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THE DISTINCTIVE PRACTICAL FEATURES OF RATIONAL EMOTIVE BEHAVIOUR THERAPY

In this chapter, I will consider REBT major distinctive practical features.

REBT's View on the Importance of the Therapeutic Relationship

The therapeutic relationship in REBT is deemed to be important but not curative, and draws fully on working alliance theory (Bordin, 1979) as a way of understanding the importance of bonds, views, goals and tasks in therapy. I will elaborate on this position more fully in Chapter 3.

REBT's Position on Case Formulation

REBT takes a flexible approach to case formulation using this to guide interventions, particularly in complex cases. However, it argues that one can do good therapy without making such a formulation, and holds that frequently this formulation can be developed during therapy rather than fully at its outset. However, when a 'case' is deemed to be complex or a client is not making expected progress, then a doing a more formal extensive case formulation may be indicated (see Dryden, 1998, for a full discussion on the REBT approach to case formulation, which is outside the scope of this volume).

REBT has a Decided Psycho-educational Emphasis

REBT has a decided psycho-educational emphasis and argues that its theory of disturbance and change as well as its core concepts can actively be taught to and learned and implemented by clients. This principle is underpinned by the idea first discussed in Chapter 1 that REBT therapists are very explicit about the REBT model and actively teach it to clients at an early stage so that they can give their informed consent before proceeding with this form of therapy. I will discuss how REBT therapists introduce the ABC model in Chapter 6 (see also Appendix 2).

REBT can be practised in a number of ways but, relevant to this topic, it is a therapy where the skills of assessing and addressing problems can be directly

taught to clients so that that can learn to be their own therapist almost from the outset. Indeed, some of the material that has been devised to help clients to learn REBT self-help skills can also be used by people who wish to help themselves without formal therapy (Dryden, 2001, 2004, 2006a; Grieger & Woods, 1998). In addition there are a number of REBT self-helps books based on particular themes that also serve the same purpose (e.g. Dryden, 1999).

Skilled REBT therapists will work explicitly with clients so that together they can choose whether and when to take a skills teaching and learning approach to REBT therapy.

REBT's Preferred Treatment Order

REBT recommends a preferred order of treatment and argues that client problems should ideally be dealt with in the following order: (a) disturbance, (b) dissatisfaction, and (c) development. Disturbance is deemed to be present when the client is facing an adversity and holds a set of irrational beliefs (iBs) about the adversity. The resultant dysfunctional ways of responding (emotionally, behaviourally and cognitively) means that the client is ill-equipped to deal with the adversity while she is in a disturbed frame of mind. When she deals successfully with her disturbance she is then ready to deal with the dissatisfaction of facing the adversity since at this point the client holds a set of rational beliefs (rBs) about the adversity which has now become a focus for dissatisfaction rather than disturbance. Development issues, as the name implies, concern the client exploring ways of developing herself so that she can get the most out of her potential. She will not be able to do this as effectively as she could until she has dealt with the dissatisfaction of having an adversity in her life. Thus, her REBT therapist would encourage her to take steps to change the adversity if it can be changed or adjust constructively to the adversity if it can't be changed – while holding rational, rather than irrational beliefs – before focusing her attention on development issues.

While this is the preferred REBT order and a clear rationale will be given to and discussed with the client for using this order, if the latter is adamant that she wants to use a different order, then the therapist will be mindful of the working alliance (see Chapter 3) and encourage the client to proceed according to her preferences and review the results of doing so at a later date. There is little to be gained and much to be lost by the therapist attempting to force a client to use the preferred REBT order when she is very reluctant to do so. Indeed, an REBT therapist who does this is likely to hold rigid ideas about how REBT should be practised and is thus being irrational!

A second area where REBT has views on the order of treatment concerns whether to deal with meta-disturbance issues before disturbance issues or vice versa. The preferred order is to deal with a meta-disturbance issue first if its presence interferes with the client working on the disturbance issue in or out of the session, if it is clinically the most important issue of the two and, centrally, from a working alliance perspective, if the client sees the sense of doing so.

A final area where REBT has a preferred order of treatment is where this is suggested by a case formulation (for more information about doing an REBT-based case formulation, see Dryden, 1998).

REBT Advocates an Early Focus on Clients' Irrational Beliefs

As outlined in the theoretical section above, REBT theory hypothesises that a client's irrational beliefs (rigid and extreme beliefs) largely determine his psychological problems and, of the two, rigid beliefs are at the very core of such disturbance.

