

# Newsletter

Issue 8, summer,  
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WELCOME to the summer issue of the *Newsletter* published by the Association for Rational Emotive Behaviour Therapy, UK. The newsletter will bring members up-to-date with developments in REBT.

Contents in this issue include updates

- News from the Chair-Irene Tubbs
- Annual conference summary by Nigel Pugh
- Membership details
- CPD
- Book reviews

## From the Editor

This is my opportunity to say hi to you all and I look forward to receiving all your contributions that I can edit and place in the newsletter. A request if I may from all you book readers for some book reviews so as to stimulate the brain and encourage further/wider CPD.

## News from the Chair

Those of you who attended the Conference will already be aware that during the conference I stood down as Chair of AREBT after seven years service, as I feel it is time for a new chair to take AREBT forward into the future, but will remain membership secretary for the foreseeable future.

During my period as Chair there have been many changes occurring, most of which I am pleased to report have been of a positive nature, not least membership numbers which have grown substantially from just over 50 when I first took office, to over 200 at this present time.

Administrative and communication routes have been completely overhauled, you now receive a quick response to your queries; have access to email group support; website information; newsletters and of course the journal.

My personal aim has been to promote the role of REBT as a therapy of choice, in so doing to raise the status of its professional body AREBT. It is now evident that for such a small organisation, we have been hugely successful at attaining public, government and other professional's recognition.

It all began when I became UKCP rep as well as the Chair of AREBT. Within which much debate and decision making processes lead us towards statutory regulation with the HPC (Health Professionals Council), the new regulator's register. My role supported by others on our board, has insured that we actively engaged in all debates, by sharing our views both directly and within reports, such as

- “Competencies in REBT”
- “Standards in REBT”
- “Psychological Therapy Occupational Standards”
- “Secured Titles on the HPC register”

From a position of a small modality under the CBT section, we became the Key player, highlighting the importance of promoting not only REBT but also enhancing employment opportunities for REBT therapists. Which as you now know has been very successful, highlighted by our initiative to develop a new joint RECBT accredited therapist register with

BABCP. In consequence we have jointly, promoted the benefits of this 'definitive RECBT accredited register to Healthcare provider organizations such as BUPA; PPP; NU; 400 SHA, PCTs and Mental Health Trusts and other professional bodies such as BPS; IAPT.

Already there has been a spontaneous response; I am receiving daily enquiries regarding training and public requests for therapists. I believe this evidences that the decision everyone made to leave UKCP in favour of setting up this register, was and is, clearly the right decision to have made, as status of REBTers is now recognised by the public, NHS and the private sector as being on a par with CBTers.

Supporting this opportunity has taken an immeasurable amount of hard work by the Accreditation team involving Cheryl Meikle, Peter Ruddell, and Stephen Palmer to ensure Access to Accreditation has been afforded to all members. Currently we have 46 accredited members, which I expect to develop further as REBT becomes a more widely known therapy of choice. Further ideas are now emanating from within this team, namely the creation of 'Senior Accredited status' for those members who have attained and maintained

accreditation for over 5 years and Access to Accreditation through the KSA route.

Such a process inevitably involves increasing voluntary workloads, so I am very pleased to be able to welcome in this article two new members to the team namely Meir Stolear and Gill Wiltshire. Another external member of this team (not an active board member) is Gladeana McMahon who has taken on the role of developing standards in Rational Emotive Behavioural Coaching (REBC) and will also be our representative on the joint BABCP/AREBT standards committee ensuring that the Health Professionals Council (the new statutory body) take on board standards of effective practice, deemed essential to RECBT.

Later in this newsletter you will read of the Conference which took place, its content and the evaluative feedback from participants. This year was also my final year of organising it and I am very pleased to say that two new board members Ian Wonnacott and Nigel Pugh will be taking this over. They already have some new ideas both with regards to venue and presentations.

Our final new member to the board is Matt Broadway Horner who has edited and designed this latest newsletter. All the previous

newsletters have been designed and collated by myself and Stephen Palmer (mainly Stephen) who I thank for his unstinting efforts to ensure its presentation quality.

Stephen also currently maintains our AREBT website ensuring it is inviting and up to date. However the importance of maintaining this website will increase in line with statutory regulation, which will necessitate every professional body keeping its public profile high. More frequent updating will be required; I am therefore requesting assistance for Professor Palmer.

