

The Association for Rational Emotive Behaviour Therapy



MINIMUM TRAINING STANDARDS FOR THE PRACTICE OF REBT

In 1995 AREBT set its first minimum training standard requirements for the practice of REBT. In 2002 as joint members of the CBT section of the United Kingdom Council for Psychotherapy alongside BABCP, AREBT updated these minimum training standards to specifically detail minimum level of training, experience and practice required of therapists applying for Accreditation with AREBT and registration at that time with the Behavioural and Cognitive Psychotherapy Section of the UKCP.

When BABCP joined with us in 2007 to create the joint national register of REBT/CBT accredited therapists, we began the process of creating an agreed set of minimum training standards required of those who wish to seek accredited status, with AREBT and/or BABCP and be placed on our joint REBT/CBT national register, which is the current format you will read today.

Such training standards detailed here relate to 'individual therapists' and are separate from standards required of Training courses. Whilst at this time AREBT does not Accredite Training Courses, we do have a formal 'Course Recognition' process in REBT and are currently reviewing and developing such an accreditation program for the future. There is an appendix detail of such AREBT 'recognised' training courses at the end of this document along with an overview of REBT for those members of the public interested in learning more about or training in REBT and membership categories which demonstrate a developmental pathway towards seeking accreditation.

The current set of Minimum Training standards has the aims of:

- Providing people seeking further training with core standards they will be expected to meet within their overall training in Rational Emotive Behaviour/Cognitive Behaviour therapies
- Providing training courses with a guide to the training needs which will be met by their training programme
- Providing the Accreditation and Registration Committee (A & R) of BABCP/AREBT with a standard against which to decide if an applicant has received the desired level of training necessary to practice.
- Providing employers with a benchmark of standards in REB/CB Therapies

BASIC REQUIREMENTS of seeking accredited status

- All therapists are considered on an individual basis but they will usually have an approved basic professional qualification in an appropriate profession such as clinical/counselling psychology, occupational therapy,

psychiatry or counselling, nursing, occupational therapy, social work, education.

- They usually have been or will still be registered with a professional regulatory body and have undertaken a minimum period of two years post qualification training and experience
- Where they do not have a core profession training but can prove they have successfully completed counselling or psychotherapy courses that amount to a minimum of 450 hours of training of which a minimum of 200 hours was core training in REBT/CBT; plus have completed a minimum of 200 hours of supervised clinical practice; plus have and still are receiving current on-going monthly supervision in REBT/CBT and can demonstrate having achieved Continuing Professional Development through yearly logs made up of a minimum of 30hrs per annum, they can seek accreditation through the Knowledge, Skills, Assessment KSA route.
- They must be a member of AREBT and/or BABCP and have signed an agreement to abide by their Standards of Conduct, Ethics and Practice
- Therapists being considered for accreditation will have sufficient experience in working in a therapeutic role with clients
- Therapists must be able to demonstrate personal qualities that make them suitable for the practice of rational emotive, behaviour and cognitive behaviour therapy
- Therapists will be using rational emotive behaviour and cognitive behaviour therapy in a systematic way as their main, or one of their main therapeutic models.

LENGTH OF TRAINING

- Training, including basic professional Training and experience and relevant cognitive and/or behaviour therapy training will have been over at least a four year period.

THEORETICAL AND SKILLS TRAINING

- The period of training will include the acquisition of a critical understanding of the relevance of studies of human development, psychopathology, psychology, social issues and evidence based practice.
- Specialist courses in a particular model of rational emotive behaviour and cognitive behaviour therapy or in a specialist area of its application may focus on a specific area of interest. However all therapists will have covered a minimum curriculum that will provide a broad-based understanding of the theoretical basis of rational emotive behaviour and cognitive behaviour therapies and their application across a range of problem areas.
- Skill's training is an essential component of the acquisition of knowledge and experience and should not be less than 50% of a therapist's total training programme.

- Theoretical knowledge and skills will have been acquired through structured teaching and prescribed self-directed study. The minimum number of hours study required for the rational emotive behavioural/cognitive behavioural elements of training is 450 hours of which 200 hours should be provided (taught) directly by recognised REB/CB trainers through a recognised course or other programme of study.
- A training log must specify the length of study, number of taught hours and a record of the lecturers, tutors or mentors participating in a therapist's training.
- Therapists should achieve the skills to be able to understand and interpret research relevant to the outcome and effectiveness of rational emotive behavioural and cognitive behaviour therapy.

