activating events in the clients' emotional episodes. Thus, if one of your clients feels hurt about something that you have said to them, show that you understand their emotional experience before targeting it for change.

Our own practice is to introduce the concept of the reflection process to clients at the outset of therapy and mention that either of us may, at any time, refer an issue to the reflection process.

However you encourage your clients to reflect on the process of REBT, the important point is that talking about therapy can serve as a very useful learning experience for both of you. Clients can learn that they can influence the course of therapy and you can be helped to calibrate your interventions and interpersonal style to facilitate client change.

See following page for key point.

**Key point**

Establish the reflection process and refer issues to it at suitable points throughout REBT. Encourage your clients to do the same.

# 8

## Use a common language with your clients

Many years ago I (WD) wrote a paper called 'Language and Meaning in Rational-Emotive Therapy' (included in Dryden, 1990a). My intention in writing it was to encourage REBT therapists to consider the language they use with clients and to work with them towards a common understanding of the concepts that they introduce. It is important to appreciate that your clients may make different interpretations of particular rational concepts than the meaning implied in such concepts. For example, take the word 'rational'. In REBT, rational means flexible, non-extreme, self-enhancing, empirical and logical. To clients, however, the term may mean unemotional, robot-like, a state to be avoided rather than to be desired. If you have established an effective process of reflection with your client (see Point 7), then you can discuss the different meanings of the word 'rational'.

The language you use with your clients serves as an activating event which they will interpret and evaluate. Therefore, it is very important to check out with clients their interpretations of the words you use. Problems can occur at both inferential and evaluative levels and may serve as real roadblocks to therapeutic progress. An example of a problem at the inferential level is when you use the word 'acceptance'. One of your clients may wrongly infer that you are advocating resignation and resist what you consider to be a perfectly sound rational principle. At the evaluative level, a client may disturb themselves about a word that you use for idiosyncratic reasons. Thus, one of my clients made himself angry whenever I used the word 'fallible' because it reminded him of his father whom he hated. In both cases, you need to identify and discuss the issues involved with the clients concerned if you are to circumnavigate the obstacle.

In this context, it is particularly important to consider words which point to the emotions. REBT theory keenly distinguishes between healthy and unhealthy negative emotions. If you use feeling words in the way that they are employed in REBT theory without further explanation, your client may well become confused. Thus, it is important to

explain your distinctions. For example, it is important to distinguish between anxiety (an emotion considered to be unhealthy in REBT theory) and concern (one that is considered to be healthy). However, if your clients find such terminology unhelpful, elicit from them distinctions which are more meaningful to them but which reflect the same differentiation in REBT theory. Thus, it does not trouble us to use the terms 'facilitative anxiety' and 'debilitative anxiety' instead of 'concern' and 'anxiety' with one client and 'helpful guilt' and 'unhelpful guilt' instead of 'remorse' and 'guilt' with another, as long as we both understand the distinctions we are making and they are consistent with REBT theory (see Point 19 for more on this point). Therapeutic alliance theory argues that if therapeutic change is to be enhanced you and your client need to speak the same language. In working towards a common and therapeutically useful language with your clients, you need to assess their intellectual and verbal abilities. Doing so will help both of you in this process and minimize the likelihood that you will use language to which your clients show agreement (because they do not want to appear stupid), but do not truly understand.

**Key point**

Ensure that you and your clients develop a common language when discussing and implementing important principles of REBT.

# 9

## Maintain a goal-directed stance in therapy

REBT is one of the cognitive-behavioural therapies and as such is sensitive to the importance of identifying and working with clients' goals which are, after all, the raison d'être of therapy. However, working with clients' goals is more complex than may appear at first sight. For example, the goals that clients set may reflect the level of their psychological disturbance. If you take these goals at face value, you may unwittingly be encouraging clients to work towards self-defeating ends. This explains why Albert Ellis prefers to help clients to overcome their disturbances before helping them to achieve their goals.

Clients' goals are not static and therefore continually change. As such you need to monitor them constantly so that you and your client can obtain an accurate 'read out' of the client's goals at any point in the therapeutic process. As this can be quite complicated, we employ in individual therapy a concept derived from rational emotive behavioural marital therapy.

Rational emotive behavioural marital therapists distinguish between two different phases of therapy. Initially, they help members of a couple to overcome their emotional disturbances about their relationship before tackling their dissatisfactions about the relationship. We find it helpful to explain to individual clients that we need to help them overcome their disturbance about events before we can help them to change their environment and work towards greater self-fulfilment. This distinction will help you and your clients to be clear concerning whether you are working to overcome a disturbance goal or working to maximize a self-fulfilment goal. We have heard many REBT sessions founder because it is clear to us as supervisors that the therapists are working on overcoming a disturbance goal which the clients are resisting because they wish either to change their environment or to work towards a self-fulfilment goal. If you and your clients are working towards different goals the therapeutic alliance will be threatened.

Albert Ellis (in Dryden 1990b) is quite critical of therapists who encourage clients to set goals for particular therapy sessions and we tend to agree with him on this point. He argues that therapists who encourage clients to set goals for particular sessions may foist goals on their clients which they may not in fact have. As a consequence, clients may become discouraged if they do not achieve these 'false' session goals.

Over the years, we have seen many clients who have failed in one of the analytic therapies. One of the major reasons why they seek our help is that they want a more goal-directed approach to therapy. They particularly complain about the aimlessness of their previous therapy. Thus, it is important not to underestimate the importance that achieving goals is likely to have for most if not all clients.

**Key point**

Help your clients to set realistic goals at different stages of the process of REBT and monitor these goals throughout therapy.

# 10

## Elicit your clients' commitment to effect change

While encouraging your clients to establish what their problems are and what they hope to gain from therapy is very important, it is just as important for you to elicit their commitment to effect change. This point combines the principle of taking a goal-directed stance in therapy with the principle of encouraging your clients to take responsibility for their own change. Encouraging your clients to make a commitment to effect change involves discussing with them what they are prepared to do to achieve their goals, and what sacrifices they are prepared to make. It may be a truism that there is no gain without pain, but it is invariably true and this truth can only be demonstrated by clients internalizing this truism in order to make therapeutic progress.

Discussing with clients what they are prepared to do in order to achieve their goals and what this might involve is, in our opinion, tremendously important. REBT is unique as a therapeutic system for stressing the roles that low frustration tolerance and discomfort disturbance play in client problems and in preventing them from achieving their goals. However, it is also true that your clients are more likely to put up with such discomfort if they see clearly that it is part of what is going to make change possible. Thus, a central part of gaining your clients' commitment to effect change is to help them become aware of the fact that change almost invariably involves some kind of discomfort. If they choose to experience that discomfort for the purpose of achieving these goals, then they increase the likelihood that they will engage in the change-producing tasks they need to carry out in order to achieve their goals. If you discuss this issue with them, then you will help them to commit to the arduous business of personal change.

REBT therapists generally do not ask their clients if they feel comfortable as this can create the impression that discomfort is to be dreaded and thus avoided. More productive is to discuss with your clients how they are going to tolerate discomfort when they move into their discomfort zones. Remind your clients that there is very little growth in their comfort zones.

**Key point**

Help your clients to commit themselves to personal change and discuss with them the necessity of tolerating discomfort in the change process.

# 11

## Strive for philosophical change, but be prepared to compromise

As an REBT therapist, you will know that striving for philosophical change with clients means helping them to surrender their irrational beliefs and adhere to a set of rational beliefs. This involves helping clients to:

- dispute their musts while adhering to and actualizing their preferences
- give up their awfulizing while encouraging them to acknowledge that it is bad when certain obstacles to their goals exist
- tolerate what they believe they cannot tolerate
- accept themselves and other people as unrateable, complex, ongoing, everchanging, fallible human beings, rather than viewing themselves as equivalent to a single-cell amoeba which can be given a single rating, and to accept life as made up of a vast array of good, bad and neutral events.

However, as we have noted elsewhere (Dryden and Neenan 2004a), there are other types of psychological change. For example, there is inferential change where you help clients to change their inferences and interpretations of a situation (e.g. when you help a client to see that what they saw as destructive criticism from a boss was more likely to be constructive feedback). There is behavioural change which involves helping clients to change their behaviour (e.g. when you encourage one of your shy clients to ask others open rather than closed questions). There is environmental change which involves encouraging clients to change the negative activating events in their lives (e.g. when you encourage a client to leave a job where she is being bullied).

REBT theory advocates that you are best placed to help clients make environmental changes after you have helped them achieve a fair measure of philosophical change. The problem is that clients frequently have different ideas and are unwilling or unable to achieve a minimal

level of philosophical change which would enable them to work towards the other types of change, free from the effects of emotional disturbance. Thus, you need to be flexible and prepared to compromise on your preferred goal of effecting philosophical change. You need to realize that certain clients may be able to effect philosophical change after they have effected inferential, behavioural or environmental changes because having made one of these latter changes they become more open to philosophical change. Above all, you need to avoid working inflexibly towards philosophical change when your client is stubbornly resisting you on this point, otherwise you will be doing authoritarian therapy not REBT. Here, as elsewhere, therapeutic alliance considerations need to be balanced against the therapeutic ideals of REBT.

**Key point**

Work towards goals which are as philosophical in nature as your clients are prepared to accept and realize that working with less ideal goals (such as inferential, behavioural or environmental change) may be preferable to losing clients by persisting with philosophical change.

# 12

## Engage clients in the most productive therapeutic arena

Psychotherapy can occur in different interpersonal contexts – individual, couple, family and group therapy – as well as within a larger therapeutic community. I (WD) call these contexts therapeutic arenas (Dryden 1984). In our experience, different clients thrive in different therapeutic arenas and we suggest that you ask yourself 'Which therapeutic arena is most productive for my client at this point in the therapeutic process?' While there are no hard and fast rules here, it seems sensible to outline for clients the different therapeutic arenas and their advantages and disadvantages and then help them to make a choice. If clients are given a choice and then provided with an intervention that is in line with their choice, this is more effective than offering them an intervention that they have not chosen.

Let us now outline some of the advantages and disadvantages of each therapeutic arena from the perspective of REBT. Individual therapy is frequently the arena of choice at the outset for most clients who have intrapersonal difficulties, and particularly for those who would find exploring these difficulties in the context of group therapy overly threatening. Individual therapy, particularly with a therapist who is seen as understanding and trustworthy, enables such clients to reveal aspects of their experience which they might not reveal in other therapeutic arenas. This arena is particularly indicated where depth of client disclosure is a central part of the productive therapeutic process. However, some clients may have had too much individual therapy and need the challenge of working within a group context. Individual therapy may also be contraindicated for clients who cannot stand back and reflect on their transferential responses to their therapists.

Couple therapy is obviously indicated where the client's presenting problem is centrally rooted in the dynamics of a significant relationship. Here the challenge is to encourage the partner to come into couple therapy. Couple therapy is also useful when a significant other can be used as a therapeutic aide or where you wish to disarm the negative influence of a client's partner. Where marital problems are the focus

of concern, conjoint couple therapy is indicated unless both partners disturb themselves about their problems in the presence of the other. In this case, you may need to see each person individually to help them overcome their disturbance before returning to conjoint work when marital dissatisfaction issues can be addressed.

Family therapy is the arena of choice where the presenting client problem is intimately connected to relationships within the family or where the presenting client is a child or early adolescent. Whether you can see the family as a unit depends upon: (a) your skill as an REBT family therapist; (b) the extent to which the family members disturb themselves about each other's presence; (c) the extent to which the family denies problems when meeting as a total unit. Smaller units within the family may need to be seen before the family is seen as a whole.

As noted earlier, group therapy is indicated where a client has had considerable individual therapy previously without deriving much benefit from it, and when the client's problems are rooted in general relationship difficulties with large numbers of people rather than with named significant others. Group therapy is also indicated when it is helpful for clients to learn that other people have similar difficulties and when they can experience themselves as being helpful to other people. Pragmatically, of course, it is often cheaper than individual therapy! Group therapy is not indicated, however, when your clients cannot 'share' you with other people, when they are extremely socially anxious and cannot concentrate in large groups of people, and when they are unhelpfully manipulative or tend to monopolize the therapeutic process.

**Key point**

Learn the strengths and weaknesses of different therapeutic arenas and engage your clients in the arena that is most productive for them.

# Part 2

# EDUCATIONAL ISSUES

# 13

## Suggest that clients record and review their therapy sessions

As we noted in Part 1 and as we will highlight here, REBT is an educational approach to psychotherapy. Thus, your therapeutic endeavours can be seen as akin to those of an educator and the tasks of your clients as equivalent to those of students or learners. You therefore need to bear in mind various important educational principles in the way you conduct REBT.

One important point is that clients can become very preoccupied when they discuss their problems. They can become preoccupied with their past experiences or get caught up in their emotions as they experience them in the therapy room. They may then frequently fail to pay attention to what you are saying as their therapist and may even not appreciate the points that they are making to you! It is therefore often helpful for them to listen to therapy sessions later if they are to gain full benefit from them. So encourage your clients to make tape recordings of therapy sessions for later review. It is often easier for clients to give permission for therapists to tape record therapy sessions if they themselves are also allowed to make recordings.

The main advantage of clients tape recording their sessions is that such recordings provide them with the opportunity to hear themselves express irrational beliefs that they may have denied having. Tape recordings also give clients an opportunity to hear and appreciate, perhaps more fully than they did during therapy sessions, the points that you as their therapist were making to them. As our clients sometimes say to us: 'Whilst I was listening to you in the session my mind was preoccupied with what I was saying. However, when I listened to the tape afterwards, the full force of your arguments became crystal clear to me.'

Also when clients listen to a recording of a therapy session they are often in a better frame of mind than when they are talking about their problems in the session. During the session they may be too disturbed or too distracted to benefit fully, as the above quote amply

demonstrates. Additionally, we have found that when clients listen to tapes of their therapy sessions, they initially often hold their therapist's voice in their mind when learning to dispute their irrational beliefs. Although you will want to wean them from this practice and encourage them to use their own voice later in therapy, as an initial strategy tape recording can facilitate the disputing process in this respect.

As with any therapeutic intervention, there are drawbacks to encouraging clients to listen to recordings of their therapy sessions. A small minority of clients, for example, may disturb themselves about the sound of their voice. If this happens, you might try encouraging them to use REBT while listening to their voice, but in our experience this does not work, at least initially. Whenever your clients become overly preoccupied with how they sound or how they may have come across to you in the session, to the extent that they do not learn from listening to the session recording, it may be helpful to suggest that they stop recording the sessions, at least temporarily, and perhaps make written records instead.

Another drawback to taping REBT sessions is that some of your clients may come to overly rely on the tapes, so that they become passive rather than active learners. A sign that this is happening is when your clients report that they turn to the tape whenever they become upset, rather than using the tape to stimulate their own learning so that they can identify, challenge and change their irrational beliefs for themselves when they become upset. Under these conditions, the tape becomes a crutch rather than a prompt. This may not be such a problem if you can identify and deal with it early on in the therapy process, but it can constitute an obstacle to clients becoming their own therapist if they steadfastly use the tape as a crutch. However, if the choice is between having your clients listen to the tape in passive mode and not learning anything at all from therapy sessions, then we would still advocate the use of tape recordings.

**Key point**

Encourage your clients to record and review therapy sessions as a way of facilitating their learning of rational principles.

# 14

## Educate clients in the model and process of REBT and help them understand your respective roles within that process

Preparing clients for psychotherapy has been shown to have a beneficial effect on the outcome of therapy (Orne and Wender 1968). When you prepare your clients to understand REBT and the roles that you and they have to play in the process, they will make more effective use of therapy. Such preparation can be done before clients come to therapy or early in the therapeutic process. In fact, if you do it before therapy starts you enable your prospective clients to make an informed decision about whether REBT is the therapy for them. If you do it after therapy has begun, choose a time which does not interfere with your clients discussing their problems. You might agree to use a portion of an opening session to describe REBT and discuss this with your client; you might even devote an entire session to this crucial point. Whichever method you choose, it is important that you outline your tasks as a therapist and what will be expected of the client. Additionally, you may want your client to read something on REBT which makes clear your respective roles. Russ Grieger (1989) has prepared a client's guide to REBT which outlines in stepwise fashion what is expected of clients at different stages of the REBT therapeutic process. I (WD) have written a client's manual which also covers similar ground (Dryden 2004). Our experience of using such material is that clients need to read it step by step rather than in one chunk because much of the guide/manual depends on the client understanding the points previously introduced *and* experienced.

Different REBT therapists use pre-therapy materials in different ways. Our own practice is to explain the ABC model of REBT, the reason that we adopt an active-directive approach as therapists, the importance of homework, and that the therapeutic process, like true love, does not always run smoothly! We do this in the first or second session whenever we can.

It is crucial to elicit client feedback on whatever material you present. First, it communicates to your clients that you are taking them

seriously as active partners in the therapeutic process. Second, the questions clients raise during feedback often provide useful clues to how you as a therapist may have to change your normal style to accommodate their idiosyncratic and healthy preferences about therapy. You may need to stress these changes when explaining your therapeutic style to some clients. For example, if your clients express concerns that an active-directive style could mean that they may not have much time to talk, bear this in mind and stress that you will give them an uninterrupted period to tell their story. This is something which in general REBT therapists tend not to do (because it tends to lead to unstructured, unfocused therapy), but which we find to be quite helpful for a significant minority of clients.

An alternative way of discovering how you might need to change your usual therapeutic style is to ask your clients to tell you how their ideal therapist would act. You may then incorporate some of these elements into your explanation of REBT and your role within it. In addition, you may usefully enquire what clients have found useful in the past about seeking help informally from other people or from formal helpers. Again you may incorporate helpful elements of past therapist behaviour in your explanation of your role as an REBT therapist, while carefully distancing yourself from those aspects deemed helpful by the client, but which you would consider to be anti-therapeutic, such as encouraging the overt expression of rage by hitting cushions.

**Key point**

Teach clients the ABC of REBT and help them to understand your role as an REBT therapist and their role as an REBT client.

# 15

## Explain what you are doing and why you are doing it

In the previous point, we stressed how important it is for you to make clear at the outset of therapy your own contribution to the therapeutic process and the reasons why you will often take an active-directive stance. What we want to stress here, however, concerns the ongoing process of psychotherapy. We believe that it is important for you to explain, at fairly regular intervals, not only what you are doing, but why you are doing it. If you can explain to your clients the rationale for an intervention before you make it and if your clients can indicate that it makes sense to them, this is a good way of gaining their co-operation. This is particularly useful if you plan to make interventions that may otherwise be perceived as strange or even aversive by your clients. For example, if you plan to dispute your clients' irrational beliefs in a vigorous, forceful manner, it is useful first to help them to understand why you plan to do this, so that your clients see that you are doing it in their interests and not attacking them. This preparatory work is generally, in our experience, more helpful than explaining to clients after the fact why you have intervened in this way. We do not suggest that you do this in a compulsive way or indeed in a needy way. However, particularly when you plan to make unusual or potentially aversive interventions, helping clients to understand their purpose in advance constitutes, in our view, sound educational practice.

There are exceptions to this practice and these concern times when it is important for your client to have an experience and when a prior explanation of the intervention would detract from the impact of that experience. For example, I once was trying to help a client understand how he unthinkingly put others first when he did not want to. He didn't quite agree that he did this. Sometime during his next session, I suddenly stopped and asked him to go out and get me some pipe tobacco. He got up to do so without a murmur of protest. After he spoke about the experience, he understood the point I was trying to make. If I had explained what I was going to do before I did it, it would not have had the same impact. Such unexplained interventions are risky

and should only be used with clients with whom you have a strong working alliance.

**Key point**

Explain the purpose of your interventions to clients, particularly when these interventions are unusual and potentially aversive, unless there are good reasons for not doing so.

# 16

## Pay attention to clients' non-verbal and paraverbal behaviour

REBT sessions are quite verbal in nature and practitioners of other therapeutic schools are struck by the amount that REBT therapists talk in comparison to themselves. Despite this fact, effective REBT therapists are concise in their communications and do not talk for the sake of it (quality of talk is valued over quantity of talk). This emphasis on words does not mean that good REBT therapists neglect their clients' non-verbal or paraverbal behaviour. Being sensitive to such client behaviour will help you gauge their reactions, particularly to any teaching points you might make.

In ordinary social conversation people often non-verbally or paraverbally indicate agreement or understanding, when in fact they may disagree with or not understand what is being communicated by the other person. This same principle also applies in the practice of REBT. You should not only look out for overt signs that your clients disagree with or do not understand what you are saying, but also be aware of signs that their subtle non-verbal and paraverbal cues contradict their stated agreement and understanding. Thus, certain clients may state that they agree with you but fidget quite a lot with their hands, which may be an indication of their true response.

Although we are not suggesting that you abandon REBT and become a gestalt therapist and encourage your clients to become aware of ongoing shifts in their non-verbal behaviour, we do recommend that you strive to understand the meaning behind the inconsistencies in your clients' responses, something to which gestalt therapists are particularly sensitive to. When you identify such inconsistencies and draw these to your client's attention, you need to do this in a respectful way. In particular, you need to note your client's eye contact, hand movements, direction of eye gaze and tone of voice. For example, we have become adept at spotting the hidden 'but' in our clients' sentences by the tone of voice and the way they move their body. We use such

signs as cues to ask clients for a verbal account of their understanding of the points that we have made to them.

As we have said before, your main purpose is not just to teach rational principles to your clients but to encourage them to learn and apply these principles to their everyday lives. Thus, you need to check regularly what your clients are learning from what you are teaching them. Being sensitive to non-verbal and paraverbal clues to client understanding or lack of understanding is another part of this process.

**Key point**

Pay attention to your clients' non-verbal and paraverbal behaviour. Such behaviour can provide important clues to your clients' true response to what you are saying.

# 17

## Repeatedly teach your clients the principle of emotional responsibility

One of the most fundamental principles that you can teach your clients is that of emotional responsibility. This principle is at the heart of the ABC model of emotional disturbance which states that it is *our* beliefs about the events in our lives that are centrally implicated in our emotional and behavioural responses to these events. This does not mean that these events do not contribute to our problems, but that they do not create or lie at the centre of our emotional experiences.

The principle that it is their beliefs that lie at the core of your clients' experiences and that they are responsible for these beliefs is a simple one which your clients may have enormous difficulty in grasping fully. We stress that they may have difficulty in fully grasping this principle because while they may intellectually understand it, being able to integrate it into their lives in a way that makes a fundamental difference to their lives is an entirely different matter. Thus, you need to keep returning to this principle and keep emphasizing it, particularly when your clients indicate that events directly cause their emotional and behavioural responses.

We are not advocating that you bring this principle to your clients' attention every time they say something like 'he makes me upset' or 'she made me disturbed', etc. – far from it. Doing so will only serve as an irritant to your clients. However, you can usefully refer to the 'emotional responsibility' principle at important junctures in the therapeutic process since this will serve as a helpful reminder for clients to look at B–C connections, rather than A–C connections.

There are a number of ways in which you can encourage your clients to become more aware of the emotional responsibility principle. One is to suggest that they watch television and note the extent to which people use A–C language. You can follow up on this by encouraging them to apply this exercise in real life. It may also be helpful for them to rephrase people's language (in their own mind, not directly to these people!) so that they can get used to changing A–C language

to B–C language. If, for example, a client hears somebody say 'He made me upset', she can change this in her own mind to 'She made herself upset about what he said and this is how she did it.'

Encouraging your clients to look for the musts, awfulizing, LFT and self/other downing in their and other people's thinking serves to reinforce the emotional responsibility principle. You can then help them see the connection between such beliefs and the ensuing emotional and behavioural responses.

We often find it helpful to work out a physical sign with clients which indicates to them that they are using A–C language rather than B–C language. For example, one sign that is particularly useful is when we pat ourselves on the head. This draws our clients' attention to the fact that they are neglecting the role that their mind plays in their emotional responses.

**Key point**

Teach your clients the principle of emotional responsibility. Remind them of this principle without annoying them and encourage them to discover it for themselves both in their own experience and in the experiences of others.

# 18

## Teach the full distinction between rational beliefs and irrational beliefs

REBT is very clear about what constitutes an irrational belief. Generally speaking an irrational belief is rigid, extreme, self- and other-defeating, illogical and inconsistent with reality. It can take the form of a dogmatic must, awfulizing, low frustration tolerance and depreciation of self, others and/or life conditions. An important part of helping your clients to challenge such beliefs is to teach them the distinction between these irrational beliefs and their rational alternatives. These rational beliefs are flexible, non-extreme, logical, consistent with reality and more productive with respect to self-enhancement and the development of healthy interpersonal relationships. Rational beliefs generally take the form of non-dogmatic desires, an evaluation of a negative event as being bad, high frustration tolerance and acceptance of self, others and/or life conditions.

Albert Ellis has often stated that clients easily transform their rational beliefs to irrational beliefs. This means that if you merely teach your client that the rational alternative to a must is a preference (e.g. 'I would like to do well' rather than 'I must do well'), then the client may still tend to add an implicit must to his seemingly rational belief (e.g. 'I want to do well, therefore I have to do well'). Thus, it is important to teach clients the full distinction between a rational belief and an irrational belief. This means not only showing clients that a rational belief contains a preference statement, but also teaching them that it does not contain a must statement. Rather than show the client that an example of a rational belief is 'I would like to do well', teach her that the full rational belief is 'I would like to do well, *but I do not have to do so*'.

This also applies to the three irrational derivatives from the must. Thus, when helping a client to construct an anti-awfulizing belief, rather than have her say: 'It is bad when I do not achieve what I want', teach her that the full rational belief is: 'It is bad when I do not achieve what I want, *but it is not the end of the world*.' Similarly, when dealing

with a rational alternative to low frustration tolerance, it is important to stress that the full version of such an alternative is not 'I can stand it' but 'I can stand it, *even though it is a struggle to do so*.' Finally, a full rational alternative to a self-depreciation belief such as 'I am no good' is 'I am a fallible human being *even though I acted poorly*.'

Stating the full form of a rational belief explicitly makes it less likely that your clients will implicitly or silently transform seemingly rational beliefs into covert irrationalities.

**Key point**

Teach your clients the full distinction between rational beliefs and irrational beliefs to help prevent them from implicitly transforming the former into the latter.

# 19

## Teach your clients to distinguish between healthy and unhealthy negative emotions

REBT is the only theoretical perspective in psychotherapy that keenly discriminates between healthy and unhealthy negative emotions, although there is not strong empirical evidence to support this distinction. This distinction acts as a starting point for how clients would like to feel as an emotional goal. As most of you will be aware, according to REBT theory, unhealthy negative emotions (e.g. anxiety, depression, guilt, anger) stem from irrational beliefs, while healthy negative emotions (e.g. concern, sadness, remorse, annoyance) occur when people hold rational beliefs about adversities at A. As an REBT therapist, you will see those unhealthy negative emotions listed above as preventing your clients living emotionally healthy lives and therefore you will often target them for change.

However, you need to be aware that your clients may have very different views on this issue and may interpret your emotional lexicon differently. For example, some clients consider anxiety useful in helping them achieve what they want. Others regard guilt as necessary to protect them from doing bad things. Yet others see anger as a constructive way of responding when someone transgresses their rules of living. Consequently, you need to spend time exploring with your clients the way they construe what you consider to be unhealthy negative emotions and correct any misconceptions like those listed above.

In addition, it is helpful to teach your clients the cognitive dynamics of healthy and unhealthy negative emotions. In doing so, you need to stress that these are clearly distinguished by the presence of irrational beliefs in the set of unhealthy negative emotions and the presence of rational beliefs in the set of healthy negative emotions.

If you fail to help your clients understand the distinction between healthy and unhealthy negative emotions and the cognitive correlates of each, you may threaten the therapeutic alliance by proceeding as if they do understand and agree with this distinction. Consider the effect

on the therapeutic alliance of encouraging clients to (a) overcome their anxiety when they see it as enhancing their performance; or (b) give up their feelings of guilt when they view guilt as a protection against wrongdoing. In the first case, you will be seen as discouraging achievement and in the second case encouraging immorality.

These ruptures to the therapeutic alliance are less likely to occur if you help your clients to distinguish between healthy and unhealthy negative emotions and to see the value of working to minimize the latter in favour of the former when they face adversities at A.

Having said all this, it is important for us to reiterate that research on REBT's hypothesis concerning the distinction between healthy and unhealthy negative emotions and their belief underpinnings is equivocal (e.g. David *et al*. 2005) and this perspective should be best considered pragmatically as an explanatory framework and as a useful guide for intervention.

**Key point**

Teach your clients to distinguish between healthy and unhealthy negative emotions, help them understand the cognitive correlates of each type and encourage them to work towards feeling healthily negative in the face of life's adversities.

# 20

## Teach your clients the importance of dealing with emotional disturbance before they learn new skills or change their environment

Your clients will often come to therapy experiencing dysfunctional emotions. Some will find it difficult to understand that before they can learn new skills or change aversive activating events they will need to change the irrational beliefs that are at the core of their disturbed emotions. Others will grasp this point but may forget it later in therapy. It is therefore important that you use a number of analogies to show your clients the continuing importance of working to change their irrational beliefs before working at other levels of change. However, you must be prepared to compromise with your clients on this point if they steadfastly resist working to change their irrational beliefs (see Point 11).

