

# *RATIONAL NEWS*

## *THE AREBT Newsletter*

Issue 9 August 2010



WELCOME to the August issue of the *Newsletter* published by the Association for Rational Emotive Behaviour Therapy, UK, bringing members up-to-date with developments in REBT, such as:

**NEW:** two day AREBT conference for 2011

**NEW:** registration with NICE

**NEW:** membership grade

**NEW:** Student rep

**NEW:** Senior Accredited status

**NEW:** REB Coaching scheme

**NEW:** Supervisor Training course

**NEW:** Journal

**NEW:** book reviews

### *From the Editor*

This has been a disappointing year with no members sending in articles; queries; letters or book reviews on any subject which stimulates the brain and encourages further/wider CPD. Unless this becomes the norm AREBT news can only stay an information sheet compiled from board members, who already undertake numerous tasks to raise the profile of AREBT. A great pity, especially as I frequently hear from members that they would like more opportunities to share views with other REBTers.

Be proactive, start writing in, review articles make comments; send book reviews; write about any CPD training you have undertaken; send in a synopsis of dissertations; ask questions; present views.

In the meantime there is a lot of [new information](#) for you to digest within this newsletter, not least a development for our 2011 Conference with second day master classes taken by well known REBT 'masters'.

## News from the Chair

It's been an exciting year in the world of REBT as AREBT and our ever increasing community of members have been more active than ever in promoting the benefits of our work. Working together I am confident that we can ensure that the profile of REBT continues to increase and, on a practical note, that the new UK Government remains committed to it's investment in talking therapies more broadly. These are exciting times in the field of mental health and wellbeing as a whole. So far this year we have managed to secure the new joint REBT CBT accreditation scheme which has become the leading Register in the country, no mean feat! With regard to this I'd like to say a special thanks to Irene Tubbs whose tireless work has been the backbone of AREBT this year and whose commitment to our aims and activities must be applauded. With this accreditation we can ensure that all REBT practitioners are working to the high standards of professionalism we have agreed our clients deserve. There's still a lot for all of us to do of course but the team have been working as hard as ever to ensure that new initiatives like the REBT Supervision course will be a success as well as continuing to encourage and share best practice across our member's varied sectors of interest. I am confident that 2010-11 will be another challenging year for everyone in REBT and I am optimistic that as we engage with the fascinating and hugely varied issues presented to us each day in our work we will continue to find REBT as a tool bringing benefits to a wider audience.

Gill Garratt

## NICE Update

We have registered AREBT with NICE, ensuring we now have the opportunity to provide a REBT (and CBT) perspective for its NICE guidelines. Gillian Garratt our Chair, extends a welcome to any interested members who would like to participate in any discussions relating to future NICE guidelines to contact her at [gill@counsellingcbt.com](mailto:gill@counsellingcbt.com)

Stephen Palmer

## MEMBERSHIP

We have 239 members, 45 accredited and 13 senior Accredited

## WELCOME TO THE FOLLOWING NEW MEMBERS

Sally Ryall	James Sparkes
Daniel Fryer	Matthew Ward
Judith Balcazar	Jonathan Gibbs
Ann Collins	Henry So
Matthew Ward	Jacob Barr
Zena Everett	Nicolas Nicoulau
Paul Gray	Jamie Shavdia
Edelweiss Collings	Emma Clark
Angela Phillips	Gurjeet Bansal
Dakshina Kypriotis	Corinne Sweet
Debbie Sharp	Hatice Ocal
Adrian Rycroft	Li Fang Neo
Julian Childs	Kika Patakis
Anne Bates	Dawn Scully
Louise Locke	

Our membership fee for 2010 remained at £30 for Full Members and £10 for students and Associates, being the lowest of any 'talking therapy' professional body, affording each full member the opportunity to have their details placed on our AREBT therapist list at no extra charge. Whereas, most professional bodies charge a yearly additional fee for publicising a therapists practice. Student membership whilst undertaking a recognised training in REBT affords a reduced membership fee of only £10 and reduced cost of attendance at REBT CPD/Conference.

In addition all members have the opportunity to network with fellow members by joining our online forum chat group; keep abreast of REBT developments; have access to a list of recognised REBT supervisors; receive newsletters; and a bi-annual journal. A new development has been created by Meir Stolear, AREBT are now on [Facebook](#).

A special thank you to all who have processed their renewal by direct debit, it has helped reduce my workload. It would be most helpful if more of you considered doing this for 2011.