SUPERVISED CLINICAL PRACTICE

- Therapists will have conducted 200 hours of supervised assessment and therapy during training in addition to the minimum number of study hours referred to earlier.
- All therapist's will have received supervision during the period of training for both assessment and therapy, carried out by a rational emotive behavioural/cognitive behavioural supervisor/accredited therapist or therapist who meets the AREBT/BABCP criteria for accreditation. Supervision will consist of regular feedback and discussion. Close supervision will involve the use of live, audio or video materials in supervision using a skills assessment tool.
- A minimum of 8 clients will be treated during the period of training from assessment to completion or termination of treatment before a therapist is regarded as having completed their training. These cases should all be regularly supervised, of at least five sessions in length (although most should be significantly more) and cover at least 3 types of problems and three cases will have been closely supervised as defined above.
- Details of supervised clinical practice and case mix will be recorded in a training log.

PERSONAL DEVELOPMENT

- Therapists must ensure that they can identify and manage appropriately their personal involvement in the process of rational emotive behaviour and cognitive behaviour therapy.
- Therapist must have developed an ability to recognise when they should seek other professional advice.

ACCREDITATION OF RATIONAL EMOTIVE BEHAVIOURAL AND COGNITIVE AND/OR BEHAVIOURAL PSYCHOTHERAPISTS

- To apply to be Fully accredited by AREBT as a Rational Emotive Behaviour Therapist and BABCP as a Cognitive Behaviour Psychotherapist, therapists must: have two years' experience since qualification in their core

profession; meet the Minimum Training Standards; maintain an agreed level of Continuing Professional development in Rational Emotive Behavioural and Cognitive Behavioural psychotherapy; receive regular REB/CB Supervision and adhere to the AREBT/BABCP Standards of Conduct, Performance and Ethics for members.

ASSESSING MINIMUM TRAINING STANDARDS

- Therapists are expected to demonstrate an understanding of the theoretical aspects of Rational Emotive Behaviour and Cognitive Behaviour therapy and its application by the production of a formal assessment essay, exam or research project.
- An understanding of evidenced based practice should be evaluated by (i) the production of an extended case study that critically discusses the research evidence or (ii) a relevant research dissertation; or (iii) a research paper to which they have contributed published by a peer review journal
- Supervised practice will be subjected to formal assessment with four case studies written up (2000 – 4000 words each)
- The above assessments are usually required in most recognised post-qualification rational emotive behaviour or cognitive and/or behaviour therapy course. For candidates who are not pursuing a training route through such a course it is important that they agree an independent programme of study and assessment with a Rational Emotive Behaviour/Cognitive Behavioural therapist who meets the AREBT/BABCP criteria for accreditation.

Those subsequently achieving accreditation as a REB and/or CB therapist can have their details placed on the **national register of REB/CB Therapists**.

Irene Tubbs

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APPENDIX:

To deepen public knowledge of AREBT this document provides an overview of REBT and the purpose of AREBT

RATIONAL EMOTIVE BEHAVIOUR THERAPY developed by Dr Albert Ellis, is a system of counselling or psychotherapy which teaches clients how their belief systems largely determine how they feel about and act towards situations, problems and life events in their lives. It focuses on four types of thinking that largely cause stress: Rigid demands such as 'musts' and 'shoulds'; awfulizing such as, 'Life is really awful'; low frustration tolerance, e.g. 'I can't stand the pressure of work'; Damnation of self or others, e.g. 'As I failed my exam, I am a real failure as a person'. He has been credited as the “grandfather” of what we know today as Cognitive Behavioural therapy. The Association was supported by Dr Albert Ellis who in December, 1999 came over to the UK to run a successful workshop with live demonstrations of REBT.