One of the best ways that we have found to communicate this point so that clients learn and apply it is to show them that when they make themselves emotionally disturbed they give themselves an additional problem. Thus instead of just facing the aversive activating event (problem one), they make themselves disturbed about this event (problem two). Once they are emotionally disturbed about the negative event, trying to change this event or learning new skills to bring about change without first overcoming their emotional disturbance is like trying to walk uphill with a ball and chain around one's leg; the emotional disturbance keeps dragging you back. Having explained this to clients, all we need to do subsequently is draw a picture of a ball and chain to remind them of this point.

Another analogy that we have found useful is helping a client to see that when he is anxious he is running around like a headless chicken. 'Do headless chickens make healthy decisions for themselves?' No, what the headless chicken needs to do is to find its head so that it can think things through more constructively, rather than dash around in all directions hoping to find a solution. Do not give too many analogies at any one time. Once your clients have indicated that they

find a particular analogy useful, keep using it rather than using different analogies to make the same point.

**Key point**

Use analogies to teach your clients the value of dealing with their emotional disturbance before they attempt to change their environment or learn new skills.

# 21

## Teach your clients about the cognitive consequences of irrational beliefs and the effects that bringing irrational beliefs to situations have on their interpretations at A

In REBT theory, the relationship between activating events (including interpretations of these events), beliefs, emotions and behaviours is exceedingly complex. Albert Ellis (1991) has argued that people bring their irrational beliefs to the interpretations they make of activating events and that these beliefs not only have emotional and behavioural consequences, but also have cognitive consequences which serve as A's in further ABC episodes. We have found it very useful to teach clients these important points in ways that they can readily understand.

Generally in REBT, when your clients describe activating events (A's), you will ask them to assume that these A's are true even though they may be obviously distorted. You will then help the clients to identify their irrational beliefs about these distorted interpretations of A and proceed to encourage them to dispute these irrational beliefs. After this has been done, freed from the disturbing effects of these irrational beliefs, your clients can then examine their inferential distortions of A.

Sometimes, however, if you encourage your clients to assume that their A's are true then it may be extremely difficult to encourage them to challenge and change their irrational beliefs about these A's. For example, in panic disorder, clients often misinterpret the nature of their anxiety symptoms and may conclude that this means they are going to die. Although it is theoretically possible for you to encourage these clients to assume temporarily that this is true and try to help them to identify and change their irrational beliefs about dying (see below), on the few occasions that I (WD) have encouraged clients to do this, the results have been uniformly unproductive. I (MN) never use this approach to panic disorder as it is a waste of valuable therapy time.

A = I am going to die of a heart attack
B = Irrational belief about dying
C = Panic

A more productive strategy in such circumstances is for you to teach your client that very distorted inferences are cognitive consequences of prior irrational beliefs. They can then be trained to look for and challenge these prior irrational beliefs:

A = Feelings of anxiety and not knowing if these are life threatening or not
B = I must know that my feelings of anxiety are not life threatening
C (emotional) = Panic
(thinking) = I am going to die of a heart attack

In teaching clients about the cognitive consequences of irrational beliefs, I (WD) describe several experiments that I have done with some of my students on this very issue. In one experiment (Dryden *et al*. 1989), we asked one group of subjects to imagine that they held the following irrational belief about spiders: 'I absolutely must not see a spider and it would be terrible if I did.' Another group was asked to hold the following rational belief: 'I would much prefer not to see a spider, but there is no reason why I must not see a spider. It would be bad if I did see a spider but not terrible.' Both groups of subjects were asked to imagine that they were about to enter a room which had at least one spider in it. They were then asked a number of questions about the environment which they were about to enter: How many spiders are there in the room? How large are the spiders? Are the spiders moving randomly in the room, towards you or away from you? All these questions are focused on cognitive consequences of holding these different beliefs. The results of this experiment showed that when subjects held an irrational belief about spiders, this belief led them to make far more distorted interpretations of their environment than when they held a rational belief about spiders. As mentioned above, these distorted interpretations are cognitive consequences of their irrational beliefs.

In addition, it is possible to teach sophisticated and psychologically minded clients that irrational beliefs and distorted interpretations can

interact with one another in a spiralling fashion (Dryden 1989a). Thus, a client who brings an irrational belief about anxiety, for example, to a situation in which she starts to become anxious will then tend to make a distorted interpretation of A:

Irrational belief ('I must always be in emotional control') → Distorted interpretation at A ('I am beginning to lose control')

She then brings a further irrational belief to this distorted interpretation with the result that she makes an even more distorted interpretation at C:

A1 = Distorted interpretation ('I am beginning to lose control')
B1 = Irrational belief ('I must regain control of my feelings immediately')
C1 (cognitive) = Even more distorted interpretation ('If I don't, I will be completely out of control')

The client then brings yet another irrational belief to this second distorted interpretation (which is now the A in the next ABC) with the consequence that a grossly distorted interpretation at C is made:

A2 = Even more distorted interpretation ('If I don't, I will be completely out of control')
B2 = Irrational belief ('That would be intolerable')
C2 (cognitive) = Grossly distorted interpretation ('If I do lose control completely, I will be a basket case forever')

This process can occur very quickly and implicitly, with the end result that clients can make extremely distorted interpretations about which they find it extraordinarily difficult to think rationally. Teaching selected clients about the spiralling effect that irrational beliefs have on interpretations can help them understand what is going on in a situation where they are only aware of the last grossly distorted interpretation in the chain.

As well as teaching your clients about this process, you can encourage them to focus on the beginning of such an episode and dispute their irrational beliefs about a mildly distorted interpretation of A. If you are successful, the spiralling process of interacting

irrational beliefs and ever-increasing distorted interpretations is brought under control.

While this issue can be complex even for trainee REBT therapists to understand, we want to stress that in using these ideas with your clients it is important to introduce only as much complexity as these clients can readily understand and utilize.

**Key point**

Rather than encouraging your clients to assume that grossly distorted interpretations of A are true, help them to understand how irrational beliefs produce ever-increasing distorted interpretations in a spiralling process where these different cognitions interact. Also show them how they bring irrational beliefs to situations and how these impact on their interpretations at A.

# 22

## Teach relapse prevention

Relapse prevention is a term which originated in work with addictions to highlight the fact that relapse often occurs and that a concerted effort to help clients prevent relapse is frequently necessary. A major part of relapse prevention involves helping clients to become aware of a variety of vulnerability factors. These client vulnerability factors can occur in their external and internal environment. Taking dealing with alcohol problems as an example, external vulnerability factors include the sight and smell of alcohol, other people drinking and television adverts for drink, while internal vulnerability factors include clients' styles of thinking (thinking of all the positive aspects of drinking alcohol) behaviour patterns (deliberately walking past pubs and bars) and emotional responses (positive feelings associated with drink). All of these serve as invitations to drink.

As you will know well, the course of therapy rarely runs smoothly and your clients will frequently take two steps forward and one step back, and even one step forward and two steps back! When these setbacks are small and when they occur in the context of general client progress, they are best described as lapses. However, when clients experience a significant setback this is perhaps better described as a relapse. In rational emotive behavioural relapse prevention, you ask your clients to take each problem on their problem list and identify the set of internal and external circumstances in which they may experience a relapse. Help them as specifically as you can to identify relapse-triggering activating events, and the irrational beliefs they hold about such events. In particular, help them to identify any vulnerable feelings which may discourage them from using REBT techniques.

Then, encourage them to imagine that they are experiencing such a vulnerable feeling or entering into a situation in which they may be vulnerable to relapse and ask them to use their rational thinking skills to prevent the situation leading to relapse. They may do this by using imagery techniques or self-help forms. In fact, they can use any of the numerous REBT change techniques at this point. After they have

successfully coped with their vulnerability factors in imagination, they are then encouraged to seek them out in reality so that they can gain experience of using their developing rational thinking skills in vivo. While doing this, it is particularly useful for you to bear in mind the comments we made about 'challenging, but not overwhelming' (see Point 6).

It is particularly important for you to encourage your clients to accept themselves if they fail to use their rational thinking skills in real-life vulnerable situations and experience a relapse. Part of relapse prevention includes helping your clients to think rationally about relapses and so get back on track having accepted themselves for their relapse. When clients think rationally about relapse they can more easily learn from the experience than when they think irrationally about it. Thinking rationally in this area will enable your clients to see that every setback is a useful learning experience if they can remain sufficiently open-minded rather than self-depreciating about these setbacks.

**Key point**

Teach your clients that they need to work to identify internal and external triggers to potential relapse. Help them to prevent such relapse by encouraging them to expose themselves to these triggers in imagery and in vivo. Doing so will show them that they can apply their rational coping skills should they encounter their vulnerability factors.

# 23

## Teach your clients the principles of REBT self-therapy

One of the ultimate goals of REBT is to encourage clients to serve as their own therapists after formal therapy has come to an end. While you will be gratified when your clients have made therapeutic gains at the end of therapy, you will not consider that you have fully done your job unless you have taught them a self-change methodology. Unless your clients can apply what they have learnt in therapy to their lives at their own prompting, then whatever gains they may have achieved from therapy will probably not be maintained in the long run. Unless your clients have internalized a set of self-helping strategies and techniques, then they may well fail to deal with any new aversive activating events that they might encounter. Thus, your central task as an REBT therapist is:

- To introduce the concept of self-help into therapy.
- Systematically to help your clients to acquire REBT self-help skills.

You can best do this in a structured way. Thus, you can formally and deliberately teach your clients such REBT skills as:

- Using a variety of self-help forms.
- Identifying clinically relevant aspects of negative activating events.
- Discriminating keenly between their rational beliefs and their irrational beliefs.
- Challenging and changing in a vigorous manner their irrational beliefs.

You can also teach them the large number of emotive and behavioural techniques which will help them to weaken their irrational beliefs and strengthen their rational beliefs.

Once you have taught your clients these skills in a structured and deliberate way, then you need to encourage them to use the skills on their own. You can serve as their consultant while they do this,

providing them with useful feedback on any problems they may experience in this phase of therapy. It is important that you give your clients an opportunity to serve as their own therapist as early in the process as is clinically indicated. When this is handled successfully, you can reduce your active input into the therapeutic process while encouraging your clients to become more active in applying the skills they have learnt during therapy to their own lives.

However, do not expect that all of your clients will be able to become their own therapist. Some of them may be so handicapped that they may not find it possible to serve as their own therapist for any extended period of time. If you have unrealistic expectations of such clients and push them into a self-therapy mode, you may unwittingly discourage them from using the limited self-help abilities that they do possess. You may have to offer such clients therapy sessions on an as-needed (PRN) basis over many years.

**Key point**

As soon as you can, introduce the concept of self-help into REBT and teach your clients the skills of REBT self-help therapy in a structured and deliberate manner. Realize that clients differ markedly in their ability to act as their own therapist. Consequently, use your clinical common sense and develop realistic expectations concerning the extent to which each of your clients can serve as their own therapist.

# Part 3

# DEALING WITH CLIENTS' MISCONCEPTIONS ABOUT REBT

# 24

## Elicit and deal with your clients' doubts about REBT

In Point 7 we argued that it was important to establish and maintain what we called the reflection process where you and your clients stand back, reflect and communicate about what you have experienced. As such, this process can be regarded as meta-therapy, that is, a therapeutic discussion about therapeutic work. One important item that you need to discuss during the reflection process is the doubts your clients may have about REBT.

It is likely that many clients will have a number of doubts about REBT and its principles and we will deal with the most commonly expressed in this part of the book. If you do not encourage your clients to express their doubts to you, then they will still harbour such doubts and will be adversely influenced by them. If, however, you encourage your clients to disclose their doubts to you, then you can discuss these openly with them and correct any misconceptions that they may hold. If you can discuss such issues non-defensively with your clients while fully accepting them for having these doubts, then you can serve as a very good role model for dealing with criticism constructively. In addition, when you encourage your clients to share their doubts about REBT, they consider that their views are being taken seriously, and begin to see themselves as active participants in the therapeutic process, not the passive recipients of your rational wisdom.

### Key point

Many of your clients will have doubts about some aspect of REBT. Encourage them to share their doubts and deal with them in a non-defensive manner.

# 25

## Show clients that even highly aversive events do not cause disturbed emotions

While clients can readily understand the role that irrational beliefs have in their emotional disturbance when the adversities they face are minor or moderate, they find it more difficult to accept the ABC model in the face of major adversities.

A typical client question is as follows: '*REBT states that events don't cause emotions. I can see that this is the case when negative events are mild or moderate, but don't very negative events like being raped or losing a loved one cause disturbed emotions?*'

Here is how I (WD) respond to such a question: 'Your question directly impinges on the distinction that REBT makes between healthy and unhealthy negative emotions. Let me take the example of rape that you mentioned. There is no doubt that being raped is a tragic event for both women and men. As such, it is healthy for the person who has been raped to experience a lot of distress. However, REBT conceptualizes this distress as healthy even though it is intense. Other approaches to therapy have as their goal the reduction of the intensity of negative emotions. They take this position because they do not keenly differentiate between healthy negative emotions (distress) and unhealthy negative emotions (disturbance).

'Now, REBT keenly distinguishes between healthy distress and unhealthy disturbance. Healthy distress stems from your rational beliefs about a negative activating event, whilst disturbance stems from your irrational beliefs about the same event. I now have to introduce you to one of the complexities of REBT theory and as I do you will see that REBT is not always as simple as ABC!

'REBT theory holds that the intensity of your healthy distress increases in proportion to the negativity of the event that you face and the strength of your rational beliefs. Now, when a person has been raped, her intense distress stems from her strongly held rational beliefs about this very negative A. As virtually everyone who has been raped will have strongly held rational beliefs about this

event, we could almost say that being raped "causes" intense healthy distress.

'Now let me introduce irrational beliefs into the picture. REBT theory argues that you, being human, easily transmute your rational beliefs into irrational beliefs, especially when the events you encounter are very negative. However, and this is a crucial and controversial point, the specific principle of emotional responsibility states that you are largely responsible for your emotional disturbance because you are responsible for transmuting your rational beliefs into irrational beliefs. You (and others) retain this responsibility even when you/they encounter tragic adversities such as rape. So REBT theory holds that when a person has been raped, she is responsible for transmuting her strongly held rational beliefs into irrational beliefs, even though it is very understandable that she should do this.

'Actually, if we look at the typical irrational beliefs that people have about being raped, we will see that these beliefs are not an integral part of the rape experience, but reflect what people bring to the experience when they reflect on it. They are best viewed as post-rape irrational beliefs. Examples of such irrational beliefs are:

- "I absolutely should have stopped this from happening."
- "This has completely ruined my life."
- "Being raped means that I am a worthless person."

'Whilst it is understandable that people who have been raped should think this way, this does not detract from the fact that they are responsible for bringing these irrational beliefs to the experience. It is for this reason that REBT theory holds that very negative A's do not "cause" emotional disturbance. This is actually an optimistic position. If very negative events did cause emotional disturbance, then you would have a much harder time overcoming your disturbed feelings than you do now when we make the assumption that these feelings stem largely from your irrational beliefs.

'One more point. Some REBT therapists distinguish between disturbed emotions that are experienced when a very negative event occurs and disturbed feelings that persist well after the event has happened. These therapists would argue that being raped does "cause" disturbed feelings when the event occurs and for a short period after it has happened, but if the person's disturbed feelings persist well after

the event then the person who has been raped is responsible for the perpetuation of her disturbances via the creation and perpetuation of her irrational beliefs. These therapists argue that time-limited irrationalities in response to very negative activating events are not unhealthy reactions, but the perpetuation of these irrationalities is unhealthy. Thus, for these REBT therapists a very negative event like rape does "cause" emotional disturbance in the short term, but not in the long term.'

**Key point**

Help your clients to understand the role that irrational beliefs play in emotional disturbance even when adversities at A are highly negative. Do so with sensitivity, without minimizing the negativity of the adversity, and stress the healthiness of emotional distress in the face of such adversities.

# 26

## Show clients that they can accept emotional responsibility without blame

When we explain the concept of responsibilty to clients (see Point 17), they often are concerned that it implies blame. A common question is as follows: '*I'm worried about the principle of emotional responsibility. Doesn't it lead to blaming the victim?*'

Here is how I (WD) respond to such a question: 'You have a major criticism of the principle of emotional responsibility which is so central to REBT theory. When someone is raped, it is possible to argue that this very negative A "causes" the intense healthy distress that the person almost invariably experiences. However, if she experiences emotional disturbance, particularly well after the event happened, REBT theory holds that she is responsible for her disturbed feelings through the irrational beliefs that she brings to the event. But, and this is important, there is a world of difference between being responsible for one's disturbance and being blamed for having these feelings. The concept of responsibility in this situation means that the person largely disturbs herself about the event because of the irrational beliefs she brings to that event. The concept of blame here means that someone believes that the person absolutely should not experience such disturbed feelings and is a bad person for having these feelings.

'This is obviously nonsense for two reasons. First, if the person disturbs herself about being raped then all the conditions are in place for her to do so. In other words, if she holds a set of irrational beliefs about the event, then empirically she should disturb herself about it. It is obviously inconsistent with reality for someone to demand that the person absolutely should not disturb herself in this way. Second, even if we say that it is bad for that the person disturbed herself, there is no reason to conclude that she is a bad person for doing so. There is, of course, evidence that she is a fallible human being who understandably holds a set of irrational beliefs about a tragic event. Rather than being blamed for her disturbance, she should preferably be helped to overcome it. The concept of blame in this situation also tends to

mean, at least in some people's eyes, that she is responsible for being raped and therefore should be blamed for it happening. This is again nonsense.

'Let me be quite clear about this. Rape inevitably involves coercion. Even if the woman is responsible for "leading the man on", he is responsible for raping her. Nothing, including whether the woman experiences distressing or disturbed feelings, absolves him from this responsibility. So, if a woman has been raped nothing that she did or failed to do detracts from the fact that the rapist is solely responsible for committing the rape. As such, the woman cannot be held responsible for being raped. She can be held responsible for "leading the man on" if this can be shown to be the case. But, I repeat, she cannot be held responsible for being raped. Thus, the principle of emotional responsibility means in this situation that the woman is responsible for her disturbed feelings only. She is not to be blamed for this, nor is she to be held responsible for being raped no matter how she has behaved in the situation.'

**Key point**

Help your clients to understand that blame and emotional responsibility are unrelated concepts and that it is perfectly possible and desirable for them to take emotional responsibility without blame.

# 27

## Show your clients that if they take emotional responsibility this does not mean that others can discharge responsibility for their behaviour

Another common misconception about the concept of emotional responsibility concerns what Howard Young (in Dryden 1989b) has called the cop-out criticism.

Here is a typical client question in which the cop-out criticism is revealed: '*If you say that I disturb myself about your bad behaviour, for example, won't that lead you to say that my response has got nothing to do with your behaviour and isn't that a cop-out on your behalf?*'

Here is how I (WD) respond to such a question: 'The cop-out criticism of emotional responsibility can be stated thus. If a person is largely responsible for her own disturbed feelings, then if you act nastily towards her all you have to say is that because she largely disturbs herself about your bad behaviour then her feelings have nothing to do with you. A rapist is responsible for carrying out a rape regardless of how the person who has been raped feels and regardless of any so-called mitigating circumstances. Now if I act nastily towards you I am responsible for my behaviour regardless of how you feel about my behaviour. If my behaviour is nasty then I cannot be absolved of responsibility for my action just because you are largely responsible for your making yourself disturbed about the way I have treated you. Don't forget, if my behaviour is that bad, it is healthy for you to hold strongly a set of rational beliefs about it and, whereas I cannot be held responsible for your disturbance, I can be said to be responsible for your distress. Thus, I cannot cop out of my responsibility for my own behaviour nor for "distressing" you.

'The cop-out criticism is also made of the REBT position on guilt. Guilt is an unhealthy emotion that stems from a set of irrational self-blaming beliefs about breaking one's moral code, for example. The healthy alternative to guilt is remorse which stems from a set of rational self-accepting beliefs about a moral code violation. The

important point to note about remorse is that it does not absolve the person from taking responsibility for breaking his or her moral code. It does not, in short, encourage the person to cop out of assuming responsibility from what he did.

'Now this is apparently a difficult point for people to grasp. For example, Marje Proops, who was a famous agony aunt, once said in response to a letter from a reader who sought help to stop feeling guilty about sleeping with her best friend's husband that the reader *should* feel guilty. Proops feared that remorse and even guilt (which she clearly failed to differentiate) would provide the person with a cop out or an excuse for continuing to act immorally. The truth is, however, very different. Remorse is based on the rational belief "I wish I hadn't broken my moral code, but there is no reason why I absolutely should not have broken it. I broke it because of what I was telling myself at the time. Now let me accept myself and think how I can learn from my past behaviour so that I can act morally in the future."

'As you see, in remorse the person takes responsibility for her behaviour, is motivated to act better next time by her rational belief which also enables her to learn from her moral code violation. By contrast, guilt is based on an irrational belief which will either encourage her to deny responsibility for her past action or interfere with her attempt to learn from it. So far from encouraging the person to cop out of her responsibility, the principle of emotional responsibility encourages the person to take responsibility for her actions and for her disturbed guilt feelings. It further encourages the person to challenge her irrational, guilt-producing beliefs and adopt a rational, remorse-invoking philosophy so that she can learn from her past behaviour, make appropriate amends and take responsibility for her future behaviour.'

**Key point**

Help your clients to see that taking emotional responsibility does not provide a cop-out for other people with respect to their behaviour.

# 28

## Show clients that the ABC model of REBT is simple, but not simplistic

When you present the ABC model, a number of your clients will appreciate its simplicity. Others will criticize it for being overly simplistic. A commonly asked question is as follows: '*You have discussed the ABCs of REBT, but I find this overly simplistic. Isn't the theory of REBT too simple?*'

Here is how I (WD) respond to such a question: 'First, let me say in answer to your question that I have presented enough of the theory of REBT to help you get started with its practice. If I presented the full complexity of the ABCs of REBT, then I would run the risk of overwhelming you with too much information too soon. In reality, as Albert Ellis has argued, the ABCs interact in often complex ways. Let me give you a few examples of this complexity. So far, as you have rightly observed, I have introduced the simple version of the ABCs where A occurs first, and is then evaluated at B to produce an emotional and/or behavioural consequence at C. This is the version of the ABCs that is usually taught to clients.

Now let me introduce some complexity into the picture. If a person holds an irrational belief about an event, then he will tend to create further distorted inferences about this A. For example, if you believe that you must be loved by your partner (iB) and he shouts at you (Al) then you will be more likely to think that he doesn't love you and is thinking of leaving you (A2) than if you have an alternative rational belief (rB). So, instead of the usual formula: A $\rightarrow$ B $\rightarrow$ C, we have Al $\rightarrow$ iB $\rightarrow$ A2.

Second, if a person is already experiencing an unhealthy negative emotion then this will lead him to attend to certain aspects in a situation. Thus, if you are already anxious then you are more likely to focus on threatening aspects of a situation than if you are concerned but not anxious. Putting this into a formula, we have C $\rightarrow$ A. I hope these two examples have given you a flavour of the complexity of the ABCs of REBT and have helped you to see that whilst in its

rudimentary form the ABC model is simple, its full version is neither too simple nor simplistic.'

**Key point**

When clients criticize REBT for being simplistic, introduce some of its complexity to correct this misconception without confusing them.

# 29

## Show clients that REBT does not neglect their past

REBT is firmly placed within the cognitive-behavioural tradition of psychotherapy. As such it downplays clients' past in understanding their problems in favour of how they unwittingly maintain these problems in the present. This leads to the following commonly asked question: '*I get the impression that REBT neglects the past. Am I right?*'

Here is how I (WD) respond to such a question: 'REBT states that people disturb themselves (C) by the beliefs (B) that they hold about the negative activating events in their lives (A). Now A's can be present events, future events and past events. Thus, if a client is disturbed now about certain aspects of her past, then an REBT therapist would certainly deal with this using the ABC framework where A is the past event (or events). What REBT questions, however, is the position that a client's past has *made* him disturbed now. This you will recall is an example of "A causes C" thinking to which REBT objects. Now, even if we assume temporarily that the client was made disturbed as a child by a past event, or more usually by an ongoing series of events, REBT theory argues that the reason the person is disturbed now about his past is because in the present he holds a set of irrational beliefs that he has actively kept alive or perpetuated from the past.

'Actually, the situation is more complex than this because REBT holds that we are not, as children, made disturbed by events; rather, we bring our tendencies to disturb ourselves to these events. Thus, REBT adheres to a constructivist position even about the origins of psychological disturbance. This means that you construct your disturbance rather than your past bringing it about. I certainly work with the past, but do so mainly by looking at your presently held irrational beliefs about your past. In addition, I can consider your past disturbed feelings about specific or ongoing historical situations and help you to see what irrational beliefs you were holding then to create those disturbed feelings.

To summarize, REBT does not ignore a client's past, but works with past material either by disputing currently held irrational beliefs about historical events or by challenging past irrational beliefs that the client may have held about these same events. However, REBT guards against A → C thinking by making it clear that it does not think that past events cause present disturbance.'

**Key point**

Help your clients to understand the difference between REBT giving the past a supporting role in therapy and neglecting it altogether. Show clients that they can use the ABC framework to understand past disturbance and present disturbance, but they can only deal with the latter in the present.

# 30

## Show your clients that acceptance is very different from resignation and complacency

REBT's view on acceptance is easily misundertood by clients. A very common question is as follows: '*Doesn't the REBT concept of acceptance encourage complacency or resignation?*'

Here is how I (WD) respond to such a question: 'The REBT concept of acceptance certainly gives rise to a lot of confusion in people's minds. Some, like you, consider that it leads to complacency. Others think it means indifference. Yet others judge it to mean that we should condone negative events. Actually it means none of these things. Let me carefully spell out what REBT theory does mean by the term "acceptance". The first point to stress is that acceptance means acknowledging the existence of an event, for example, and that all the conditions were in place for an event to occur. However, it does not mean that it is good that the event happened, nor that there is nothing one can do to rectify the situation.'

'Let's suppose that I betray your trust. By accepting this event, you would acknowledge that I did in fact betray you, that unfortunately all the conditions were in place for this betrayal to occur, namely that I had a set of thoughts which led me to act in the way that I did. Accepting my betrayal also means that you actively dislike my betrayal (i.e. you don't condone the way I treated you), but that you do not condemn me as a person. Furthermore, acceptance certainly does not preclude you from taking constructive action to rectify the situation. Acceptance, in short, is based on a set of rational beliefs that leads you to feel healthily negative about my behaviour, rather than emotionally disturbed about what I did.'

'The same argument applies to the concept of self-acceptance. When I accept myself for breaking my moral code, I regard myself as a fallible human being for my wrongdoing. I do not condone my behaviour. Rather, I take responsibility for it, strive to understand why I acted in the way that I did, learn from the experience, make appropriate amends and resolve to apply my learning so that, in similar

circumstances, I can act morally. So rather than encouraging complacency, acceptance is the springboard for constructive change.'

**Key point**

Elicit your clients' understanding of the REBT concept of acceptance and, in particular, show them that it is very different from resignation and complacency.

# 31

## Show your clients that REBT certainly does not neglect their emotions

Albert Ellis has lately expressed a certain degree of regret that he maintained the word 'rational' as the lead term in the name of the therapy that he founded. One of the reasons that he said this centres on a frequently expressed misconception of REBT as shown in the following frequently asked client question: '*Doesn't REBT neglect my emotions?*'

Here is how I (WD) respond to such a question: 'The short answer to this question is no. Your question focuses on the meaning of the term rational. Many people think that the term rational means devoid of emotion. They think that the model of psychological health advocated by REBT is epitomized by Mr Spock in *Star Trek*, or the android, Data, in *Star Trek: The Next Generation*, who were both incapable of experiencing human emotion. This is far from the case. The term rational in REBT means, amongst other things, experiencing healthy emotions, i.e. emotions which aid and abet you as you strive to pursue your basic constructive goals and purposes.

'I am particularly interested in helping you identify your unhealthy negative emotions about negative activating events as a prelude to identifying your irrational beliefs which are deemed to underpin these emotions. As a first step in therapy, I will help you to challenge and change these irrational beliefs so that you can think rationally about these events and feel healthily negative about them. In addition, unlike other therapists, I will encourage you to feel intense healthy negative emotions about very negative events. As I keenly differentiate between healthy and unhealthy negative emotions, a distinction that other therapists tend not to make, I will be able on theoretical grounds to help you be healthily distressed without feeling emotionally disturbed.

'On the other hand, I do not believe that emotional catharsis is therapeutic *per se*, nor will I encourage you to explore the subtle nuances of your emotions. Rather, I will encourage you to acknowledge your

feelings, to feel your feelings, but thence to detect and dispute the irrational beliefs that underlie these feelings when they are unhealthily negative. So whereas in REBT we certainly do not neglect our clients' emotions, we do adopt a particular stance towards these emotions as I have just outlined.'

**Key point**

Help your clients understand that far from neglecting their emotions, as an REBT therapist you are centrally concerned with their emotions. Explain that you are particularly interested in helping them to feel healthily about the adversities that they face.

# 32

## Show your clients that REBT does not neglect the therapeutic relationship

When an approach to therapy advocates the use of techniques, it runs the risk of being criticized for neglecting the relationship beween therapist and client. Clients who have previously had a relationship-oriented therapy in particular ask the following question: '*With its emphasis on techniques, doesn't REBT neglect the therapeutic relationship?*'

Here is how I (WD) respond to such a question. 'The famous American psychologist Carl Rogers (1957) wrote a seminal paper in the late 1950s on the therapeutic relationship which for many set the standard against which other approaches should be judged. Rogers argued that there were a set of necessary and sufficient "core conditions" that the therapist had to provide, and the client had to perceive the therapist as having provided these conditions, for therapeutic change to occur. Two years later Albert Ellis, the founder of REBT, published a reply in which he acknowledged that these conditions were important and frequently desirable, but they were hardly necessary and sufficient. This has been the REBT position ever since. Thus, REBT therapists do not neglect the therapeutic relationship. However, they do not regard the relationship as the *sine qua non* of therapeutic change. Some REBT therapists regard the development of a good therapeutic relationship as setting the ground for the "real therapy" to take place, that is, the application of REBT techniques.