## NEW MEMBERSHIP GRADES

As a small organisation, membership numbers are important to provide the revenue to source CPD opportunities such as those at our Conference. Therefore please help AREBT to grow and REBT to be more widely known by promoting benefits of joining AREBT to others you know who may not be REBT trained but have an interest in REBT. They can join as an Associate member at a yearly fee of £10. Which although prevents them from promoting themselves as a REBT therapist affords the opportunity to access all other aspects of AREBT.

One of our members Noreen Emmans suggested we create an AREBT promotional flyer and distribute to members. I will be undertaking this aspect shortly and all members will receive copies to give to interested parties and place in appropriate venues.

Academics will also be able to join AREBT at a new membership grade reflecting their contribution to research.

Irene Tubbs

## NEW STUDENT REP

We are very pleased to announce that Fay Kalapoda has agreed to become the new student rep for AREBT. She is currently in the second year of her MSc training at Goldsmiths and works as a Student Health & Wellbeing Adviser at the University of East London. Students can direct any questions to AREBT through Fay by contacting her at [fay\\_kalapoda@hotmail.co.uk](mailto:fay_kalapoda@hotmail.co.uk)

The first aspect Fay wishes to bring to everyone's attention is for anyone who no longer needs their REBT books and are willing to sell cheaply or give away, to contact her. It is also envisaged that at our next conference we will have a swop and buy table specifically for rebt/cbt books. Our AREBT Yahoo Group now has a facility to swop/purchase books.

## NEW ACCREDITED STATUS

Of our 45 accredited members thirteen have now achieved SENIOR ACCREDITED status. They applied for this after attaining re-accredited status, by maintaining five years continuing membership of AREBT and producing five years additional CPD and supervision evidence. **Please note:** whilst we will accept CBT courses for CPD purposes, it is a requirement of accredited status and re-accreditation that at least 15 of the required 30 CPD hours should be specifically related to REBT.

Meir Stolear

**CONGRATULATIONS** to the following members who have attained **ACCREDITED AREBT Status**.

Steven Sheward      Simon Simpson

## BENEFITS OF SEEKING ACCREDITATION

Accredited status is not only advantageous for promotion of own practice to clients, but also means accredited details can be placed on the joint arebt/babcp national joint register [www.cbtreceiver.co.uk](http://www.cbtreceiver.co.uk). A register deemed likely to be accepted for statutory regulation without the major costs that individual membership of the HPC incurs. In addition we have a direct link from the recbt register to the arebt website, meaning that inquirers can also review the current AREBT therapist list currently on the AREBT website.

**Note:** Special thanks to Cheryl Meikle for all her hard work in co-ordinating and assessing the accreditation forms. This role has now been taken over by Meir Stolear who due to possible changes in the required standard of qualifications for statutory regulation is currently reviewing additional arebt practice requirements for accredited status. When formalised, these will be placed on our website, until then the current forms and advice procedures for seeking accreditation are still in force. If you have any queries on accreditation contact Meir at [meir1@mac.com](mailto:meir1@mac.com)

## NEW ACCREDITATION SCHEME:

### RATIONAL EMOTIVE BEHAVIOURAL COACHES

Gladeana McMahon chair of the Association of Coaching UK; founder of their Coaching Accreditation scheme and formerly a Chair of AREBT, has on behalf of AREBT put together a coaching accreditation scheme for those REBT practitioners who are in practice as a Coach as well as a Therapist. This formulization process is now completed and AREBT is delighted to announce the official launch of its Coach Accreditation Scheme to existing AREBT Accredited Members who are also Coaches. The feedback of the pilot scheme applicants has enabled AREBT to fine-tune the accreditation process that recognises your coaching experience, and after the 1<sup>st</sup> October 2010 you will find all the details on the AREBT website of how you can apply to become an AREBT Accredited Coach.

It is our intention to open up the Coach Accreditation to all members once we have had an opportunity of dealing with the applications from Accredited REBT practitioners. Further details regarding this will be sent out to the membership next year.

Once accredited this remains valid for a period of 5 years while you

- hold current membership of the AREBT
- do not have any up-held complaints against you
- complete at least 30 hours CPD per annum
- undergo regular Coaching Supervision

So, if you have held full membership of AREBT (“member” grade or above) for at least 12 months, after the 1<sup>st</sup> of October 2010, go to [www.arebt.org](http://www.arebt.org) which will lead you to the accreditation introductory letter.