PURPOSE OF the Association of Rational Emotive Behaviour Therapists

1. Promote and develop the science of Rational Emotive Behaviour Therapy (REBT).
2. Provide access to individuals who have an interest or specialism in REBT. We currently have three levels of individual membership entry: **1.** anybody of good standing with an interest in Rational Emotive Behaviour Therapy, Training or Coaching can join AREBT as an **associate** (not recognised as a rebt practitioner); **2.** for **full members** in active practice and qualified in REBT; **3.** reduced cost **student level** for those in full time study in REBT (for the duration of their course).
3. Maintain an internal register of professionally trained Rational Emotive Behaviour Practitioners. Some of whom are also often qualified in the following approaches:

Cognitive & Cognitive Behaviour Therapy: These therapies combine the use of cognitive (thinking) and behavioural techniques to help clients to modify their moods, such as anxiety and depression, and behaviours by changing their self-defeating thinking, attitudes and beliefs. Similar to behaviour therapy, this approach is underpinned by much academic research that supports the techniques and strategies used to help with depression; stress; anxiety including phobias, panic attacks; obsessive-compulsive disorder; post-traumatic disorder.

Multimodal Therapy: Multimodal therapy developed by Professor Arnold Lazarus is a technically eclectic and systematic approach. The approach is technically eclectic as it uses techniques taken from many different psychological theories and systems, although it does not necessarily adhere to the theories concerned. The techniques and interventions are applied systematically, based on data from client qualities, the therapist's clinical skills and specific techniques. The approach focuses on seven key areas: Behaviours, Affect (emotion), Sensations, Images, Cognitions (thoughts), Interpersonal and Drugs/biology and the aide memoire BASIC I.D. arises from the first letter of each.

Hypnosis & Relaxation Training: Hypnosis and relaxation techniques maybe used as an adjunct to any one of the above psychotherapies.

Some of our Accredited Members also use coaching and hypnosis within a Rational Emotive Behavioural framework and we include them on our Register. We now have a separate accreditation system for Coaches – detailed on our website www.arebt.org

4. Provide access to and support and advice on the minimum training standards required of members who wish to seek accreditation as a REB Therapist or a REBT and Cognitive Behavioural Psychotherapist.
5. Monitor the joint AREBT/BABCP CBT national register of accredited therapists www.cbtuk.com set up with Babcp.
6. Additionally we have a system set up to **Accreditate Supervisors & Trainers.** Currently certified Supervisors of Rational Emotive Behaviour Therapy having

satisfied the requirements of the Albert Ellis Institute, New York, International Training Standards and Policy Review Committee, can apply to become AREBT Accredited Supervisors and/or Trainers 12 months after becoming AEI certified and having demonstrated on-going CPD.

7. **AREBT provide access to re-accreditation.** Once members become accredited, they must undertake a minimum of 30 hours of continuing professional development (CPD) in REBT and CBT per annum to stay accredited and remain on the Register. Every five years they have to submit 5 (annual CPD) logs and course/conference attendance certificates as evidence. Accredited Therapists must evidence attendance at monthly clinical supervision.
8. To recognise REBT courses at Foundation and Practitioner levels. The Association for Rational Emotive Behaviour Therapy **Recognises UK and overseas** REBT certificate, foundation, advanced and MsC Training courses as accessible to student provision. A detailed list of such courses can be found later on this page.
9. Promote the interests of members of the Association in their professional activities.
10. Produce a AREBT website, <http://www.arebt.org>; conduct a journal which explores research and empirical evidence of the benefits of REBT and/or other literature for the purposes of distributing information and advancing the objects of the Association and keeping members and others informed on subjects connected with REBT. Every member also has access to a free online REBT forum [arebt @yahoogroups.com](mailto:arebt@yahoo.com).
11. AREBT is committed to continuing professional development of its members and as such ensures both at its Annual conference and subsequent CPD events detail current research and developments in REBT/CBT
12. All members who appertain to practice as REB therapists must also engage in regular supervision, carry professional indemnity and public liability insurance and agree to abide by our published **CODES OF ETHICS and Standards of Conduct and Practice**. Available for viewing on our website <http://www.arebt.org> This code serves to establish and maintain standards of practice for REBT practitioners as well as inform and protect clients seeking counselling services.

The following courses are recognised by AREBT.

All Course Directors are either qualified Supervisors of REBT and have satisfied the requirements of the Albert Ellis Institute, New York, International Training Standards and Policy Review Committee or are AREBT Accredited Supervisors and/or Trainers.

