College of Cognitive Behavioural Therapies

Cognitive Behaviour Therapy Theory – Albert Ellis

Distance Learning

"..People are disturbed not by things but by the views they take of them."

Epictetus

Contents

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Welcome to CCBT Cognitive Behaviour Therapy Theory Distance Learning

Course Information

CCBT is a college established to train adult learners and health-care professionals in the theory, practice, ethics and therapeutic applications of cognitive behavioural therapies.

It is our aim to impart knowledge, clinical and professional training to the highest standard. We encourage personal development as one of the significant factors to becoming an effective therapist. We train practitioners to work ethically and with integrity and to promote and advance cognitive behavior therapy and its integration with other models of psychotherapy. Our goal is to produce confident and creative therapists who have the clinical skills and resources to work professionally and to make psychological health accessible and easy to apply.

Cognitive behaviour therapies are becoming more and more recognised by clinicians as being at the cutting edge of therapy due to the wealth of empirical research carried out on them and we at CCBT believe CBT has a place in all healthcare professionals' lives regardless of the school of therapy specialise in.

You will have received:

1. The College Handbook for Distance Learning,
2. Cognitive Behavioural Therapy Theory Distance Learning Workbook, Albert Ellis Module

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To begin with please read The College Handbook before commencing the Cognitive Behavioural Therapy Theory Distance Learning Workbook.

The course is theoretical with some practical exercises for you to do. Each practical exercise is designed to help you develop your basic understanding of REBT.

Requirements

To receive your certificate in Cognitive Behavioural Therapy Theory Distance Learning, you are required to email your reflective journal and SAQs to admin@cbttherapies.org.uk at the end of your studies.

Reflective Journal

The reflective journal should contain a record of your learning. For example, what skills were being practised and how this/her was done together with your response and the response of those you worked with. Ideally your reflective thinking should be done on a weekly basis as a minimum. A full guide on reflective writing is to be found in your College Handbook for Distance Learning.

Self Assessment Questions

At the end of each section of the workbook there are self assessment questions on the topics introduced to aid your learning. Please submit your SAQ's for review with your reflective journal when you have completed your studies to receive your certificate.

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In this workbook the use of the 'he', 'his', 'him' and 'himself' will denote 'he/she', 'his/hers', 'him/her' and 'himself/herself' respectively.

Thank you for choosing The College of Cognitive Behavioural Therapies.

We hope you enjoy your studies with us.

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Introduction to CBT

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Evolution of Cognitive Behaviour Therapy

Cognitive Behaviour Therapy (CBT) came to the forefront of psychotherapy through the integration and blend of Behaviour Therapy with Cognitive Therapy. Prior to the development of the cognitive aspect, Behaviour Therapy was in the ascendancy in the late 1800 to mid 20th century. Behaviour Therapy was concerned with observable behaviour and its theory simply said ' the way you behave provokes your feeling'.

The evolution of CBT took place in stages. Initially, behaviour therapy emerged in independent but parallel developments in the UK and the USA in the period 1950 – 1970. The growth of cognitive therapy, took place in the US from the mid 1960s onwards but the merging of behaviour and cognitive therapy into cognitive behaviour therapy, gathered momentum in the late 1980s and is now well advanced in Europe and in North America. CBT is now widely accepted and is practised by growing numbers of clinicians. It is, probably, the most broadly and confidently endorsed form of psychotherapy. CBT dominates clinical research and practice in many parts of the world.

The early and considerable success in reducing anxiety and overcoming maladaptive avoidance behaviour, as in agoraphobia for example, were not accompanied by successes in dealing with depression, the other major component of 'negative affect' (most adult clients complain of a mixture of anxiety and depression). This led to the door being opened to cognitive therapy. With the introduction of cognitive theory, provision of explanation and advice, those early behavioural techniques may now prove to be more successful. The cognitive element in depression is large and obvious and, given the lack of behavioural success, it became the first target of cognitive therapy.

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Two of the most productive and influential pioneers of cognitive therapy, Aaron Beck and Albert Ellis, shared the view that most disturbances arise from faulty cognitions and/or faulty cognitive processing, and that the remedy is to be found in corrective actions. Both Beck's and Ellis' therapies are directed at correcting these faulty processes/cognitions. Both concentrate on present problems and present thinking. Also, both recommended the inclusion of behavioural exercises.

The two streams of cognitive and behavioural psychotherapy were welded together by the successful development of a treatment for panic disorder. In the process of merging behaviour therapy and cognitive therapy, the behavioural emphasis on empiricism has been absorbed into cognitive therapy. The behavioural style of conducting outcome research has been adopted, with its demands for rigorous controls, statistical designs, treatment integrity and credibility, etc.

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Basic Principles of Cognitive Behaviour Therapy

Below are some specific principles central to CBT. Many may be shared by other approaches but the combination of these principles goes some way towards understanding CBT.

The Cognitive Principle or Emotional Responsibility

The core of any therapy describing itself as 'cognitive' is that people's emotional reactions and behaviours are strongly influenced by 'cognitions'; in other words, their beliefs and inferences.