Once you have read and understood the criteria, click on the accreditation application pack and start working your way through the process. We’ve tried to

make the application forms as user-friendly as possible, but if you have any comments or queries do not hesitate to get in touch.

I look forward to receiving your applications.

Gladeana McMahon  
Head of Coach Accreditation

### NEW SUPERVISION TRAINING COURSE:

As you are aware there are very few REBT trained Supervisors in this country, all of whom had to travel to the AEI in America for training. We are now seeking to address this by developing our own Supervision course. To this end Irene Tubbs and Rameez Ali are in the process of setting up a REBT Supervision Training course to a standard which equates with the current AEI provision. As you can imagine this entails a lot of work, which will be methodically processed, but we do intend to have this formulated towards the early part of next year.

It would help us if we were aware of the current interest of our members in achieving supervisory status, therefore email Irene at [iatubbs@aol.com](mailto:iatubbs@aol.com) so that we can register your interest and inform you once the course is ready to roll.

Irene Tubbs - Rameez Ali

### JOURNAL

We have some good news. This year we have received sufficient article submissions to publish one large journal in 2010. There are articles on research and also self-help material. The journal will be published in both PDF and hardcopy formats. We thank the authors for their contributions.

Prof Stephen Palmer - Dr Siobhain O'Riordan - Co-editors: The Rational Emotive Behaviour Therapist

**Assistance required:** 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 [palmer@centresofexpertise.com](mailto:palmer@centresofexpertise.com)

## AREBT TRAINING STANDARDS

Hi, I'm Roberta Richardson and I took over the role of establishing a protocol for assessing training courses in REBT. As you can imagine any such development needs careful monitoring to ensure that competencies are fully addressed within our standards, whilst at the same time taking into consideration the original standards that Albert Ellis had envisioned when he founded the Albert Ellis Institute. To establish this I was able to speak to Jim McMahon, one of the "oldest" board members of the AEI and to my good friend and colleague, Shuki Cohen who with me was one of the last trainees Al took on before he fell ill. Both helped me clarify a few points related to this issue.

They drew my attention to the idea that when we talk about REBT there is no fixedness in the theory so that theory changed as did the training over the years to reflect new ideas

The architecture of RET in the '80s when Al was very active was better than it has been lately because working techniques into the REBT metaphor appealed to him and to others who were working closely with him. Of course, Al had written about RET and then REBT interventions, but his philosophy changed from Logical Positivism (British Analytic philosophy and American Logical Empiricism) after he read Mike Mahoney's 1976 book on scientist as subject. Thereafter, he changed again in 1988 at Oxford when he argued that RET was constructivist and had been from the beginning. Constructivism means no standards as you know. Even the names have evolved as have training content and outcome studies. In fact, in the original constitution of the Institute, the terms RT, RET and REBT were not used: the purpose was to champion scientific psychology against dogma. That still seems to be the case.

Obviously, there are training goals, but they have been malleable. Yet, the contribution of Albert Ellis to psychotherapy and to mental health treatment and redirection has been monumental. Richard Wessler however, argued in two papers with answers by Albert Ellis that his theory could not be pinned down, and considered this as a shortcoming. Others, like Jim, saw it as a tribute to Al's diversity.

Dr. Cohen reminded me that any training program gets fettered to the point where the trainee forgets that the most important thing is patient progress and constant monitoring while the REBT technique itself is very modular. He stated that while the diagnosis (abc) is standardized, the disputes are:

- 1) Equivalent to each other
- 2) Without a particular order of delivery
- 3) Can be of vast abstraction range: from the logical to the behavioural
- 4) Can be at times contradictory. The only thing that matters about the disputes is that a) the patient's irrational beliefs are visibly shaken, and even that is less important than b) the patient's emotions & behaviour CHANGE.

In conclusion, Jim stated that the writings of Windy Dryden from our own AREBT group had satisfied Al, so he thinks they are about as close as one gets to what we are looking for. However, and so far as Jim knows now after 45 years contact with AEI, neither he nor the other signers of the incorporation of the Institute wrote down standards for RT, then RET, then REBT.

What does this mean for us it means that we need to formulate our own training standards based on the practices of the current provision provided by Windy Dryden at Goldsmiths College and Stephen Palmer's REBT training courses.

