

**The Rational Emotive Behavior Therapist's  
Pocket Companion**



# The REBT Therapist's Pocket Companion

by  
Windy Dryden  
and  
Michael Neenan



ALBERT ELLIS INSTITUTE • NEW YORK, N.Y.  
[www.rebt.org](http://www.rebt.org)

Copyright © 2003 Albert Ellis Institute  
All Rights Reserved

FIRST EDITION

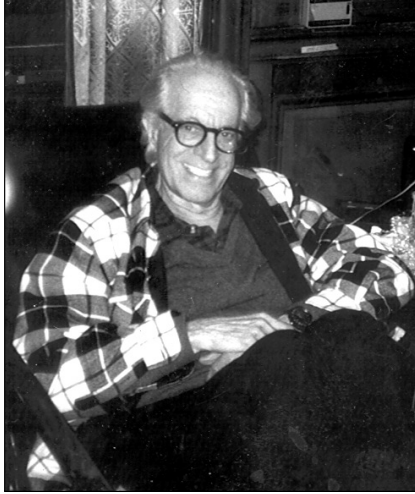
No part of this book may be reproduced, stored in a retrieval system, or transmitted in any form or any means, electronic, mechanical, photocopying, microfilming, recording, or otherwise, without written permission from the publisher.

Published by the  
**Albert Ellis Institute**  
45 East 65th Street, New York, N.Y. 10021

PRINTED IN THE UNITED STATES OF AMERICA

Library of Congress Control Number: 2003104378

ISBN 0-917476-26-3



The authors dedicate this book to Albert Ellis for the phenomenal contribution he has made to Rational Emotive Behavior Therapy (REBT), Cognitive Behavior Therapy (CBT) and general psychotherapy. In light of this contribution and to mark Al Ellis' 90th birthday, the authors have donated royalties from this book to the Albert Ellis Institute.



---

## Foreword

Rational Emotive Behavior Therapy (REBT) is more complex than it may first seem to be — yes, to many clients and their therapists. Although many articles and books have been written on it, they inevitably omit some important points that its practitioners can effectively use. The present book by Dryden and Neenan includes many of these points and can therefore provide REBT practitioners with a valuable pocket companion.

For example, *The Rational Emotive Behavior Therapist's Pocket Companion* reminds practitioners of many practical and theoretical aspects of REBT that they sometimes neglect. Such as: (1) It is a psychoeducational approach to therapy, more than are most other approaches. (2) It is both didactic *and* Socratic when it is used adequately. (3) It is rational *and* emotional-behavioral. (4) It specializes in teaching clients *acceptance*, not *resignation*. (5) Acceptance of your clients' behavior does *not* mean condonation of their reprehensible acts. (6) But why go on? Read this book; see the important theoretical and practical suggestions it makes; and notice how it makes them succinctly, briefly, and with no verbose gilding of the lily.

Moreover, don't take any of this book's main suggestions unthinkingly and unexperimentally. Cogitate on them. Consider them. Experiment with them. Revise them for yourself and for your own individual clients.

Do I agree with everything Dryden and Neenan say?

---

Naturally, not. For example, on page 220 they say, “Use techniques from other therapeutic approaches, but do so in a manner that is consistent with REBT theory.” I agree that it is preferable to do so. But, as I indicate in some of my latest writings — such as *Overcoming Destructive Beliefs, Feelings and Behaviors* (Amherst, NY: Prometheus Books, 2001) and *Overcoming Resistance: A Rational Emotive Behavior Therapy Integrated Approach* (New York: Springer Publishing Company, 2002) — I recommend that in some instances where REBT methods do not seem to be working with particular clients practitioners can actually experiment with some methods from other systems of therapy — such as psychoanalysis — that are *not* consistent with REBT theory. Try these other methods and see if they work for your particular client. In such cases, the clients — and not REBT theory — come first!

In general, however, I highly agree with practically all the suggestions Dryden and Neenan make in this book. From my own almost 60 years of doing REBT with thousands of clients, I heartily endorse their suggestions. I am delighted that, as a present for my ninetieth birthday, they have given the Albert Ellis Institute this book. Once again: the book is a great piece of work — and well done!