If someone was asked what 'makes' you anxious, sad, angry and so on, most will give an account of an event or situation. For example, talking in front of people makes me anxious, unfairness makes me angry, exams makes me nervous and so on. Think of a past event that 'made' you feel a negative emotion like anger or depression. If it was true that this past event was the 'cause' of your feelings then the only way you can change your feelings *now* is for the event not to have happened.

If someone made you feel and behave in a certain manner, then the only way you can change your feelings *now* is to get that person to undo what they did. What if that person is now deceased?

Therefore, there has to be something else that is at the heart of our emotional responses.

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In CBT this 'something' is the cognition. Your belief, the meaning you give to an event, what you tell yourself about it. For example:

- If you think that your partner's late arrival for dinner proves that he doesn't care then you might feel hurt and depressed.
- If you think that your partner late arrival for dinner was due to the fact that he puts his work first and gets his priorities wrong then you might feel angry.
- If you think that your partner's late arrival for dinner is no big deal then you may feel calm and relaxed about it.

It is the same event (the partner's late arrival for dinner), with different appraisals of the event and different emotional responses.

This principle can be split into two; The General Principle of Emotional Responsibility and the Specific Principle of Emotional Responsibility.

The General Principle of Emotional Responsibility

'We are largely, but not exclusively, responsible for the way we feel and act by the views we take of the events in our lives'. (Dryden, 1995)

This principle is at the heart of most psychotherapeutic models. It basically states that human beings are largely responsible for their emotions and behaviours. Without the acknowledgement of this principle, at some point during therapy, it becomes very difficult to work towards change. Helping the client understand and accept this, smoothes the way to working constructively.

The following is a simple exercise to demonstrate this principle. You can think of alternatives if you choose.

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Dryden's hundred people technique

A client explains that his father *makes* him angry and that is why he ends up arguing each time they meet.

You first of all state what the client believes i.e. "you say that your father makes you angry and that's why you two end up arguing each time you meet. You then say 'Imagine that one hundred men, similar age to you, similar background and intelligence, all had a dad that behaved exactly as yours does toward you. Would all of them feel angry like you?'

If he states 'no', or says 'most would', you simply ask 'what could some of them feel?' You can go on to ask 'and others?' until the client explicitly states different emotions.

You acknowledge his answer by stating that he is right. You then move on to make the point about the general principle of emotional responsibility by asking:

What would some have to think to feel (state an emotion your client has mentioned)? Then go on to ask:

> *What would others have to think to feel unmoved by it?*
>
> *What would some have to think to find their dad's unreasonable behaviour amusing?*

You then make the final point that it is the way that we think about certain people, events and situations that provokes the feelings.

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Exercise:

Explain the concept of Emotional Responsibility to someone and practise the hundred people's technique in your explanation.

Reflect on your experience in your reflective journal.

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The Specific Principle of Emotional Responsibility

This specifies precisely the kind of cognitions that are at the *core* of psychological disturbance i.e. it specifies unhealthy beliefs like "I am worthless". It's not any cognition or thought that provokes feelings but these specific ones.

You can use this principle when explaining that specific critical beliefs, not just general thoughts, are at the heart of our emotions. The exercise below is developed for use with clients who put themselves down because of possible or actual negative judgements from others.

Dryden's Invitation Technique

A client states that he feels anxious about people thinking he is useless if his wedding speech doesn't go down well with guests.

You first of all state what the client believes i.e. '*you say that you feel anxious because wedding guests may think you are useless if your speech does not go down well with them.*'

Ask him if you can offer a different explanation to help him look at this issue from a different point of view.

Explain that you want him to imagine receiving a wedding invitation and that he was on his way to the wedding.

Ask what did the invitation state? (Usually clients say it stated that so and so was getting married and invited them to attend or not.)

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You summarise that there was a reply card with an invitation for him to either accept or decline.

Now take a piece of paper and fold it in half. On the front write 'I think you are useless because I did not like your speech' and on the inside write 'I now invite you to think that you are useless. Please let me know if you accept or if you decline my invitation'.

Make the point the client is making himself feel anxious because he is accepting possible negative judgements in his own head.

Exercise:

Practise the invitation technique by role playing it with someone.

Reflect on your experience in your reflective journal.

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To summarise:

Event ⟶ **Emotion**

The 'common sense' model

Event ⟶ **Cognition** ⟶ **Emotion**

The cognitive model

The principle of emotional responsibility is not only true but is also enormously empowering. It clearly shows that we can change how we feel and act, if we want to. It shows that change is possible in the here and now.

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The Behavioural Principle

CBT considers behaviour (what we do) as significant in maintaining or in changing psychological states. If, for example, you avoid some event such as giving a presentation to your team, then you will deny yourself the opportunity to disconfirm your negative or unhelpful thoughts. Changing what you do is often a powerful way of helping you change thoughts and emotions.

The 'Here and Now' Principle

Traditional psychodynamic therapies, which focus on revealing unconscious content as a way to solve problems, take the view that looking at problems in the here and now is superficial. They consider successful treatment must uncover the developmental processes, hidden motivations and unconscious conflicts that are supposed to lie at the root of the problem. Psychodynamic approaches argue that treating the presenting problem rather than the supposed 'root' causes would result in symptom substitution i.e. the presenting problem would re-surface in another form. Behavioural therapy showed that such an outcome, although possible, was very rare.