This is where we will begin to set a standard

Roberta Gallucio Richardson

### AREBT CONFERENCE 2010

Our 2010 conference was held at a new venue with a change in focus to accommodate two afternoon workshops as well as morning presentations. Forty nine members booked and forty eight attended, from these we received 27 feedback responses, presentations graded from acceptable to excellent, with both workshops deemed excellent!

Comments included:

- Well organised, ran to time, very interesting presentations, workshops.
- Great Venue, fantastic day I learnt a lot Thank you
- Really good day! Thanks to all

- Excellent venue, central and well appointed.
- I have valued greatly the resources – book lists, live examples and stories. Although the research perspective is immensely valuable there is in REBT narrative component which is an essential part of practice maybe we should highlight this before we become too much like babcp.

## OVERVIEW OF CONFERENCE CONTENT

Use of the rational emotive behavioural approach in driver improvement training in the UK: A comparative effectiveness study by Nick Edgerton

Our first conference paper was a detailed piece of research by Nick on three corrective programmes run by three different UK police authorities for drivers who had been brought to court charged with driving without due care and consideration for other road users. These schemes allow drivers, similarly to cases of speeding, to commit themselves to attending a training event lasting 1.5 days to help themselves prevent committing future road traffic offences rather than to pay a fine and receive points on their licence in the usual way. The benefits to the driver are the avoidance of penalty points and a fine and of the resulting increased insurance premium costs and/or risks to their work situation. And for the police authority, there is the hope that such drivers will learn ways to manage or adjust their mindsets as well as their emotional responses to driving around others, and so adjust their behaviour with increasing likelihood they will avoid actions that might lead to reoffending. Ultimately improving safety levels on the roads rather than merely punishing those who offend. A win-win situation, we might hope, after (in this case) a potentially dangerous driving offence has been committed.

Nick's research highlighted three differing approaches used, which whilst sharing some core aspects influenced course participants in three different ways. These varied from a direct and challenging or 'plain speaking' approach within one course, to one involving the use of Transactional Analysis (TA) based approaches, and one using adapted forms of REBT and cognitive behavioural approaches. Offering a chance to gain clear data on the effectiveness of the REBT based approach as it contrasted with the other programmes, which had different sets of core tools being employed. The hypothesis being broadly that those who attend a driver improvement programme will cultivate a calmer and more effective way of responding to situations that might previously have provoked inappropriate responses of the kind that might lead to danger or prosecution or both. Clearly we

were interested to see how the results showed the comparative effectiveness of REBT in contrast to the other two approaches.

Nick's data showed that benefits of such courses included a positive measurable shift in both participant's attitudes and behaviour after the courses finished. It also illustrated 3 months after the course had finished, that the cognitive behavioural approach to assisting participants, had sustained a greater level of improvement over time than the other two approaches in most of the areas measured. The distance between the various approaches in terms of results, was modest, however CBT held the ground above the TA approach, with the plain speaking challenging approach taking a consistent third place.

When we consider the particulars in the hypotheses being tested, it is perhaps inevitable, that CB approaches should prove particularly effective as they so directly speak to the problems participants were carrying around that were driving their behaviours. For example, their attitudes to speeding were unusual, and this rationalised non-compliance (and the attending behaviours) easily for them until they were challenged about the tolerability of compliance in a disputing fashion. Participant attitudes to drink, to overtaking (by whatever ill considered means), having little respect or tolerance for others, and blaming everyone but themselves for problems arising on the road – were all influenced with a notably higher rate of change using CBT methods.

Most notably though, it was in the areas of taking responsibility for their actions and of change, that the CBT approaches proved of most value and impact. Some emotional challenges were not being entirely turned around using CB based methods, and Nick was keen to point out that further work and development was needed, but the core assurance that CB and specifically REBT rooted approaches to this kind of re-education activity were particularly effective in supporting the more general learning points such courses sought to convey. The goal being to unlock beliefs that are driving unhelpful behaviours and act in ways that are in their and other road users best interest.

### REBT and Anger:

Christos Papalekas spoke about his research in relation to REBT's effectiveness at helping clients make progress with difficult anger problems. His specific focus was upon the effects of rational and irrational beliefs in creating anger, and upon the

functional and dysfunctional inferences such beliefs lead clients to draw upon with the resulting potentially problematic and ill-founded behaviours that might ensue.