To attain recognition all the following courses were checked for:

- Course Brochure
- Course Content
- Course Contact hours
- Course directors were approved as AEI Certified Supervisors

i). **Albert Ellis Institute for Rational Emotive Behaviour Therapy, New York, USA:**

REBT Primary and Advanced Certificate and Supervisors training programme.

ii). **Goldsmiths College, London:**

MSc Rational Emotive Cognitive Behaviour Therapy

iii) **Centre for Rational Emotive Behaviour Therapy in association with the Centre for Stress Management:**

Diploma in REBT. Successful completion of this Diploma satisfies the UK REBT training requirement necessary for qualified health or caring professionals

Advanced Certificate in Cognitive Behavioural Approaches to Psychotherapy & Counselling (CBT & REBT).

Primary Certificate in REBT & Counselling.

iv) **New Zealand Centre for REBT in association with the Centre for REBT, London, UK.**

Advanced Certificate recognised as a foundation course

Primary Certificate in REBT

v) **Centre for Rational Emotive Cognitive Behavioural Education for Children/young adults and adults.**

Primary Certificate in RECBE

In 2007 in response to a consultation paper from **Skills for Health** relating to **National Occupational Standards for Psychological Therapies**, AREBT put together a detailed listing of the competency skills expected of a qualified and practicing REB Therapist

Preparation – starting the therapy

Help client generate a goals list for therapy agreed with client with regard to desired outcomes

Conduct a GABCDE assessment of client problems. Explaining and defining how client's problems can be explained within REBT model, and the benefits of looking at problem through ABC model.

Assess a client's problems across a range of modalities. Discuss importance of Client/therapist Collaboration and mutual understanding of client's goals, and how these are defined and measured throughout therapy.

Discuss with client similarities and differences between REBT

and other CBT models and the technical and theoretical basis for these differences.

Clarify the tasks that therapist and client are responsible for throughout therapy.

Agree a contract with the client, at the same time acknowledge client autonomy to end therapy at any time.

Help client to prioritise goals for therapy. Socialise client into problem-focused approach through setting of agreed agendas with client each session. Develop client's motivation to change in order to meet goals

During therapy demonstrate to client the difference between client presented Irrational Beliefs and Healthy Rational alternatives to deal with presented problem.

Integrate client feedback into approach at beginning, during and end of each session. In particular review any resistance to change or relapse experiences for client.

Monitor cognitive, emotional and behavioural change and evaluate at the beginning and end of each session both from a client and therapist perspective. With agenda setting reviewed on a regular basis.

Attend regular Supervision to discuss effective or in-effective client practices in order to develop new or enhanced approach for therapy or assess the need for onward referral

Develop a flexible working relationship based on: Client focussed approach, matching styles i.e. formal, informal to client preference.

Teach client how REBT is relevant to their presenting problems. Teach the benefits of adopting a philosophy of self acceptance. Teach the benefits of adopting a philosophy of accepting others as fallible human beings and accepts life as it is

Teach client to use REBT self help forms in order to facilitate the development of the clients skills outside of the therapy sessions.

Educate client about use of and benefits of homework in therapy

Help define and negotiate appropriate homework goals that are challenging but not overwhelming to client, taking into consideration their age, level of distress.

Through monitoring, client feedback and discussion ascertain client movement towards their chosen goals and endings of therapy. Ensure ending session, discusses relapse prevention using already learned and practiced life changes.

The therapeutic work and the working alliance

Ending the therapy

Offer follow up review session (3 months hence)

If appropriate ensure route to referral to another therapist or therapy is clearly defined.

Evaluation

On going evaluation (case notes) of therapeutic alliance; boundaries; personal competence, client movement and effective therapy stratagems within and after a session; with a supervisor; and from attaining client written feedback (evaluation form – client anonymous)

Professionally, and specific to REBT, practitioners must:

- Know the key concepts of the biological, physical, social, psychological and clinical sciences which are relevant to their profession-specific practice.
- Know how professional principles are expressed and translated into action through a number of different assessment, treatment and management approaches to practice, and how to select or modify approaches to meet the needs of an individual.
- Have read core REBT texts, and is familiar with the development of REBT as a Psychotherapeutic model
- Be familiar with the Philosophical basis of REBT, and its place alongside other Cognitive Behavioural and constructivist therapeutic approaches.
- Have understanding of REBT's distinction between ego based problems and problems caused by Low Frustration tolerance
- Have understanding of REBT's stance regarding Unconditional Self-Acceptance and its preference over self-esteem.
- Have understanding of REBT's Philosophy of Unconditional Acceptance of others as fallible human beings.
- Have understanding of benefits of REBT's Philosophy of unconditional acceptance of life conditions as they are.
- Have understanding of the difference between emotional and meta-emotional problems
- Demonstrate within practice an understanding of similarities and differences between REBT and other CBT models and the technical and theoretical basis for these differences.
- Demonstrate an understanding of challenges in delivering REBT in clinical practice. This would include an ability to assess who is suitable for REBT. Also demonstrate an understanding of difficulties encountered during therapy, and how this relates to Presenting problems and habits.
- Demonstrate an understanding of research results in REBT and the history of REBT research. Ability to critique REBT research as well as evidence research that supports REBT's effectiveness.