CBT adopts the behavioural perspective. CBT offers theories about maintenance as opposed to the acquisition of unhealthy beliefs and dysfunctional coping strategies.

The Principle of Psychological Interactionism

This principle states that the events we choose to focus on, our interpretations and inferences of those events, beliefs we hold, emotions, thoughts, behaviours and physical symptoms we experience, are all interrelated and reciprocally influence one another in complex ways.

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The Scientific Principle

CBT offers scientific theories that can and have been evaluated rigorously using evidence rather than just clinical anecdote. This is important for a couple of reasons:

- The treatment can be founded on sound and well established theories.
- Ethically, we can have confidence in telling clients that it is validated by outcome research.

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Types of cognitions or thoughts

There are four types of cognitions. Understanding the difference between them helps to fully grasp the specific principle of emotional responsibility.

Description

A descriptive cognition simply describes the nature of stimulus without attaching any meaning or emotion to it. A description can be accurate or inaccurate. Example: *The company I work for has been taken over by another.*

Interpretation

This cognition goes beyond the available information but without attaching any emotions to it. Example: *The company I work for has been taken over by another because I work in an aggressive market.*

Inference

Inferences go beyond the available information but they are partly evaluative. When an inference is made, our emotions are involved. Inferences influence the type of emotion we feel but they do not fully provoke them. For example, if you were sitting in a meeting that was important to you and your boss contradicted you, you might think 'he is undermining me'. This is an inference because in that moment you have gone beyond the facts and made an assumption about what happened. The question of whether your boss was undermining you or simply expressing a different opinion needs cannot be answered confidently without further information. In order to find out you would need to gather information and evidence. Some of our inferences are accurate and some are not.

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Evaluation

An evaluation cognition is one where your emotions are totally involved and engaged. It is fully evaluative. When you have an evaluative thought you make a judgement about yourself, others or the world the event. We can make a realistic or an unrealistic judgement. An evaluation cognition will be known as 'belief' on this course and in the REBT model. Example: *It would mean I am worthless if I am made redundant.*

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General CBT Self Assessment Questions

1. What are the basic principles of CBT?
2. What is the difference between the general and specific principle of emotional responsibility?
3. What is the difference between an inference and an evaluation cognition?

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Cognitive Behaviour Therapy

Rational Emotive Behaviour Therapy Model

Albert Ellis

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Ellis' CBT Model - REBT

Psychologist Albert Ellis, Ph.D. first articulated the principles of Rational Emotive Behaviour Therapy (REBT) in 1955. REBT is one of the main models in CBT. Albert Ellis was born in 1913 in Pittsburgh, Pennsylvania, but moved to New York at age 4. He was hospitalised numerous times during childhood, and suffered renal glycosuria at age 19 and diabetes at age 40. Because Ellis suffered from these ailments for most of his life, his problems inspired him over the years to find effective means of coping. Ellis originally studied psychoanalysis and believed it to be the deepest form of psychotherapy. Later, he came to the conclusion that analytical and dynamic psychotherapies are unscientific. He became dissatisfied with them as effective and efficient forms of treatment. In 1955 he combined humanistic, philosophical, and behaviour therapy to form what is now known as REBT. He was one of the world's most influential psychologists and a prolific author. REBT has the longest history of any of the cognitive behaviour therapies.

REBT or Rational Therapy (RT) as it was known up to 1961, or Rational Emotive Therapy (RET) as it was known up to 1993 is a 'particular conception of unhealthy and healthy psychological functioning including the methods required to reduce the former and increase the latter' (Dryden & Neenan, 1996).

REBT is an action-oriented humanistic approach to emotional growth that stresses individuals' capacity for creating, altering, and controlling their emotional states. REBT places much emphasis on the present - on currently held beliefs and attitudes, painful emotions, and maladaptive/dysfunctional behaviours that can sabotage a fuller experience of life. That is, REBT teaches people how to overcome problems and how to implement gratifying and

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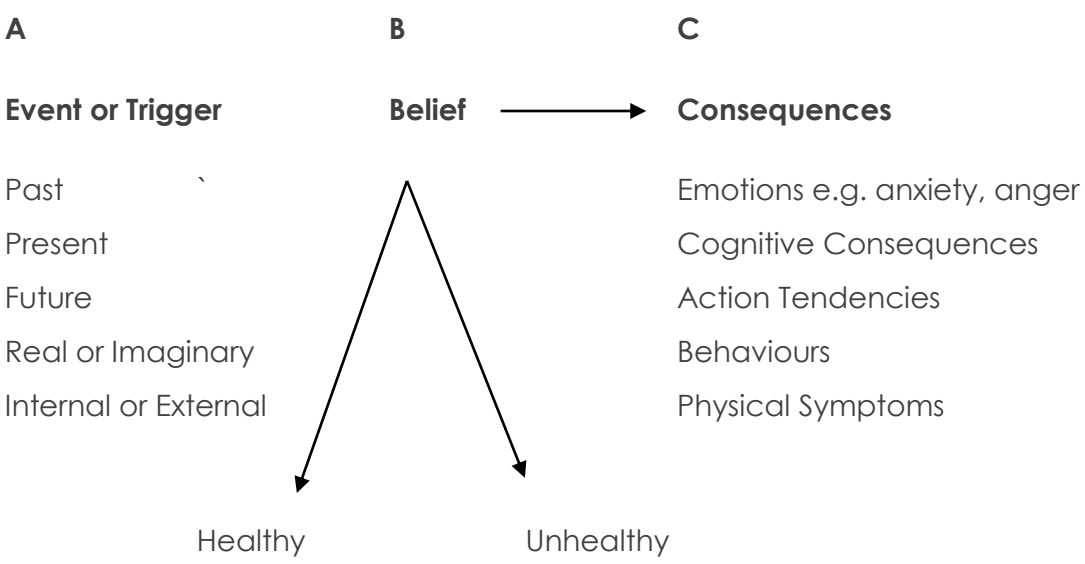
realistic alternatives to current psychological patterns.