This person needs to have Microsoft Front Page experience and understand how to upload web pages to a server.

In the first instance please email back to [dr.palmer@btinternet.com](mailto:dr.palmer@btinternet.com)

Last but not least I was deeply appreciative of the membership and board's well wishes as I stood down, especially the surprise of being offered an AREBT fellowship and of course the wonderful flowers, which I protected to the death on the tube home!

I hand over the baton of chair to someone who actually was one of the initiators of the creation of AREBT back in the 1990's, Gill

Garratt, whom I believe will be a wonderful asset to AREBT.

Irene Tubbs  
Chair person of AREBT



Response from  
New Chair person  
Gill Garratt

Many thanks to Irene who has done a great job as Chair and I receive the baton with gratitude and trepidation. I was a student on the first RET course with Windy Dryden and Stephen all those years back and have remained fully committed in practice since then. We were lone voices then and now greatly increased in numbers. My career has spanned Psychology lecturer, Manager of Counselling Training at an F.E. College for seven years, Ph.D Student in Happiness at Oxford then practical application sailing round the world delivering lectures on Cruise ships - always with REBT in every lecture disguised under popular topic headings. I am now grounded in many senses of the word and run my private practice and work as an associate for Employee Assistance programmes. I look forward to seeing more REBT members and

therapists and continuing the excellent work of the previous AREBT committees.



Annual Conference  
Summary 2009

Our conference this year was delayed because of the weather in February; however there was general agreement that the later date was actually a positive thing. And so we will hold next year's conference at the same time of year.

We were grateful for this year's contributions on a range of topics relevant to most if not all practitioners of REBT, and to furthering our understanding of the many uses and possibilities for its effective use.

Our day began with a fascinating insight into an REBT perspective on the fear of flying which was brought to us by Christos Papalekas and Jill Critchley. This classic phobia has proved challenging time and again in client work, and once we explored the DSM-IV and more general definitions, it became clear why.

Christos and Jill explained that the vivid nature of a phobia/fear, and the reaction it often creates in clients, is a unique kind unlike anything else they might fear, being specifically linked to a particular object/situation, which centres upon a heightened sense of threat, a lacking of an ability to cope, and a profound loss of control. Often, as in the case of flying, the A (or the stimulus) may in fact be a relatively safe situation.

They presented statistical evidence for how many people suffer from some significant degree of fear/phobia in the UK, such fears centred upon crashing/death, with consequential physical, cognitive, psychological, behavioural (e.g. avoidance) symptoms occurring.

Current Treatments include virtual reality and full exposure techniques, both of which have been shown to be equally effective. Interestingly, when fearful and non-fearful flyers have been interviewed, there were elements common to the negative and disempowering thoughts occurring. Christos and Jill reminded us that from an REBT point of view these include: 54.8% awfulizing, 27.2% low frustration tolerance, and 17.1% demandingness.

They presented the example of a Virgin Atlantic 'overcoming fear of

flying' course which they both attended, which sought to apply a range of methods including some therapeutic approaches, to assist potential passengers to overcome their fear. Their approach consisted of continually promoting facts about how safe it was to fly, as a means of disputing the Activating Event, combined with a desire to actively overcome fear by taking a 1hr flight.

Christos & Jill concluded that virtual guarantees that the plane would not crash, and a weight of evidence against irrational beliefs, plus a heard behaviour combined with some positive thinking, seemed to have been enough to provide the Virgin programme some success. In our conference, Gill Garrett reminded us that underneath such types of intense fear, there may well be a core fear of 'death' driving various fears related to the fear of flying.

I would certainly concur with this in my own client work. This links with the rational beliefs and the general philosophy that an REBT approach can develop, in contrast to other perhaps less effective methods, which can help alleviate or eradicate the core fears that drive a phobia such as that of flying. This was a fascinating session about contemporary popular approaches, and the links to therapy, with great

encouragement to use REBT fearlessly in treatment plans given its relevance.