- Understand REBT treatment rationale/philosophy
- Understand REBT treatment structure and importance of pacing and planning sessions to facilitate process.
- Able to assess treatment standards as well as monitoring within the session, client feedback and homework tasks.
- Integrates client feedback into approach.
- Able to use inference chaining to assess Irrational beliefs
- Assess and distinguish between ego based problems and problems arising from low Frustration Tolerance.
- Teach difference between ego based problems and Low frustration tolerance problems
- Teach benefits of adopting a philosophy of high frustration tolerance.
- Teach REBT model of disturbance, that emotional distress is caused and maintained by rigid patterns of thinking that arise when a wish is elevated to a demand.
- Teach difference between Rational and Irrational Beliefs and their role in disturbance and in the maintenance physiological and psychological ill health
- Teach REBT model of healthy and unhealthy negative emotions, for example the difference between the healthy negative emotion of sadness and the unhealthy negative emotion of depression. Teach that REBT psychology states that unhealthy negative beliefs are underpinned by irrational beliefs
- Teach client how REBT is relevant to their presenting problems
- Assess whether Preferential REBT or non- preferential REBT (CBT) is appropriate to client
- Help client generate a goals list and develop client's motivation to change in order to meet goals. Help client to prioritise goals for therapy. Socialise client into problem-focused approach through setting of agreed agendas with client each session.
- Teach the benefits of adopting a philosophy of self-acceptance.
- Understand and impart reasoning to client for REBT's stance regarding Unconditional Self-Acceptance and its preference over self-esteem.
- Teach benefits of adopting a philosophy of accepting others as fallible human beings.
- Teach benefits of adopting a philosophy that accepts life as it is.

- Teach client to use REBT self-help forms in order to facilitate the development of the clients skills in disputing irrational beliefs and in reinforcing rational beliefs
- Educate client about use of homework in therapy
- Help define and negotiate appropriate homework goals that are challenging but not overwhelming to client, taking into consideration their age, level of distress etc.

Make use of theoretical model(s) to develop own practice by:

- Personal experience of using REBT. An effective practitioner will have learnt and practiced how to apply the theoretical and practical elements of REBT on their own problems.
- Using the REBT theoretical and assessment model to establish client problems across a range of modalities

Ensure the planning and progress of the treatment are consistent with the theoretical model by:

- Demonstrating an understanding of REBT treatment Sequence Assessment session for both client and therapist to review each other and once established the agenda issues to be reviewed and in what sequential order. This has also been answered before above.
- Once the above is determined to continually Monitor, Assess and Evaluate where client is within agreed agenda sequence and support the client's movement through the processes to a level of manageable self-change.
- Understand range of REBT specific Techniques and when to use them in REBT treatment Sequence
- Understand behavioural techniques and how to employ them within therapy, ensuring client is fully aware that cognitions can inhibit or enhance effective behavioural practices which encourage well-being.
- Understand rationale and use of Vivid Techniques within REBT such as Imagery to elicit physical and emotional understanding of presented problem and to supplement with alternative or reconstructed images that act as inner healers.
- Build upon Clients developed self-help processes by Teaching relapse prevention strategies before end of therapy.

Ensure application of the model is relevant and appropriate to the client by ensuring that theoretical concepts are delivered in a manner that maximises the age and level of understanding of the client by:

- Understanding the limitations of REBT in clinical practice.

- Acknowledge limitations of knowledge and ability of client to work with REBT processes. Ensuring that effective referral strategies are in place.

Additional information: The Association is a company limited by guarantee and not having a share capital. Company No. 4441094. Registered in England. The Board of Directors are all volunteers. Currently the Company Secretary is the only paid member

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