The ABC Model

The often quoted phrase of Epictetus (Stoic Philosopher) "People are disturbed not by things but by their view of things" is at the heart of REBT.

This quote can be conceptualised by the ABC diagram below. It is not the event, but the belief or view you hold about the event, which is at the heart of emotional states. Emotions, thoughts (Inferences), behaviours can be healthy and functional or unhealthy and dysfunctional. The event can be something that has happened in the past, something that is happening now or something that could happen in the future. It can also be real, imaginary, internal or external. Internal events can be thoughts, images, memories, physical sensations or even emotions.



REBT, Event, Belief, Consequences Diagram

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A is the event, B is the unhealthy or healthy belief you hold about A and C are consequential responses which can be:

- Emotions (anxiety, depression, concern etc.)
- Cognitive such as inferences
- Action tendencies (what you feel like doing)
- Behaviours (what you do)
- Physical symptoms (blushing, sweating, heart racing etc.)

Meaning of unhealthy and healthy

The term healthy or rational refers to beliefs that are flexible, consistent with reality, logical and helpful to the individual in terms of goal achievement.

The term unhealthy or irrational refers to beliefs that are rigid, inconsistent with reality, illogical and unhelpful to the individual's well being and happiness.

Healthy beliefs are at the core of psychological health and unhealthy beliefs are at the core psychological disturbance. Being able to recognise and understand unhealthy and healthy beliefs is one of the aims of cognitive behaviour therapy and indeed many different schools of psychotherapy.

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Exercise:

Think of different examples of healthy and unhealthy beliefs based on the definitions above. Explain why they are unhealthy or healthy.

Reflect on your answers in your reflective journal.

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Beliefs Pairs

The REBT cognitive model of emotional disturbance assumes that, although, there are powerful biological and social forces that lead to 'irrationality', human beings have the potential for being rational. Emotional disturbance and neurosis are in fact provoked by our irrational beliefs and that these can be changed resulting in changes in one's emotions, thoughts and symptoms.

According to the theory, at the core of emotional disturbance of humans is a biological tendency to transform desires, wants and preferences into rigid, dogmatic and absolute beliefs.

These beliefs take the form of musts, shoulds, ought to's, have to's and got to's, e.g. the anxiety producing belief *'I must pass my driving test'*.

Flowing from these absolutist beliefs are three major derivatives:

1. Awfulising; an unrealistic assessment of *badness* where negative events are viewed or defined as 'end of the world bad' or more than 101% bad, e.g. *'it would be awful if I didn't pass my driving test'*.

2. Low Frustration Tolerance (LFT); the perceived inability to tolerate frustration or discomfort, e.g. *'if I don't pass my driving test, that will be intolerable'*.

3. Total Damning of self or other or the world by *globally* and *negatively* rating based on a particular condition e.g. *'I am a failure because I failed my driving test'*.

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These beliefs are called irrational or unhealthy because they generate emotional disturbance or unhealthy negative emotions like anxiety and depression and are unrealistic, illogical and interfere with the pursuit of goals and purposes. (Dryden, 1995a; Dryden & Neenan, 1996; Dryden, 1991).

Beliefs that are flexible and based on wants, desires and preferences are called rational or healthy because they are realistic, logical and help the individual in the attainment of their goals and purposes; they usually reduce emotional disturbance and lead to healthy negative emotions like concern and sadness.

Flowing from these preferences are three major derivatives and helpful alternatives to the irrational beliefs:

1. Anti-awfulising; negative events are placed on a continuum of 0 - 99.9% badness where 100% bad does not exist as one can usually think of something worse, e.g. '*it would be bad but not the end of the world if I didn't pass my driving test*'.

2. High frustration tolerance; the ability to tolerate frustration or discomfort despite having one's goals blocked, e.g. '*If I don't pass my driving test, that would be difficult but I can tolerate it*'.

3. Acceptance of self or other or the world; humans are seen as fallible and complex or fallible and worthwhile despite their traits or actions, e.g. '*I don't like the fact that I failed my driving test but I accept myself as a fallible human being and my worth does not depend on whether I pass or fail my driving test*'. (Dryden, 1995a; Dryden & Neenan, 1996; Dryden, 1991).