**Albert Ellis, Ph.D., President**

Albert Ellis Institute

45 East 65th Street

New York, NY 10021

E-mail: [aiellis@aol.com](mailto:aiellis@aol.com)



---

## Introduction

We have compiled the material in this book and have presented it in this format to encourage busy trained and developing REBT clinicians to think about the practice of REBT and what two established REBT therapists regard as important principles of its professional practice. You will notice that we have presented 240 points. Assuming that therapists take about a month's vacation per year and work five days a week, they are working clinically for 240 days per annum. Thus, we have presented one point for every working day of the year.

This book can be used in a number of ways. First, however, let us discourage you from reading it in one sitting. If you do, you will get severe clinical indigestion. For these thoughts are meant to be considered one at a time, savored even, as a way of prompting self-reflection about one's clinical practice of REBT. It can also be used in training to prompt debate about what two practitioners of REBT consider to be its excellent practice. Do we expect you to agree with our assessment? Frankly, no. REBT therapists (and trainees) tend to be an independent lot with divergent ideas about the practice of REBT. Thus, we hope that you will not unthinkingly follow our ideas and we fully expect that you won't.

Our hope, rather, is that you will use each of these thoughts as a stimulus for deeper reflection about your own established or developing practice of REBT.

**Windy Dryden and Michael Neenan**  
March, 2003

---



- 
- ❑ Remember that REBT is a psycho-educational approach to therapy. Your job is to help your clients to learn about the principles of rational living and how to apply them in their everyday lives.

- 
- ❑ Show your clients that they can be flexible and passionate at the same time.

- 
- Teach your clients what REBT means by the terms “rational” and “irrational.” Be aware that for some clients these terms have a negative connotation that may persist even after you have clarified their meaning. In such cases, help your clients to find acceptable synonyms for these concepts.

- 
- ❑ Help your clients to see that you are not going to tell them what to feel, what to do or what to think. Rather, you are going to help them to understand what their options are about what to believe and what the likely emotional, behavioral and thinking consequences are of each of these belief options. Once they have understood this, your job is to help them to choose the belief option that best helps them to achieve their healthy emotional, behavioral and thinking goals.

- 
- ❑ Help your clients to see that far from wanting to brainwash them, you want them to think for themselves, and to have *choices* of what they feel and how they act.

- 
- ❑ Encourage your clients to see that while you are an expert in understanding how people disturb themselves and what they need to do to un-disturb themselves, they have the information that you need to use in order to encourage them to help themselves. Without this information, your expertise counts for very little.



- 
- ❑ Teach your clients the difference between acceptance, demanding non-acceptance and resignation.

- 
- ❑ Help your clients to understand that when they accept someone for acting badly, they are not condoning that person's bad behavior.

- 
- ❑ Help your clients to understand the difference between being rigid and being rigorous.

- 
- Show your clients that over-sensitivity is sensitivity plus disturbance. Help them to be sensitive without disturbing themselves.

- 
- ❑ Explain to your clients that if they do not teach others where their boundaries lie, these people are likely to cross those boundaries.

- 
- ❑ Teach your clients that they are likely to get the obnoxious behavior from others that they put up with unless they protest against it.

- 
- Help your clients to understand that when they disturb themselves about unfortunate events, they are adding self-inflicted insult to external injury.

- 
- ❑ Show your clients that when they demand that they mustn't have problems, doing so doesn't get rid of these problems; it multiplies their problems.



- 
- ❑ Teach your clients that happiness is largely a short-lived by-product of actively pursuing something personally meaningful and that the goal of REBT is to promote psychological health rather than happiness.

- 
- ❑ Encourage your clients to be critical of what their idols say... and discourage them from viewing you as an idol.

- 
- ❑ Some of your clients are likely to think that the only alternative to selfishness is selflessness. Explain to those clients the concept of enlightened self-interest or self-care, and that this is the healthy alternative to the other two unhealthy positions.