Christos opened with a quote that reminded us how all humans live in a profound sense, in a world of their own internal creating, which is irredeemably rooted in our limited perceptual apparatus and cognitions and which will therefore only ever be a fallible one. He chose to explore how well real life case studies back up the REBT hypothesis that rational beliefs can safely undergird 'healthy anger', and that unhealthy negative anger is the result of dysfunctional inferences. The challenges of unpicking as far as was helpful, amid the research, what exactly 'anger' is and of the interactions between affective states, decision making and cognitive process and of the ability of a person to imagine 'what life would be like if...' (they adopted a more rational belief vs their irrational one) were all openly acknowledged as potential barriers to any surety we may wish to reach in this aspect of REBT.

We were reminded that of those 12% of people known to have an anger problem, only some 13% have sought help, and they as well as their GPs report little awareness of quality options like REBT being out there to help resolve such inner tensions fruitfully and permanently. The limited coverage of anger problems, in contrast to depression and anxiety problems, seemed remarkable to many of us. Yet in an "I want what I want now and on my terms" culture on the rise, the tensions people face inside themselves in coping with those times of frustration, will only rise. The subtleties and nuances of the links between thought and belief patterns, and the almost instantaneous emotional reactions, and the equally quick physical actions that can result from an angered reaction – were all touched upon. We reminded ourselves of how the 'A' or Activating event, can have behavioural and emotionally intense Consequence 'C' which makes inferential leaps across an apparently not-too-obvious set of Beliefs (B) but that this may be because the long term depth level programming has created a kind of emotional trigger that skips logic and assumes dire importance about what is unconsciously accepted beneath the surface. And so it is, that the underlying belief systems Ellis was so keen to explore, form the core to both understanding and to changing angry behaviour that is causing problems for the client.

While research has previously shown clear links between irrational beliefs and dysfunctionality, in contrast to more rational beliefs and functionality being higher, the more elusive and subtler inference aspect has not been explored much. The inferences a person draws when they are angry, and functional, or dysfunctional, presumably depends on the rationality of their belief system and that may or may

not be obvious. Christos's study involved 60 individuals who face a situation where someone has jumped the queue in front of them, and are asked to indicate their level of anger based on two differing kinds of thought pattern. The degrees of their anger would be rated as either healthy or unhealthy on a known rating basis. The goal being to track down the effect of the irrational beliefs and the effect the inferences drawn from them had on levels of dysfunctional anger emerging.

Christos study, while acknowledging the potential in-built limitations, certainly showed clear results that illustrated the basic tenet of REBT that irrational beliefs lead to inappropriate inferences and assumptions being made and that such irrational beliefs are fundamentally what drive dysfunctional unhealthy anger forms. And so, REBT therapists go after the disputing of such irrational beliefs (and their often hidden inferences about people and situations) in order to enable the client to access new ways of operating that avoid unhelpful forms of anger.

We were then treated to the duo of Prof Stephen Palmer and Alanna O'Broin on The Client-Practitioner Relationship and their latest research of what is valuable in that context, versus what the myths are that need to be swept away. Their goal was to unpack the research on this theme, and explore the concept of the 'working alliance' from an REBT perspective too.

We were reminded that the therapeutic alliance is, in the research, consistently shown to be a telling factor in therapy having a positive outcome. Relationships of quality will tend to be more efficient, open and effective at supporting positive outcomes both in conversation and on a person's ability and willingness to engage with proposals for action. The need was also emphasised for that alliance to be formed early on, as any failure to do so can either be fatal to the relationship or can take simply too much work to overcome after a weak or poor start. Inevitably, there have been common factors, on what has constituted a quality working alliance.

Coaching relationships, being somewhat different, have a potential new slant to bring to such alliance research. Stephen and Alanna's work stood very much on the shoulders of those who had previously established the ideal aspects of a quality coaching alliance, some of the themes including the need for the coach to be self managing, to have presence, for trust to be possible early on and so forth. The study of nine coaches revealed three key themes when it came to what coaches most valued in their relationship with their coach: firstly it was the dynamics of the relationship itself, then a need for transparency, and the core issue of trust.

Examining each of those themes, we reviewed quotes from the sample group, about what they valued and why. Trust would mean anything from knowing completely that appropriate confidentiality would be upheld, but also feeling confident in the hands of the coach, that they would only face sensible and well considered questions such that they could relax and be confident in their abilities. On the transparency theme, many clients liked very much, the way that at every point in the coaching journey they understood what was going on at any given stage of the coaching process and even appreciated being told what technique was being employed at any given time. The qualities of the relationship we were drawn to note the centrality of clearly agreed goals, and actions to ensure the client has the best chance of succeeding in positive follow through. The rule here seemed to be vague goals, breed vague outcomes, as we might expect. Also notable, was the way that any disruptions require renegotiation and clear active reengagement for work to continue effectively. A lack of effort in this area of managing the relationship with the client could lead to a breakdown in the quality of the relationship and thus to one reduced in its effects or even to an ended one.