Irene Tubbs then provided us with a session on Rational Emotive Behavioural Education (REBE) as she uses this with young people (and their parents!) to great effect. For any of us who work with young people, and even those of us who don't, this provided many up to date insights on what works and what doesn't with this challenging client group. The intensely practical approach and indeed the practical relevance of REB approaches to dealing with the challenges in young lives came through remarkably clearly in this session. Irene explained how well young people respond to evidence based insights about how their minds work, and to the use of the term 'self-choice' to emphasise their freedom to change at all times, and to terms like 'coaching' which are familiar and considered acceptable to them. The intense fear of failure was a key topic for younger clients, and the use of powerful engaging metaphors such as the tornado and the spring, also came through.

The science of happiness, of what helps our mind, body and emotions collectively, were also one subject that particularly engaged the attentions of youngsters. And so the fundamental relevance of REBT

to helping young people come far more helpfully to terms with core aspects of being human came through in abundance in Irene's session. For we all know that life and true freedom flow best from unconditional self-acceptance, and that young people especially may benefit from being helped to find ways to build this in healthy practical ways. Many comments were heard afterwards, of appreciation for Irene sharing her practical experience in this difficult area.

We then turned, with the help of Vicky Ellam-Dyson and her partnership work with Prof. Stephen Palmer, to the efficacy of REBC with Executives. Many of us in the room were busy practising forms of coaching that utilised REB principles but the thought that somebody somewhere was researching their efficacy may not have dawned on us. And we realised it was no easy thing to do, as rarely do coaches use just one method, such that its impact can be assessed in a scientific way.

As one might expect, there were some fairly visible links between unhelpful core beliefs of the kind REBC would address help to eradicate. And the links to related unhelpful behaviours was clear. Data could certainly be collected alongside 360 feedback data too,

which might make diagnosis of the problem areas easier, for future coaching sessions. We look forward to seeing future developments in this area and any enquiries to be part of this should be sent to Vicky.

Roberta Galluccio-Richardson then elucidated for us the similarities between REBT and DBT (Dialectical Behaviour Therapy).

Not everyone had come across the latter before, and so this was an interesting detour outside of the world of REBT and CBT for some, and with an expert guide to help us. DBT is mainly used, since it was created in 1991 by Marsha Linehan, in treating Borderline Personality Disorder (BPD).

The dialectical aspect refers to the mutual embracing of traditional opposites e.g. the Eastern notion of acceptance is mixed with the Western tradition of seeking change. When approaching something like stress, this means in practice, accepting the client as is while at the same time helping them adjust their emotional responses to stress and its antecedents.

The clear parallels between DBT and REBT were drawn out for us, and as we might expect, the REBT approach had potential value in slightly different ways to DBT. The goal however is the same, to

support the client in becoming free of difficulties.

We ended our day with a very practical session by Daniel Constantinou on Assertiveness: a Step-by-Step Guide. This involved reminding ourselves about what assertiveness is and isn't, and then exploring the beliefs that undergird healthy assertion and unhealthy assertion followed by pinning our thoughts down by examining the assertion continuum.

Passive aggression was a key theme explored here, and the difficulties this creates for others, and we affirmed the deadliness of the apologetic assertions clients sometimes adopt which constitute little real progress. And the inevitable nature of the pendulum between healthy and less healthy levels of assertion was also acknowledged, for we have to keep our goals flexibly in view.

And so the fears that underlie a lack of assertiveness became a core focus of the session, and on the need to address and overcome these, if lasting progress and change is to result. Practical tools and pathways were then offered to progress clients along useful paths of assertive self development.

All in all we had a day of solid contributions, wide in scope, and encouraging in nature. The

relevance of REBT for work with so many different human scenarios was clear and inspiring. We look forward to next year's conference.

Written by Nigel Pugh



## Membership secretary report.

Our numbers continue to rise, many as you will see below are students studying with Windy, we now have 210 members

WELCOME TO THE  
FOLLOWING MEMBERS

Edward Sim  
Philipa Turner (St).  
Anna Albright (st)  
Rhena Branch  
Chris McConnell (st)  
Beverley Harper (st)  
Fay Kalapoda (st)  
Leo Barnard (st)  
Musawenkosi Nyoni  
Marie Church  
Sally Ryall

CONGRATULATIONS TO  
THE FOLLOWING  
MEMBERS FOR ATTAINING

ACCREDITED  
STATUS.