It follows from this that REBT therapists target for change their clients' irrational beliefs and particularly their rigid demands as early in therapy as is feasible. Other approaches in the CBT tradition (see Wills, 2008) argue that to focus on such underlying beliefs early on in therapy will engender resistance, but REBT therapists argue differently. They hold that as long as clients understand the role that such irrational beliefs play in determining and maintaining their problems, and appreciate that they need to examine and change these beliefs if they are to effectively address their problems, then such resistance is kept to a minimum. It is important, therefore, to realise that the skilful REBT therapist succeeds on this issue because the work that she is doing with the client is based firmly on a strong working alliance between the two (see Chapter 3).

The Importance of Constructing Rational Beliefs

Helping clients to examine and change their irrational beliefs is a key task of the REBT therapist. However, a skilful REBT therapist knows that in order to best expedite the belief change process, she first needs to help her client to construct an alternative rational belief and encourage him to understand that holding this belief will lead him to achieve his therapeutic goals.

As guided by REBT theory, if the therapist is targeting a rigid belief for change (e.g. 'You must like me'), she first needs to help the client to construct a flexible belief (e.g. 'I want you to like me, but you don't have to do so') and if she is targeting an extreme belief (i.e. an awfulising belief, an LFT belief or a depreciation belief), she first needs to help the client construct a non-extreme belief (i.e. a non-awfulising belief, an HFT belief or an acceptance belief). Thus, if the therapist is targeting an extreme, awfulising belief (e.g. 'It would be awful if you don't like me'), she would first help the client to construct an alternative non-extreme, non-awfulising belief (e.g. 'It would be bad if you don't like me, but it would not be awful'). If the therapist fails to help the client to construct a rational alternative to his irrational belief, then she will impede the change process as the client will be in a belief vacuum, being encouraged to give up his irrational belief, but without having anything with which to replace it.

While helping a client to construct a rational belief is important, the client then needs to develop and strengthen this belief if meaningful change is to occur.

REBT Recommends the Use of Logical Disputing

In keeping with other CBT approaches, REBT uses empirical questions (i.e. is the belief true or false?) and pragmatic arguments (i.e. is the belief largely helpful or largely unhelpful in disputing beliefs). Empirical arguments are designed to help the client to see that there is no empirical evidence to support his irrational beliefs, but there is such evidence to support his rational alternative beliefs.

Pragmatic arguments are designed to help the client to see that his irrational beliefs are largely self-defeating and interfere with him pursuing his healthy goals, while his rational alternative beliefs are largely self-enhancing and help him to pursue his healthy goals.

In addition, REBT advocates logical disputing of irrational beliefs. Here, the therapist helps the client to see that his irrational beliefs are illogical while his rational alternative beliefs are logical. Thus, both a rigid belief and flexible belief are based on a non-rigid partial preference (e.g. 'I want you to like me...'). When the person transforms this partial preference into a rigid belief (e.g. '...and therefore you must do so'), he creates an illogical belief because the rigid conclusion does not follow logically from the non-rigid, partial preference. On the other hand, the person's alternative flexible belief does follow because it is comprised of two non-rigid elements (e.g. 'I want you to like me ... but you don't have to do so').

While REBT advocates such logical disputing, it is an open question concerning how persuasive and therefore effective such disputing is. It may be that logical disputing has more of an effect when used with empirical and pragmatic disputing and that on its own its effect is limited. Such questions can only be answered empirically.

REBT Advocates the Use of a Variety of Therapeutic Styles

While REBT advocates therapists taking an active-directive stance in therapy, particularly at its outset (see Chapter 4), it is not prescriptive about how its therapists implement that stance in terms of therapeutic style. Thus, it is possible for REBT therapists to be informal or formal, humorous or serious, self-disclosing or non-self-disclosing, Socratic or didactic, and using metaphors, parables and stories or refraining from their use. Skilful REBT therapists vary their therapeutic style according to the client they are working with, and the stage of therapy that they have reached (see Chapter 4).