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Healthy or rational beliefs are flexible, consistent with reality, logical and promote psychological well being. Unhealthy or irrational beliefs are rigid, inconsistent with reality, illogical and interfere with psychological well being.

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REBT's Theory on Psychological Disturbance

The previous topic outlined the four different types of unhealthy beliefs. They are:

- Musts
- Awfulising
- Low Frustration Tolerance
- Self, other or world damning.

The combination of these beliefs can generate two types of psychological disturbances; ego disturbance and discomfort disturbance.

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Ego Disturbance

Ego disturbance relates to a psychological problem that relates to a person's view or belief about himself e.g. I am a failure because I failed my driving test.

Ego disturbance can sometimes be obvious. This is particularly true when working with a depressed client. More often than not depressed clients explicitly state that they are a failure.

At other times ego disturbance can be more subtle. A client with fear about flying may say that he is anxious about being in an aeroplane. On closer examination it may become apparent that he is anxious about other people noticing his discomfort.

Ego disturbance happens when a person globally rates himself in a negative way. This total negative rating can happen in relation to many areas.

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General examples of ego disturbance

I am bad

I am a failure

I am worthless

I'm weak

I'm undeserving

Ego disturbance is derived from a rigid and dogmatic belief and a self damning belief or vice versa. This means that a person may globally rate themselves in a negative way in relation to something specific that should or should not happen or to something that should or should not have happened e.g. I must not fail my next exam. If I do I am a failure as a person.

Ego disturbance can also occur if a person believes that failing at something means he is a failure as a human being and therefore he *must* not fail.

In summary an ego disturbed belief comprises a rigid belief and a self damning belief.

Effective therapy is based on effective assessment of psychological problems. Effective assessment and treatment is rewarding to the client and the therapist.

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Discomfort Disturbance

Discomfort disturbance relates to psychological problems about a person's comfort zone. It is not ego related. This means that a person may have perceived problems with his tolerance of discomfort without globally damning himself.

Discomfort disturbance may relate to many areas of life such as places, events, relationships, emotions, success, failure, justice or injustice in the world and so on.

Discomfort disturbance may provoke feelings like anger, anxiety etc and just like ego disturbance it can be obvious or subtle. Therefore, a thorough assessment is required to clearly identify the unhealthy discomfort beliefs.

Discomfort disturbance occurs when a person's LFT or LFT and Awfulising beliefs are present. As these two beliefs usually flow from the Must belief, discomfort disturbance comprises:

- Must and LFT or
- Must, LFT and Awfulising

Discomfort disturbance can also occur if a person believes that failing at something is unbearable and therefore they *must* not fail.

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General examples of discomfort disturbance

I cannot stand or tolerate feeling anxious

I cannot bear or cope with anxiety

I cannot stand it when I fail

It's awful that I failed, I can't bear it

It's terrible to be on my own, I can not stand it

I cannot stand my boss

I would be the end of the world if I lost my job because I couldn't bear it

I cannot bear speaking in public

It is not uncommon for people with discomfort disturbance to avoid their perceived source of discomfort. Therefore, avoidance is a dysfunctional coping mechanism.

It should be noted that ego disturbance and discomfort disturbance may both be present in an irrational belief and may also interact in complex ways.

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Healthy and Unhealthy Negative Emotions – ABC

In the previous sections it was mentioned that healthy beliefs provoke healthy negative emotions and unhealthy beliefs provoke unhealthy negative emotions. Therefore, in REBT a distinction is made between healthy and unhealthy negative emotions. Emotions are one of the Cs or Consequences in the ABC model. Can you name the other Cs in the ABC model?

A healthy negative emotion can be viewed as a healthy or rational response to an inferred or actual adverse event. It helps the person to strive to change what can be realistically changed or accept constructively what can not be changed. It enables a person to move towards their happiness producing goals and purposes. Healthy negative emotions are transient because the underlying beliefs that provoke them are rational and helpful.

An unhealthy negative emotion is an unhealthy or irrational response to an inferred or actual adverse event. It interferes with what can be changed realistically and disables a person from constructive acceptance of what cannot be changed. Therefore, it sabotages a person's happiness producing goals and purposes.

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It is generally accepted that there are eight healthy negative emotions and eight unhealthy counterparts. Below is a list, the left hand column giving you the general theme for each emotional pairing.

Theme of belief	Unhealthy Negative Emotions	Healthy Negative Emotions
Threat/Risk	Anxiety	Concern
Loss/Failure	Depression	Sadness
Self treated insensitively	Hurt	Sorrow or Disappointment
Self/Other breaks rule	Unhealthy Anger	Healthy Anger or Annoyance
Threat to your Relationship	Jealousy	Concern for relationship
Something negative revealed about you	Shame/Embarrassment	Regret
You break a moral rule	Guilt	Remorse
Someone has something you want	Unhealthy Envy	Healthy Envy

Healthy negative emotions: concern, sadness, healthy anger or annoyance, remorse, regret, disappointment, healthy jealousy, healthy envy: produce self helping and community helping actions.

Unhealthy negative emotions: anxiety, depression, anger, guilt, shame, hurt, jealousy, envy: interfere with constructive actions and result in inaction or destructive behaviour.