AREBT

Ian Wonnacott  
Francis Smith  
Helen Tomm  
Don McKnight  
Ian Martin  
David McPherson  
Robert Fogg  
Steven Sheward provisional accred  
Simon Simpson provisional accred  
Joanne Oton  
Rebecca Judge  
Ron Meldrum  
Christos Papalekas  
Edward Sim  
Colin Williams.  
Sheila Ravindran  
Jacqueline Smith

Congratulations to Rameez Ali for having attained AEI status as a REBT Supervisor.

## MEMBERSHIP PRACTICE IMPLICATIONS

### STATUTORY REGULATION

Along with other psychological modalities in the field we have been actively presenting our responses both in writing and through the Professional Liaison Group (we are jointly represented by BABCP within this diverse group of Psychotherapists and Counsellors) to the Health Professional Councils with regard to Statutory Regulation. This group was made up of a broad professional body

within Psychotherapy and Counselling to consider and make recommendations to the HPC, as you can imagine there was much deliberation and difference of opinion before a consensus was reached.

The following Summary of PLG recommendations was based on these discussions plus a prior 'call for ideas' and stakeholders meeting to seek views of stakeholders on the statutory regulation of psychotherapists and counsellors. Responses were received from 110 organisations and individuals. Having considered these responses the PLG made the following recommendations to the HPC.

The PLG recommends: (not ratified yet).

- the Register should be structured to differentiate between psychotherapists and counsellors.
- The title 'counsellor' should become a protected title.
- The title 'psychotherapist' should become a protected title (this is the title under which REBT would be placed). For practitioners this means that if the title psychotherapist does become protected only those on that register may in law use that

title to promote their services to the public.

- To succeed in being placed on the register the 'normal' threshold level of qualification for entry to the Register should be set as follows:

1.) For counsellors, level 5 on the National Qualifications Framework / level 5 on The Framework for Higher Education Qualifications / level 8/9 on the Scottish Credit and Qualifications Framework

2.) For psychotherapists, (our route in) level 7 on the National Qualifications Framework / level 7 on the Framework for Higher Education Qualifications / Level 11 on the Scottish Credit and Qualifications Framework.

- those psychotherapists, counsellors who do not have the recognised level of qualification required for regulation registration, can seek further training to be recognised and placed on the HPC register, within a two year period (Grand-parenting route).

- Recommendations about which voluntary registers should transfer should be made by the HPC on the basis of submissions

made by organisations holding voluntary registers which would meet specific criteria. Each organisation would be asked to submit documentary evidence in order to demonstrate that the criteria have been met. At this time the criteria could include, copies of standards code of ethics & practice; relevant policy and procedure documents (e.g. complaints procedures).

AREBT have all such documentation in place and the new joint accredited register with BABCP has a strong possibility of being accepted as is. It is however not yet clear if any member (not accredited) but on that professional bodies' register of therapists would also automatically move into registration. Therefore any of you out there who having reviewed the possible standards consider you need to do more to match the criteria and thus seek accreditation, would benefit from so doing as soon as possible.

Such recommendations have resulted in the HPC undertaking a consultation process for those in the fields of Psychotherapy and Counselling, to respond with their views by Friday 16<sup>th</sup> October 2009. If you wish to assist our response you will need to have your views

with us by the end of September 2009.

Irene Tubbs



## HEALTH PROVIDERS

Many of you like myself will already provide therapy for clients who use health insurance to cover its cost. However recently two issues have arisen for myself which I believe would be of interest to those of you who may wish to be registered with such providers in the future. It has also made me consider that an effective use of this newsletter would be the opportunity for members to share difficulties or indeed proactive changes to practice which could inform others. Here is mine.

Firstly be aware: BUPA are the only main provider who still insists on a Psychiatric assessment prior to a client being referred to a therapist. This means that the value of the client package (usually around £1,000) will be used to pay such an assessment (last known cost was £240). BUPA will also only take on board practitioners who have been proposed by a Psychiatrist. Secondly there now seem to be a variety of policies whereby some

health providers pay all costs and others have 'access' amounts deducted from the clients package. For example: Norwich Union.

These access amounts mean that the client is responsible for paying the access directly to the therapist themselves. Several clients were not aware of this (neither was I originally) and it caused some uncomfortable concern for them.

The difficulty for the therapist arises because they are still expected to present their invoices to the health provider who then does not pay them until the access is fully met, but simply sends a letter detailing that the therapist has to ask the client for the money.