'My own position is somewhat different. I regard the application of REBT techniques and so-called relationship factors as interdependent therapeutic variables. The one set of variables depends for its therapeutic effect on the presence of the other set.

'Finally, research has shown that REBT therapists scored as highly as therapists from other schools on measures of the "core conditions" provided by clients (DiGiuseppe et al. 1993). If REBT therapists are neglecting the therapeutic relationship, their clients don't seem to think so!'

**Key point**

Help your clients to see that while REBT advocates the use of change-related techniques, it does not neglect the therapeutic relationship. Rather, it regards techniques and the relationship as interdependent variables.

# 33

## Explain REBT's position on the equalities and inequalities in the therapeutic relationship

A number of therapeutic approaches stress the equality between therapists and clients. REBT partially agrees with this, but in other respects disagrees with it. Clients for whom an equal relationship is important have the following question about REBT, particularly as a follow-up to the question I (WD) answered in Point 32: '*REBT therapists may not neglect the therapeutic relationship with their clients, but isn't this relationship unequal?*'

Here is how I (WD) respond to such a question: 'It depends on what you mean by unequal. I consider myself to be equal to you as a human. I am neither more worthy than you, nor less worthy than you. However, in different aspects of our respective selves, there are likely to be inequalities. You may know more about gardening or be more sociable than me, for example. You are equal in humanity, but unequal in certain areas. Now, the purpose of therapy is to help you to overcome your psychological problems and live more resourcefully. In this area, I claim to know more about the dynamics of emotional problems and facilitating personal change than you, at least from an REBT perspective, and this does constitute an inequality as do the ones mentioned earlier that are in your favour. We REBT therapists openly acknowledge this real inequality, but stress that it needs to be placed in the context of a relationship between two equally fallible human beings.'

### Key point

Explain to your clients that since you know more about how people disturb themselves and how they can change, this does constitute an inequality. However, this does not mean that you are worthier than they. You are both equal in worth but unequal in certain specific respects.

# 34

## Show your clients that REBT is the antithesis to brainwashing

Because REBT has a specific perspective on emotional disturbance and what to do about it which its practitioners offer to teach clients, a number of people ask the following question: '*Aren't REBT therapists trying to brainwash their clients?*'

Here is how I (WD) respond to such a question: 'First, let me be clear what I mean by brainwashing. Brainwashing is a process where the person to be brainwashed is isolated from her normal environment and from people whom she knows, is deprived of food, water and sleep and when judged to be in a susceptible state is provided with information and beliefs which are usually counter to the information and beliefs she would normally hold. Obviously, by this definition REBT therapists do not brainwash their clients. However, I think you mean something more subtle than this. I think you mean that REBT therapists tell their clients what to think without due regard to their current views and press them hard to believe the REBT "line". If this is what you mean, then I would deny that well-trained, ethical REBT therapists would do this. (I cannot speak for untrained individuals who pass themselves off as REBT practitioners.)

'REBT holds that one of the hallmarks of mental health is the ability to think for oneself and to be sceptical of new ideas. It regards gullibility, suggestibility and thinking uncritically as breeding grounds for emotional disturbance. So, in presenting rational principles, skilled REBT therapists elicit both their clients' understanding of these concepts and their views of these ideas.

'There usually follows a healthy debate between client and therapist where the therapist aims to correct the client's misconceptions of these rational principles in a respectful manner (as I hope I am demonstrating with you now). At no time does the therapist insist that the client must believe the rational concepts he is being taught. If the therapist does so insist, this is evidence of a therapist's irrationality such as: "I have

to get my client to think rationally and if I fail in this respect this proves that I am a lousy therapist and a less worthy person as a result."

'Good REBT therapists encourage their clients to voice their doubts, reservations and objections about REBT and take these seriously. This is almost the antithesis of brainwashing. Now, it is true that REBT therapists do have a definite viewpoint concerning the nature of psychological disturbance and which conditions best facilitate therapeutic change. It is also true that REBT therapists are open with their clients concerning these views and strive to present them as clearly as they can. However, just because REBT therapists teach REBT principles to their clients, it does not follow that they are attempting to brainwash their clients or impose their views on them.

'My own practice is to make clear (a) that I will be offering a specific approach to therapy based on a particular framework; (b) that there are other approaches to therapy that offer different frameworks; and (c) that I am happy to make a referral if it transpires that the client is better served by a different therapeutic approach. I believe that many REBT therapists act similarly with their clients. This, I hope you will agree, is a long way from brainwashing. REBT therapists have preferred therapeutic goals, but are prepared to make compromises if it becomes clear that the client is unwilling or unable to work towards philosophic change. I have yet to hear of a brainwasher who is prepared to make compromises!'

**Key point**

Explain the difference between offering clients the opportunity to work with the REBT model and brainwashing them with REBT principles.

# 35

## Explain to your clients the difference between outlining REBT's position on emotion and behaviour and telling them what to feel and what to do

While some clients wrongly see REBT as brainwashing (as discussed above), others don't see it in that light, but are concerned that as an REBT therapist you are going to tell them what to feel and what to do. Thus a commonly asked question is: '*But don't REBT therapists tell their clients what to feel and what to do?*'

Here is how I (WD) respond to such a question: 'As an REBT therapist, I keenly discriminate between healthy and unhealthy negative emotions. My initial goal is to help my clients minimize their disturbance about negative A's, while encouraging them to acknowledge, experience and channel their healthy distress about these A's. However, as I will make clear during therapy you have a choice concerning what to feel and how to act. Just because REBT theory advocates that you minimize your disturbed feelings, but not your distressed feelings, it does not follow that you have to agree with this view. The same is true of behaviour. I may well point out to you the self-defeating nature of your behaviour, but I will certainly not insist that you follow my lead.

'As an REBT therapist I have my preferences concerning how my clients feel and behave in relation to the issue of psychological health and disturbance and I may well articulate these preferences during therapy. After all, I genuinely want to help you live a psychologically healthy life and I believe that REBT has a good theory to help you do this. However, as an REBT therapist I respect your freedom and will not transmute my preferences into musts on this issue, even if this means that you may continue to perpetuate your psychological problems. I will, of course, explore the reasons for this, but will not in the final analysis insist that you do the healthy thing.

'Incidentally, in areas not related to the issue of psychological health and disturbance, REBT therapists are quite laissez-faire about their clients' feelings and behaviour. For example, whether you pursue

stamp-collecting or body building is not my concern, assuming that both of these activities are based on preferences and are not harmful to others or to the environment.'

**Key point**

Explain to your clients that you will not tell them what to feel and what to do. While it is your job to outline how your clients can respond healthily to negative events, it is their decision whether or not to follow your lead.

# 36

## Show your clients that your job is to help them to find their own solutions to their problems not prevent them from doing so

Some clients, particularly those who have been in less directive therapies, are concerned that REBT's active-directive stance means that they will be prevented from finding their own solutions to their problems. Having heard you outline REBT's active-directive stance they ask such questions as: '*From what you have been saying, it seems to me that REBT therapists prevent clients from finding their own solutions to their problems. Am I right about this?*'

Here is how I (WD) respond to such a question: 'In answering this question, I need to distinguish between two types of solutions: psychological solutions and practical solutions. In REBT, a psychological solution to your problems in the main involves you identifying, challenging and changing your irrational beliefs. A practical solution involves, amongst other things, responding behaviourally to negative A's in functional ways. In this analysis, achieving a psychological solution facilitates the client applying the practical solution and, therefore, preferably should be achieved first.

'Now, as your REBT therapist I assume that you, as client, will not achieve a belief-based psychological change on your own. I further assume that I need to help you in active ways to understand what this psychological solution involves and how you can apply it. Once I have helped you to do this then you are generally able to choose the best practical solution to your problem. If not, I will help you to specify different practical solutions to your problem, will encourage you to list the advantages and disadvantages of each course of action and to select and implement the best practical solution.

'So, in summary, I and other REBT therapists actively encourage our clients to understand and implement REBT-orientated psychological solutions to their problems and assume that once this has been done then our clients will often be able to see for themselves which practical solutions to implement. When REBT therapists do intervene

in the practical problem-solving phase of therapy, it is to help their clients weigh up the pros and cons of their own generated solutions and to select the most effective course of action.'

**Key point**

Show your clients that while you will actively help them to find psychological solutions to their psychological problems, you will not prevent them from finding practical solutions to their practical problems. Indeed, once they have dealt with their psychological problems, they are often able to solve their practical problems on their own.

# 37

## Explain to your clients the difference between therapeutic confrontation and being overly confrontational as a therapist

Clients often confuse REBT's active-directive style with being overly confrontational. A typical question is: '*Isn't REBT too confrontational?*'

Here is how I (WD) respond to such a question. 'REBT is basically an active-directive approach to psychotherapy where I as your therapist will intervene actively and direct you to the attitudinal core of your problems and help you to develop a plan to challenge your self-defeating beliefs which constitute this core. In disputing your irrational beliefs, I will take the lead in questioning you concerning the empirical, logical and pragmatic nature of these beliefs. These disputing techniques often seem overly confrontational to clients who have been previously used to less directive counselling methods. It is the contrast between these methods and the active-directive methods of REBT that lead these people to conclude that REBT is *too* confrontational. However, if I prepare you adequately for my active-directive methods and ask for your agreement to proceed, particularly with these challenging disputing techniques, then in general you will not consider me *too* confrontational as a therapist, although the observing less directive therapist who does not fully understand what the REBT therapist is trying to do might consider me to be overly confrontational. However, if I fail to give you a satisfactory rationale for my challenging behaviour and fail to gain your permission to proceed then you may well experience me as *too* confrontational.'

See following page for key point.

**Key point**

Explain to clients the difference between helpful confrontation and being too confrontational as a therapist. Explaining the reasons for your challenging techniques and gaining client permission to proceed helps prevent your clients from experiencing you as too confrontational.

# 38

## Show clients the difference between providing structure in REBT and putting them into a therapeutic straitjacket

As well as being active-directive in nature, REBT is generally a structured approach to psychotherapy. Some clients misconstrue structure and fear being put into a therapeutic straitjacket. Such clients typically ask such questions as: '*You say that REBT is a structured therapy, but doesn't it "straitjacket" clients?*'

Here is how I (WD) respond to such a question: 'Whilst it is true that REBT is a structured approach to psychotherapy, it is also the case that skilled REBT therapists vary the amount of structure according to what is happening in the session. Thus, at times I may be quite unstructured, for example, when you have started to talk about a newly discovered problem or I may use session structure rather loosely, for example, in the ending phase when prompting you to assess a problem using the ABC framework. Of course, at other times as your REBT therapist I will be quite structured, particularly when disputing your irrational beliefs. Again, if I provide a rationale for the use of a tight structure and you understand and assent to this, then you won't consider that you have been put into a "straitjacket" by the therapist although the observer might make such a conclusion.'

### Key point

Using structure flexibly, explaining why you will at times be quite structured in your approach and gaining your clients assent to do so will minimize the likelihood that they will experience you as putting them into a therapeutic 'straitjacket'.

# 39

## Dispel the notion that REBT is only concerned with changing beliefs

If you explain to your clients the REBT view that irrational beliefs are at the core of emotional disturbance and that these need to be changed if your clients are to be truly helped, then some of them will think you are being dogmatic and will ask such questions as: '*Isn't it the case that REBT is only concerned with changing beliefs?*'

Here is how I (WD) respond to such a question: 'REBT therapists are primarily concerned with helping their clients to pursue their basic goals and purposes. In order to facilitate this process, I will encourage you to experience healthy rather than unhealthy negative emotions about negative A's and to act functionally in the face of these negative events. Now, as REBT therapists we do hold the view that a central way of helping our clients to achieve all this is to encourage them to change their irrational beliefs, but this is not our sole goal. We are interested in helping clients to change their beliefs, their feelings, their behaviour, their images, their interpersonal relationships and the aversive events in their lives. As such REBT is a multimodal rather than a unimodal approach to therapy.

'A similar issue relates to how REBT is often portrayed in therapeutic outcome studies. In these studies REBT is deemed to be synonymous with its cognitive restructuring methods rather than a multimodal approach which also employs emotive, behavioural, imaginal and relationship-enhancement techniques. As such, psychotherapy researchers have also wrongly concluded that REBT therapists are *only* interested in helping their clients to change the latter's beliefs.'

See following page for key point.

**Key point**

Encourage your clients to see that you are interested in helping them in a range of different ways. Just because targeting their irrational beliefs for change is a core method in REBT, it does not follow that you are only interested in changing their beliefs. Explain that REBT is a multimodal approach to therapy.

# 40

## Show that REBT can be modified to work with a broad range of clients

Once you have explained the nature of REBT, some clients think, wrongly, that it is of limited applicability – limited to clients who are bright and verbal. A typical question on this point is: '*REBT relies heavily on verbal interchange between therapist and client. It also advocates concepts that are difficult to grasp. Doesn't this mean that REBT only works with highly verbal, intelligent clients?*'

Here is how I (WD) respond to such a question: 'This is a common criticism of REBT and I can understand why you have made it. I have presented REBT to you in its complex sophisticated form. I have used a lot of words and explained its concepts in a way that reflects this complexity. However, skilled REBT therapists can also tailor the way they explain REBT concepts to match the verbal and intellectual capacities of their clients. Rest assured that REBT has been used with clients who have limited intellectual and verbal abilities. By all accounts, it has worked well with these client groups as long as appropriate modifications were made. In other words, REBT was customized to meet their learning needs.'

### Key point

In skilled hands and with appropriate modifications, REBT can be used with a variety of clients. Dispel the notion that it can only be used with clients who are bright and verbal.

# Part 4

# TECHNICAL ISSUES

# 41

## Be organized and structured in therapy sessions

REBT is a structured approach to psychotherapy. Thus, if you are to practise REBT effectively you will need to organize and structure your therapy sessions with your clients. In order to sustain the therapeutic alliance you should provide your clients with a rationale for the use of structure in REBT. In this rationale, you should stress that you will vary the amount of structure at different points in the therapeutic process and that this can be discussed with the client in the reflection process.

In 1981, I (WD) trained in cognitive therapy at the Center for Cognitive Therapy in Philadelphia. I learned from cognitive therapists the power of agenda setting to provide a helpful structure at the outset of therapy sessions. Setting an agenda with your clients is a useful way of ensuring that important items which you both wish to address are covered in a therapy session, or if they are not they may be put on the agenda for the following session. Typical items that you can put on an agenda include:

1 Homework assignments from the previous session.
2 Issues that your client wishes to address at the beginning of therapy. This will normally be what the client has been preoccupied with or disturbed about since the previous week.
3 The client's reactions to any unfinished business from the previous session.
4 At the end of a session, your clients' reactions to the work that you have done.

In addition you may include, as therapist, any issues that you deem important to discuss. Agenda items should be prioritized so that efficient and effective use can be made of therapeutic time.

Albert Ellis's (1989) view of agenda setting is that it may foster unhelpful consumerism and may, in fact, lead to avoidance of core problems in that it encourages clients with low frustration tolerance

(LFT) to focus on issues that are less threatening for them to address. While this danger certainly exists, if you negotiate agenda setting with your clients rather than accepting uncritically what they wish to cover, it will be minimized. In particular, look for items that your clients have put on their problem list or for problems that they have listed on intake questionnaires that they avoid including in their agenda items. Place these issues on the agenda at some point during the therapeutic process and discuss with your clients the reasons for their omission. So far from being an overly consumeristic activity, if used responsibly agenda setting can be an important way of ensuring that therapy sessions are well organized and well structured.

Agreeing an agenda for a therapy session gives both you and your clients a way of evaluating the introduction of new material into the session. If you use agenda setting flexibly then you can discuss with your clients whether a new issue is important enough for the agenda to be modified, or of minor importance. If the latter, then the previously agreed agenda needs to be retained and the new item can be tabled for discussion later in therapy. I hope it is clear then that agenda setting is an additional way of strengthening the working alliance between you and your client in REBT.

We mentioned earlier that it is important to vary session structure. For example, there may well be times when your clients are disturbed about a new issue in their life and at these times you may profitably loosen the structure of the sessions to enable the clients to explore their feelings and reactions in an open-ended manner. If you allow your clients to do this, you can always tighten the structure later to help them to identify more formally their irrational beliefs about these activating events.

You also need to vary session structure according to clients' different personality styles. You will find it particularly important to maintain a tight structure when working with clients who have a histrionic personality organization. Doing so will serve as a model for them as you help them begin to structure and organize their own experiences without uncontrolled histrionic displays. However, for clients with obsessive-compulsive personality organization, you will need to be less structured to encourage them to relax their own tightly organized controls. However, you will need to do this gradually as they will be unable to tolerate easily too little structure too soon in the therapeutic process.

**Key point**

Be structured in the conduct of therapy sessions by using agenda setting and other structuring methods. Be prepared to vary your use of structure with different clients at different points in the therapeutic process.

# 42

## Obtain sufficient information to help you carry out your therapeutic tasks

In our experience, REBT therapists vary considerably concerning how much information they obtain from their clients during the therapeutic process. Some REBT therapists prefer to follow the medical or psychiatric practice of conducting a fairly rigorous assessment at the outset of therapy. In the process they gain a lot of information, much of which may prove to be redundant, in that it is not used during therapy. Other REBT therapists do not carry out a structured assessment at the beginning of therapy, preferring to start by teaching clients the ABCs of REBT and to use this framework to obtain relevant information on clients. Such therapists assess as they continue therapy. Over the years we have experimented with both types of approach to information gathering and consider that both have their strengths and weaknesses.

The strength of carrying out comprehensive formal assessment at the outset, where an enormous amount of information on clients is gathered, is that you can learn to understand your clients from a holistic framework and build up a picture of how their problems may relate to one another. However, even though you may provide a plausible rationale for such an approach, many clients may become impatient with a long and drawn-out assessment phase, particularly those who consider therapy to be a relatively brief intervention. The danger here is that some clients may well drop out of therapy before it has, in effect, begun because they become frustrated that you are not addressing their concerns more quickly.

The problem of not carrying out a detailed assessment at the beginning is that you may overlook important information that your client may not reveal unless you specifically ask for it. On two memorable occasions, I (WD) learned fairly late in therapy that a client had a drinking problem. In response to my questions concerning why they did not inform me of this, they said 'Because you never asked!' (Dryden 1992).

We now recommend a middle ground position, although we will carry out a fairly detailed assessment if the case is likely to be complex and we will also begin therapy quite quickly if, for example, our clients have limited time. Thus, several of our past clients have come from out of town and wanted only to spend two or three sessions in therapy with us. Here, we get down to work straightaway and avoid carrying out a lengthy assessment.

We do recommend that you use a structured life history questionnaire such as Lazarus and Lazarus (1991) *Multimodal Life History Inventory*, which enables you to gain a fairly comprehensive understanding of your clients without utilizing session time for this purpose. Of course, you need to follow up on any client responses on the questionnaire that need exploring and you need to investigate any important omissions. In general, however, this approach provides a way of understanding your clients in their historical and interpersonal contexts in a time-efficient manner.

When clients begin to address their problems in REBT there are two information-gathering pitfalls to avoid. First, you need to avoid spending too much time gathering information that is not central to an understanding of the ABC of the clients' target problems. In particular, avoid the temptation of gaining too much unnecessary information about the clients' A's. Your clients are generally quite eager to talk expansively and irrelevantly about the A's in their lives and you may reinforce this tendency if you are not careful. Second, if you do not spend some time understanding the context in which a particular A occurs, then you may miss important relevant information. For example, if one of your clients is angry at her father's unreasonable behaviour it makes a difference to the work that you will do on this particular problem if her father has a psychiatric problem or has just learned that his own mother has died. Therefore, you need to guard against jumping in too quickly, and bypassing important information about clients' A's.

See opposite page for key point.

**Key point**

Gain sufficient information to enable you to practise REBT effectively. Be flexible in your information-gathering strategies. Sometimes you will need to carry out a comprehensive structured assessment, while at other times you will need to use the ABC framework immediately. Use questionnaires as a time-efficient means of gathering relevant information about your clients.

# 43

## Keep on track

Ordinary social conversation between two people can range quite widely over a variety of issues. For example, you may meet a friend unexpectedly whom you have not seen for a while and you may begin your conversation by enquiring about each other's health. This might lead you to comment on the fact that you went to your doctor recently and that your family physician does not have a waiting list. Your friend might take up the issue of waiting lists and then tell you that he has applied to a local college, but has been placed on the waiting list. You may then ask how he hopes this course will help his career to which he may respond by telling you about his concern for his job due to the economic recession. You may then tell him about your financial problems which may lead to a discussion about the British economy. You may then go on to discussing politicians who cannot be trusted which may in turn lead to a conversation of the meaning of trust, etc.

Thus, much social interaction permits tangential changes in the direction of conversation. Indeed such changes grease the wheels of interpersonal relationships. So, when clients come to REBT, they bring with them a long history of interacting with people in a tangential manner. This tendency may be exacerbated if your clients have been in the type of psychotherapy which encourages tangential talk. Thus clients who have been in non-directive or psychoanalytic therapy may have been encouraged to explore their concerns in an open, unstructured manner. These approaches reinforce tangential talking. Consequently, you not only have to educate your clients about the differences between a social conversation and a clinical conversation, but you also need to explain the importance of keeping on track when discussing their problems. Inform your clients that from time to time you may interrupt them politely in order to keep them focused on their problems. You need to explain that tangential talk is a natural human tendency and ask their permission to interrupt them if you consider that they are going off the point. Asking for permission is less

disruptive to the therapeutic alliance than interrupting clients without such an explanation and without gaining permission.

We mentioned in Point 41 that keeping to an agenda is important, but that the agenda needs to be dealt with flexibly so that new information can be evaluated to determine whether its introduction will enhance the therapeutic process or derail it. Such evaluation is also salient here. For example, clients may introduce material that they believe is important, particularly when they begin to make associations between events. Thus, one of your clients may be discussing a problem about his boss at work and then suddenly say that this problem reminds him of how he used to act towards his father. Since therapy involves you in a series of choice points, it is important that you have some way of knowing whether this new information enhances or derails the therapeutic process. If you think that the new issue is important then you may permit the change in tack. Unfortunately, there are few hard and fast rules that can be followed here, since the importance of new information has to be judged according to the dynamics of a particular case. So, evaluate the importance of the new material with your clients and decide whether you need to change tack or keep to the original issue. If you have established the reflection process (see Point 7) then at least you will have a forum for such discussion.

Some therapists believe that the more uncomfortable clients are about particular issues, the closer you may be getting to the real core of their problems and thus the more tangential clients are likely to be, given their need to change the topic of conversation. This certainly needs to be borne in mind and you need to have a detailed understanding of typical ways in which clients defend themselves against painful experience. You can then judge whether or not a particular client is employing such a mechanism in order to deflect you from a painful core issue. Another way you can evaluate the importance of newly introduced material is to ask your clients how the new information is related to their problems at hand and whether it is central, important but not central, or unimportant. If you teach clients to use such categories to evaluate such information, this is another helpful way of keeping therapy on track.

See opposite page for key point.

**Key point**

Realize that clients will often change the topic of conversation in therapy. Evaluate with your clients the importance of the new information and decide whether to change tack or keep to the original issue.

# 44

## Choose the most suitable problem

When clients only bring one problem to therapy, then your life as a therapist is made relatively simple in that it is clear what you and your clients need to work on. However, even in 'single problem' therapy the situation is still more complex than it may seem because your clients may have a practical problem related to their emotional problem. Thus, a client may be struggling with anger but have the practical problem that they have lost their job because of an outburst of temper.

Clients may also have a secondary emotional problem about the primary emotional problem. Thus, a person may have sought help for feelings of hurt, but also feel ashamed of having such feelings. How do you and your clients choose what is most suitable to tackle at a given point?

One rule is that you need to tackle emotional problems before practical problems. In order for your clients to deal competently with a practical problem, they need to be in a healthy frame of mind. Another guideline is that you often need to deal with secondary emotional problems before primary emotional problems, because it is difficult for your client to concentrate on dealing with one emotional problem if she is secondarily disturbed about that problem.

However, clients rarely come to therapy with only one problem. More commonly, they have myriad problems each possibly complicated by the existence of a practical problem and a secondary emotional problem. Therefore, the primary task to accomplish is to select and work on the clients' most suitable and relevant problem.

In order to bring some order to this complexity, it is important that you and your clients have a working understanding of the problems they wish to address in therapy. Thus, we recommend that you follow your cognitive therapy colleagues and develop with your clients a problem list. This provides both of you with an up-to-date picture of client problems to be discussed. Explain to your clients the importance of this list and begin to compile it during the opening sessions of

REBT. Then, as homework, encourage them to complete the list and to bring two copies to the following session, one for them to retain and one for you. Stress that you will need ready access to the list as you may need to add or delete items as you progress in therapy. Stress also that during therapy you may identify a small number of core irrational beliefs which may account for most of the problems on the clients' list.

Having encouraged your clients to develop a problem list, ask them to rank the problems in order of priority in which they wish to deal with them. Explain to your clients that they may wish to deal with problems that are perhaps less uncomfortable than others. This may not necessarily be productive so encourage your clients to keep this point in mind while ranking the items. Once you have this list in prioritized order you can begin to work on a specific problem.

Once you have begun to work on a specific problem, remain with it until you have gone through the rational emotive behavioural treatment sequence (see Dryden and Neenan 2004a). As we will discuss later (see Point 49), you need to avoid working with different client problems in different sessions without achieving resolution on any problem. The risk of asking your clients at the beginning of a session what problem they would like to discuss is that they may focus on the most recent problematic activating event. If you deal with this, you may not complete the work you began in the previous session. If you use the rational emotive behavioural treatment sequence, it is important that you complete the sequence with a given problem before applying it to a second problem: remain with a problem once you and your clients have started to work on it. There will, of course, be exceptions to this rule but by and large it is a good rule to follow.

In a workshop given in 1988, Raymond DiGiuseppe outlined the following order in which clients' problems need to be tackled, all other things being equal. He argued that problems of violence need to be dealt with first, because they constitute immediate threats to the well-being of clients and/or the clients' significant others. Work and economic problems need to be dealt with next, before sex and interpersonal problems, because in Ray's opinion losing one's job is more serious than having a sex or interpersonal problem. Ray argues that clients are more able to live uncomfortably with their sex and relationship problems than they are with not having a job. We would agree with DiGiuseppe's analysis, although we would add that it is

senseless for you to impose your own ideas on your clients if they have very different ideas. Here, as elsewhere, we would encourage you to work in a way that preserves the developing working alliance between you and your clients.

Another issue that you need to consider here is whether you and your clients should begin with a problem that is quite pervasive in the clients' life and therefore quite difficult to solve, or with a problem that is less pervasive and more readily solved. If you begin with a client problem that may be quickly resolved, this may instil hope in your clients that change is possible and may help to establish your credibility in the clients' eyes. On the other hand, if your clients are preoccupied with the more pervasive problem, then it is unlikely that they will achieve resolution on the less pervasive issue since their attention is elsewhere.

In conclusion, be flexible in deciding with clients which problem you are to tackle first. Gaining your clients' commitment to work on a problem is perhaps the most important ingredient of all.

**Key point**

Consider various issues when deciding with your clients which problems to work on. Discuss these issues openly with your clients and gain their commitment to work on whichever problems you both consider most suitable.

# 45

## Ask for specific examples of your clients' problems

Clients make themselves disturbed in specific contexts. It is therefore important for you to encourage them to be specific in talking about their problems, and ask for specific examples of these problems. This will help you to conduct an accurate assessment of the ABCs of the problem. Encouraging your clients to be specific about their problems will also help them to be emotionally involved in the discussion. If they talk about their problems in abstract terms, you will receive a general, intellectual and unemotional account. This will make it very difficult for you to conduct a meaningful assessment of their problems and make it harder for you to help them.

How can you help your clients to be as specific as possible? First, you can encourage them to identify a recent example of their problem or a typical example of their problem. Make sure, though, that they choose an episode where their feelings were fully engaged and which will help you to understand as clearly as you can what factors were involved in the problem. In doing so, encourage your clients to be succinct, but to be as descriptive as possible so that you can understand what happened as if you had a video and audio recording of the event.

If your clients provide you with a relevant and specific example of their problem, then you can help them to identify the most relevant part of the A (see Point 48) as well as the precise emotions they experienced in the episode. If your clients can identify clear relevant A's and specific emotions, this will enable you to help them identify which specific irrational beliefs were at the core of their problem. This, in turn, encourages focused disputing of their irrational beliefs which will facilitate therapeutic change.

If your clients routinely find it difficult to identify specific examples of their problems, then some creative clinical thinking is called for. Try using exposure exercises (in vivo or in session), role plays, reliving a relevant episode as if it were happening now and imagery exercises. If all these fail, you will have to accept working with vague abstractions

if you are to help them at all. If this is so, then accept the grim fact that you may only be able to help them in a minimal way. However, do not give up, since helping some clients to improve marginally is better than not helping them at all.

**Key point**

Encourage your clients to be as specific as possible in discussing their problems. Doing so will help you to assess their problems accurately and will facilitate therapeutic change.