The different emphasis in coaching relationships was instructive for REBT therapists in reminding several things. That broad based explicitness models, formulations, session agendas etc certainly seems both helpful as well as appreciated by clients more than we might realise if we kept such things hidden. The centrality of the client's needs should remain at the forefront of our minds, and should guide us away from our own preferences. This sets an easier stage, on which to unpack the clients thought patterns, as they come out. And the need to openly acknowledge each others (and the process) fallibilities, remained a worthwhile note to end this session on. The collaborative element in REBT seemed to be part of its appeal for the audience.

Michael Neenan's workshop on Developing Resilience was much appreciated for its practical relevance on a highly pertinent theme for our times. We began with the challenge of defining what resilience is; is it a process, an individual trait, an outcome or what? Michael's encouraged participants to perceive resilience as the ability of a person to function in the face of significant adversity. "Some defeats are more triumphant than victories" (Montaigne) is a line we entertained in this regard, as it seemed to sum up the ability of the resilient person to move through life's challenges effectively learning as they go, un-phased by what life throws up perhaps. And so resilience is an umbrella term for a collection of qualities that support a person to survive and even thrive despite the significant challenges they face.

To this end our session opened by focusing attention on a person's ability to recover post a significant or impactful unwanted event, and their ability to sustain that re-found equilibrium over the medium to longer term too. We noted how the focus of the resilience theme is upon the now, and on coping successfully, rather than on pathology as a means to making progress. This focus on what assists a person now, rather than on the roots of their problems earlier in life, which had a natural appeal to a bunch of REBTers. Grief responses formed a natural case study for our concept – do we fail to recover, recover slowly over time, perhaps reluctantly. Or do we move past the loss with as good a recovery as we could reasonably hope for, although what constitutes a 'good' recovery may perhaps differ slightly from person to person. Some traits that Michael suggested seemed to be associated with a resilient approach to life challenges, seemed to include such things as: the ability to persevere, to retain self acceptance and self confidence, to be adaptable, to be able to keep events in perspective (and presumably to avoid grandiosity or tragedizing in REBT terms); also an ability to actively gain support from others, to remain self disciplined, to regulate emotions, to retain faith in the future and even to have a touch of good luck too.

We accepted that being resilient was not a static state that came or went either, rather that it formed a quality that over time was more present than lacking i.e. perhaps that someone who lacked resilience resembled a boat blown around by every passing wind rather than a ship remaining on track despite setbacks and difficulties coming in its way. Linked to this, the core of things remained as Albert Ellis himself would have pointed out, in the simple truth that the meaning of things lies as ever not in the things themselves but in our views or attitudes towards them. This brought us to the cognitive aspect, to thinking about our thinking, when it came to coping and beyond that to thriving rather than merely surviving too. Do we operate in ways that enable us to function no matter what, in ways that debilitate and undermine us? Beliefs such as those that suggest defeatism is ok, that suggest we're inadequate and any permanence in such situations, or that we should not have to cope with anything undesirable or that we would rather not have to tolerate all hamper our abilities to function happily in the world.

In contrast, what helps build resilience? Notable is the contrast here with terms like 'stress', and how focusing on resilience builds coping mechanisms, rather than assuming stress will always remain. For those who push back against pressures sometimes find they can do more than cope, they can positively push through to the other side of strife, and thrive on chaos or life's obstacles and learn to bring out their highest qualities amid the difficulties and in spite of them. The kind of

productive focus, conscious constructive attitude adoption, and determination to move forward, was just the kind of helpful closing stage for such a session to reach.

Prof Stephen Palmer's workshop was titled: Health Coaching & Counselling: A Rational Emotive & Cognitive Behavioural Approach. The key aim was for delegates to become knowledgeable about rational emotive and cognitive behavioural health coaching and counselling. Topics covered included: defining health coaching; becoming aware of models used in health coaching and counselling; understanding the substance misuse cycle and how it can be used to educate coachees and clients; considering the inclusion of Albert Ellis' 'always and never' thinking derivative within health coaching and counselling; assessing Health Inhibiting Thoughts (HITs); developing Health Enhancing Thoughts (HETs); using a 5 column forms to modify HITs; and practise of imagery techniques used within health coaching and counselling.