I have spoken to the provider concerned relating to therapeutic alliance, empathy etc. but they stated that as the contract is between the client and the therapist they would not change this practice. I now ensure that all clients discuss this possible occurrence at the initial stage of therapy.

On a separate matter I was also challenged as to why therapy was not consistent i.e. did not run on a weekly/fortnightly basis as there was a time scale for expected duration of therapy. This they explained was their understanding of CBT!!!! Having explained the

importance of extended time between sessions and indeed follow up review sessions, they stuck to their guns, I therefore asked them to put this into writing so that I could inform our members of the regimented approach of this provider. They have not done so, I am hopeful on reflection they saw the ineffectiveness of such rigidity.

Irene Tubbs



## Core Professional Development

Windy Dryden in Action 9th September 2009 £145

This workshop, the first in the series of seminars by Professor Windy Dryden's presented by City minds, gives you the opportunity to watch, learn, interact and possibly have a personal therapeutic experience with Windy Dryden, as he demonstrates his unique skills with volunteers from the audience. If you want to come and learn from a world expert in the field of CBT, live in action, this is a workshop you will not want to miss. Some of what has been learned on previous workshops includes:

- Learn how to assess and distinguish different healthy and unhealthy moods and emotions
- Gain knowledge on how to pinpoint out and challenge irrational thoughts and beliefs
- Observe how force, rigour and vividness are used in CBT
- Watch the expert demonstrate CBT emotive techniques such as Rational-Emotive Imagery
- Understand how to construct and negotiate effective homework assignments
- Discover how to deal with unexpected challenges

Assessment in CBT 11th & 12th November 2009 £285

This two day workshop, the second in the series of seminars by Professor Windy Dryden this year, will explore the assessment process within the CBT model. Professor Dryden will consider the factors involved in the client assessment process, enabling you to discover more effective ways of identifying the key issues for therapy. You will learn how to understand a person in the context of their problems. Making the right clinical assessment is vital in building the therapeutic alliance and therapeutic focus and involves both case formulation and emotional and behavioural

conceptualisation. Enjoy two days of invaluable learning from one of the foremost personalities in the field of CBT.

#### Syllabus

- The purpose of case formulation and factors to be considered
- Developing a problem list
- Goals
- Identifying unhealthy negative emotions
- Problematic events and triggers
- Identifying core irrational beliefs and derivatives
- Identifying dysfunctional behaviours
- Conceptualising emotions
- Healthy and unhealthy negative emotions
- Meta-emotional problems
- Developing an understanding of the relevant predisposing factors

Dealing with self esteem problems 10th December 2009 £145

Can you legitimately rate the "self"? In this thought provoking workshop, the third in the Professor Windy Dryden seminars, you will discover what self-esteem is and what it is not and its dangers. The alternative, known as self-acceptance, will be discussed and you will learn how to apply it therapeutically. Most clients present with low self-esteem problems and therefore this workshop are

invaluable to all healthcare professionals. Self-esteem problems are common and particularly prevalent in depression, anxiety and other emotional problems as well as at work, in relationships, and with performance-related issues from the creative to the sexual.

#### Syllabus

- Why we don't raise our clients self-esteem
- Deconstructing self-esteem
- What is "self"?
- What is esteem?
- Deconstruct the language of self-esteem
- Construct the language of self-acceptance
- Practical considerations in dealing with self-esteem problems
- Therapeutic techniques to use with clients
- How to practice self-acceptance
- Exercises and homework assignments for clients

The Independent Practitioner Special Interest Group (BABCP) held their first inaugural event in the form of a conference on various topics related to Independent Practice.

If you would like to *join* SIG, e-mail [matt@cbtinthecity.com](mailto:matt@cbtinthecity.com) for details.



## Book reviews

Overcoming Body Image problems including Body Dysmorphic Disorder by David Veale, Rob Willson and Alex Clarke.

A self help guide with good clear explanations of the clinical jargon passed around from day to day in daily practice. It provides the client and the family a logical clearly thought through easy to read text to assist a person to start the journey to recovery.

As a profession there is still a lot to learn in the area of BDD and how a person develops a body image problem. The authors provide a clear CBT frame work and can be an excellent aid to therapy.