# 46

## Work a problem through

As mentioned in Point 44, it is important to persist at working on a problem once you and your clients have targeted it for change (such a problem is known as a target problem). We have formulated what is now called the rational emotive behavioural treatment sequence in which we have outlined six major steps that you need to take if you are to deal with your clients' target problems thoroughly (Dryden and Neenan 2004a). Unless you have good reason to do otherwise, encourage your clients to remain focused on these problems and to work them through until they have reached a coping criterion on them. This means that your clients have had some practice at acting on their newly constructed rational beliefs in real-life situations and have gained some success at doing so. Thus, when your clients introduce new material into sessions, you need to evaluate this quite carefully and give only really important new material primacy over the current problem under discussion. Otherwise therapy will proceed in a way that is reminiscent of several half-eaten meals.

There are, however, several situations that occur in therapy when it is justifiable for you and your clients to switch your attention away from target problems. The first concerns the development of a crisis in your client's life. When your clients face new acute problems in life, particularly involving suicidal ideation or violence, then it is important for you to deal with these problems without delay and persist in working with them until the clients have met coping criterion. The only exception to this rule is with clients for whom every problem is a crisis. If this is the case, you need to model calmness and show them that (a) problems turn into crises depending on how they react to them and (b) that they can work through the previously agreed target problems, even though the new problems have just appeared.

Another indicator for switching from the target problem to a new problem is when your clients become very disturbed in sessions (this is their second problem) and cannot concentrate on the original

problem. When this occurs, switch to the second problem and persist with it until a coping criterion has been reached.

A third situation where you may preferably switch to a new problem is when a major new activating event occurs in the client's life such as a bereavement, job loss, or sudden illness. Failing to do so would be insensitive and counter-therapeutic. Here again you should switch and focus on this new adversity until the client reaches a coping criterion.

The final indicator for switching away from work on a target problem is when it is clear that another problem has more pervasive negative effects on your client's life. For example, you may be working on a target anxiety problem with one of your clients when the client reveals a more pervasive problem of depression. If this occurs, switch and persist in working with the depression problem until, again, a coping criterion has been reached.

**Key point**

Once you have agreed target problems with your clients, work on these problems until they have reached a coping criterion. Consider and implement the exceptions to this basic rule.

# 47

## Take care in your use of questions

As an REBT therapist, you will make liberal use of questions during the therapeutic process. You will use questions both to gain information about your clients as you carry out a detailed assessment of their problems, and to encourage your clients to identify, challenge and change their irrational beliefs. Since questions form such a central part of your therapeutic armamentarium, you need to use them with care and it is important for you to avoid the following errors when making use of questions.

### *Asking irrelevant questions*

When using questions as part of gaining an overall understanding of your clients, avoid asking irrelevant questions. In particular, avoid asking questions that arise out of your own curiosity about clients rather than help gain a full clinical understanding of the clients and their problems. To ascertain the extent to which you may be asking irrelevant questions, tape record a random selection of your therapy sessions. As you review them, ask yourself 'Why did I ask that question?' 'Did I really need to know that information or did I ask just to satisfy my own curiosity?' Also discuss this issue with your supervisor.

### *Asking vague questions*

When you assess the ABCs of your clients' problem, you need to ask questions which encourage the clients to focus on specific aspects of the activating events and their disturbed feelings and behaviours. This will enable you more easily to identify their irrational beliefs. Your use of vague questions will generate vague answers and this will interfere with the assessment process. An example of a vague question and a more specific alternative is as follows: '*How did you react when*

*that happened?*' (vs. '*When your boss criticized you, how did you feel and what did you do?*')

### *Asking too many 'why' questions*

While some 'why' questions can be productive, using too many may well encourage your clients to become defensive in that they may experience your enquiries as criticism or interrogation. Also, their use may reflect a tendency to speculate on specious reasons for your clients' behaviour which while interesting may not be useful or accurate (e.g. 'Why do you keep avoiding intimacy?')

### *Bombarding your clients with too many questions*

This is a risk particularly in the disputing stage of therapy. Some REBT therapists that we have heard or supervised over the years sound like demented prosecution lawyers who just fire question after question at their clients as if they were hostile witnesses. This is rarely if ever productive. So when you ask questions, particularly while disputing the clients' irrational beliefs, ensure that you do so with tact, sensitivity and in a way that enables your clients to think about their answers (Neenan and Dryden 2002).

### *Failing to evaluate your clients' responses*

When asking questions, make sure that you evaluate the answers that the clients provide. We want to stress this because your clients may fail to answer the questions that you have asked or may answer questions that you did not ask. A good rule of thumb is this: when you ask questions that have a specific therapeutic purpose, evaluate your clients' answers and if you consider that they have not answered your questions, tactfully bring this to their attention and ask the questions again, varying their form if necessary. Here is an example:

*Therapist:* When your boss criticized you how did you feel?
*Client:* I felt here we go again, nothing but criticism from him.

*Therapist:* That's what you thought but how did you feel in your gut when he criticized you?
*Client:* Oh . . . I felt angry.

### *Failing to provide ample opportunity for client responses*

If you have asked your clients good questions, give them the opportunity to answer them. REBT therapists with a philosophy of low frustration tolerance may well be too impatient to enable their clients to really think about questions that may be difficult to answer. Such therapists often answer their own questions – particularly in the disputing phase of a session.

For example, you might ask the question 'Where is the evidence that you have to do well?' Your client may not immediately reply, time might elapse and you may well find yourself answering the question for the client. 'There is no evidence that you have to do well, it is only desirable for you to do so.' Since one of your major goals as an REBT therapist is to encourage your clients to think for themselves, it is important to give them the opportunity to do so (Neenan and Dryden 2002). Resist the temptation of answering your own questions, otherwise therapy becomes a monologue instead of a dialogue!

### *Failing to alter your style of questioning*

It is important that you ascertain whether or not your clients readily respond to Socratic questioning. Socratic questions are, of course, those which encourage clients to think for themselves and tend to be open ended. Some of your clients, however, will find it very difficult to answer Socratic open-ended questions. If you continue to use such questions, this will be both frustrating and counter-therapeutic. If you find that some clients do not respond well to Socratic questions, alter your style of questioning and consider using forced choice questions. For example, instead of asking a client 'What do you think you were telling yourself to make yourself anxious?', you might ask 'Were you thinking that you had to do well or that you would like to do well, but did not have to?'

### *Failing to make suitable use of open-ended and theory-derived questions*

It is important that you distinguish between open-ended questions and theory-derived questions. An example of an open-ended question would be 'What were you telling yourself to make yourself anxious?' A theory-derived question is one derived from REBT theory, e.g. 'What were you demanding of yourself to make yourself anxious?' Using too many open-ended questions with some of your clients is counter-productive because they may not have the patience to work out for themselves the distinction between preferences and demands, for example. If this is the case, give a brief didactic explanation of this distinction and follow this up with theory-derived questions. However, with other clients who do have the facility to think clearly for themselves and prefer to be independent thinkers, open-ended questions may well be profitably employed in preference to theory-derived questions.

**Key point**

Take care in the way you ask questions in REBT and learn which questioning errors to avoid.

# 48

## Take great care in assessing A

In REBT theory, A stands for an activating event. Initially this concept seems a simple one and yet it masks a great deal of complexity:

1 An activating event forms a small part of a larger environmental context in which your clients find themselves. When they describe A to you they may talk about the larger context and not pinpoint the small component about which they were disturbed.
2 As noted by Wessler and Wessler (1980), A's are frequently interpretations or inferences of what clients perceive. So, when one of your clients says that she was giving a talk to a group of students and they were all bored with her presentation, she is clearly pointing not to an actual situation but one that she has interpreted. As Bob Moore (1983) has emphasized, inferences are frequently chained together. When this occurs it is your task to help your clients identify the most relevant aspect of the inferential chain, i.e. the inference that triggers the clients' irrational beliefs which underpinned their disturbance (see Neenan and Dryden 1999 for a detailed discussion of inference chaining).
3 We have the capacity to switch our focus rapidly between different aspects of an activating event. We evaluate those aspects in different ways and these evaluations (or irrational beliefs) lead to different disturbed feelings. Therefore, if you make the assumption that your clients have only one feeling about an activating event you will grossly oversimplify your clients' experiences.
4 As discussed in Point 21, your clients' interpretations of activating events are frequently coloured by their irrational beliefs. When this is grossly exaggerated (e.g. 'I am going to die'), it is unwise to encourage them to assume that it is true, since it is unlikely that you will help them think rationally about such a tragedy. As such it is best to consider it a grossly distorted inferential consequence of a prior irrational belief.

Given the complexity of an activating event (A), it is very important that you take great care in assessing it. Keep in mind the following key questions as you do so:

1 Am I assessing the most clinically relevant part of the A, i.e. the one that triggered my client's irrational belief?
2 Am I choosing to work with an A about which my client can think rationally or do I need to explain the influence of her irrational beliefs on her inferences? If the latter, you need to help identify a less negative A which occurs earlier in the inferential chain. You can then identify the irrational beliefs about this A and show her how these produce the grossly exaggerated inferences that occur later in the chain.

Another strategy that you can use to reduce the confusion which may arise from the complexity of A's is to train your clients to identify for themselves the most relevant parts of the A about which they were disturbed. Encourage them to ask themselves 'What was I most disturbed about in that situation?', or teach them inference chaining. When you train your clients to identify the element of the A about which they were most disturbed, encourage them to identify their major disturbed emotion. Have them then review the episode in their mind and encourage them to use this feeling to locate the aspect of the situation that triggered their irrational belief. To the same end you can teach them to ask themselves 'What was the worst thing that happened in this situation that I was disturbed about?' This is a very different question from 'What was the worst thing that *could have* happened in this situation?' At this point you are more interested in what your clients were actually disturbed about (experiential inferences) than what they could have been disturbed about (theoretical inferences).

Training your clients to use inference chaining is quite complex and in all probability only a minority of your clients will be able to do this effectively. This technique is difficult enough for REBT therapists (both novice and experienced) to master effectively! When you do teach your clients inference chaining, use the procedure outlined by Moore (1983) in his excellent step-by-step guide to this technique. Remember that the purpose of inference chaining is to identify the most clinically relevant part of your clients' A and not necessarily to identify underlying core beliefs. Of course it can and has been used in this way,

particularly by cognitive therapists (see Burns 1999 for a discussion of the downward arrow technique).

Finally, after you have worked with your clients for some time, you begin to gain an understanding of the types of A's about which they disturb themselves. You can, therefore, help your clients to identify themes in their disturbances and to use these themes as a guide to help them identify specific troublesome A's in their life. Thus, if your clients have talked about several events in therapy that suggest they disturb themselves about rejection, then you might encourage them to ask themselves whether they consider they have been rejected whenever they are upset in a social situation.

Later on in the therapeutic process, when it becomes clearer that your clients have one or more core irrational beliefs about recurring themes at A, you can work at a more abstract level to help them identify and work with core irrational beliefs about thematic A's (e.g. need for approval). Do this later in the therapeutic process since, as we have argued elsewhere in this book, clients do not disturb themselves about general themes; rather they disturb themselves about specific events which may exemplify these themes.

**Key point**

Realize that assessing A is more complex than it appears at first sight. Strive to find the most clinically relevant A in your clients' problems.

# 49

## Focus on core irrational beliefs

Core irrational beliefs are those which account for a significant proportion of your clients' disturbance and which explain why your clients disturb themselves in a variety of different settings. Core irrational beliefs tend to be general rather than specific and can best be identified after you have worked with clients on identifying their specific irrational beliefs. An example of a core irrational belief might be: 'I must be in control in significant areas of my life. If I lose control, it would be awful and reveal something rotten about me.'

One of your clients may express this core irrational belief in a specific situation. Thus, if your client has such a core irrational belief he may be anxious about speaking in public because he fears that he may lose control of his fluency. He may also have difficulty forming close interpersonal relationships because he believes that he must have the upper hand and be in control of such relationships. Avoidant behaviour can also give a clue to the existence of core irrational beliefs. Thus, your client may tend to avoid situations which threaten his sense of control.

Some REBT therapists believe that it is important to devise a case formulation for each client, by which they mean working to develop an overall picture of the client's core irrational beliefs, showing how these may influence specific irrational beliefs, explain emotional, physiological and behavioural symptom patterns and how they may be implicated in the client's interpersonal relationships (Dryden 1998). What is important here is that you help your clients not only to identify their core irrational beliefs, but also to understand the effects these beliefs have on their current life and the effects that they may continue to have on their life in the future if they do not change them. Thus, if another of your clients has a core irrational belief about dependency, help her to see that holding this belief may lead her to construct her life so that she is always involved with a person even though that person may not be suitable for her. Also show her that she may construct her life so that she does not experience the discomfort

of independence and this may explain why she does not take risks, even though she keeps complaining about not fulfilling her potential.

Core irrational beliefs not only explain why your clients disturb themselves in a variety of settings, but also explain why they limit themselves and opt for short-term comfort rather than long-term gain. Thus, your client with a core irrational belief regarding dependency may seek out familiar situations in which she encourages other people to look after her because she experiences comfort in doing so, even though this behaviour interferes significantly with her long-range happiness.

In working with your clients at the level of core irrational beliefs, help them also to construct alternative core rational beliefs and to see how life could be different were they to believe and act on these more healthy core beliefs. Help your clients also to take a realistic view of personal change: not only help them to see the long-term advantages of changing core irrational beliefs, but also encourage them to accept the short-term disadvantages of doing so, e.g. they will need to tolerate discomfort and a sense of unfamiliarity.

As therapy proceeds, remind your clients to look for core irrational beliefs as well as their specific irrational beliefs in specific situations. Teach your clients to ask themselves such questions as 'Is this my dire need for control rearing its ugly head again?' Helping your clients to realize that they need to dispute their core irrational beliefs repeatedly and in different contexts is particularly important, as is encouraging them to act in ways that are consistent with their newly constructed core rational beliefs and inconsistent with their old core irrational beliefs.

Finally, you need to help your clients generalize their core rational beliefs from one area of life to other areas that you may not have discussed in therapy. Part of this process also involves dealing with possible lapses and relapses. Since core irrational beliefs are more central in your clients' belief system and have more pervasive effects, they are harder to change and this means that emotional and behavioural lapses and relapses are quite likely. Help your clients to accept this grim reality and to employ the relapse prevention measures discussed in Point 22.

See opposite page for key point.

**Key point**

Realize that core irrational beliefs may underlie many of your clients' disturbances. Focus on these core beliefs and help your clients to change them. Appreciate the difficulty of this task.

# 50

## Look for hidden irrational beliefs in elements of your clients' verbalizations and behaviours

In the early phase of REBT you will:

- work with your clients to identify their disturbed feelings and self-defeating behaviours
- teach them the ABCs of REBT
- dispute their specific irrational beliefs.

As discussed in the previous point, you will then help your clients to identify, challenge and change their core irrational beliefs. Additionally, from the middle of therapy onwards, it is helpful to encourage your clients to identify subtle irrational beliefs that may be present in their verbalizations and behaviour, but which may not be immediately related to their disturbed feelings and behaviours at C. Doing this is important if you are to help your clients make a thoroughgoing change in their irrational philosophies.

Clients may subtly hold on to their irrational beliefs because they do not realize the impact these have on a wide range of their verbalizations and behaviours. In the beginning phase of therapy, you need to be alert to the existence of hidden irrationalities implicit in your clients' verbalizations and behaviour and you can utilize this material to help yourself form and test hypotheses about the nature of your clients' implicit irrational beliefs. However, do not deal with these hidden irrationalities overtly in the beginning phase. Your clients need to learn about the existence of their overt irrational beliefs before they can deal with the covert ones.

How might irrational beliefs be expressed in your clients' verbalizations? Imagine that early in therapy one of your clients comes to a session one minute late and apologises profusely for his lateness. This may either indicate that he has an irrational belief concerning time or about possible rejection. Further imagine that another of your clients, who is paying your fee, says at the end of a first session, 'It was

extremely good of you to see me.' Such a statement may reveal a subtle irrational belief concerning approval. If you run group therapy sessions you may gain a lot of important information about the presence of subtle irrational beliefs by listening carefully to clients' exchanges with one another.

Implicit irrational beliefs may also be present in subtle forms of client behaviour. Take eye contact: some clients who hold shame-based irrational beliefs may reveal these beliefs when they adjust their eye contact at various points in the therapeutic or social dialogue. Of course, we all alter our eye contact during a conversation, but clients whose beliefs are shame based may do so in order not to experience what they perceive to be the harsh, disapproving scrutiny of others. However, by doing so, they reveal and unwittingly strengthen their irrational beliefs.

When your clients have made progress in changing their core irrational beliefs and have begun acting according to their new core rational beliefs, you may then draw their attention to the subtle operation of irrational beliefs in their everyday talk and behaviour.

### Key point

Be alert to the possible existence of hidden irrational beliefs in your clients' commonplace verbalizations and behaviours. Use such beliefs as part of your assessment early in therapy and consider dealing with them later in therapy after your clients have made progress in changing their more overt irrational beliefs.

# 51

## Allow for time-limited irrationalities in your clients

It is the case that a major goal of REBT is to encourage clients to make profound philosophical changes so that they can be as psychologically healthy as possible. However, only a very small minority of your clients will stay in therapy to achieve that level of psychological maturity. Even if all your clients did stay long enough probably most of them could not achieve such profound change even if they wanted to. This is due to the fact that such high level of psychological functioning is probably only attainable by those who don't have strong tendencies to self-disturbance. Most of your clients will be satisfied with more limited, and some would say more realistic, therapeutic objectives. If you are extremely ambitious for your clients in terms of what you think they can achieve, this may be at variance with what they actually seek from therapy.

We believe that most people who do not have psychological problems or who do not seek therapeutic help for problems which they do have, experience what we call 'time-limited irrationalities'. Thus, they may disturb themselves for a time about an activating event, but after a short while they stand back and rethink the experience or focus on other aspects of their environment. They do not consider their time-limited disturbances a problem. Indeed, some individuals, and we would include ourselves here, may disturb themselves about an experience but are able to put that experience in a more rational perspective fairly quickly.

I (WD) often tell my clients the following story. I was away from my house for the weekend and my neighbours rang up to tell me that there was a leak in my house since a large ice flow had appeared on the outside wall. My own reaction to this news was to make myself extremely upset at the prospect of my books being flooded out and ruined. For about 25 minutes I experienced a mixture of anger and anxiety. I ranted and raved and kicked chairs around. Whether or not this experience was cathartic for me and whether or not I needed this experience in order to begin to think rationally are matters

on which I cannot comment. What is important about this episode is that after a period of 25 minutes I was able to think more clearly and more rationally. Note that I was in no frame of mind to use my REBT disputing skills on myself when I was so disturbed – a phenomenon clients frequently report on. Also, I was not ashamed of the fact that I disturbed myself for a period of time. Rather I saw this reaction as being quite human and not necessarily unhealthy. Thus, I often explain to my clients that my job is not to help them eradicate all of their irrationalities (something that anyhow REBT does not advocate), but only those they cannot quickly change. REBT is best used, therefore, when your clients get stuck with their irrational beliefs for an extended period of time and cannot do anything constructive about shifting them.

This principle particularly applies to grief. Many writers on grief have noted that clients experience a range of different emotions at different times when they lose a loved one. It may very well be that when your clients are angry about their loss they are thinking irrationally. It may also be that when they are searching for their loved one they are thinking irrationally. However, our view is that if this reflects a time-limited irrationality it is not necessarily helpful for you to intervene and help them to identify, challenge and change the irrational beliefs underlying their anger or searching behaviour. When your clients become stuck in an extended grief reaction, either because they remind themselves frequently of their loss or because they studiously avoid going through a healthy grief and mourning process, then you can productively use REBT to help them deal with their unhealthy grief reactions.

There is one important exception to what we have said here about time-limited irrationalities. If one of your clients is likely to do himself or others damage, then by all means encourage him to address the underlying issues as soon as possible.

Finally, we want to stress that time, on its own does not heal; it is what you do with the time that heals. Thus, when your clients stand back and think rationally after a period of irrational thinking, they are using that time productively for healing purposes.

See opposite page for key point.

**Key point**

Do not become overly zealous in applying REBT to all of your clients' irrationalities. Allow them and yourself to have time-limited irrationalities unless they are likely to do themselves or others harm in that short period.

# 52

## Guard against insensitivity when challenging your clients' irrational beliefs

In working with your clients, when you have reached the point where you are ready to help them examine or dispute their irrational beliefs, then ideally they should have understood the relationship between these beliefs and their emotional and/or behavioural problems. When you dispute your clients' irrational beliefs, use empirical, logical and pragmatic arguments to encourage them to surrender these beliefs and begin to help them to work towards constructing and deepening their conviction in an alternative set of rational beliefs. As you dispute your clients' irrational beliefs, do so with sensitivity and tact since you are encouraging them to give up attitudes which, though self-defeating, are convincing to them. Help your clients to understand that when you are disputing their irrational beliefs, you are attacking these beliefs and not them as individuals. Encourage them to give you feedback on how they react to your disputing interventions.

There is a particular need for great tact and sensitivity when your clients are disturbed about a traumatic event such as rape, sexual and other forms of abuse. In such circumstances, avoid using empirical arguments such as 'Where is the evidence that you absolutely should not have been raped or abused in this way?' Such arguments, by their very nature, may be construed as particularly insensitive and should, in our opinion, be avoided. In our experience therapists who employ such questions in these circumstances are using REBT unthinkingly. Consequently, their clients may believe that they are being assaulted/abused for a second time with the therapist as the victimizer.

Thus, when you dispute your clients' irrational beliefs about abusive experiences, it is crucial that you show your clients that you understand their emotional responses and indicate that it is healthy to be very upset about such events. Your first task is to be empathic. Your second task is to explain that you need to join together to help them give up their additional disturbance, but not their healthy upset (see Point 25). You need to convey repeatedly to these clients that what they experienced

was a catastrophe and even terrible, which means in this case that they went through a very, very bad experience. Thus, if such clients say that what happened to them was 'awful', it is not wise to challenge their 'awfulizing' directly. Rather help them to see that they can transcend such experiences, rebuild and eventually move on with their lives, even if they never forget what happened to them. Such interventions require tact and skill. We suggest that you seek careful supervision before using them with your clients. You might find it interesting to note that one of REBT's leading figures Ray DiGiuseppe (in Dryden 2002a) has stopped challenging his clients' awfulizing beliefs because he considers that clients see such challenges as insensitive, caustic and detrimental to building or sustaining a productive working alliance.

Conversely, if you use the argument that such experiences were not awful and that worse things could happen, this will be experienced as at best an irrelevant argument and at worst an insensitive one, even though it is true according to REBT theory. This is particularly true when your client has been abused by a man and you are a male therapist. Use the following catch-phrase if it helps in such circumstances: Sensitivity overrules REBT theory.

**Key point**

Use tact and sensitivity when disputing your clients' irrational beliefs, especially when they are disturbed about real-life tragedies.

# 53

## Assess the basis for client change

When your clients report improvement, it is important that you assess the basis for this change. Determine whether your clients have improved by changing their irrational beliefs, by changing the distorted nature of their inferences, by avoiding certain problematic activating events, by changing their environment, or by changing their behaviour without making corresponding changes in their thinking (see Dryden and Neenan 2004b for a full discussion of this issue). In addition, look at the consistency of your clients' improvement. Have they overcome their disturbed feelings together with showing improvement in their behaviour, or has one change occurred in the absence of the other?

When your clients report improved changes in their disturbed feelings and are now acting in a self-enhancing manner, determine if these changes are based on an underlying attitude change as this is a most desirable outcome. However, if your clients have effected changes by modifying aspects of their psychological functioning which do not involve belief change, then you need to reinforce those changes, but urge them non-dogmatically to take that extra step and work at bringing about changes in their underlying irrational beliefs.

### Key point

When your clients report improvement, assess the bases for these changes. Encourage them to change their irrational beliefs if they have not already done so.

# 54

## Reinforce change without reinforcing your clients' need for approval

Following the lead of Albert Ellis, REBT therapists are in general quite careful not to reinforce their clients' need for approval. As such, we tend to avoid forming overly warm attachments with our clients or giving them lavish praise. However, in our zeal to avoid reinforcing our clients' need for approval, some of us fail to offer them sufficient encouragement to promote and maintain client change. Healthy encouragement for client change may take the form of saying to one of your clients 'It was good that you achieved that', or 'I am pleased you were able to do that.' With some of your clients, you may wish to add a humorous and ironic statement such as 'But that does not make you a better person' or 'But that does not mean I like you more.' If you give your clients 'healthy encouragement', then you will serve as a useful role model for them, so that they can learn to encourage themselves and praise their own actions, as well as doing the same for others. A good rule of thumb is: Make your praise commensurate with your clients' level of effort.

When your clients do not achieve much from their homework assignments, you still need to encourage them for making the effort. Here, it is important to distinguish between effort and the outcome of that effort. Thus, you might say to one of your clients: 'I am sorry you were unable to achieve what we both hoped you might from the assignment, but I am encouraged by the fact that you really made the effort. Now, let's discover what obstacles, if any, there were which prevented you from achieving what we hoped you might.' Note that here the emphasis is on 'learning' rather than on 'success' or 'failure'.

Even when your clients do not initiate change by consistently failing to do their homework assignments, you can still encourage them to do so by stressing their potential to change. You might say: 'The fact that you consistently refuse to do your homework assignments is a great shame, because you really could change if you worked at it.'

You can then place this issue as a major item on the session agenda for full discussion.

Let us conclude this point with a caveat. By all means encourage your clients to change, but guard against encouraging your clients to do what is beyond their potential to achieve, or what is too challenging for them to do at that particular time. You can only come to such conclusions after getting to know your clients. This is also a very pertinent issue for you to discuss with your REBT supervisor.

**Key point**

Guard against reinforcing your clients' need for approval when you reinforce their change-directed efforts. However, do not let this stop you from offering them healthy encouragement as they work (or struggle) towards rationality.

# 55

## Do not be afraid to be repetitive

Your clients will rarely, if ever, learn to surrender an irrational belief and gain deep conviction in an alternative rational belief after one session. They may understand a rational principle in one session, but in the very next session act as if they have not even heard of that principle. It is important, therefore, to realize that you will need to repeat your interventions before your clients begin to understand and act on the rational principles that you teach them. With some clients, it is important to repeat rational messages in exactly the same way. For some reason, hearing the same rational message put the same way repeatedly is an important ingredient for those clients' understanding. With such clients, if you teach the same principle in different ways they will end up confused. So, ask your clients whether they learn best by having the same material repeatedly presented in the same way or whether they find it more useful to have the same thing taught in different ways. Your clients' answers to this question are a useful pointer for the way you present rational principles, although it should not be regarded as an absolute indication.

Once you have established that your clients learn best from variety, you should seek to repeat the same rational principle, but using, for example, different explanations, a variety of analogies and audio-visual aids. Realize that with yet other clients you may need to keep varying the medium of your message until they indicate that a particular way of conveying the message is useful. In such cases, you will then need to repeat the rational principle using the client's favoured technique until they begin to act and internalize that principle.

See following page for key point.

**Key point**

You will often need to repeat rational principles until your clients have learned to internalize them. Realize that some clients respond best to rational principles being taught in the same way, while other clients respond best to a more varied approach.

# 56

## When in doubt, return to first principles

Sheldon Kopp (1977) wrote a very useful book called *Back to One*. He noted that as therapists become innovative practitioners they introduce a lot of variety and experimental interventions into their work. However, he makes the important point that some therapists may get carried away with their own creativity to the detriment of their work with clients. When this occurs, he suggests that therapists need to go 'back to one', by which he means returning to the fundamental principles which guide their work. We therefore advocate that you use Ockham's razor in your work: do not overcomplicate your interventions for the sake of creativity. Keep things straightforward whenever possible. Be creative when there is a therapeutic rationale for doing so, not because it is personally enjoyable.

Although I (WD) value therapeutic creativity, I have occasionally been too innovative before a client has really grasped certain principles that are fundamental to the successful practice of REBT. Thus, I have sometimes omitted to formally teach a client the ABCs of REBT so that she fails to see clearly the effects of irrational beliefs on her emotional and behavioural problems. On other occasions, I have neglected to stress that I expect my clients to work actively to bring about change. When I have returned to first principles, therapeutic movement has occurred.

### Key point

Be creative in your practice of REBT, but do not neglect the fundamental principles of the therapeutic approach. If you get stuck or are in doubt as to how to proceed with your clients, go back to first principles, that is, go back to one.

# 57

## Be flexible in terminating therapy

Your clients will terminate therapy in a number of ways. Sometimes they will do so in a planned manner, at other times termination will be unplanned. Given the variety of ways that therapy can end, you need to be flexible in the way that you plan terminating with your clients.

One way is to increase the interval between therapy sessions as a way of encouraging your clients to take increasing responsibility for their self-change process. Here, you exchange your role as therapist for that of consultant, where you encourage your clients to use you when they are finding it difficult to apply their REBT skills to life's problems. This approach to termination may be a misnomer since therapy may not come to an absolute end. Your clients may come back many years later for a one-off session or a brief number of therapy sessions. This model of termination is in accord with the work of Budman and Gurman (1988) who view therapy as an intervention to be used at different stages of a person's life cycle, and particularly when clients experience difficulty in making the transition from one life stage to the next. In this model of termination, such sessions are best viewed as boosters in that they provide clients with:

- a short refresher course on rational principles they may have overlooked or forgotten
- new ways of looking at these principles
- further encouragement to keep using the skills they had internalized earlier in the therapeutic process, but which may have become rusty.