REBT Discourages the Use of Gradualism

There are basically three ways of tackling emotional problems. To face problems head on fully, to take steps to face them in a way that is challenging, but not overwhelming (Dryden, 1985), or to go gradually. REBT discourages clients from going gradually, if at all possible, because doing so tends to reinforce their philosophy of low frustration tolerance, e.g. 'I must avoid feeling uncomfortable as I tackle my problems' (Ellis, 1983). In my experience, clients will only face their problems head on if they have powerful motivation to do so. Most clients can be encouraged to take the 'challenging, but not overwhelming route'. However, it is better to allow clients to go gradually than to threaten the working alliance. They can always be encouraged to challenge their LFT ideas and 'speed up' later.

REBT's Realistic View of Psychological Change

REBT has a realistic view of psychological change and encourages clients to accept that change is hard work and, consequently, it urges therapists to be forceful,

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energetic and persistent as long as doing so does not threaten the therapeutic alliance (Dryden & Neenan, 2004a). It also encourages clients to understand and implement the REBT change process as follows:

- 1 Understand that your problems are underpinned by irrational beliefs.
- 2 Set goals.
- 3 Construct rational alternatives to these beliefs and see that they will help you to achieve your goals.
- 4 Examine both your irrational beliefs and their rational alternatives and see that the former are false, illogical and unhelpful and the latter are true, logical and helpful.
- 5 Commit yourself to developing and strengthening your rational beliefs.
- 6 Act in ways that are consistent with your rational beliefs while rehearsing them and continue to do this until you truly believe them.
- 7 Identify and deal with obstacles to change.
- 8 Implement relapse prevention procedures.
- 9 Generalise change to other relevant situations.
- 10 Accept yourself for backsliding and continue to use REBT change techniques.

REBT Recommends Teaching General Rational Philosophies to Clients Whenever Feasible

While REBT therapists will as a matter of course encourage their clients to acquire, develop and maintain specific rational belief, they will also, whenever possible, offer to teach them general rational philosophies and encourage them to make a 'profound philosophic change' (changing general iBs, such as 'I must be liked by significant people', to general rBs such as 'I want to be liked by significant people, but they don't have to like me') if they are capable of doing so and interested in doing so. Not all clients will be so capable and/or interested, but if therapists do not offer to do this they may be depriving a significant minority of their clients of getting the most out of REBT.

Compromises in REBT

REBT therapists have a preferred strategy and, as we have seen, this involves encouraging clients to achieve belief change. However, it recognises that clients may not be able or willing to change their irrational beliefs, and in such cases it recommends making compromises with the ideal of belief change (Dryden, 1987). Thus, when the client is not able or willing change his irrational beliefs, the REBT practitioner can help him to:

- Change his distorted inferences
- Change his behaviour
- Learn new skills
- Change or leave the situation which provides the context for his problem.

Dealing with Clients' Doubts, Reservations and Objections to REBT

Like other therapists, REBT practitioners address client obstacles to change. However, since REBT therapists endeavour to teach salient REBT concepts, it often transpires that such obstacles are rooted in clients' doubts, reservations or objections to these concepts. It frequently transpires that these doubts etc. are based on client misconceptions of these concepts. If the REBT therapist does not elicit clients' doubts, etc., then these clients will still have these doubts and be influenced by them and they will thus resist making changes. However, as the therapist has not elicited her clients' doubts, then he will not know why the client is resisting change.

Emphasis on Therapeutic Efficiency

All therapeutic approaches are (or should be) concerned with matters of therapeutic effectiveness. REBT is also concerned with the principle of therapeutic efficiency – bringing about changing in the briefest time possible (Ellis, 1980). This is why Ellis counsels REBT therapists to adopt an early focus on clients' irrational beliefs (see pp. xx–xx) and to encourage their clients to tackle their problems full on, if possible. Ellis's concern with therapeutic efficiency had its roots in his early experiences of carrying out lengthy diagnostic procedures with clients who dropped out before the treatment phase began, which he regarded as a waste of a clinician's time and thus therapeutically inefficient (Ellis, 1962).

REBT is an Eclectic Therapy

Although REBT is clearly placed in the tradition of CBT, it can also be regarded as an eclectic therapy. Indeed, I have called REBT a form of theoretically-consistent eclecticism - advocating the broad use of techniques, from wherever, but to achieve goals in keeping with REBT theory (Dryden, 1986). However, it sometimes will use techniques that are not in keeping with REBT theory when theoretically-consistent techniques bear no therapeutic fruit (see Ellis, 2002). Ultimately, REBT therapists' primary concern is to help their clients rather than to practise REBT!

In the following chapter, I will discuss the idea that the practice of REBT is best viewed within the context of a good working alliance between therapist and client.