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Mixed Emotions and Meta Emotions

Mixed Emotions

More often than not clients will seek therapy about a number of problems. Choosing which problem to focus on at the beginning is a decision that the therapist and the client agree together.

Once a problem is selected it is likely that a client will have more than one emotion about that particular problem. For example, a client who has experienced rejection may feel hurt, anxious and angry too. They may feel hurt about being rejected, anxious about getting rejected again and angry about being rejected in a particular way. Each one of these emotions would be provoked by a distinct unhealthy belief.

Meta Emotions

Human beings can create problems about problems. This means that we can reflect about an experience and have an emotional response to it. Therefore, a client can reflect on his problem and have a second emotional response about his original emotion. This second emotion is called a meta emotion or a meta problem.

For example, a client experiencing performance anxiety may depress himself about having the anxiety problem in the first place.

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Action Tendencies, Behaviours, Cognitive Consequences and Physical Symptoms- ABC

Beliefs whether healthy or unhealthy are at the heart of emotions, action tendencies, behaviours , thoughts and physical symptoms.

When a client experiences an unhealthy negative emotion, provoked by an unhealthy belief, he will have a tendency to act and to think in a particular way. A behaviour is often an expression of the action tendency but whether he behaves in accordance with the tendency is a matter of choice. This is important for clients to understand because it has an effect on his subsequent problem solving.

Similarly, if he feels an unhealthy emotion, provoked by his unhealthy belief, his thinking processes will also be affected. He will think in a more negative and unhelpful way. If his belief was healthy, his thinking would be more constructive and solution focused.

Additionally, a client will also be experiencing physical sensations and symptoms such as sweating, blushing, irritable bowel syndrome, pains, heart palpitations to name but a few. Therefore, beliefs not only provoke emotions but thoughts, action tendencies, behaviours and physical symptoms.

Therapeutically, one important task is to help clients understand the purpose of acting against their action tendencies and challenging their cognitions when experiencing an unhealthy negative emotion.

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Self Assessment Questions

1. Explain the ABC model?
2. What do you understand by the terms healthy and unhealthy beliefs?
3. What is the difference between a Demand and a Preference belief?
4. What is the difference between Awfulising and Anti-awfulising belief?
5. What is the difference between an LFT and an HFT belief?
6. What is the difference between a self damning and self acceptance belief?
7. What do you understand by ego disturbance?
8. What do you understand by discomfort disturbance?
9. What is a meta emotion?
10. What does Action Tendency mean and how is it different to Behaviour?
11. What are cognitive consequences?

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REBT's ABCDE Model and Process

REBT theory posits that cognitions, emotions and behaviours are not independent of each other but interact and overlap, usually in complex ways, and that beliefs play the most significant role in creating emotional health or disturbance (Dryden, 1991). This theory is conceptualised through the ABCDE model of emotional disturbance and emotional health.

In the model, taken from (Neenan & Dryden, 1999),

A = Activating event (actual or inferred, past, present or future, internal or external)

B = Evaluative beliefs which mediate the individual's view of these events

C = Emotional, cognitive and behavioural consequences largely determined by the individual's beliefs about these events

D = Disputing disturbance provoking thoughts or ideas, particularly irrational beliefs

E = A new and effective rational outlook (belief change).

The new and effective rational outlook is maintained through rigorous work and by behaving in accordance with the new rationale.

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REBT process

The ABCDE model demonstrates the REBT process in a simple yet effective way. It follows the sequence below.

Assessing the C

The process begins with identifying the ABC sequence. This is done by assessing the C first. There are five Cs under the consequences; emotions, thoughts, action tendencies, behaviours and physical symptoms. Typically, the emotions are assessed. For example, anxiety, depression, hurt and so on.

Assessing the A

Once the emotions are assessed, a typical example of the emotional trigger is explored. This is called assessing the A in the ABC. A typical example would include something along the lines 'last week, I was attending an interview and I felt very anxious'. The A is assessed to find what the client was most disturbed about.

Assessing the B

Following the assessment of the A, the belief i.e. the B in the ABC is then identified. The sequence in assessing the ABC is in fact C, then A and then B (CAB).

D for Disputing

When the unhealthy belief is identified, the next part of the process is the D in the ABCDE. D stands for Disputing. Disputing involves helping the client assess whether their belief is realistic, logical and helpful.

After the irrational belief is disputed, the next part of the process is to identify the rational or healthy version of the unhealthy belief. This is then disputed in

the same way the unhealthy belief was disputed. The client is helped to assess whether the new version is realistic, logical and helpful.

E for Emotional Insight or Effective New Outlook

The final part of the process, moving from D to E, in the ABCDE, is to help the client gain emotional insight. This means the client advocates the new belief in the life. When the client finally believes the healthy belief, they will notice a shift in their emotional state. Helping the client achieve emotional insight is the most challenging part of the therapy as it involves strengthening the healthy belief and weakening the unhealthy belief through rigorous and emotive homework assignments over a period of time.