A different approach to termination involves setting a specific ending date without correspondingly reducing the frequency of sessions (of course the two models of termination can be combined). Make use of this particular mode of termination when your clients are moving away from your geographical area or to another country. You may both realize that they need further therapeutic work, but that it is impractical for them to continue to see you. Under these circumstances you can

suggest REBT therapists your clients may consult in their new location. The reason we do not often set specific dates for termination is because it does not provide sufficient encouragement for clients to take responsibility for their self-change process and does not give them enough opportunity to become independent in their use of REBT skills.

There is also a type of termination which may be best called 'temporary termination'. Following this approach, you recognize that your clients may not be ready to terminate therapy altogether, but that at present they are not facing any negative activating events in their life. Consequently, they do not have much to work on in therapy. For example, a female client with a need for approval when she is in a relationship may cope perfectly well without a relationship and would require a new relationship to work productively on her approval issue. In order to work productively with this issue she needs the stimulus of an activating event about which she would disturb herself. Thus, you may encourage her to terminate therapy temporarily and resume it as soon as she has begun a new relationship or when she finds herself in a situation which triggers her core irrational belief.

Finally, since ending a therapeutic alliance with your client is an important phase of therapy, be sure to discuss with him the best way to end the work you have done together.

**Key point**

Be aware that there are different ways to terminate therapy with clients. Be flexible in terminating therapy with your clients and negotiate with each of them the best way to end.

# Part 5

# ENCOURAGING CLIENTS TO WORK AT CHANGE

# 58

## Let your client's brain take the strain

Many years ago, there was an advertisement for the now defunct British Rail which exclaimed 'Let the train take the strain'. This message was used to encourage travellers to leave their cars at home and travel by train, the emphasis being that travelling by train could spare people the stress of travelling by car. Successful REBT depends to a large degree on the extent to which your clients assume active responsibility to help themselves. Part of this responsibility involves clients thinking for themselves and actively applying cognitive change techniques. Thus, REBT is a form of therapy that encourages clients to use their brains as well as acting on what they have learned.

However, since REBT is an active-directive approach to therapy, it is quite easy for you to do a lot of the work for your clients and encourage them to be mentally lazy, particularly when you didactically teach them rational principles. Whenever possible try to work Socratically with your clients, and encourage them to think through issues for themselves. However, if you do need to use didactic explanations, it is especially important to encourage your clients to put into their own words their understanding of what you are trying to convey. This not only helps them to be actively involved in therapy, but also helps you to gain feedback on whether or not you are communicating clearly and whether or not your points are being thoughtfully internalized by your clients.

One of the dangers of REBT you need to guard against is that some clients who learn the principles of REBT do so in parrot fashion. They hope that repeating the words to themselves will be sufficient to bring about change. However, as we say to our clients: 'I may be able to teach a parrot to sound rational but I am not able to teach a parrot to think rationally and independently for itself.'

Letting your client's brain take the strain or encouraging them to do the work is equally important once they have begun to use the REBT method of change in their own life. When this has begun to happen, rather than taking an active-directive stance, use open-ended

prompts to maximize the extent to which your clients think things through for themselves. For example, once your clients have learned to use the ABCDEs of REBT, ask the following open-ended questions to stimulate them to apply this to their own problems:

- 'How did you feel on that occasion?'
- 'What was going through your mind at that time?'
- 'How did you dispute that?'
- 'What were the effects of that dispute?'
- 'How could you have disputed that in a different way?'
- 'Did you believe the outcome of your dispute?'
- 'Why not?'
- 'What might you believe instead?'
- 'How do you know that is true?'
- 'What could you do in order to strengthen that new belief?'
- 'How might you overcome that obstacle?'

Your clients may not be able to answer these questions fully, but at least when you ask them you are encouraging them to think through for themselves the issues concerned. You are letting their brain take the strain instead of yours.

**Key point**

Use every opportunity to encourage your clients to think through issues for themselves. Guard against your clients learning rational principles by rote. Let their brain take the strain.

# 59

## Help your clients to engage in relevant change-producing tasks

Both you and your clients have your respective tasks to perform in REBT and the goals of therapy in part dictate the selection of tasks your clients need to carry out in order to experience change. If you have a good bond with your clients, this may make it more likely that they will engage in these tasks. As well as keeping therapy goal directed and developing and maintaining a good working relationship with your clients, there are other points that you need to consider when encouraging them to do their share of the work in therapy:

1 Ensure that the tasks you are encouraging your clients to carry out are understood by them and that they see how engaging in these tasks can help them achieve their therapeutic goals.
2 Only suggest client tasks that have sufficient therapeutic potency, i.e. if the clients perform them adequately, the tasks have the power to lead to a good therapeutic outcome. Here, knowledge of the relevant research literature is important. For example, in the anxiety disorders, while the effectiveness of cognitive techniques on their own is still equivocal, exposure tasks do yield a good therapeutic outcome. Thus, if your clients have anxiety disorders, failure to use exposure techniques will make it less likely that your clients will realize their goals.
3 Make sure that your clients have the ability to engage in the relevant therapeutic tasks. Asking clients with limited IQ to complete a complex self-help form may end in failure, whereas asking bright and sophisticated clients to carry out overly simple tasks may, from their perspective, insult their intelligence.
4 Consider your clients' psychopathology when thinking of therapeutic tasks that they can carry out. As noted in Point 6, it may be counter-productive for you to ask your clients to engage in tasks which may otherwise have excellent therapeutic potency if they consider it 'too overwhelming' for them at a given point in time.

> Thus, although specific therapeutic tasks may be clearly indicated, it is perhaps more important to compromise with your clients and encourage them to do what is feasible for them, rather than press them to do something they are unlikely to do.

In our experience, when REBT therapists press their clients too hard, they perceive them as insensitive and domineering; two qualities which are hardly conducive to a continuing productive working alliance. However, when a task is challenging for your clients but not overwhelming for them and they express concern about their ability to engage in that task, consider the four C's. Your clients may believe that before they carry out the task they first have to have sufficient *confidence*, experience sufficient *comfort*, be *certain* about what will happen and be totally *committed* to doing it. Disputing your clients' demands for confidence, comfort, certainty and commitment is a prerequisite to helping them engage in challenging, change-producing tasks, as is helping them to see that they are putting the cart before the horse.

**Key point**

Consider a number of salient issues when thinking of suitable tasks that your clients can carry out to achieve their therapeutic goals.

# 60

## Use a variety of self-help forms

The use of self-help forms in REBT is common and serves several useful purposes in the therapeutic process:

1 They help your clients to organize their experiences in a meaningful way. As such, they offer clients an opportunity to gain a sense of control and counter their tendency to be overwhelmed by their experiences. This is particularly true if clients use written self-help forms as soon as they begin to feel disturbed.
2 These forms remind clients that they are expected to help themselves; that the effects of therapy do not come solely from attending therapy sessions; and that there is much they can do to help themselves between sessions.
3 They remind your clients about the nature of their problems, the kind of factors that are relevant in maintaining these problems and what they can do in order to tackle them.

Figures 1, 2 and 3 show three forms in common usage in REBT. The Problems and Goals rating scales form (Figure 1) was devised by me (WD). It helps clients to specify succinctly what their problems are, and what their goals are with respect to each problem. While helping clients to formulate their goals, encourage them to focus on those that are achievable, realistic and measurable. The section of the form which encourages clients to rate the intensity of their problems and to rate the progress they are making towards realizing their goals should be completed periodically (e.g. monthly) to enable them to monitor their rates of therapeutic improvement.

The written self-help form (Figure 2) was originally devised by Jane Walker, an ex-student, and me (WD) and modified by Albert Ellis. It is the self-help form most commonly used at the Albert Ellis Institute in New York. While not perfect, it does guide clients through the ABCDE process using one sheet of paper.

Figure 3 shows the task assignment form devised by Daniel Constantinou, an ex-student and now colleague and me (WD). This form encourages clients to make a written note of the homework assignment they have agreed to carry out between therapy sessions, the purpose of carrying out this assignment, what obstacles they might experience which may stop them from doing the assignment and what they can do to overcome these obstacles. Finally, there is a section for them to detail what they have learned from carrying out the homework assignment.

**Key point**

Appreciate the value of self-help forms and use them to encourage clients to specify their problems and goals, dispute their irrational beliefs and carry out their homework assignments.

## PROBLEMS AND GOALS RATING SCALES

Name: _____ Therapist: _____

| PROBLEMS | Choose a number between 0 and 10 to indicate how much you are upset about your problems, where 0 represents not at all upset and 10 represents extremely upset. | *Date* | | | | |
|---|---|---|---|---|---|---|
| *A)* | | *Rating* | | | | |
| *B)* | | *Rating* | | | | |
| *C)* | | *Rating* | | | | |
| *D)* | | *Rating* | | | | |

| GOALS | Choose a number between 0 and 10 to indicate your progress towards achieving your goal regularly without difficulty, where 0 represents 0% success and 10 represents 100% success. | *Date* | | | | |
|---|---|---|---|---|---|---|
| *A)* | | *Rating* | | | | |
| *B)* | | *Rating* | | | | |
| *C)* | | *Rating* | | | | |
| *D)* | | *Rating* | | | | |

**Figure 1** Problems and goals rating scales

## REBT self-help form

**A (ACTIVATING EVENTS OR ADVERSITIES)**

- Briefly summarize the situation you are disturbed about (what would a camera see?)
- An *A* can be *internal* or *external*, *real* or *imagined*.
- An *A* can be an event in the *past*, *present*, or *future*.

**IBs (IRRATIONAL BELIEFS)**

**To identify IBs, look for:**

- DOGMATIC DEMANDS (musts, absolutes, shoulds)
- AWFULIZING (It's awful, terrible, horrible)
- LOW FRUSTRATION TOLERANCE (I can't stand it)
- SELF/OTHER RATING (I'm/he/she is bad, worthless)

**D (DISPUTING IBs)**

**To dispute ask youself:**

- Where is holding this belief getting me? Is it *helpful* or *self-defeating*?
- Where is the evidence to support the existence of my irrational belief? Is it *consistent with social reality*?
- Is my belief *logical*? Does it follow from my preferences?
- Is it really *awful* (as bad as it could be?)
- Can I really not *stand* it?

**Figure 2** REBT self-help form

**C (CONSEQUENCES)**

Major unhealthy negative **emotions**:

Major self-defeating **behaviours**:

Unhealthy negative emotions include:
- Anxiety • Depression • Rage • Low Frustration Tolearance
- Shame/Embarrassment • Hurt • Jealousy • Guilt

**E (EFFECTIVE NEW PHILOSOPHIES)**

**To think more rationally, strive for:**

- NON-DOGMATIC PREFERENCES (wishes, wants, desires)
- EVALUATING BADNESS (It's bad, unfortunate)
- HIGH FRUSTRATION TOLERANCE (I don't like it, but I can stand it)
- NOT GLOBALLY RATING SELF OR OTHERS (I—and others—are fallible human beings)

**E (EFFECTIVE EMOTIONS & BEHAVIOURS)**

New healthy
**negative emotions**:

New constructive
**behaviours**:

**Healthy negative emotions include:**

- Disappointment
- Concern
- Annoyance
- Sadness
- Regret
- Frustration

**TASK ASSIGNMENT FORM**

*Complete this side of the form **before** you carry out the assignment and the reverse side **after** you have completed the assignment.*

Name: _____ Date: _____

Negotiated with: _____

**1 Agreed task**
State the agreed task and when and how frequently you have agreed to do it. In particular specify the behavioural assignment and the healthy belief to be rehearsed while engaging in it:

**2 The therapeutic purpose of the task:**

**3 Obstacles to carrying out the task:**
What obstacles, if any, stand in your way of completing this task and how you can overcome them:
(a)

(b)

(c)

**TASK ASSIGNMENT REVIEW**

**4 What exactly did you do?**

**5 What did you learn from doing it?**

**6 How can you build on what you have learned?**

**Figure 3** Task assignment form

# 61

## Systematically train your clients to use REBT self-help forms

Having made the case for the routine use of self-help forms in REBT, we want to stress that you need to train your clients in their use. Thus, it is insufficient for you to give your clients the form and tell them to fill it out. You need systematically to train them to use it. Consider using the following training steps, taking the ABC form presented in Figure 2 (see Point 60) as an example:

1 Work through a problem. This could usefully be from another client's experience. Help your clients understand that A and C need to be completed before B, that there are four possible irrational beliefs to look out for in the iB section, that there are three questions to use when disputing these beliefs and that there are four rational beliefs to strive for under rB.
2 Repeat the modelling exercise with a worked example of one of your client's problems, preferably one that they have experienced recently, so that the relevant information is fresh in their mind.
3 Encourage your clients to take another recent example of their problem and use the form themselves while you are there, but without your active help. Prompt the clients as they go through the form and briefly explain why they need to place information in the suggested spaces.
4 Ask your clients to complete the form on their own. If necessary, briefly leave your office to encourage them to do it for themselves. This normally takes 10 to 15 minutes. When you return, read the completed form and give your clients feedback on their responses, praise their effort and achievement and correct any unhelpful or self-defeating responses they may have made.
5 Suggest that your clients fill out two or three forms before the next therapy session as a homework assignment. Stress that as the form is quite difficult to master, you do not expect them to be competent at it for quite a while.

When your clients have mastered the skills of completing the ABC form, show them that they can use it in one of two ways. They can do it as an intellectual exercise, by distancing themselves from their emotions, or they can get involved emotionally in the exercise. If they choose the latter, at the appropriate time they need to get into the frame of reference of their new rational beliefs so they can experience the new healthy feelings that stem from such beliefs. While there is, as far as we know, no experimental research that shows that training clients to fill in REBT self-help forms increases their compliance to carry out this task, it is our experience that training does have this effect. Of course, as seasoned REBT therapists will appreciate, clients with a philosophy of low frustration tolerance may well fail to complete homework forms, no matter how much preparation and training they are given!

**Key point**

You can help your clients learn how to become competent in using self-help forms by systematically training them in their use. So, apply the five training steps that we have outlined in this section.

# 62

## Negotiate suitable homework assignments with your clients

Several studies suggest that clients who complete CBT self-help homework assignments are more likely to improve than clients who do not (e.g. Burns and Nolen-Hoeksema 1991). In addition, Burns and Nolen-Hoeksema (1992) found that not completing homework assignments was a strong indicator of premature termination in CBT. Thus, the role of homework assignments in REBT and other approaches to cognitive behaviour therapy is not only theoretically important but shown from empirical studies to be practically important in engaging clients in therapy and enhancing treatment gains. This is because it enables clients to learn experientially rather than just intellectually, Consequently, pay particular attention to how you can encourage your clients to complete homework assignments between sessions.

It is crucial that you negotiate homework assignments with your clients rather than unilaterally assign (or prescribe) these tasks to them. We say this despite the fact that the superiority of a negotiating style to homework assignments as opposed to a unilaterally assigning style remains to be documented empirically. If you adopt such a negotiating style, then you need to bear in mind the following points:

1 Allocate sufficient time to negotiate assignments with your clients, mainly at the end of therapy sessions (e.g. 10 minutes).
2 A negotiating approach to homework tasks helps to avoid client reactance. When reactant clients are told to do something they often seek to regain their autonomy by resisting such authoritative influence. Consequently, asking such clients whether they could do something in between sessions to help themselves and discussing with them the potential usefulness of such tasks is preferable to telling them that they 'should' do something between sessions and that it will be helpful to them.
3 While negotiating homework assignments with your clients, help them see the relevance of undertaking such assignments to

achieving their therapeutic goals. Also, you need to assess accurately their present capability to carry out the tasks. In addition, the more specific you can be with your clients concerning which self-help assignments they need to carry out, when they will carry it out, how frequently they will do it and in what contexts, the more likely it will be that your clients will do the assignments.

4 Although you will most often negotiate homework assignments with your clients at the end of a session, it can also be the case that you will discuss such tasks at the end of a piece of work in the middle of a session. When this is the case, it is still important that you review the agreed task at the end of the session. Have your clients write down the assignment on a form such as the task assignment form (see Point 60, Figure 3) or on specially prepared homework prescription pads which have come into use as a result of work done on compliance in medical settings. This tends to show that when clients are given a written reminder of self-help steps, they are more likely to take these steps. It also avoids disagreements at the next session concerning what clients agreed to do. Such disagreements do tend to occur if such assignments are agreed verbally.

**Key point**

Since homework assignments play such a key role in facilitating their completion, take great care to negotiate assignments rather than assign them unilaterally. Agree with your clients precisely what they are going to do, how often and in which contexts.

# 63

## Suggest different homework assignments for different purposes

Over the course of REBT, different homework assignments will become more relevant and important at different points in the therapeutic process. What follows is a discussion of a possible ordering of such assignments. This order is only illustrative, not prescriptive. It is based on the most common sequence taken from a large number of therapy cases and may not apply to any given case.

At the beginning of REBT, encourage your clients to carry out data collection assignments (of thoughts, feelings, behaviours and troublesome activating events), particularly if they find it difficult to identify such factors during therapy sessions. Then educational homework assignments may become particularly relevant. Suggest to your clients that they read books or excerpts from books or listen to tapes to increase their comprehension of REBT principles. Tailor the suggested material to the comprehension level of your clients and with due respect to their particular problems. The self-help books written by me (WD) and by Paul Hauck are particularly useful in that each is focused on a particular client problem such as anger (Hauck 1980; Dryden 1996); depression (Hauck 1991; Dryden and Opie 2003); and anxiety (Hauck, 1975; Dryden, 2000).

Next, you can introduce written self-help forms, particularly those which encourage your clients to put their problems into the ABC framework (see Points 60 and 61).

Then you can employ imagery assignments to encourage your clients to practise changing their feelings by changing their beliefs (as in rational-emotive imagery).

Finally, in vivo or behavioural assignments are particularly useful for helping your clients deepen their conviction in their new rational beliefs by practising acting on them in real-life settings. If your clients are prepared to carry out such behavioural assignments earlier in the process, then you could bypass some of the prior steps discussed above.

**Key point**

Consider suggesting different assignments at different stages of the therapeutic process, but tailor them to the specific requirements of your individual clients.

# 64

## Encourage your clients to do daily self-help assignments

When people seek medical help from their general practitioners, they will frequently take their medication only until their condition improves, unless they have a chronic condition which necessitates taking ongoing medication to prevent the return of symptoms. In therapy, when your clients do homework assignments successfully they may well stop carrying them out once their disturbed feelings and self-defeating behaviours diminish. They may not reinstitute such assignments until they begin to experience their troublesome symptoms again.

To counteract this tendency, suggest to your clients that they allocate a small period of each day to emotional self-help, even though they may not be disturbed. The rationale we give for this is that continued self-help enables clients to internalize rational beliefs and consolidate the gains they have already achieved in therapy. It also conveys that to maintain and enhance mental health takes ongoing work.

Find out how much time your clients spend on self-maintenance in the area of physical well-being (include time spent cleaning teeth, washing clothes, feeding, etc.). Then ask your clients what would happen if they did not carry out such maintaining behaviour. Your clients will probably see, for example, that if they stop cleaning their teeth regularly, then their teeth and gums will deteriorate. Then ask them how much time they are prepared to allocate to the maintenance of their emotional well-being. If you can encourage your clients to allocate, say, 15 minutes each day to self-help, even though they are not disturbed, then this preventive work will be well worth the time investment.

Thus, encourage your clients to complete an ABC form each day or to take a risk each day so that they can continue to practise consolidating their rational beliefs in challenging environments. This is particularly helpful for clients who have a philosophy of low frustration tolerance. If you can encourage them to commit themselves to a daily

routine of emotional self-care, then they will not only get the benefit of carrying out such assignments, but they will also tend to raise their level of frustration tolerance.

**Key point**

Encourage your clients to commit themselves to daily emotional self-care, even if they do not feel disturbed.

# 65

## Regularly check homework assignments at the beginning of the next session

As we have shown in Point 64, your clients need to complete self-help assignments regularly if they are to benefit from REBT. To ensure that you convey the importance of homework, check on the assignments that your clients carried out from the previous session. Do this normally at the beginning of the following session. Allocating sufficient time on the session agenda to check on homework assignments communicates to your clients that you are taking their completion seriously.

If you encourage use of the task assignment form (discussed in Point 60), have your clients hand this to you at the beginning of each therapy session. This will help you to gauge quickly the outcome of your clients' self-help endeavours. In particular, find out what your clients learned from the assignment and suggest ways in which they can consolidate such learning in the future.

If your clients have agreed to do data collection homework assignments, enquire what they learned from the data they have collected and also check to see if there are any gaps in the logs they kept. If there are such gaps, establish what difficulties your clients experienced in collecting the material and suggest suitable remedies.

If you asked your clients to carry out an educational homework assignment such as reading an excerpt from a book or listening to a tape, assess carefully what they learned from the material. In particular, elicit any doubts or disagreements that the clients had with the material. If your clients do not disclose any doubts and disagreements that they actually have, then they will continue to harbour them. However, if you bring them out into the open, then at least you have the opportunity to correct any misconceptions that the client may have about the material. (See Part 3 for a discussion of how to respond to the most commonly expressed client misconceptions of REBT.)

If your clients agreed to complete one of the various written self-help forms that are available, then you need to go over it in a careful,

step-by-step manner, reviewing and addressing any difficulties your clients may have made in completing the form. Do so, however, within the broad context of reinforcing the clients for what they have achieved and showing them encouragement for future use of the form.

If clients agreed to do an imagery assignment, then check whether they were able to imagine the negative activating event with sufficient vividness to enable them to gain practice at changing their irrational beliefs to rational beliefs. If they practised rational-emotive imagery, then you need to pay particular attention to whether they first made themselves disturbed about the activating event before striving to change their disturbed feelings to more constructive negative feelings by spontaneously changing their irrational beliefs to rational beliefs. If not, encourage them to do this in a future assignment.

If your clients carried out a behavioural assignment where the emphasis was on exposing themselves to situations in which they practised identifying, challenging and changing their irrational beliefs, then a number of points become relevant. First, did they confront the activating event, get upset and then work towards overcoming their upset? If this was the case, did they achieve their emotional gains by challenging their irrational beliefs, modifying inferences or distracting themselves from the most relevant part of the A? Did they use denial or did they overcome one upset by replacing it with another? For example, some clients manage to confront an anxiety-triggering activating event by making themselves angry about it. If this was the case, help them to see how they can overcome their anxiety without making themselves angry.

If your clients did confront the troublesome activating event and did not get upset, then it is important to understand the reason for this. Were they able to refrain from disturbing themselves by quickly challenging their irrational beliefs or was the activating event not a relevant one? If the latter, you may have made an assessment error which you need to correct.

Sometimes your clients will have agreed to carry out a behavioural assignment and confront a specific activating event, but claim later that the event did not occur that week. If this is the case, then you need to help your clients understand that they can actively seek out the event and not wait passively for it to occur.

If your clients carried out their homework assignments successfully and in fact achieved a good outcome by acting on a rational belief, then

you need to reinforce their success strongly. You can help them see how they can practise the same belief in related settings. However, if they did not do their homework assignments, it is important that you assess the reasons for this (see Point 85).

**Key point**

Convey the importance of homework assignments by regularly checking them at the following therapy session. Encourage your clients to build on their successes and learn from their failures in this central area of REBT.

# 66

## Build in generalization

When your clients are beginning to make progress at overcoming their irrational beliefs about specific problems, it may be tempting for you to assume that since they have understood how to identify, challenge and change their irrational beliefs in one context, they will naturally be able to do so in other contexts. While some of your clients will be able to do this spontaneously without your active help, most will need your help in generalizing their learning from one situation to others.

Suppose, for example, that one of your clients believes that she must gain the approval of her boss at work. In therapy, she has learned to identify, challenge and change this belief with the result that she experiences less dysphoric emotions and has become more assertive with her boss. Your next step is to encourage her to identify other people in her life whose approval she thinks she needs. Help her to specify and seek out situations that involve the possibility of incurring the disapproval of these significant others and help her to challenge her approval-related irrational belief in these situations using cognitive disputing methods and imagery methods. As you do this, reduce your level of activity and direction as the client demonstrates her increasing ability to generalize her learning (see Point 4). Then, help the client to identify other core irrational beliefs and encourage her to identify, challenge and change these – first in specific situations and then in a broader range. As your client demonstrates an increasing ability to generalize her self-helping skills from one set of situations to others, you can then teach her general rules about the REBT approach to self-help. Thus, you can teach your client first to learn to identify self-defeating emotions and behaviours, then to search for the clinically relevant aspects of the activating event, thereby to identify the irrational beliefs that underpin her problems (these may be specific versions of more general core irrational beliefs). Your client can utilize her disputing skills and begin to strengthen her conviction in her new specific and core rational beliefs by using a variety of cognitive, emotive and behavioural techniques.

While you can teach some of your clients these general principles at an early stage in therapy and they will be able to apply them to a broad number of situations straightaway, most of your clients will need to learn specific REBT skills in specific situations before they are able to apply the general principles more broadly.

**Key point**

Do not leave it to chance that your clients will generalize their learning from therapy. Build this into your broad therapeutic approach.

# Part 6

# DISPUTING

# 67

## Assume that A is temporarily true

Using the REBT treatment sequence (Dryden and Neenan 2004a), you will assess the C and A elements of your clients' problems before identifying their irrational beliefs. As we have already stressed (Point 48), while assessing A you need to determine the most clinically relevant aspect of the activating event (that part of A which triggers the client's irrational belief). Once you have done this, you need to encourage your clients to assume temporarily that A is true, no matter how distorted A is. The one major exception to this rule occurs when you think that your clients are quite unlikely to think rationally about a very distorted A (e.g. when a client with panic disorder infers that she is going to die). In this case, you need to educate your client concerning the effect of the role that irrational beliefs have in producing distorted inferences and select an irrational belief lower down the client's chain of disturbance (see Point 21 for a fuller discussion of this issue).

Leaving this exception aside, encourage your clients to assume temporarily that A is true. Why? Because it enables you to identify the irrational belief that triggered the client's emotional or behavioural problem. At this stage, if you encourage your clients to challenge their inferential distortions you may indeed help them, but you will not get at their underlying irrational beliefs. Novice REBT therapists, in particular, find it difficult to resist disputing inferential distortions, particularly when these are clearly exaggerated. They may even believe that these distorted A's really did cause their clients' problems at C. This temporary amnesia for the ABC model of REBT can be frequently (but not always) explained by novice therapists believing that they would be disturbed if they were confronted by this distorted A.

Let us illustrate some of these points by taking the example of Lisa, a jealous client. She says to you, 'I'm sure that my husband is having an affair because I have discovered purchases on his credit card which I cannot account for.' It is very tempting at this point for you to dispute her A and ask such questions as 'What other reasons might there be

for the unexplained purchases on his credit card?' 'If he discovered some unexplained purchases on your credit card would that automatically mean that you were having an affair?' Note that cognitive therapists are much more likely to take this initial stance than REBT therapists. While you will not wish to neglect disputing the A, do this after you have disputed the client's irrational beliefs. This strategy is recommended on the theoretical principle that irrational beliefs, when dogmatically held, encourage clients to make distorted interpretations of their environment. If you first help Lisa to see that her inferences about the situation are distorted and encourage her to be more realistic in her interpretations, then you have missed the opportunity of identifying and challenging the underlying irrational beliefs which really are at the core of her jealousy (e.g. 'I must know at all times that my husband loves only me. If I don't know this then it means that he is having an affair which would prove that I am worthless' and 'I am so unattractive and unworthy that my husband is bound to find other women more attractive than me and want to leave me for them').

Realize also that Lisa will be more likely to challenge her distorted interpretations if she is in a more objective frame of mind to do so. You can best encourage her to achieve this frame of mind by helping her to become relatively undisturbed about her A through challenging her irrational beliefs.

**Key point**

Encourage your clients, whenever practicable, to assume that their distorted inferences are temporarily true as a way of identifying and thence disputing their irrational beliefs.

# 68

## Dispute one irrational belief at a time

REBT theory states that when your clients hold an irrational belief this may have four major variants. First, and as Albert Ellis argues primarily, clients hold a demanding 'must' about the A. Then, they may have one or more of three major derivatives from this 'must'. They may hold: (a) an awfulizing belief; (b) a low frustration tolerance belief (e.g. 'I can't stand it'); and (c) a depreciating belief applied to self, others or the world. Once you have determined that your client has one or more of these irrational beliefs, you are in a position to help him dispute them. However, guard against assuming that your clients must have an irrational belief. If they haven't or if they disagree that they have, find a self-defeating idea that they do have or can admit to and work with that.

Assuming that you and your clients are targeting their irrational beliefs for change, help your clients get most out of the disputing process by disputing one irrational belief at a time. Thus, if your clients understand that they do hold a 'must' about an activating event and can see the relationship between this 'must' and their disturbed emotion, help them to dispute this irrational belief until they can understand that the belief is irrational and that there is a rational alternative to it. This process requires the full attention of your clients and therefore you need to minimize anything that interferes with their full attention. If you switch from disputing your clients' 'must' to disputing one of the other irrational belief variants before you have helped them to dispute the 'must' fully, you will very likely confuse your clients. The consequence of this confusion is that the clients will neither adequately challenge their 'must' nor its derivative.

Novice therapists, in particular, make the mistake of switching among the four irrational beliefs in the conviction that disputing is a relatively brief intervention in which clients can be helped very quickly to understand the irrationality of their irrational beliefs and the rationality of their new rational beliefs, and can easily apply this learning. If this mistake is made, the client is effectively being asked

to answer four questions at the same time – a situation which is quite conducive not only to client confusion but also to client termination!