Health coaching was described as the practice of health education and health promotion within a coaching context, underpinned by psychological principles, to enhance the well-being of individuals and to facilitate the achievement of their health-related goals. From the viewpoint of REBTers the 3 Key Questions to ask coachees and clients were familiar:

- Is your belief realistic or empirically correct? e.g. After heart attacks are you sure people seldom go back to work? (Ask your doctor, colleagues, family, friends)
- Is your belief logical? Would a computer programmer agree with your logic? e.g. Logically, how does being too ill to return to your old job make you a 'total failure'?
- Is your belief helpful? Where is your belief getting you? Does it help you to achieve your health-related goals?

The questions were used to help the coachee reflect upon their Health Inhibiting Thoughts (HITs) and thereby develop new Health Enhancing Thoughts (HETs). The workshop finished looking at the use of imagery techniques including Anti-craving imagery and the training requirements to become a health coach.

## UP AND COMING NEWS - 2011 CONFERENCE

Next years conference has now been organised and set for the 28<sup>th</sup> and 29<sup>th</sup> June 2011, put it in your diaries now, you won't want to miss it! Taking the success of this years conference we are developing next years one stage further.

Day one will have morning presentations and two afternoon workshops, we currently have six offers from members to present and offer workshops.

Day two we will be offering two 'master' classes taken by Michael Neenan on Procrastination and Rhena Branch on Anorexia/eating disorders.

Details will be with you in January, do respond quickly as there are limited numbers for the 'master classes'.

## MEMBERSHIP PRACTICE IMPLICATIONS

A monthly Peer Supervision group is being set up in Central or North London, REBT /CBT. If you are interested contact Tony [tf19@hotmail.com](mailto:tf19@hotmail.com)

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Following concerns received from several members, who whilst accredited with AREBT and currently on the joint RECBT register, have been refused recognition by some Health providers, Irene formulated a letter which was sent to all Health providers (51) reminding them of the joint nature of the register and the standards of REBT practice. We have already received positive replies for example:

“Many thanks for your letter regarding the use of both AREBT and BABCP; we regularly refer to [www.cbregister.co.uk](http://www.cbregister.co.uk) for therapists if we do not have provisions in an area, and support you in the use of both BABCP and AREBT accredited therapists”. CBT Services Ltd

If anyone who is accredited has problems in the future with regard to recognition by health providers, ascertain the name of the person/dept concerned, let me know at [iatubbs@aol.com](mailto:iatubbs@aol.com) and I will forward our letter.

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Following on from my previous letter with regard to health providers practices which can impinge not only on therapist practice but also revenue, I would like to bring to your attention another matter.

An organisation who deal with individuals who have suffered accident injuries asked me to take on a client. The problem surfaced when payment for my monthly services was due, apparently this company do not pay therapists until 60 days after they send in their invoice. Which must not be sent in until half of the agreed sessions have taken place and a report received. In my case this would have been five sessions, meaning that I would not receive payment for some of the sessions

for over 5 months. This I was informed was agreed to by all other therapists! Except me, I stuck to my guns insisted on monthly payments upon receipt of monthly invoices or I would not supply the client interim feedback. I got the monthly payments. Whilst I appreciate that many of you may not be in my position to be able to pick and choose your work, I am concerned and voiced it strongly that therapists are being taken advantage of. That anyone who works for them is self employed, monies not coming in can affect their lives.

I am bringing this to everyone's attention because it will benefit us all if therapists define their conditions before accepting work. It is worth noting that most health practitioners are looking for those who have a cog/behav basis. There are not that many around in private practice, you are in a strong position to set your terms. This particular company do use our accredited members.

Irene Tubbs

## BOOK REVIEWS

Michael Neenan - Developing Resilience A cognitive-behavioural approach  
2009 – Routledge

I have recently read Michael Neenan's new book developing resilience which whilst written for the lay person, has copious depths of active REBT and CBT resilience building strengths. In my opinion a must read for anyone who works within the talking therapies as resilience building is core to therapeutic change.

It's content evidencing ways to develop skills for managing life challenges that strengthens and empowers, with specific sections on managing negative emotions; learning from past experiences; developing self belief; maintaining a resilient outlook; distinguishing between what is within and outside of your control; increasing your level of frustration and tolerance.