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REBT Assessment

REBT assessment is treatment oriented. It does not follow the medical model which many in the mental health field adopt at mental health clinics and psychiatric hospitals. The medical model assumes that a complete diagnosis and a total assessment of the problem are necessary before any treatment begins. This may involve several interviews, psychological testing, clinical case conference, diagnosis, mapping out of the treatment plan before assigning the case to a therapist (DiGiusepp, 1995). Although assessment tools can be used, the first task of the REBT therapist is to develop a therapeutic alliance. A therapeutic alliance consists of bonds between the therapist and client, goals for therapy and tasks for therapist and client.

Assessment in REBT is an ongoing process and is hypothesis driven. This means that therapists create hypotheses about their clients and think it is best to test these as quickly as possible.

The most important aspects of the assessment are those that lead to treatment decisions. It is, however, beneficial to gather additional background information, where relevant, as these may be a contributing factor to treatment progress. For example, a client from an enmeshed family may experience obstacles in his progress because of it.

There are three goals of assessment:

1. to establish an accurate undertstanding of the problem
2. to obtain information needed for developing case formulation
3. to evaluate treatment progress and outcome.

In REBT the ABC is assessed first.

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Assessing C in the ABC

There are a number of different ways of making an assessment of the client's negative emotions. The aim is to assess the client's emotional state and distinguish between unhealthy negative emotions and healthy negative emotions.

Distinguishing between healthy and unhealthy emotions

Many schools of psychotherapy do not make a clear distinction between healthy and unhealthy negative emotions or emphasise the difference. For example, it's not uncommon for people to believe that any form of anger is unhealthy, or that anger is always healthy because it's a human emotion.

At the beginning of the therapeutic process it is important that clients understand that negative emotions can also be healthy. It's also important for the therapist to know and understand the difference between healthy and unhealthy negative emotions. Some clients present with healthy negative emotions where therapeutic intervention may not be necessary.

The most effective strategy to adopt when assessing the negative emotion is to combine the following five approaches.

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1 Terminology: Healthy or Unhealthy?

Therapists can use the following terminology with the client to understand where the client positions his emotional state. This method on its own would not provide an effective assessment.

Concern	Anxiety
Sadness	Depression
Remorse	Guilt
Disappointment/Sorrow	Hurt
Regret	Shame
Annoyance/Healthy Anger	Anger/Unhealthy Anger
Concern for one's relationship	Jealousy
Healthy Envy	Unhealthy Envy

2 Distinguishing between healthy and unhealthy beliefs

REBT theory states that healthy negative emotions stem from healthy or rational beliefs, and unhealthy negative emotions stem from unhealthy or irrational beliefs. Therefore, it is possible to identify whether the emotion is healthy or unhealthy by discussing the difference between the belief pairs.

Example:

Therapist: When you are feeling cross, which of the following best describes your belief:

i) My Boss MUST not ignore my suggestion, he is bad or

ii) I would have preferred it if he didn't ignore my suggestion but there's no law of nature that states that he absolutely MUST NOT do that.

Client: Definitely the first.

Therapist: You experienced what we call unhealthy anger.

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3 Distinguishing between different thoughts i.e. different cognitive consequences.

Another way to make the distinction between an unhealthy or healthy negative emotion is to ask the client to focus on the thoughts they are having when they are experiencing the emotion. For example, if a client says I feel "upset", "pissed off", or "really nervous"… you can ask them to tell you what thoughts go through their mind when they are experiencing "upset", "pissed off", or "nervous".

Example:

Therapist: When you are feeling nervous, what thoughts run through your mind?

Client: I think that I will make a mistake and everyone will look at me and think he's not very good.

Therapist: You experienced what we call anxiety which is the unhelpful type nervousness.

4 Distinguishing between different action tendencies

You can make the distinction between healthy and unhealthy negative emotions by asking your client to focus on their action tendencies i.e. felt like leaving or avoiding a situation or felt like changing the subject when an event is perceived as threatening.

Example:

Therapist: When you are feeling nervous, what did you feel like doing?

Client: I felt like running away.

Therapist: You experienced what we call anxiety which is the unhelpful type nervousness.

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5 Distinguishing between different symptoms

Using a symptom based approach to differentiating between healthy and unhealthy negative emotions is more challenging as some symptoms may be present with both emotions e.g. butterflies in the stomach or heart beating very fast.

It is fair to assume that symptoms experienced when an unhealthy negative emotion is present will tend to be more disabling.

Example:

Therapist: What did you experience physically when your felt nervous?

Client: My hands were shaking and my heart felt like it was about to burst.

Therapist: You experienced what we call anxiety which is the unhelpful type nervousness.

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Techniques in REBT

Disputing

Disputing involves questioning the client's irrational and rational beliefs. This enables the client to evaluate the irrationality of his unhealthy beliefs and the rationality of their healthy counterparts. The aim is to help the client achieve intellectual understanding. Generally speaking, disputing does not enable a shift in emotions. Disputing is the D in the ABCDE model of psychological health.

What do you dispute?

All four unhealthy or irrational beliefs are subject to disputing. As noted previously, the unhealthy belief(s) identified may not comprise all four derivative irrational beliefs (Must, Awfulising, LFT, Self/Other/World damning). If the client's target problem is an example of ego disturbance, then it would be the Must and the Self Damning beliefs that are disputed. However, if the client's target problem is an example of ego *and* discomfort disturbance, then all four irrational beliefs are disputed, namely:

- Must
- Awfulising
- Low frustration tolerance
- Self/Other damning

After the unhealthy belief is disputed, the next task is to help the client dispute the healthy alternative belief, namely:

- Preference
- Anti-awfulising
- High frustration tolerance
- Self/Other acceptance

What is disputation based on?