Another situation in which you may be tempted to switch from one irrational belief to another is when you have identified ego-related irrational beliefs (e.g. 'I must win your love or I am unworthy') and discomfort-related irrational beliefs ('I can't bear the discomfort of there being a bad atmosphere between us'). Guard against the temptation of switching from ego iB's to discomfort iB's and back again, since this will also lead to client confusion.

What we advocate is that you dispute one irrational belief at a time and do not switch until your clients have gained full understanding of the irrationality of their irrational belief and the rationality of their alternative rational belief. There is only one major exception to this rule. Some clients find it easier to dispute, say, an awfulizing belief than a demanding belief. If you have really encouraged your clients to dispute a 'must' and they have not made any progress on this, then it may be productive to switch from the demanding belief to the awfulizing belief. In some circumstances, once you have helped your client to challenge and change her awfulizing belief she may be more open to disputing her demanding belief.

**Key point**

Dispute one irrational belief at a time. Avoid, whenever you can, switching your disputes among different irrational beliefs and creating client (and therapist!) confusion.

# 69

## Keep your clients' goals in mind while disputing

As we discussed in Part 1 of this book, the effective practice of REBT is done within the context of a developing productive therapeutic alliance. One of the major components of the alliance concerns your clients' goals for change (see Point 9). One of the most powerful motivators for encouraging your clients to change their irrational beliefs is the extent to which their new rational beliefs help them to achieve their goals. Salesmen have known for many years that potential customers will not buy a product that they think will not help them realize an important goal. We believe this is the same with psychotherapy. Therefore, keep your clients' goals for change clearly at the front of their (and your) mind while disputing. Although logical and empirical disputes are valuable in the disputing process (as will be shown in Point 70), helping your clients to assess the pragmatic value of their presently held irrational beliefs as compared to the value of the alternative rational beliefs is often the key to the success of a disputing intervention.

You can determine the power of pragmatic disputes by only using logical and empirical disputes during a disputing sequence. Then add pragmatic disputes at the end of this sequence by bringing the clients' goals into the discussion to see what difference pragmatic disputing makes. Given that human beings are goal-directed organisms, we think you will find that the disputing process is more personally meaningful for clients when goals are introduced. Although human beings are somewhat concerned with thinking that is logical and consistent with reality, they tend to be far more interested in achieving their personally held goals. We are not suggesting that you neglect the use of logical and empirical disputes. What we are strongly advocating is that you particularly use pragmatic disputes and that you keep your client's attention focused on how her irrational beliefs impede her from achieving her goals and how alternative rational beliefs may encourage her to achieve those goals.

See following page for key point.

**Key point**

While disputing your clients' beliefs, stress how thinking rationally will encourage them to achieve their goals and how thinking irrationally will keep them stuck and disturbed.

# 70

## Be comprehensive in disputing

When challenging your clients' irrational beliefs, you can use logical, empirical and pragmatic disputes, each targeted at the four irrational belief processes (i.e. demandingness, awfulizing, low frustration tolerance, and depreciation of self, others or life conditions).

Raymond DiGiuseppe (1991), in a seminal article on disputing, has argued that REBT therapists need to be comprehensive in their disputing interventions. In addition to outlining the irrational belief processes and types of arguments used (as described above), he has outlined four disputing styles and two major levels of abstraction at which irrational beliefs can be disputed.

With respect to disputing styles, REBT advocates a Socratic style where you ask your clients questions and encourage them to consider issues concerning whether and why a belief is rational or irrational. The way clients respond to your questions then forms the basis for further open-ended questions and this dialogue persists until your clients understand why their irrational beliefs are irrational and why their rational beliefs are rational.

However, some clients may not respond well to Socratic disputing. Here, or at other junctures in the disputing process, you may need to impart information in a different way if the Socratic dialogue is to be resumed. Under these conditions, you should employ didactic disputing. This involves giving explanations about why irrational beliefs are indeed irrational and why rational beliefs are rational. You not only need to ensure that you convey accurate information, but also that your clients understand the information that you give to them. So when you provide your clients with didactic explanations, ask them to put into their own words their understanding of what you are conveying to them.

DiGiuseppe (1991) mentions two additional disputing styles: metaphorical and humorous. In metaphorical disputing, you tell your clients a story, metaphor or analogy which conveys information concerning the rationality of a given belief that is embedded in the

story, etc. For example, Albert Ellis often tells his clients the story of two Buddhist monks who, while making a journey, come to a stream. There they meet a young woman who asks to be carried over the stream. The younger monk is first surprised and then disturbed that the older monk offers to pick her up to carry her across the stream, since their faith forbids physical contact with members of the opposite sex. After they have said goodbye to the woman and many hours later, the young monk plucks up the courage to ask his older master the reason for his forbidden behaviour. 'Master,' he said, 'how is it that you held this woman, her breasts against yours, her bare arms against yours, and carried her across the stream when we are forbidden to do so?' The old monk replied laconically, 'My son, you're still carrying her.'

The point of this story is, of course, that as long as clients make a demand that they must not do something which is forbidden, then they are preoccupied in an anxious and disturbed way with their behaviour. But if they recognize that they can follow useful guidelines in a non-absolutistic, flexible way, then they can act against these guidelines if it is for a greater good.

When you dispute your clients' irrational beliefs metaphorically, it is crucial that you check their understanding of your message to avoid a metaphorical muddle! Thus, if one of your clients had said, in response to your enquiry concerning what he gained from the Buddhist monk story, that one must never carry women across streams, then the rational point of the story would have been lost. The advantage of metaphorical disputes is that they are memorable. If clients make the right connection between the story and the appropriate rational principle, then they can have quite a lasting impact. However, if this connection is not made or remembered, then these disputes have limited utility.

Humorous disputes DiGiuseppe (1991) are frequently paradoxical in nature, in that you take your clients' ideas to some ridiculous extreme without ridiculing them as people. The obvious purposes of humorous disputes are to encourage your clients not to take themselves and their ideas too seriously, and to gain a healthy distance from their irrationalities. Ellis's famous (or infamous) rational humorous songs are excellent examples of this type of disputing style in that they are humorous, paradoxical and memorable, if not tuneful (Dryden 1990b).

We have added a fifth disputing style to the four described by DiGiuseppe which we call enactive disputing. Here, you demonstrate

a rational principle by action. For example, if I (WD) am trying to dispute an irrational self-depreciation belief with a client, I may suddenly take a half glass of water and throw it over myself and ask my shocked client whether that was a stupid thing to do. If he says yes, I follow this up with 'Does that make me a stupid person?' As this example shows, enactive disputes can be dramatic, eye-catching and engaging. However, once again you need to ensure that the rational principle is remembered. Therefore you need to ask your clients about the point they think you have made. Otherwise, they will remember your dramatic action and forget the rational principle that you intended to demonstrate. When you dispute enactively you may not wish to give your clients a rationale concerning what you are going to do as this may weaken the impact of your demonstration. As such this is another exemption to the generally sound rule concerning giving clients a prior rationale for your interventions (see Point 15).

Needless to say, it is important that you think carefully about the disputing style you are going to use with clients and elicit feedback from them concerning the impact that these different styles have on them.

The final component in a comprehensive approach to disputing discussed by DiGiuseppe (1991) concerns the level of abstraction at which disputing is conducted. Irrational beliefs can vary from the very specific (e.g. 'I must be loved by Susan, my girlfriend, when I have shown her that I care for her'), to the very abstract (e.g. 'I must be loved by all significant people in my life at all times'). Most of the time you will start off disputing your clients' specific irrational beliefs before moving to their more core general beliefs (although as shown in Point 49, this is not universally true). The important thing to remember here is that irrational beliefs occur at different levels of abstraction and you need to dispute both specific and general iB's at different times in the therapeutic process.

See following page for key point.

**Key point**

DiGiuseppe's scheme for the comprehensive disputing of irrational beliefs shows that the process of disputing can be quite complex. However, it provides you with flexibility concerning the type of arguments you can use in disputing, the style in which disputing can be carried out, the different irrational belief targets that you can aim at during disputing and the varying levels of abstraction at which you can work. If you are a novice REBT therapist, do not yet expect to be competent in all of these areas. As you gain in experience and learn from supervision, you will become more proficient in all the areas of disputing discussed in this point.

# 71

## Be meaningful, vigorous and persistent in disputing

Michael Edelstein, an REBT therapist working presently in San Francisco, advocates the principle of MVP in disputing: M stands for Meaningful, V for Vigorous and P for Persistent.

Making your disputing strategies meaningful for your clients is important if you are to engage them fully in the disputing process. Thus, if you choose your metaphors, anecdotes and analogies carefully to fit your clients' life situation, interests, hobbies etc., then your disputes are likely to have greater meaning than if you use them without due regard for how clients are likely to respond.

A good example of meaningful disputing is found in the work of Howard Young (Dryden 1989b). Young was working with a man who had become disabled and could only work part-time. He was depreciating himself for his disability and for working less than full-time. Having established that the client was interested in baseball, Young proceeded in a way that shows clearly how he made his dispute meaningful for the client.

*Young:* Who's your favourite baseball player?
*Client:* Pete Rose! He's number one!
*Young:* Why?
*Client:* He's Charlie Hustle. He gives it all and never quits. You can depend on him when the chips are down.
*Young:* Let me ask you something – suppose Pete Rose, while sliding into third base, hurt his back so bad he could never play full-time again. He stays in baseball, but only as a pinch [replacement] hitter. He never plays complete game innings. Would you think less of him and consider him a weakling?
*Client:* No! He'd be doing what you'd expect: playing until they rip his uniform off.
*Young:* But not full-time – he'd be a part-time player, right?
*Client:* Yeah.

*Young:* And you'd still respect him as a man even though he was part-time?

*Client:* Yeah, he'd still be valuable and important to his team but in a different way.

*Young:* So why can't you see yourself in the same way? You were once a full-time worker, but now, because of an injury, you gotta pinch hit – you're still pretty valuable, or the company wouldn't want you around – so why consider yourself a weakling?

*Client:* Yeah, I see what you mean – that's a good way to look at it. I'm still in the game, only now it's as a pinch hitter. I never thought of it in that way, comparing myself to Pete Rose and baseball. When you put it that way, it seems kind of silly to get down on myself.

The importance of being vigorous in disputing your client's irrational beliefs has been shown by Ellis, who has argued that you often need to be forceful, energetic and vigorous in your disputing if it is to be effective (Dryden 1990b). What Ellis means by vigour in this context needs to be understood in relation to the strong and vigorous way that clients often cling to their irrational beliefs. Disputing your clients' vigorously held irrational beliefs in a soft, gentle and weak manner is unlikely, Ellis claims, to help them surrender these beliefs. Rather, you need to fight fire with fire and counter the vigour with which your clients adhere to their irrational beliefs with a vigorous disputing manner. Of course, when you vigorously attack your clients' irrational beliefs you need to make it clear that you are not vigorously attacking the clients themselves. Explain this to your clients and get feedback from them concerning their reaction to your vigorous disputing strategies. Finally, when you use a vigorous style of disputing, you serve as a good role model for your clients to use a vigorous style of self-disputing of their irrational beliefs.

A word of caution: being vigorous does not mean that you have to be loud and argumentative. Some of the most effective REBT therapists we know are vigorous in the sense that their work displays a quiet forcefulness in not letting clients off the hook. Think of Colombo, a dishevilled American television detective played by Peter Falk, who is most vigorous in bringing murderers to book but never raises his voice.

Finally, it is important for you to be persistent when you dispute your clients' irrational beliefs. As discussed in Point 55, you need to be repetitive when teaching your clients rational principles. Applying this to the disputing process, you need to realize that your clients are unlikely to surrender their irrational beliefs as a result of a single disputing episode, no matter how meaningful and vigorous that dispute may be. Rather, you need to repeat your disputing strategies many times either in the same way or in different ways.

**Key point**

When disputing your clients' irrational *beliefs*, do so persistently, with vigour, and in a way that is most meaningful for them.

# 72

## Use time-tripping imagery as part of your disputing strategy

When you dispute your clients' irrational beliefs, you will find that some clients cling rigidly to those beliefs, especially when the relevant A has just happened or might happen in the near future. When this happens, use time-tripping imagery (Lazarus 1984) as a way of showing them that what they may be presently disturbed about may in time be viewed differently and more rationally.

Let me (WD) provide an example to underscore this point. One of my clients was very anxious about being rejected by her boyfriend. She was convinced that if she was rejected by him she would fall apart and never recover. I asked her to imagine that she was in fact rejected by her boyfriend and was extremely distraught about this. I then suggested that she imagine herself entering a time machine which could quickly take her into the future. First I asked her to imagine how she would feel a week after the rejection. She replied that she would still be distraught, depressed and suicidal. I then asked her to advance time one month into the future. She thought that she would be depressed and that life would still not be worth living. However, when she saw herself six months into the future she began to see that she could put the event into a broader perspective; that life was not so bad after all and that she could begin to see a future for herself and even consider the possibility of dating another man. Having established that she could think rationally about this rejection, the issue was now: how long was it productive for her to think irrationally about it? What could she do to think more rationally about it sooner? She thought about this and concluded that perhaps she could be more rational about it three weeks after the rejection. I thought, in the circumstances, that this was reasonable and did not target this time-limited irrationality for change (see Point 51).

See following page for key point.

**Key point**

When your clients rigidly hold on to their irrational beliefs about an event that has just happened (or might happen) and do not respond to standard disputing techniques, add time-tripping imagery to the disputing process and help them see that they can think rationally about the event if it is progressed far enough into the future. Having made the point, show them that they can think rationally about it sooner rather than later.

# 73

## Discover and use disputing techniques that work for you

As you gain greater experience in REBT and get supervised in your work by different REBT supervisors, you will discover disputing techniques that are particularly successful with a wide variety of clients. Here I (WD) present two such disputing techniques which I have personally found quite useful in conveying important rational principles to clients.

### *The 'friend dispute'*

The purpose of the 'friend dispute' is to help clients to see that they hold double standards. They often have a more tolerant and compassionate attitude towards a good friend than they have toward themselves. From here you can encourage the clients to adopt this same tolerant and compassionate attitude toward themselves. It is the rational emotive behavioural version of 'how to be your own best friend' and is best employed with clients with self-depreciation issues. An example follows:

*Therapist:* So can you see that you are saying to yourself that because you've lost your job you are a failure and that this leads to your depression?
*Client:* Yes.
*Therapist:* Now I'm going to help you re-evaluate that belief. What is the name of your best friend?
*Client:* Mary.
*Therapist:* Now let's suppose that Mary came to you and told you that she had lost a job that she valued. Would you say to her 'Get out of my house – you're a failure'?
*Client:* No, of course not.
*Therapist:* Would you think of her as a failure? [This is an

important step to include in case the client would *think* of her friend as a failure even though she wouldn't actually say this.]

*Client:* No.

*Therapist:* What would the effect be on her if you did tell her that she was a failure?

*Client:* If she believed me then she would feel depressed.

*Therapist:* Just as you feel when you tell yourself that you are a failure!

*Client:* I get your point.

*Therapist:* Incidentally, how would you think of her in the event of her losing her job?

*Client:* Well, it wouldn't change my view of her. Even if she made a bad error she'd still be the same Mary.

*Therapist:* The same fallible Mary?

*Client:* Of course.

*Therapist:* So let me get this straight. Mary loses her job and she's the same fallible Mary. You lose your job and you are a failure.

*Client:* I see what you're saying.

*Therapist:* Now how about being consistent? Either you begin to view yourself as fallible or you start viewing Mary and other people as failures if they fail.

*Client:* So you are encouraging me to accept myself as fallible, as I would other people?

*Therapist:* That's right. Up to now, you have, in effect, been saying Mary is allowed to fail but I'm not. But if you give up the demand that you must not fail then you will begin to treat yourself as your own best friend.

### *The 'terrorist dispute'*

The purpose of the 'terrorist dispute' is to help clients understand that they can stand or tolerate conditions or situations they think are unbearable and that many situations are often worth tolerating. It is an extreme example in order to get one's foot in the 'cognitive' door so to speak and open up the discussion on what people can tolerate if it is in their interests to do so. An example follows:

*Therapist:* Okay, so we're clear now that what's frightening about going to the party is the prospect of spilling your drink and drawing people's critical attention to you.

*Client:* If that happened it would be unbearable. I'm getting anxious now, even thinking about it.

*Therapist:* So in your mind it would be terrible.

*Client:* Right on the button.

*Therapist:* Well let's see if you're right. Do you love your children?

*Client:* Of course I do. What kind of question is that?

*Therapist:* Well bear with me for a moment since I want to help you really think about whether or not your explanation of that scene we've just identified as 'terrible' is correct. Okay?

*Client:* Okay.

*Therapist:* Right. Now let's imagine that a group of terrorists capture your children and their ransom demand is this: 'If X (name of client) goes to 20 parties, spills a drink at each one, and thereby attracts the critical attention of others, we'll release his children. But if he doesn't do this we'll keep them forever.' Now would you do as they say?

*Client:* Of course I would.

*Therapist:* But you've just told me that even if you spill a drink once and are disapproved of once, then that would be terrible. How can you do something that is terrible?

*Client:* I'm beginning to see what you mean.

*Therapist:* What would you tell yourself about doing it 20 times to enable you to do it?

*Client:* That it's not *that* bad.

*Therapist:* That's right, that it is tolerable and presumably that it's worth tolerating in order to save your kids.

*Client:* Right.

*Therapist:* Now if you would do it 20 times to save your kids, will you risk it happening a couple of times for your mental health?

*Client:* Yes.

*Therapist:* And don't forget to practise convincing yourself that if the worst happens and you do spill a drink and attract criticism from others, then that is bearable and not terrible.

**Key point**

Discover disputing techniques that work for you. Experiment with other people's techniques (e.g. the 'best friend' and 'terrorist' disputes) and invent and test your own.

74

## Help your clients to not only weaken their irrational beliefs but also construct and strengthen rational alternatives

Many novice REBT therapists think that the purpose of disputing is to help their clients realize that there is no evidence in support of their irrational beliefs. While this is one of the objectives of disputing, it is by no means the only one. There are several other additional tasks to be completed.

Having helped your clients understand that there is no evidence in support of their irrational beliefs, you need to help them envisage new possibilities in their thinking by constructing plausible rational alternatives. These should preferably be expressed in your clients' own words and they need to see that holding these rational beliefs will help them to achieve their therapeutic goals (see Point 69). Having helped your clients to construct rational beliefs, your next task is to help them to weaken their conviction in their irrational beliefs and strengthen their conviction in the rational alternatives. Cognitively, you need to encourage your clients not only to dispute their irrational beliefs but also to affirm their conviction in their rational beliefs. Behaviourally, you need to encourage your clients to act according to their newly constructed rational beliefs while simultaneously negating their conviction in their irrational beliefs. Emotively, you need to encourage your clients to use cognitive and behavioural strategies in a vigorous, passionate way so that their feelings are fully engaged. The more clients work to uproot their irrational beliefs and practise their new rational beliefs using cognitive, emotive and behavioural techniques in concert, the more they will integrate their rational beliefs into their everyday emotional problem-solving repertoire.

Finally, the more your clients challenge each of the four irrational belief variants (discussed in Point 68) and affirm each of the four rational alternatives, the more comprehensive the change in their personal philosophy will be.

See following page for key point.

**Key point**

For clients to change their philosophy, they need both to weaken their irrational beliefs and construct and strengthen their rational beliefs. The more they use cognitive, emotive and behavioural techniques, the greater the likelihood that their rational beliefs will make a difference in their lives.

# 75

## Encourage your clients to use a coping model of disputing rather than a mastery model

It will frequently be difficult for your clients to use the skills of disputing irrational beliefs. Therefore you need to encourage them to be realistic in what they can expect from disputing. In our experience, clients, especially those with perfectionistic tendencies, expect that they will be able to master the skills of disputing quite quickly and use them without difficulty. They expect, for example, to be able to dispute irrational beliefs easily even though they are very upset, and further expect to feel comfortable in disputing their irrational beliefs.

In reality, there are several difficulties that virtually all of your clients will encounter when they start disputing their irrational beliefs. First, and particularly when your clients are beginning to learn disputing skills, they may well find it extremely difficult to dispute their irrational beliefs while they are feeling upset and disturbed. Here, you might urge them to reduce the level of their disturbed feelings by briefly distracting themselves from them or by engaging in various self-soothing activities, before returning to disputing. Once your clients have begun to internalize the skills of disputing, they will be better able to use disputing skills in the midst of an intense, emotionally upsetting experience. However, even then, particularly when they are feeling intensely anxious, they may not be able to do it. Prepare them for this eventuality and show them that they may need to reduce the intensity of their anxiety by staying with it and not fighting against it. When the intensity drops, they may then return to disputing.

Many of your clients will report that when they try to dispute their irrational beliefs they often do not 'feel right' or comfortable doing so, or that they do not believe their new rational beliefs. They are strongly tempted to abandon disputing as a result. Maxie Maultsby (1984) has called this phenomenon 'cognitive-emotive dissonance' which explains the awkwardness that clients will inevitably experience when trying to believe a rational belief when at the same time they really believe the opposing irrational belief. Encourage your clients to

persist with disputing even though they are feeling awkward and even though they may not believe their new rational belief. Stress that this is an almost universal experience in the REBT change process. To borrow the intriguing title of Susan Jeffers's book *Feel the Fear and Do It Anyway* (Jeffers 1987), we encourage our clients to 'feel the awkwardness and dispute the belief anyway'.

When your clients are beginning to learn to dispute their irrational beliefs, it is helpful to outline for them a sequence that they can realistically expect to go through and which represents a coping model of disputing as opposed to a mastery model. Have them notice when they are beginning to become emotionally upset and suggest that they use this as a cue to identify their irrational beliefs. Next, encourage them to struggle to dispute these beliefs and work towards constructing new rational beliefs. As they do so, urge them to feel the more healthy negative feelings that stem from these new rational beliefs. The coping model of disputing emphasizes that your clients need to persist with disputing even though it is a struggle, and that it is worthwhile persisting if they are to derive emotional benefits. This model contrasts with the mastery model of disputing, where persistence and struggle are absent and where your clients easily believe their new rational beliefs and thereby gain emotional benefit quickly and easily.

**Key point**

Help your clients understand that they need to persist at disputing their irrational beliefs and that doing so is a struggle and often involves tolerating uncomfortable feelings. Contrast this coping model of disputing with a mastery model that, in reality, does not exist.

# 76

## Encourage your clients to identify and dispute for themselves the irrational beliefs of others

It is often helpful to encourage your clients to use REBT with others. This involves your clients engaging other people in a dialogue where they put forward a rational belief and other people put forward an opposing strongly held irrational belief. The purpose of this technique is to give your clients the practice of defending their rational beliefs against the attacking arguments of those who are defending their own related irrational beliefs.

A similar technique, and one that is less frequently used, involves encouraging your clients to notice and dispute only in their heads the irrational beliefs that they hear either overtly or covertly expressed by others. Initially, you may encourage your clients to do this by listening to radio and watching television programmes, especially soap operas, where irrationalities are quite freely expressed. Have your clients write down and dispute for themselves the irrationalities that they hear and encourage them to develop new rational beliefs as healthy alternatives. You can also suggest that your clients listen to the words of popular songs with the purpose of identifying irrational beliefs in the lyrics and rewriting the words of these songs to express rational beliefs. Thus, one of your clients could change the words of the song 'You're No One until Someone Loves You' to 'You're Someone even though Nobody Loves You'. This assignment is not only instructive, but your clients will probably find it entertaining.

After your clients have had the opportunity of disputing irrational beliefs as expressed by characters on radio or television, or as articulated in the lyrics of popular songs, encourage them to spend some time listening to their friends and relatives, noting and silently disputing the irrational beliefs expressed by these people. At this point, do not suggest that your clients engage these significant others in a discussion about their irrationalities. When your clients have gained experience of identifying and disputing the irrationalities of present and past significant others, this will help them to see that other people

also have irrational beliefs and this will encourage them to be more sceptical of the source of those irrationalities rather than assuming that the source was correct. If, for example, one of your clients reports that she has never been able to live up to the expectations of her father, encourage her to speculate about which irrational beliefs her father held and have her dispute them. This provides the impetus for your client to dispute her own irrational beliefs since she can now see that her father was in error concerning his rigid expectations of her. As one of my clients reported, 'For the first time I can see that my father believed that I had to do well at school to make up for his own inadequacies as a father.' She proceeded to dispute her own irrational beliefs and concluded that she did not wish to make up for his inadequacies. Furthermore, she came to believe that she and her father were both fallible human beings. If her father was disappointed in her this was more a reflection of her father's irrational beliefs than it was of her performance at school. Helping clients to dispute the irrationalities of significant others, particularly those who had a great influence on them in the past, is still a neglected area in REBT, even though I (WD) wrote my first REBT paper on this subject in the late 1970s (Dryden 1979).

**Key point**

One useful way of encouraging your clients to dispute their own irrational beliefs is to have them identify and dispute the irrational beliefs expressed by others.

77

## Avoid premature and delayed disputing

While there is no precise or right time to initiate disputing strategies there are, however, important tasks to accomplish before deciding when to use these strategies. Thus, before you can effectively dispute your clients' irrational beliefs, you need to:

- identify your clients' target problem
- assess a specific example of that problem using the ABCs of REBT
- help your clients to see the relationship between their irrational beliefs and their disturbed emotions and self-defeating behaviour at C
- elicit your clients' understanding that they can best achieve their therapeutic goals by disputing their irrational beliefs (Dryden and Neenan 2004a).

Frequently, we have heard novice REBT therapists dispute their clients' irrational beliefs as soon as they hear these expressed by the clients. They have done so before they have properly prepared their clients to benefit from disputing. This premature or 'knee-jerk' type of disputing very frequently leads to understandable client resistance and needs to be avoided whenever possible.

A different problem occurs when novice REBT therapists hold back on using disputing techniques. Rather than disputing their clients' irrational beliefs prematurely, these therapists delay their disputing interventions sometimes indefinitely. Instead of disputing irrational beliefs, these novice therapists: (a) encourage their clients to provide more and unnecessary information about them; (b) explore detailed nuances of their clients' feelings at C; or (c) engage their clients in an exploration of similar ABCs that are related to their target problems. In our experience, such REBT therapists are either fearful of making a mistake in the disputing process and therefore stay with what they are comfortable doing, or have previously been trained in forms of therapy that discourage therapists from challenging their clients.

Therapists in the first category need to overcome their fear of failure by identifying and challenging their own fear-related irrational beliefs and using disputing strategies even if they do so poorly. They also need to understand that disputing is a high-level skill that can only be acquired through repeated use with clients and through expert supervision. Therapists in the latter category need to ask themselves what they think will happen if they challenge their clients' irrational beliefs, and then test out their predictions by disputing these beliefs and eliciting their clients' reactions to their disputing interventions.

**Key point**

Do not use disputing interventions until you have prepared your clients for their use. Having prepared your clients, do not delay using these interventions.

# 78

## Carefully distinguish between disputing questions and assessment questions

Whenever you are disputing your clients' irrational beliefs, distinguish between questions designed to encourage the clients to rethink these beliefs and questions designed to help you assess more carefully the inferential part of the A. For example, consider a client who has the following irrational belief; 'My girlfriend must not pry into my affairs.' If you were to use a disputing question, you might ask 'Where is the evidence that your girlfriend must not pry into your affairs?' An assessment question might be 'Why do you think your girlfriend must not pry into your affairs?' which encourages your client to go more deeply into the reasons why he finds his girlfriend's intrusion personally distressing. To this enquiry, the client may reply 'Because my freedom is being curtailed.' Again, you can ask a disputing question at this point such as 'Why must your freedom not be curtailed?' Again, you might ask another assessment question such as 'Why is it so important that your freedom must not be curtailed?' This question encourages the client to explore more deeply increasingly relevant aspects of the A.

To complicate matters further, some REBT therapists use what appear to be disputing questions but are really questions designed to help them do inference chaining (Moore 1983). Thus, instead of asking traditional inference chaining type questions such as 'What is particularly upsetting to you about your girlfriend prying into your affairs?' they ask 'Why must your girlfriend not pry into your affairs?' When they receive the answer 'Because my freedom is being curtailed', they ask another question which again seems to be a disputing question, but is really an inference chaining enquiry such as 'Why must your freedom not be curtailed?'

This use of inference chaining questions, which at first sight appear to be disputing questions, is particularly confusing for novice therapists. They think that therapists are disputing clients' irrational beliefs, but really they are assessing their clients' chains of inferences.

A solution for this confusion is for novice REBT therapists to discriminate keenly the form of the question from its intent. They need to ask themselves 'Is this question *designed* to challenge the client's irrational belief or *designed* to assess inferential aspects of the A?' If they are successful at doing this, then they will not mix up the two and thereby not confuse themselves or their clients.

**Key point**

When asking clients questions, keep clearly in mind the intention of your questions. Keenly discriminate between disputing questions and assessment questions.

# 79

## Encourage your clients to use the principles of overlearning while disputing their irrational beliefs

We stressed earlier in this book (see Point 55) that you need to be repetitive with your clients while teaching them rational principles. This idea also applies to the disputing process.

The principle of overlearning states that if you go over an idea many times, even more frequently than is perhaps necessary, then you are more likely to retain what you are learning. Thus, encourage your clients to challenge their core irrational belief repeatedly, either by using a single proven dispute or by using different types of disputes. Explain to them that the more they are able to do this, the more they will learn how to dispute their beliefs and the more they will remember the outcome of their disputes.