I most enjoyed the copious case study material which places emphasis on human fallibility and adversity.

I have also just read Windy Dryden's book Understanding Emotional problems - The REBT perspective Routledge 2009

This is in my opinion an excellent book for both new and experienced therapists to read, because it establishes very clear fundamental messages that underpin emotional problems. Highlighting eight major emotional problems for which help is sought, namely: anxiety; depression; shame; guilt; unhealthy anger; hurt; unhealthy jealousy and unhealthy envy. I particularly liked the section on hurt, an under explored aspect of emotion disturbance in my experience.

Understanding in the title being the operative word, you could not read a more comprehensive analysis of emotional problems than this, although I must admit once the understanding was established I wanted it to move onto treatment methods. Perhaps that will be the next book?

Irene Tubbs

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### AREBT RECOGNISED UK TRAINING

The Association recognises the introductory, foundation and advanced courses in the list below as providing training working towards accreditation. Information taken from the AREBT website. [www.arebt.org](http://www.arebt.org)

The Course Directors are qualified members of AREBT.

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Goldsmiths College, London: MSc in Rational-Emotive and Cognitive Behaviour Therapy. Successful completion of this MSc satisfies the UK REBT training component requirement necessary for qualified health professionals working towards becoming accredited as a Rational Emotive Behaviour Therapist with the Association for Rational Emotive Behaviour Therapy. <http://www.gold.ac.uk/pg/msc-rational-emotive-cognitive-behaviour-thera/>

Director: Professor Windy Dryden PhD (AEI Certified REBT Supervisor).

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[UK Centre for Rational Emotive Behaviour Therapy in association with the Centre for Stress Management](#): The Centres run a number of REBT & CBT based courses. In addition they offer a range of cognitive-behavioural and rational emotive coaching programmes. The therapy based modular courses are:

- Primary Certificate in Rational Emotive Behavioural Therapy & Counselling (Introductory Level)
- Primary Certificate in Advanced Rational Emotive Behaviour Therapy Skills (Level 3)
- Certificate in REBT;
- Certificate in CBT;
- Advanced Certificate in Rational Emotive & Cognitive Behavioural Therapy;
- Foundation Diploma in Rational Emotive & Cognitive Behavioural Therapy.

These courses are recognised and approved as a foundation programme by the Association for Rational Emotive Behaviour Therapy. They may form part of an approved programme working towards accreditation as a Rational Emotive and Cognitive Behaviour Therapist.

Directors of REBT Training: Professor Stephen Palmer PhD FAREBT (AREBT Accredited Supervisor/ Trainer/Coach & AREBT Senior Accredited Therapist and AEI Certified REBT Supervisor) and Michael Neenan (AREBT & BABCP Accredited). Wayne Froggatt is a Consultant Director of the UK Centre (AREBT Accredited Supervisor and AEI Certified REBT Supervisor). Trainers involved in the extended REBT/CBT programmes include Nick Edgerton (AREBT Accredited Therapist), Gladeana McMahon (AREBT Accredited Therapist & Coach), Kasia Szymanska (BABCP Accredited) and Irene Tubbs (AREBT Accredited Therapist).

### AREBT RECOGNISED TRAINING IN OTHER REGIONS

The Course Directors are qualified members of AREBT.

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[New Zealand Centre for Rational Emotive Behaviour Therapy](#): Advanced Certificate in REBT run in New Zealand in association with the UK Centre for REBT, London, UK. This course is recognised as a foundation programme by the Association for Rational Emotive Behaviour Therapy and may form part of an approved programme working towards accreditation as a Rational Emotive Behaviour Therapist.

Directors: Wayne Froggatt FAREBT (AEI Certified REBT Supervisor) & Professor Stephen Palmer FAREBT (AREBT Accredited Supervisor/ Trainer/Coach & AREBT Senior Accredited Therapist and AEI Certified REBT Supervisor).

[New Zealand Centre for Rational Emotive Behaviour Therapy](#): Primary Certificate in REBT run in New Zealand in association with the UK Centre for REBT, London, UK. This course is recognised as a primary certificate course by the Association for Rational Emotive Behaviour Therapy and may form part of an approved programme working towards accreditation as a Rational Emotive Behaviour Therapist.

Directors: Wayne Froggatt FAREBT & Professor Stephen Palmer FAREBT.

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Join our online AREBT Forum to keep up-to-date with news and course information. <http://health.groups.yahoo.com/group/arebt/>

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