Disputing is usually based on three major arguments. The first is an empirical argument. This means the therapist will ask the client to provide evidence that his unhealthy belief is consistent with reality. According to the REBT theory there is no empirical evidence in support of any of the four unhealthy beliefs.

The second disputation argument is based on logic. Logical disputing involves referring to the healthy belief and asking the client if his unhealthy belief follows logically from it. According to REBT, unhealthy beliefs do not logically follow from healthy beliefs.

The third disputation argument is based on pragmatism. The client is asked to consider the effects of holding his unhealthy belief from an emotional, behavioural and cognitive point of view. He then compares these effects, with those of holding a healthy belief, on his well being and goal attainment. According to REBT theory, beliefs (at B) are at the heart of consequences (at C). The C in the ABC model can be emotional, behavioural, cognitive or symptomatic.

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Integration Techniques – Moving Towards E

The aim of disputing beliefs is to help the client understand. The aim of integration techniques is to help the client to assimilate psychological health into his belief systems to get better in the long term. Integration techniques are first used with the client in the consulting room and later given as homework assignments to reinforce the work done.

Therapists do much to encourage clients to internalise a healthy point of view within the therapy session but the most significant work that enables integration is the amount and quality of effort between sessions. It is, therefore, important to encourage clients to put their learning into practice.

Some of the methods employed include:

Cognitive assignments

Cognitive assignments are any type of thinking tasks that clients can use to convince themselves of their healthy belief outside the therapy sessions. Disputing unhealthy beliefs, repeating the healthy beliefs, particularly when they are triggered are examples of cognitive assignments. Others include teaching friends and family the REBT model, reading, tape recording themselves disputing, and reciting their rational belief in a forceful and passionate manner.

Reading assignments

Reading assignments are cognitive. Reading assignments are used to help clients gain understanding. These may include reading about the ABC model or an appropriate self help book or reading about their specific emotional problem or disorder.

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Listening assignments

Listening assignments are also cognitive and designed to help clients understand. They may be appropriate for some clients such as the visually impaired or for those who prefer to listen as opposed to read. Tape recording of the session is an example and so is listening to audio books.

Imagery assignments

Imagery assignments are cognitive in nature. However, they use a different part of the brain to that of verbal processing. Images are usually 'affect' laden. This means they contain emotions. Imagery assignments are effective because they use visual as well as emotional parts of the brain. Examples of imagery assignments include imagining yourself in a trigger situation whilst thinking rationally. They may include imagining the self in a negative situation and in a positive situation.

Behavioural tasks

Behavioural tasks are doing tasks. They involve the client doing something to help reinforce their healthy beliefs. They involve acting in according with the healthy belief. They may include going into a situation that was previously being avoided, stopping 'needy' behaviours and acting assertively.

Emotive/Evocative tasks

Emotive assignments are those tasks that fully engage the client's emotions. They can be cognitive or behavioural or both. They are effective in strengthening healthy beliefs.

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Self Assessment Questions

1) Define the ABCDE in REBT.
2) What's your understanding of the main steps in the REBT process?
3) What is the Money Model and when and why would you use it?
4) What data would you typically collect from a client?
5) What are the goals of assessment?
6) What are the main areas targeted for assessment?
7) What would you specifically assess in the REBT?
8) What is the purpose of assessing the C
9) What is the purpose of assessing the A
10) What is the purpose of assessing the B?
11) What does a case formulation consist of?
12) What is the purpose of disputing?
13) What do you dispute in REBT?
14) What is disputing based on?
15) What do you understand by integration?
16) Explain some of the methods used in integration.

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Distance Learning Assessment

To receive your certificate in Cognitive Behavioural Therapy Distance Learning Certificate you are required to submit the following:

- Personal Refection Journal
- Self Assessment Questions

These are to be emailed to admin@cbttherapies.org.uk

We hope you enjoyed your studies.

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Study pathways and progression

On successful completion of the Workbook, exercises and reflective journal, you will be awarded a Cognitive Behavioural Therapy Theory Distance Learning Certificate Albert Ellis Module

If you wish to continue your studies we offer the following:

Distance Learning Courses

- Counselling Skills & Ethics Distance Leaning
- CBT Theory Distance Learning – Aaron Beck Module

College Based Courses

- Diploma in CBT/REBT
- Diploma in CBT Mindfulness and Hypnosis
- Advanced Diploma in CBT/REBT
- Advanced Diploma in Integrative Therapy

Entry onto Diploma in CBT/REBT Learning

If you complete both of our distance learning courses you would be eligible to apply for entry on to the Diploma in REBT. Places are subject to interview.

Our courses lead to the National Counselling Society accreditation and National Hypnotherapy Society accreditation and are approved by the Association for Rational Emotive Behaviour Therapy.

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Reading List

Dryden, W. (1991) Reason and Therapeutic Change. London: Whurr Publishers Ltd

Further Reading List

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