This principle of overlearning also applies to your clients acting on their core rational beliefs. For example, if your clients do shame-attacking exercises every day for six months, they are more likely to effect change than if they do a shame-attacking exercise once a month for six months.

While your clients may never completely believe in their core rational beliefs, given the tendency of human beings to return to well entrenched irrationalities, if they have overlearned how to dispute their core irrational beliefs they will be more likely to dispute them when they identify them than if they have not overlearned the disputing process. Encourage your clients to look upon overlearning through repetition as a form of investment. The more they practise disputing their irrational beliefs now, the greater the benefits they will derive from doing so later.

See following page for key point.

**Key point**

The more your clients dispute their irrational beliefs, the more they will benefit from doing so later. So teach them the principle of overlearning and encourage them to apply it.

# Part 7

# DEALING WITH OBSTACLES TO CLIENT CHANGE

# 80

## Assess and deal with obstacles to client changes

There are many potential obstacles to client change that need to be considered when your clients are not making progress in REBT. Albert Ellis (2002) has written an entire book on this subject and Robert Leahy (2001) has addressed this issue from a cognitive therapy perspective so we will only summarize some of the main points here.

First, when your clients are not progressing ask yourself whether the match between you and them could be the reason for their lack of progress. You cannot be expected to form productive relationships with all your clients and therefore an honest appraisal of the goodness of fit between you and your clients is in order. Some REBT therapists work much more productively with clients who think quickly, and struggle with those who are slower in their thought process. Some therapists have a talent for working with clients who are severely disturbed and have complex problems, while others do much more effective work with clients who are mildly disturbed and have clearly delineated problems. Make an honest inventory of your strengths and weaknesses as an REBT therapist and work on overcoming your weaknesses if you want to work with clients with whom you currently struggle. In the meantime, you may wish to consider referring those of your clients on to other REBT therapists who you suspect may work more effectively with them.

When trying to account for obstacles to client change, consider your clients' interpersonal environment. Many clients have the active and ongoing support of their significant others who encourage them to enhance their therapy-derived gains. Other clients, however, may be in relationships with people who have an investment in them staying the same. If this is the case, you need to give careful consideration to the advantages and disadvantages of trying to involve these significant others in the therapeutic process:

- to encourage them to address their own difficulties (say in couples or family therapy)

- to neutralize their negative impact on your clients
- to encourage them to be therapeutic aides if this is possible.

If you cannot involve your clients' significant others in the therapeutic process, then you may need to renegotiate your clients' goals, particularly if they do not wish to sever their relationship with these other people. If they do wish to sever this relationship, you need to support them in this, although obviously this is an important decision which needs to be carefully explored. Help them first to overcome their emotional disturbance before you help them to make a sound decision on this issue.

It is important for you to recognize that as a therapist you may serve as an obstacle to client progress. The effect of therapists' irrational beliefs on the counselling process will be discussed in Point 82, so we will confine ourselves to a discussion of other hindering therapist variables (see also Dryden and Neenan 2004b).

You may prevent client change by adopting an overly optimistic view of the rate of client change. You may be under the misapprehension that REBT is always a fast-acting therapy and not appreciate how difficult your clients may find it to overcome their entrenched problems. This may lead you to put too much pressure on your clients to undertake assignments which they consider overwhelming.

You may also obstruct client change by failing to push your clients enough. Here you may form overly warm and cosy therapeutic relationships with them and think that such personal bonds are sufficient to promote client change. You may also have an aversion to the more vigorous aspects of REBT and overcompensate by failing to challenge your clients sufficiently. In short, you may treat your clients like Dresden china as you tiptoe through therapy with them.

Another major therapy obstacle to client change is the unskilful practice of REBT. As we often say in training therapists in REBT, this approach to therapy is easy to practise unskilfully and it follows that you need to refine and improve your REBT skills by seeking ongoing consultation and supervision.

The final set of obstacles to client change that we wish to discuss here concerns those that emanate from clients themselves. We have deliberately placed this set of factors last to counteract the unfortunate tendency of some therapists to blame clients for their lack of therapeutic change. However, we do think it is also a mistake to exonerate

clients completely for non-improvement. Therefore it is important to consider some of the major client obstacles to change which you will commonly encounter. Albert Ellis has long claimed that a philosophy of low frustration tolerance (LFT) in clients is the major obstacle to progress in REBT. This philosophy can interfere with the therapeutic process in a number of different ways. First, due to LFT your clients may not remain in therapy for a sufficient length of time for the process to make a beneficial impact on them. They may believe that REBT must be a short-term intervention and terminate therapy when they do not make appreciable progress quickly. Second, a philosophy of LFT can interfere with your clients' ability to attend to what you say during therapy. Clients who fall into this category may have a limited attention span and may be easily distracted by relatively unimportant aspects of the counselling process, e.g. the environment in which therapy occurs.

If your clients do have a philosophy of LFT, they may refuse to do homework assignments or do them in a half-hearted manner. Research has shown that clients who complete self-help assignments in REBT and other approaches to cognitive behaviour therapy improve more than clients who fail to complete them (Burns and Nolen-Hoeksema 1991). Thus, if your clients do not do homework assignments, then that remains a significant obstacle to therapeutic progress. However, clients with LFT who do their homework may gain minimal benefit from it. For example, they may do the assignments half-heartedly; they may not give them sufficient time; they may carry them out in an overly intellectual manner and not fully involve themselves in the cognitive, emotive and behavioural aspects of such assignments. The result of such lack of commitment is unfortunately lack of progress. (We discuss this issue more fully in Points 85 and 86.)

Another significant obstacle to client change concerns the interpersonal problems which your clients have with other people and which they may bring to therapy. In particular, client hostility towards you is a potential obstacle to therapeutic progress as this tends to pull a defensive reaction from you. You may either respond with counter-hostility, or you may withdraw and fail to engage such clients in a helpful working alliance. At many of his workshops David Burns has placed a lot of emphasis on this point. He argues that the vast majority of therapists fail to respond therapeutically and empathically when clients act in a hostile manner in therapy. As such, this is an important

and unfortunately neglected area of therapist training. Thus, it is very important that you bring such cases to supervision and learn empathic ways of responding to client hostility.

**Key point**

Realize that there are many potential obstacles to client change, including poor client–therapist matching, therapist factors, client factors and the negative impact of clients' significant others. Assess these carefully and take remedial action.

# 81

## Recognize that your clients bring their irrational beliefs to REBT

It is important to recognize that your clients may well bring their irrational beliefs (iB's) to REBT and to try to predict how these beliefs will affect their behaviour in therapy. Do this so that you can take appropriate preventive or remedial action to minimize client resistance. Let us discuss some examples.

A client who has a high need for achievement may well bring this attitude to REBT and become discouraged when she does not achieve good results from therapy, or angry with herself or with you if she fails to understand rational principles.

A client with a high need for approval may become overly sensitive to your communications and become discouraged if you do not show him a lot of warmth and approval.

A client with a high need for freedom and autonomy may respond quite negatively to your didactic explanations and directive suggestions about how she might act between sessions.

Finally, a client with anger-related iB's may become angry with you when you fall short of her expectations regarding perfect professional behaviour.

While it is a mistake to assume that your clients will definitely bring their iB's to therapy, it is a good idea to check this out with them. If your clients have approval-related iB's, ask them how, if at all, these might affect their relationship with you. If they have achievement-related iB's, ask them how they would react if they experience difficulty achieving their therapeutic goals. If you and your clients agree that they are bringing their iB's to therapy, deal with this in the usual manner using the ABCs of REBT.

See following page for key point.

**Key point**

Client progress can be held up because clients bring their irrational beliefs to the therapeutic process. Try to anticipate how your clients' iB's might affect their behaviour in therapy. Assess and defuse any iB's which hamper your clients' progress.

# 82

## Recognize that you may also bring your irrational beliefs to REBT

In Point 80 we argued that therapist factors are an important source of client resistance. Here we want to consider one such factor: the irrational beliefs that you as an REBT therapist might hold about your clients in the therapeutic process. Ellis (2002) has outlined the following therapist irrational beliefs that interfere with the effective practice of REBT:

1 I *have to* be successful with all my clients practically all the time.
2 I *must* be an outstanding therapist, clearly better than other therapists I know or hear about.
3 I *have to* be greatly respected and loved by all my clients.
4 Since I am doing my best and working so hard as a therapist, my clients *absolutely should* be equally hardworking and responsible, *should* listen to me carefully, and *should* always push themselves to change.
5 Because I am a person in my own right, I *must* be able to enjoy myself during therapy sessions and to use the sessions to solve my personal problems as much as to help clients with their difficulties.

In our experience, it is difficult for REBT therapists to acknowledge that they hold such attitudes. This may be compounded by an additional irrational belief that many REBT therapists hold: 'Now that I am a REBT therapist, I *must* not be irrational, particularly about therapy.' If you can accept yourself as a fallible human being who may well have irrational beliefs which become apparent inside as well as outside therapy, you can then take the next step – to monitor your feelings and behaviour – and use these as a guide to the detection of your therapy-related irrational beliefs. One factor that may stop you from doing this is an additional irrational belief. 'I *must* not experience unhealthy negative emotions, particularly when I am doing REBT.' If you can accept yourself for having such feelings in therapy, you may

watch for the following signs that you may be holding irrational beliefs about your clients or the process of therapy:

1 If you find yourself making blaming and condemning remarks about your clients, you may be holding a low frustration tolerance (LFT)-related irrational belief which leads to anger, or you may be experiencing defensive anger in response to a perceived threat to your self-esteem.
2 If you find yourself using scare tactics with your clients, this may well indicate that: (a) you may be demanding that your clients prove, by their progress, what a great therapist and therefore worthwhile person you are; or (b) you have an LFT-related belief about how quickly therapy must proceed.
3 When you catch yourself making judgemental remarks about your clients or having judgement-related angry feelings towards them, this may indicate that you are intolerant of your clients' weaknesses or that you have LFT-related impatience.
4 When you are unrealistic and offer your clients false hopes about therapy, this is frequently a sign that you wish to bolster your threatened ego by showing yourself what a great therapist you are in what you can achieve, or that you have an underlying need for your clients' approval.
5 If you find yourself getting caught in argumentative power struggles with your clients, then this may indicate that you have a need to be right or to be seen to be right by your clients, or that you are intolerant of your clients' negative views about rational principles and the process of REBT.

When you discover one or more of these irrational beliefs, accept yourself for holding them and vigorously dispute them. For a more detailed discussion of these and other attitudinal errors made by REBT therapists, consult Walen *et al*. (1992).

**Key point**

Honestly acknowledge your therapy-related irrational beliefs, accept yourself for holding them and dispute them vigorously.

# 83

## Assess and deal with your clients' misinterpretations of your disputing strategies

Always remember that your disputing interventions serve as activating events for your clients during therapy. As such, you need to consider what interpretations and evaluations your clients are making about your disputing strategies. If clients misunderstand the meaning behind one of your disputes, then their misunderstanding will have a negative influence on the therapeutic process, particularly if it is unexamined.

To illustrate this phenomenon, I (WD) will briefly describe an example. I have a client who is quite unassertive and has difficulty forming relationships with women. He gets particularly lonely at weekends and when he becomes aware of this feeling he condemns himself for being lonely. My initial therapeutic strategy has been to encourage him to accept himself for being alone so that he does not become depressed. This, I argue, will help him to become active and increase his chances of meeting people over the weekend. However, during one session when I was disputing his self-depreciation belief I noticed that my client was becoming quite discouraged. I brought this to his attention and wondered aloud what might be going through his mind as we talked. After some hesitation, he admitted that he thought I was trying to convey to him that he would never get a girlfriend. If I had not become aware of his non-verbal behaviour during the session and encouraged him to share his experience, I would have left unchallenged his incorrect view that I was communicating a vote of no confidence in him. This would have been extraordinarily counterproductive to the self-acceptance work that I was in fact trying to do with him.

See following page for key point.

**Key point**

As you dispute your clients' irrational beliefs, assess whether they are misinterpreting what you are trying to accomplish and if so deal with these misinterpretations in a constructive manner.

# 84

## Ensure that your clients do not subtly undermine or counteract their new rational beliefs

When your clients dispute their irrational beliefs, they can help themselves to strengthen their newly developed rational beliefs by acting as if they already believe them. Thus, if your clients are working to overcome their dire need for approval, they can counteract this irrational belief by disputing it cognitively and by speaking up and saying unpopular things in public. However, be aware that your clients can subtly undermine their newly emerging rational beliefs by acting as if they still believed their more entrenched irrational beliefs. Thus, it will be difficult for your clients, in the example quoted above, to achieve real gains in therapy if they cognitively disputed their need for approval, but continued to keep quiet in social situations.

A clear example of where a client can undermine his progress in this way occurred with a client of mine (WD) who wanted to overcome his addiction to visiting prostitutes. He claimed that although he tried to dispute his irrational belief 'I must have sexual satisfaction quickly', he did not believe his dispute. It transpired that he carried out his disputing assignment while walking towards the local brothel! By doing so, he was subtly undermining his disputes because he was acting as if he believed that he had to have his sexual desires fulfilled immediately.

Clients with panic disorder frequently undermine their new rational beliefs in subtle ways. While showing themselves that they can stand their strong feelings of anxiety, such clients can act in subtle ways to reduce their anxiety. For example, they may sit down when they think they might pass out, or they may distract themselves from their symptoms as a way of avoiding their anxious feelings. These subtle manoeuvres serve unwittingly to reinforce these clients' irrational belief that they cannot tolerate intense anxiety since they act as if they cannot tolerate it.

See following page for key point.

**Key point**

You will need to carry out a detailed assessment of the subtle ways that clients act to avoid, and thereby reinforce, their fears. If you do not do so, your clients will undermine the beneficial effects of cognitive disputing.

# 85

## Identify obstacles to homework completion

As we discussed earlier (Point 80), there are numerous other obstacles to homework assignment completion. One very useful and systematic way of addressing the reason for failure to do homework is by giving your clients a checklist of such obstacles if non-compliance becomes an issue in therapy. A good example of such a checklist appears below. This will help your clients to identify their own obstacles to completing homework assignments.

### *Possible reasons for not completing self-help assignments (to be completed by client)*

The following is a list of reasons that various clients have given for not doing their self-help assignments during the course of counselling. Because the speed of improvement depends primarily on the amount of self-help assignments that you are willing to do, it is of great importance to pinpoint any reasons that you may have for not doing this work. It is important to look for these reasons at the time that you feel a reluctance to do your assignment or a desire to put off doing it. Hence, it is best to fill out this questionnaire at that time. Rate each statement by ringing T (True) or F (False). T indicates that you agree with it; F means the statement does not apply this time.

1 It seems that nothing can help me so there is no point in trying. T/F
2 It wasn't clear. I didn't understand what I had to do. T/F
3 I thought that the particular method the counsellor had suggested would not be helpful. I didn't really see the value of it. T/F
4 It seemed too hard. T/F
5 I am willing to do self-help assignments, but I keep forgetting. T/F

| | | |
|---|---|---|
| 6 | I did not have enough time. I was too busy. | T/F |
| 7 | If I do something the counsellor suggests I do, it's not as good as if I come up with my own ideas. | T/F |
| 8 | I don't really believe I can do anything to help myself. | T/F |
| 9 | I have the impression the counsellor is trying to boss me around or control me. | T/F |
| 10 | I worry about the counsellor's disapproval. I believe that what I do just won't be good enough for him/her. | T/F |
| 11 | I only do the assignments to please my counsellor. | T/F |
| 12 | I felt too bad, sad, nervous, upset [underline the appropriate word(s) or write in your own] to do it. | T/F |
| 13 | It would have upset me to do the homework. | T/F |
| 14 | It was too much to do. | T/F |
| 15 | It's too much like going back to school again. | T/F |
| 16 | It seemed to be mainly for the counsellor's benefit. | T/F |
| 17 | Self-help assignments have no place in counselling. | T/F |
| 18 | I didn't do any assignments in my previous therapy. | T/F |
| 19 | Because of the progress I've made these assignments are likely to be of no further benefit to me. | T/F |
| 20 | Because these assignments have not been helpful in the past, I couldn't see the point of doing this one. | T/F |
| 21 | I don't agree with this particular approach to counselling. | T/F |
| 22 | OTHER REASONS (please write them). | |

**Key point**

Give your clients a checklist to help them to discover reasons why they did not complete homework assignments.

# 86

## Deal with obstacles to homework completion

As we discussed in Point 60, you need to pay particular attention to potential obstacles to the completion of self-help assignments before your clients attempt to carry them out. However, once they have agreed to carry out an assignment and have not done so you need to assess the reasons for this. A good way of doing this is by using the ABC framework or by referring to a list of reasons for not completing homework assignments that was presented in Point 85. If you discover that your clients have not done a homework assignment for an already established reason, devote sufficient time to help them vigorously dispute the relevant irrational belief and then renegotiate the assignment. If, however, you identify a new reason for them not completing the homework assignments, then devote sufficient time to help them discover how they might overcome this obstacle before renegotiating the same assignment.

If your clients continue to fail to carry out self-help assignments, then consider using rewards and penalties. Following the lead of Ellis, you can encourage your clients to forego a pleasurable activity until they have carried out the homework assignment and to penalize (not punish or denigrate) themselves if they fail to carry it out. For particularly intransigent problems in this area, you may need to suggest drastic measures, such as making the next appointment contingent on carrying out the homework assignment. Please note that an in-depth investigation of obstacles is preferable to upping penalties!

If your clients are apprehensive about doing homework, introduce the idea of the no-lose homework assignment. Show them that if they do the homework assignment, that will be helpful because they will be working towards achieving their therapeutic goals. Then, show them that if they do not do their homework, this can also be productive because it reveals to them the extent to which they defeat themselves and helps you both identify subtle and not so subtle irrationalities which may count for their failure to complete the assignments. In addition, discuss with your clients the empirical research literature

which shows that therapeutic outcome is correlated with the execution of self-help assignments and indicates that your clients need to take full responsibility for this area of self-change.

One helpful technique that I (WD) use to encourage resistant clients to do what they stubbornly refuse to do (in this case their homework) is as follows. I ask them how they would deal with this issue if a loved one approached them for help but refused to take responsibility for helping himself. Once I have elicited from such clients the response that I am looking for – namely they would encourage their significant other to do the assignment even though they felt unconfident or for any other reason – I then point out to them that they can usefully follow their own advice. However, it should be pointed out that some clients will stubbornly refuse to do self-help assignments no matter what you might do and you need to accept this grim reality and not disturb yourself about it. This will help you to get on with the task of persisting with therapy under difficult circumstances. Indeed, not doing homework assignments can be formally agreed with certain clients to see if this helps them to achieve their goals! Sometimes seeing that they are far from achieving what they want from therapy helps such clients to begin to do homework assignments.

**Key point**

Communicate to your clients that obstacles to homework completion compromise their progress in therapy. Use a variety of techniques to address this issue.

# Part 8

# CREATIVITY

# 87

## Make judicious use of referrals

It may seem strange to begin this section on creativity in REBT by advocating the use of referrals. However, we agree with Arnold Lazarus (see Dryden 1991) who argues that effecting suitable referrals is an important skill in the repertoire of all therapists. The following are examples of situations in which you might refer a client:

1 When your client needs specialist help from another REBT therapist who has expertise in that particular area: although REBT is a general approach to psychotherapy, different REBT therapists have different areas of expertise. Thus, you might try to help a client who is depressed because she has just lost her young son through sudden infant death syndrome or you may usefully refer her to another REBT therapist who specializes in this area (Schneiman 1993). This REBT therapist may have a fuller understanding of client reactions to this syndrome and may appreciate better the nuances of the therapeutic techniques that need to be used with such clients.
2 When a client seeks REBT, but you consider that she may form a stronger working alliance with one of your colleagues, given the personality and temperamental characteristics of the client, yourself and the colleague to whom you wish to make the referral.
3 When the client, in your opinion, may be better helped by a therapist from a different school of therapy. This may be because the client's problem is better approached by a therapist from a different orientation, or because the client's therapeutic preferences are more likely to be met by a therapist of a different persuasion. For example, a client may have tension headaches which require biofeedback training, which you as an REBT therapist may not be competent to practise. In this situation you may wish to refer the client to a biofeedback expert. If the biofeedback therapist also has skills in REBT, then so much the better. If not, you may both work concurrently or consecutively with the client. In which case it is

very important that all three of you agree on which areas which therapist is going to focus on with the client concerned.

4 When a client articulates a preference for a different type of psychotherapy. This is more difficult to deal with, since the client may be harbouring certain misconceptions about REBT and have certain positive but unrealistic expectations about the benefits of another type of therapy. In this case, you would want to initiate a full and frank discussion about the client's expectations of therapy, in general, and understanding of REBT in particular (see Part 3). At the end of this discussion you might offer the client a short trial period of REBT. However, it is better to refer some clients to a therapist from a different orientation than to try to use REBT when they do not want it. While REBT is an effective approach to psychotherapy, guard against a dogmatic conviction that it is right for everybody, and the equally dogmatic view that you are the most suitable therapist for all clients, an attitude which reflects a narcissistic conviction in your own greatness.

**Key point**

Consider referring some clients to your REBT colleagues or to non-REBT therapists.

# 88

## Be flexible in your use of therapy sessions

A book written for the general public called *Same Time Next Week?* (Neimark 1981) warned against the dangers of the weekly fix of psychotherapy where clients attend psychotherapy at the same time every week, for the same duration every week, no doubt discussing the same problems every week! To guard against this timeless nature of ongoing therapy, it is important that you are flexible in your use of therapy sessions. We have already recommended (in Point 57) increasing the length of time between therapy sessions as you approach the end of REBT.

You also need to be flexible in the duration of your therapy sessions. Albert Ellis offers two types of therapy sessions for individual patients: half-hour sessions and one-hour sessions. I have listened to many of these sessions and it seems to me that Ellis works harder and faster in the half-hour sessions than he does in the one-hour sessions. The famous or infamous 50-minute hour was invented for the benefit of therapists rather than for the benefit of clients in that it enabled therapists to have a short (10 minute) break between sessions.

However, you will find that certain clients cannot make use of a 50-minute therapy session. Such clients may have a low IQ or limited attention span and will just become confused if you see them for 50 minutes. With such clients, experiment with varying the length of therapy sessions. Offer some of them 20 minutes, in which time you may just cover one point. However, this investment of a short period of time pays off because the client is more likely to remember that one point than if several points were discussed in a 50-minute period.

Conversely, you may need to spend longer than 50 minutes with other clients. This is certainly true with clients who live out of town and travel long distances for a therapy session. When I was one of the few REBT therapists in Britain I (WD) had a lot of experience of seeing clients for one- or two-off sessions given the fact that they lived a long way from London where I practise. In these circumstances, I saw some of these clients for a two-hour period or, exceptionally, for

a three-hour period in which we discussed a variety of their problems. I routinely tape record these sessions and give the clients a copy of the audiotapes for later review. This saturation approach to learning REBT does require clients to reflect on what they have learned to a greater extent than the usual weekly 50-minute session. Without access to session tapes clients tend to be overwhelmed with so much information and remain confused unless they have the opportunity for reflection that listening to audiotapes of their sessions provides.

One way of encouraging client independence is to increase the time interval between therapy sessions. Raymond DiGiuseppe has suggested that therapy sessions are scheduled no more frequently than a client's emotional upsets. Thus, if your client is upset every seven days, then a weekly session will probably suffice. However, if she is upset every eight days, then fortnightly sessions might be preferable. While we think it is a helpful suggestion, we do not think that DiGiuseppe would argue that clients who are upset every day need to be seen every day!

Other flexible uses of therapy include having telephone sessions, therapy by email, working with structured therapy programmes on CD-Rom and the old fashioned method of responding to client letters by writing to them. On one of my (WD) frequent trips to the USA, my good friend and colleague Richard Wessler told me about a therapy he was conducting by letter with a man from Greece. While therapy through the mail should of course not replace face-to-face therapy, it certainly can be helpful, as numerous agony aunts and uncles will testify.

When you are considering flexible modifications to the use of therapy sessions, these modifications need to be based upon a clear rationale. This should be discussed with the client, and she needs to agree to the modification.

**Key point**

Be prepared to be flexible in your use of therapy sessions, modifying their duration and form. Elicit agreement from your clients whenever you wish to deviate from the standard, face-to-face 50-minute hour.

# 89

## Use techniques from other therapeutic approaches, but in a manner consistent with REBT theory

As early as 1962 Ellis advocated using techniques from other therapeutic approaches, but in ways which are consistent with REBT theory. We consider REBT to be a good example of what I (WD) have called theoretically consistent eclecticism (Dryden 1987). Here, you use REBT theory to formulate a therapeutic strategy and you are free to use REBT techniques or techniques spawned from other therapies when you implement the strategy. As Arnold Lazarus argues (see Dryden 1991), when you use a technique that originates from a different approach to therapy, you are not obliged to buy into the theoretical principles which gave birth to the technique in question. Thus, when you use a two-chair technique that was originally developed by gestalt therapists, you are not making the same assumptions that they make; rather, you are using the technique to achieve a goal that is consistent with REBT theory. When a gestalt therapist uses two-chair work, one of the major purposes is to help the client resolve splits in psychological functioning. When an REBT therapist uses chair work, it may be to encourage the client to practise weakening an irrational belief and strengthening a rational belief.

When you borrow techniques from other therapeutic approaches, it is important that you give careful thought to possible unintended consequences. For example, cathartic techniques may well help your client to identify her feelings at point C in the ABC framework, but such techniques may also encourage her to strengthen the irrational belief which underpins her feelings. Be mindful of the fact that empirical research does not support the use of cathartic method for the treatment of anger problems (Kassinove and Tafrate 2002).

So far, we have discussed borrowing techniques from other therapeutic approaches to implement clinical strategies consistent with REBT theory. It is possible, however, to borrow techniques or ways of working from other therapeutic approaches which improve the structure of REBT therapy sessions. Thus, we often make problem

lists with clients and set session agendas with them, since we believe that doing so encourages both of us to use time effectively in therapy. Both of these methods, we should add, are derived from Beck's cognitive therapy (compare Beck *et al*. 1979).

**Key point**

REBT is a theoretically consistent form of eclectic therapy. As such, it encourages you to borrow techniques and working practices from other therapeutic approaches, but in a manner consistent with REBT theory.

# 90

## Vary the medium, but not the message

In Point 55 we mentioned the importance of being repetitive in your communication of rational principles. We suggested that you either teach a rational principle repetitively in the same way, or that you use different ways of communicating the same message. Here we elaborate on the latter point and illustrate what we mean.

As discussed in Point 70, you can use different styles in disputing your clients' irrational beliefs (e.g. didactic, Socratic, metaphorical, humorous and enactive). Let us see how this principle applies when you show your clients the value of self-acceptance. First, you can didactically explain the concept to your clients. Second, you can engage them in a Socratic dialogue by asking pertinent questions until they have grasped the point. Third, you can tell your clients a story to illustrate the importance of not giving people a global rating. For example, Wessler and Wessler (1980) discuss the case of Nathan Leopold who as a teenager killed a young boy for a thrill, was sent to prison for a long sentence, educated himself while he was serving his sentence, trained to be a social worker on his release and did excellent work with disadvantaged groups. The question they ask is: 'How do we rate Nathan Leopold? Is he a good person or a bad person?' The answer is neither. He is a fallible human being who once did a very bad thing for which he was punished but later did many good deeds. Of course, the boy's parents and many other people are unlikely to agree and thus you need to consider the likelihood that your clients will not accept such points however much they are in accord with REBT theory.

A humorous way of communicating the principle of self-acceptance is to describe the game of rational and irrational tennis. An example of irrational tennis is this: 'I hit a bad shot, therefore I am a bad person – I hit a good shot, therefore I am a good person.' An example of rational tennis is this: 'I hit a bad shot, therefore I am a fallible person – I hit a good shot, therefore I am a fallible person.'

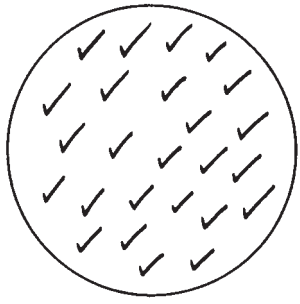
An example of using an enactive technique to teach self-acceptance is asking one of your clients to give you various traits, behaviours and different aspects of themselves which you write down on yellow 'Post-it' notes. You ask your client to stick these notes on different parts of their body until they are covered with notes from head to foot. The question you then ask is: can your clients be given a single rating which completely accounts for the totality and complexity of them as a person? The answer is no, they are too complex to be given such a rating.

You can combine an enactive method with a humorous technique (see point 70) by throwing a glass of water over yourself and asking your clients: 'Was that a silly thing to do?' to which clients frequently reply yes. You then ask them: 'Does that therefore make me a silly person?' to which, hopefully, the clients respond no. If they reply yes, their response may indicate how deeply entrenched their irrational beliefs are, or alternatively that therapy may have degenerated into jolly japes on the therapist's part which the client is fed up with.

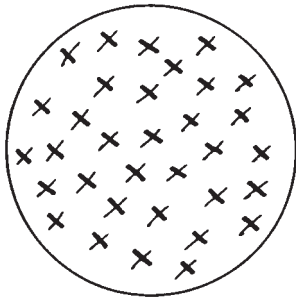
In addition, you can use other media to demonstrate the value of self-acceptance. For example, consider Figure 4 which illustrates what it takes to be a good person (i.e. have only good traits, behaviours, etc.), a bad person (have only bad traits, behaviours etc.), a fallible person (have a mixture of good, bad and neutral traits, behaviours etc.). Frequently, a visual display such as this communicates more than a 1000-word explanation of the value of self-acceptance. Here, as elsewhere, you are only limited by your therapeutic imagination!

**Key point**

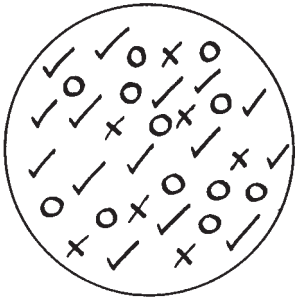
Realize that you can teach a rational principle, such as the value of self-acceptance, in many different ways. So use your imagination and vary the medium, but not the message. If you don't vary the medium, then tedium might ensue and the message is lost.



Perfect



Bad person



Fallible

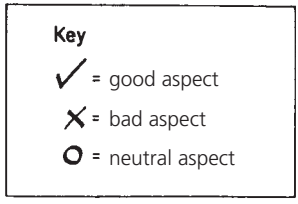



**Figure 4** Viewing the self as fallible

# 91

## Be vivid in your interventions, but avoid being too vivid

In the 1980s, I (WD) wrote of the importance of doing REBT in a vivid way (Dryden 1986). By this, I meant making your interventions memorable so that your clients can readily recall the rational principles you are teaching them. Since REBT is an educational approach to psychotherapy, your clients will be more likely to use rational principles in their lives if they are able to remember them. Vivid methods are effective because they stimulate your clients' imagination and therefore more fully engage their emotions.

In Point 70 we argued that it is important for you to check that your clients understand the metaphors, stories, anecdotes, parables and aphorisms that you use. Your clients can easily misinterpret the meaning of these interventions since they convey rational principles in indirect ways. To ascertain that your clients have understood the meaning, you need to ask them to share their understanding of the points you are trying to make. The same is true when you use vivid interventions, particularly when the rational principle that you are attempting to teach is implicit in the intervention. You should also note that some of your clients will not respond well to vivid interventions since they believe that as a therapist you should be serious. This view conflicts with your behaviour when you use vivid interventions which are humorous and dramatic in nature. It is important to gauge your clients' reactions to your use of these methods by referring this issue to the reflection process.

In my original writings on what I (WD) called vivid REBT, I cautioned therapists about the indiscriminate overuse of vivid methods. We would like to underscore this point here since the judicious use of a single vivid intervention in a session may have far greater impact on your client than the continuous use of such methods in the same session. Indeed, when you use a lot of vivid methods, your clients may well become confused or dazzled and thereby forget the principles which the vivid interventions were meant to illustrate. Never forget that vivid methods in REBT are instrumental. Their purpose is to

highlight a rational principle so that it is likely to be remembered. You should rarely use vivid therapeutic methods in REBT as an end in themselves. If you do it is vaudeville, not therapy!

**Key point**

Make judicious use of vivid methods in REBT to help your clients remember and apply rational principles. Guard against overusing such methods.

92

## Create new REBT techniques

In our experience, the most effective REBT practitioners are those who are creative and continually discover new techniques. This creative process depends on the ability to think laterally and use everyday occurrences as stimuli to creative thinking. Let me (WD) give a personal example of this creative process in action. About a year ago, I was strolling in a shopping centre when I passed a shop that had a variety of novelty products on sale, including large red and yellow plastic swords. I did not immediately think of how these could be used in REBT, but after walking along the road for a further 25 yards an idea came to me. I thought of the following dramatic way in which I could use the swords to help my clients strengthen their rational beliefs and weaken their irrational beliefs. Once I have disputed one of my client's irrationalities, I bring out the swords and hand the client the red sword (R stands for rational) and I take the yellow sword (Y stands for irrational; unfortunately, they had no swords in indigo!). I then explain to my client that we are going to engage in a game of rational sword fencing. My task is to use my irrational sword to disarm my client's rational sword and win the fight. The client's task is to vanquish my irrational sword with her rational one. I instruct my client to be as vigorous as possible in stating her rational belief and hitting my sword. I then attack her rational argument by stating the contrary irrational belief while hitting her sword. This technique works particularly well in group therapy where the members have a good relationship with one another and where they do not consider the use of this method patronizing or belittling.

If you do create new techniques, we advise you to discuss them with a respected colleague or your supervisor before trying them out on your clients. Such feedback may point to some possible problems with these techniques if they are ill-thought out.

See following page for key point.

**Key point**

Let your mind drift and use the creative aspects of your imagination to invent new REBT techniques.

93

## Capitalize on your clients' pre-therapy experiences of personal change

Do not forget that before seeking therapeutic help your clients will have had quite a few experiences of personal change. In order to capitalize on these pre-therapy change experiences, you need to identify them. Ask your clients about times in their lives when they have changed an unhealthy attitude, a self-defeating behaviour or a disturbed emotion. Do this at the beginning of therapy or after you have actually disputed their irrational beliefs. Devote some time to understanding what it was that the clients did to bring about this change and, if this is broadly consistent with REBT theory, show them that they can use themselves as a role model for change on the problem you are discussing. Examples of how clients have effected change by their own efforts include: going for a long walk to think things through; talking to sensible members of the family and putting into practice their advice; thinking of how somebody they view as psychologically healthy would handle a situation and then using that person as a role model; writing out the pros and cons of a particular piece of behaviour, etc. Integrate these change processes with REBT methods. Such a combination can be quite powerful. However, guard against using clients' successful self-change methods when these may prevent them from achieving elegant philosophical change (e.g. a client who overcomes her low self-esteem by putting down other people instead of refraining from putting herself down).

Jerome Frank has argued that one of the major curative factors of psychotherapy is that it engenders hope (Frank and Frank 1991). Helping your clients to see that they have been successful in dealing with past emotional problems and that they can regard themselves as an inspiring but realistic role model can be a powerful way of engendering hope in your clients. However, when your clients are very depressed, you may have to carry hope for them until they engender it in themselves when their mood begins to lift.

See following page for key point.

**Key point**

Discover and capitalize on your clients' pre-therapy experiences of personal change. Integrate these with REBT methods, but guard against using any of their change experiences which conflict with philosophical change.

# Part 9

# DEVELOP YOURSELF PERSONALLY AND PROFESSIONALLY

# 94

## Beware the neurotic agreement

In an important early but sadly neglected paper, Paul Hauck (1966) discussed what he called the neurotic agreement in psychotherapy. By this, he referred to the situation where you share your clients' irrational beliefs. Thus, if one of your clients is talking about how horrible it would be to lose their job and you also believe that it would be horrible to lose your job, then it will be difficult for you to do effective REBT with the client on this issue.

A clue to the existence of a neurotic agreement in psychotherapy is that your normally skilful practice of REBT breaks down. You may subtly change the subject when your clients discuss material that you find disturbing, or you may be quite tentative when the time comes to dispute your clients' irrational beliefs. Occasionally, when you share your clients' irrational beliefs you may attack them too vigorously. This may well be a form of projection, or you may underlyingly hate yourself for holding such beliefs and thereby hate these clients for reminding you of your own unacceptable irrationality. The following are ways that you can identify neurotic agreements in psychotherapy.

1 Pay attention to your disturbed feelings or look for signs that you may be ashamed of having such feelings; for example, you may find yourself engaging in various defensive manoeuvres to protect yourself from experiencing these feelings.
2 Listen to audiotapes of your therapy sessions when you suspect the presence of a neurotic agreement. Here, pay particular attention to your behaviour which may be defensive in nature. Once you recognize such defensive behaviour, it is easier to ask yourself what you are defending against. Since doing this for yourself may be difficult, seek ongoing supervision, even if you are a seasoned REBT therapist (see Point 95).

Once you have identified a neurotic agreement and accepted yourself for having an irrational belief which is similar to that of your client,

use your REBT skills on yourself. If you reach this stage, then you will be able to do this. The greater difficulty lies in acknowledging that you neurotically agree with your client's irrational belief.

Even if you do share your clients' irrational beliefs, it is not inevitable that therapy becomes stuck. You can still do good work with your clients even if you hold the same irrational beliefs. Thus you can help them to change their distorted inferences, destructive behaviour, etc. As we suggested in Point 11, go for philosophical change but be prepared to make compromises if such change is not possible, for whatever reason.

**Key point**

Look for signs that you neurotically agree with your clients' irrational beliefs. Accept yourself for sharing your clients' irrationalities and dispute your own irrational beliefs.

# 95

## Seek regular supervision

We are both accredited CBT therapists with the British Association for Behavioural and Cognitive Psychotherapies (BABCP). In order to maintain our accredited status, we have to prove that we are in ongoing supervision. From what we know of the American scene, such ongoing supervision is not generally required as a pre-condition for professional membership. This is a pity, since no matter how experienced you are, you always have blind spots and it often takes a fresh pair of ears to help you identify them.

Since REBT therapists value the use of audio recordings of therapy sessions, as they highlight what is actually going on between therapists and clients, supervision is often based on such tapes (which are, of course, only used with the clients' express permission). However, a broader discussion of cases where treatment planning is reviewed is also extremely useful.

While novice REBT therapists are likely to seek supervision from more experienced colleagues, experienced REBT therapists are more likely to benefit from peer supervision, where two colleagues of equal standing supervise each other's work. Ruth Wessler (sadly deceased) and I (WD) probably had the longest standing REBT peer supervisory arrangement, since for ten years we sent each other tapes of our therapy sessions for supervision.

In order to get the most out of supervision, it is important that you prepare for it. Review a particular session and cue specific portions of the tape that you wish to play to your supervisor. This is important since as supervisors we know how frustrating it is to supervise a tape when supervisees have not listened to it before the supervision session. Such behaviour may be a function of the supervisee's low frustration tolerance or it may be a defensive manoeuvre to throw the supervisor off the scent. If the latter is the case, it may be an indication that the supervisee has irrational beliefs about needing the approval of the supervisor or about being seen to be competent. This can be gently

explored by the supervisor as long as supervision does not become personal therapy.

**Key point**

Commit yourself to regular, ongoing supervision so that you can enhance your skilful practice of REBT.

# 96

## Engage in regular continuing professional development (CPD) activities within and outside REBT/CBT

In Britain, in order to maintain professional registration/accreditation it is necessary to engage in a certain number of hours of continuing professional development (CPD) activities. You can either regard this as chore or a challenge. We suggest that you regard it as the latter! If you do so, then we suggest that you attend CPD events both wthin the field of REBT and CBT (cognitive behaviour therapy). It is perhaps obvious why you need to keep up to date with developments in REBT/CBT. In particular, CBT is a field that at present is bristling with developments and it is important that you keep abreast of them as a way of keeping professionally fresh and clinically effective.

It is perhaps less obvious why we suggest that you also engage in CPD activities that are outside REBT/CBT. We do so for a number of reasons. First, even though you are an REBT therapist, you are working in the profession of counselling and psychotherapy that is rich in diverse views and we think that it is important that you have a broad view rather than a narrow perspective on the profession of which you are a part. Second, you will recall that we see REBT as a theoretically consistent form of eclectic therapy. This means that you are free to adopt techniques that originated from other approaches to psychotherapy but in ways that are consistent with REBT theory (see Point 89). As such, attending workshops in these other approaches will expose you to techniques that you can modify for use in your eclectic practice of REBT. Third, attending workshops outside the field of REBT/CBT will expose you to different ideas about psychotherapy and how to conduct it. Doing so may broaden your view on psychotherapy and help to develop your ideas about the theory and practice of REBT.

After I (WD) did my training in REBT, I trained in Beck's cognitive therapy, worked with Arnold Lazarus (1989) as he was developing his ideas on multimodal therapy and took an excellent Masters programme in psychotherapy at Warwick University run by John and Marcia Davis

– a broad and eclectic course which exposed me to ideas that helped to enrich me as an REBT therapist.

If you only mix professionally with people who share your ideas then you may well become blinkered in your views and develop a certain smugness and complacency that your views are correct. If you mix professionally with people who both share and disagree with your views then you will remain sharp and your ideas will be open to modification. As such you will be more likely to retain your enthusiasm for your work far longer than if you only hear echoes of your own ideas from others.

**Key point**

As part of your continuing professional development (CPD) attend educational activities within and outside the field of REBT/CBT. Doing so will keep you abreast of developments within the field and challenge your thinking from outside the field.

97

## Transcribe therapy sessions periodically and evaluate each of your interventions

In addition to seeking supervision, we recommend that you engage in self-supervision. This can take the form of listening to tapes of your therapy sessions while using a self-supervision inventory such as the one found in the appendix of Wessler and Wessler (1980).

Additionally, I (WD) have found it helpful periodically to transcribe a randomly selected REBT session and to evaluate each of my responses in terms of my intentions and skill level. I pay particular attention to how I could have phrased my responses more skilfully. This intense microanalysis of a therapy session is time consuming and cannot be done regularly. However, it reveals important information about skills deficits, gaps in knowledge, poorly considered strategies, etc. Whenever I undertake this analysis, it is quite a humbling experience. However, I occasionally recognize that I am not such a bad REBT therapist after all! Such transcripts can also be used as a basis for supervision from a more experienced REBT colleague.

It is also useful to study transcripts of experienced REBT therapists. Fortunately, we have not been reticent about publishing session transcripts and I direct the reader to the transcribed sessions in *Albert Ellis Live!* (Dryden 2004b), *Growth through Reason* (Ellis 1971) and *Daring to be Myself* (Dryden and Yankura 1992). The latter text contains full transcripts of an entire brief therapy with ongoing commentary.

### Key point

Periodically, transcribe your therapy sessions and evaluate the skilfulness of your interventions, the suitability of your interventions and the helpfulness of your strategies.

# 98

## Use REBT in your own life

It is not known to what extent REBT therapists use REBT in their own lives, but it would be strange if they did not do so to some degree. Indeed, it is one good way of keeping your own REBT therapy skills well-honed. I (WD) have used REBT to cope with an extended period of unemployment during the mid-1980s as well as with my ongoing problem of anger. In this latter respect, I believe I have an inherited tendency towards anger and, while I cannot do anything about ridding myself of that, I have learned to apply my REBT skills as soon as I recognize that I am beginning to make myself angry, so that I do not perpetuate my angry feelings.

I used skills similar to those advocated by REBT earlier in my life to help me overcome my anxiety about speaking in public. In fact, I believe I became an REBT therapist because there was a high degree of congruence between my natural emotional problem-solving style and that advocated by REBT (see Dryden 2002b).

We would also recommend that all REBT therapists have therapy with a seasoned REBT professional in order to (a) address blind spots which they may not be able to identify on their own; (b) help overcome problems that they have not been able to overcome on their own through REBT self-therapy methods; (c) see how it feels to be a client in the REBT process.

In the course of my (WD) many discussions with Albert Ellis over the years which have centred mainly on points of theory and practice, I have occasionally brought up a number of personal issues and been helped through talking with him. Incidentally, on occasion I have had to urge him to slow down because he has a very fast mind and can quickly see what I am telling myself to disturb myself. Even though I know REBT theory and practice very well, I found that I could not keep up with his quickfire and often accurate interventions!

See following page for key point.

**Key point**

Use REBT in your own life as much as you can. Also, consider seeking personal therapy from an experienced REBT therapist.

99

## Take REBT seriously, but not too seriously

One of the ways in which REBT theory encourages people to be mentally healthy is by not taking things that are important to them too seriously. There may be a number of reasons why you are an REBT therapist. These probably include: because you think that it is an effective way of working with people with emotional and behavioural problems; because it suits you personally to practise it. In short, REBT is an approach to therapy that is important to you and therefore it is healthy for you to take it seriously. This means that you are concerned to improve your skills as a practitioner and update your knowledge about how people with a range of problems disturb themselves and how they can be helped to undisturb themselves. As we argued in Point 96, attending CPD training events is a good way of putting into practice this way of taking REBT seriously.

However, it is also important that you do not take REBT too seriously. If you do take REBT too seriously, then you are in real danger of falling into some of the following traps:

1 *You think that REBT is the most effective approach to therapy that exists today*. Actually, Beck's cognitive therapy has far more empirical support than REBT and for years REBT therapists have been subsuming REBT under the broad heading of CBT when claiming to be an effective therapy.
2 *You think that REBT is the only effective way of working with people*. This is nonsense and is contradicted by a wealth of empirical data. Of course, if you are rigid about REBT you will find some way of denigrating these data to support your dogmatic view.
3 *You will blame your clients when they are not helped by REBT*. As we showed in Point 80, there are many reasons why clients experience obstacles to change. However, when you take REBT too seriously you think that as it is a perfect approach to therapy it will inevitably help anyone who works at it. Therefore, in your dogmatic

mind, if a client is not gaining benefit from REBT it must be their fault. There is an old joke, probably apocryphal, about a dogmatic trainee psychoanalyst that captures well what we are addressing here. This trainee analyst was heard to say: 'The beauty about psychoanalysis is that even when patients don't improve at least you know that you are doing the right thing!' In reality, of course, there may be many good reasons why clients may not benefit from REBT, but in your blinkered state of mind you cannot see them when you take REBT too seriously.

4 *You become complacent and lazy about your own professional development*. When you take REBT too seriously and you think that you are already practising the most effective form of therapy, then what is the point in learning anything new. You already know all there is to know! In short, taking REBT too seriously leads you to become complacent and lazy as a therapist. No CPD activities for you. What's the point? Or if you have to attend such activities in order to maintain professional registration/accreditation, you give them lip service and edit out any information that conflicts with your blinkered REBT view which might otherwise enhance your practice.

5 *You become an REBT bore*. When you take REBT too seriously you may become so focused on matters to do with REBT that you edit out other activities. You may read and re-read the REBT literature and not read other books that do not have anything to do with REBT. Your conversation becomes limited to matters to do with REBT and when social interaction is focused on non-REBT topics, you either become bored or introduce REBT into the conversation. When people in a non-clinical setting allude to problems they may be having or express some kind of irrationality, you jump in uninvited and use REBT with them in a wholly inappropriate way.

However, when you take REBT seriously, but not too seriously, you display healthy scepticism and see it for what it is: an approach to therapy that has strengths and weaknesses. It requires far more empirical study than it has received to date (which is a failing within REBT), and while it is an important approach within the field of psychotherapy it is not the be all and end all and certainly not the most effective or only effective therapy in existence. It needs both internal

development and enrichment from outside the field if it is to survive well into the twenty-first century.

Taking REBT seriously, but not too seriously, will mean that you will engage in what life has to offer that does not involve REBT. As such, other people will not shun you as that person with a one-track mind and warm towards you for being a more well-rounded individual. Others will also not be wary because they know that you won't jump on what they say and start doing therapy with them. They may actually begin to like you more and want to spend time with you!

**Key point**

By all means take REBT seriously, but guard against taking it too seriously unless you want to become a fundamentalist REBT-er and lose friends and alienate people!

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## Develop your own style in therapy and in life

It is perhaps quite understandable that some novice REBT therapists try to model themselves after Albert Ellis before developing their own more authentic therapeutic style. There are many effective REBT styles and it is worthwhile to study carefully the tapes in the Albert Ellis Institute professional videotape library (on sale from Albert Ellis Institute, 45 East 65th Street, New York, NY 10021, USA). The stated goal of these tapes is to acquaint people with the different styles of various experienced REBT therapists so that they can develop their own personal style of conducting REBT. In this respect, we also recommend a book edited by one of us (WD) in which leading REBT therapists outline their idiosyncratic practice of REBT (Dryden 2002a).

Some REBT therapists also try to model themselves after Ellis's work pattern. Until recently, Albert Ellis had a very heavy work schedule which he seemed to enjoy and to which he seemed to be temperamentally suited. It is a serious error and potentially unhealthy for therapists who have a different temperament and who have different priorities in life to try to emulate Ellis on this point. Know yourself, know your temperament, know your interests and preferred work patterns and look after yourself. In particular, take short breaks between therapy sessions, do not neglect your physical and mental well-being and do not neglect to nurture and be nurtured by your loved ones.

It may seem strange to end a book on REBT in this way. After all, REBT has been portrayed as a tough-minded approach to therapy in a tender-minded profession (Weinrach 1995). However, since REBT seeks to integrate different elements of healthy human functioning into its broadly based therapeutic approach, there is no reason why you cannot also take a tender-minded attitude towards yourself.

See following page for key point.

**Key point**

Do not try to emulate Albert Ellis's style of therapy or work pattern unless you are suited to these styles. Be yourself and look after yourself in therapy and in life.

# References


Beck, A.T., Rush, A.J., Shaw, B.F. and Emery, G. (1979) *Cognitive Therapy of Depression*. New York: Guilford Press.

Bordin, E.S. (1979) 'The generalisability of the psychoanalytic concept of the working alliance', *Psychotherapy: Theory, Research and Practice*, 16: 252–260.

Budman, S.H. and Gurman, A.S. (1988) *Theory and Practice of Brief Therapy*. New York. Guilford Press.

Burns, D.D. (1999) *Feeling Good: The New Mood Therapy*. New York: Avon Books.

Burns, D.D. and Nolen-Hoeksema, S. (1991) 'Coping styles, homework assignments, and the effectiveness of cognitive-behavioral therapy', *Journal of Consulting and Clinical Psychology*, 59: 305–311.

Burns, D.D. and Nolen-Hoeksema, S. (1992) 'Therapeutic empathy and recovery from depression in cognitive-behavioral therapy: A structural equation model', *Journal of Consulting and Clinical Psychology*, 60: 441–449.

David, D., Montgomery, G.H., Macavei, B. and Bovbjerg, B. (2005) 'An empirical investigation of Albert Ellis's binary model of distress', *Journal of Clinical Psychology*, 61: 499–516.

DiGiuseppe, R. (1991) 'Comprehensive cognitive disputing in rational-emotive therapy', in M. Bernard (ed.), *Using Rational-Emotive Therapy Effectively*. New York. Plenum.

DiGiuseppe, R., Leaf, R. and Linscott, J. (1993) 'The therapeutic relationship in rational-emotive therapy: Some preliminary data', *Journal of Rational-Emotive and Cognitive-Behavior Therapy*, 11: 223–233.

Dryden, W. (1979) 'Past messages and disputations: The client and significant others', *Rational Living*, 14 (1): 26–28.

Dryden, W. (1984) 'Therapeutic arenas', in W. Dryden (ed.), *Individual Therapy in Britain*. London: Harper and Row.

Dryden, W. (1985) 'Challenging, but not overwhelming: A compromise in negotiating homework assignments', *British Journal of Cognitive Psychotherapy*, 3 (1): 77–80.

Dryden, W. (1986) 'Vivid methods in rational-emotive therapy', in A. Ellis and R. Grieger (eds), *Handbook of Rational-Emotive Therapy*, Vol. 2. New York: Springer.

Dryden, W. (1987) *Current Issues in Rational-Emotive Therapy*. Beckenham: Croom Helm.

Dryden, W. (1989a) 'The use of chaining in rational-emotive therapy', *Journal of Rational-Emotive and Cognitive Behavior Therapy*, 7 (2): 59–66.

Dryden, W. (ed.) (1989b) *Howard Young – Rational Therapist: Seminal Papers in Rational-Emotive Therapy*. Loughton: Gale Centre.

Dryden, W. (1990a) *Reason and Therapeutic Change*. London: Whurr.

Dryden, W. (ed.) (1990b) *The Essential Albert Ellis*. New York: Springer.

Dryden, W. (1991) *A Dialogue with Arnold Lazarus: 'It Depends'*. Buckingham: Open University Press.

Dryden, W. (ed.) (1992) *Hard-Earned Lessons from Counselling in Action*. London: Sage.

Dryden, W. (1996) *Overcoming Anger: When Anger Hurts and When it Helps*. London: Sheldon Press.

Dryden, W. (1998) 'Understanding persons in the context of their problems: A rational emotive behaviour therapy perspective', in M. Bruch and F.W. Bond (eds), *Beyond Diagnosis: Case Formulation Approaches in CBT*. Chichester: Wiley.

Dryden, W. (2000). *Overcoming Anxiety*. London: Sheldon Press.

Dryden, W. (ed.) (2002a) *Idiosyncratic REBT*. Ross-on-Wye: PCCS Books.

Dryden, W. (2002b) *Up Close and Personal*. Ross-on-Wye: PCCS Books.

Dryden, W. (2004) *Rational Emotive Behaviour Therapy Clients' Manual*. London: Whurr.

Dryden, W., Ferguson, J. and McTeague, S. (1989) 'Beliefs and inferences – a test of a rational-emotive hypothesis: 2. On the prospect of seeing a spider', *Psychological Reports*, 64: 115–123.

Dryden, W. and Neenan, M. (2004a) *Counselling Individuals: A Rational Emotive Behavioural Handbook*, 4th edn. London: Whurr.

Dryden, W. and Neenan, M. (2004b) *A Rational Emotive Behavioural Approach to Therapeutic Change*. London: Sage.

Dryden, W. and Opie, S. (2003) *Overcoming Depression*. London: Sheldon Press.

Dryden, W. and Yankura, J. (1992) *Daring to be Myself: A Case of Rational-Emotive Therapy*. Buckingham: Open University Press.

Ellis, A. (1962) *Reason and Emotion in Psychotherapy*. Secaucus, NJ: Lyle Stuart.

Ellis, A. (ed.) (1971) *Growth Through Reason*. North Hollywood, CA: Wilshire Books.

Ellis, A. (1989) 'Ineffective consumerism in the cognitive-behavioural therapies and in general psychotherapy' in W. Dryden and P. Trower (eds), *Cognitive Psychotherapy: Stasis and Change*. London: Cassell.

Ellis, A. (1991) 'The revised ABC's of rational-emotive therapy', *Journal of Rational-Emotive and Cognitive Behavior Therapy*, 9, 139–172.

Ellis, A. (2002) *Overcoming Resistance: A Rational Emotive Behavior Therapy Integrative Approach*, 2nd edn. New York: Springer.

Frank, J.D. and Frank, J.B. (1991) *Persuasion and Healing*, 3rd edn. Baltimore, MD: Johns Hopkins University Press.

Grieger, R. (1989) 'A client's guide to rational-emotive therapy (RET)', in W. Dryden and P. Trower (eds), *Cognitive Psychotherapy: Stasis and Change*. London. Cassell.

Hauck, P. (1966) 'The neurotic agreement in psychotherapy', *Rational Living* 1(1): 32–35.

Hauck, P. (1975) *Overcoming Worry and Fear*, Philadelphia: Westminster Press.

Hauck, P. (1980) *Calm Down*. London: Sheldon Press.

Hauck, P. (1991) *Depression*. London: Sheldon Press.

Jeffers, S. (1987) *Feel the Fear . . . and Do It Anyway*. London: Century Hutchinson.

Kassinove. H. and Tafrate, R.C. (2002) *Anger Management: The Complete Treatment Guidebook for Practitioners*. Atascadero, CA: Impact.

Kopp, S. (1977) *Back to One*. Palo Alto, CA: Science and Behavior Books.

Lazarus, A.A. (1984) *In the Mind's Eye*. New York: Guilford Press.

Lazarus, A.A. (1989) *The Practice of Multimodal Therapy*. Baltimore, MD: Johns Hopkins University Press.

Lazarus, A.A. and Lazarus, C.N. (1991) *Multimodal Life History Inventory*. Champaign, IL: Research Press.

Leahy, R. (2001) *Overcoming Resistance in Cognitive Therapy*. New York: Guilford Press.

Maultsby, M.C. Jr (1984) *Rational Behavior Therapy*. Englewood Cliffs, NJ: Prentice-Hall.

Moore, R. (1983) 'Inference as "A" in RET', *British Journal of Cognitive Psychotherapy*, 1 (2): 17–23.

Neenan, M. and Dryden, W. (1999) 'Inference chaining', in M. Neenan and W. Dryden (eds), *Rational Emotive Behaviour Therapy: Advances in Theory and Practice*. London: Whurr.

Neenan, M. and Dryden, W. (2002) *Cognitive Behaviour Therapy: An A-Z of Persuasive Arguments*. London: Whurr.

Neimark, P. (1981) *Same Time Next Week? How To Leave Your Therapist*. Westport, CT: Arlington House.

Orne, M.T. and Wender, P.H. (1968) 'Anticipatory socialization for psychotherapy: Methods and rationale', *American Journal of Psychiatry*, 124: 1202–1212.

Rogers, C.R. (1957) 'The necessary and sufficient conditions of therapeutic personality change', *Journal of Consulting Psychology*, 21: 95–103.

Safran, J.D. (1993) 'The therapeutic alliance rupture as a transtheoretical phenomenon: Definitional and conceptual issues', *Journal of Psychotherapy Integration*, 3: 33–49.

Schnelman, R.S. (1993) 'RET and sudden infant death syndrome', in W. Dryden and L. Hill (eds), *Innovations in Rational-Emotive Therapy*. Newbury Park, CA: Sage.

Walen, S.R., DiGiuseppe, R. and Dryden, W. (1992) *A Practitioner's Guide to Rational-Emotive Therapy*, 2nd edn. New York: Oxford University Press.

Weinrach, S.G. (1995) 'Rational emotive behavior therapy: A tough-

minded therapy for a tender-minded profession', *Journal of Counseling and Development*, 73: 296–300.
Wessler, R.A. and Wessler, R.L. (1980) *The Principles and Practice of Rational-Emotive Therapy*. San Francisco, CA: Jossey-Bass.
Young, H.S. (1974) *A Rational Counseling Primer*. New York: Institute for Rational-Emotive Therapy.