- 
- Teach your clients the baseball rule of life: that when they do something three times and it doesn't work, it is time to strike out and use a different approach.

- 
- ❑ It is likely that many of your clients think they should be “normal.” Have them see that your role is to help them be healthy — and that “normal” and “healthy” are very often different.

- 
- Remind your clients that nobody presses their buttons and that if they did have buttons, they would be the ones pressing them.

- 
- ❑ Teach your clients that people who are psychologically healthy desire much, but need very little, if anything.

- 
- ❑ Help your clients to understand that the only productive things that they can do about the past are to un-disturb themselves about it and then to learn from it.



- 
- Appreciate that while your practice of REBT involves the use of strategies and techniques, your therapy is not likely to be very effective unless it is based on the development and maintenance of a good therapeutic alliance between you and your clients.

- 
- ❑ You can develop a good therapeutic alliance with your clients and focus on their problems at the same time.

- 
- A central part of developing a good therapeutic alliance with your clients involves establishing what we call “the reflection process.” This is where you and your clients “stand back” and reflect on the work that you are doing together. Feel free to refer matters to the reflection process where necessary and encourage your clients to do the same.

- 
- While REBT can be a short-term therapy, recognize that you will often need to work longer term with clients with severe disturbances.

- 
- ❑ Don't be afraid to refer clients to other REBT therapists or to non-REBT therapists when such referrals are in your clients' longer-term interests.

- 
- ❑ Explore your clients' expectations for therapy and correct any misconceptions as they relate to REBT.

- 
- ❑ Capitalize on your clients' pre-REBT experiences of personal change (including previous therapy), and integrate these with REBT methods. However, guard against using any of their change experiences that reinforce their irrational beliefs and dysfunctional feelings and behaviors.

- 
- ❑ Vary your therapeutic bond with different clients. Thus, with some you can be formal, with others informal; with some you can use self-disclosure and not with others; and some will appreciate your use of humor, while others will not.



- 
- ❑ Vary your influence base with different clients. Some will listen to you because of your expertise, while others will do so because they like you.

- 
- ❑ As you interact with your clients, take care not to unwittingly reinforce their irrational beliefs, feelings, and behaviors by, for example, reassuring those with a dire need for certainty or by showing overt approval to those with a dire need for approval.

- 
- ❑ Engage your clients in the therapeutic arena or arenas that are likely to be most productive for them: individual, couple, family and/or group therapy.

- 
- ❑ If you struggle to utilize session time effectively with some clients, take the lead from your cognitive behavior therapy colleagues and set an agenda at the beginning of therapy sessions with these clients.

- 
- ❑ Take control of therapy sessions, but do so with your clients' active collaboration.

- 
- ❑ It is useful to summarize periodically your understanding of what your clients have been saying both to ensure that you are accurate in your grasp of their problems and to encourage your clients to keep focused on the factors associated with these problems.

- 
- ❑ Encourage your clients to summarize periodically to ensure that they stay focused on what they have been saying, that they have an accurate understanding of your interventions and that you are both on the right track.

- 
- ❑ It is very useful to understand your clients from their frame of reference before showing them how to understand themselves from REBT's frame of reference.



- 
- ❑ Periodically, elicit from your clients what they are finding helpful and unhelpful from REBT. Capitalize on the former and minimize the latter as long as in doing so you do not unwittingly reinforce your clients' problems.

- 
- ❑ Be problem-focused unless doing so threatens the therapeutic alliance.

- 
- ❑ Be active and directive, but as clients take increasing responsibility for self-change, alter your style of intervention so that they do more of the work for themselves both inside and outside therapy.

- 
- Help your clients to understand their role in the REBT process as well as your role. Once they have understood their role, encourage them to implement it.

- 
- Encourage your clients to be active in the REBT process.

- 
- ❑ Suggest that your clients make notes in therapy sessions to facilitate later recall.

- 
- ❑ Suggest that your clients tape-record their therapy sessions and have them review these tapes periodically, unless it is counterproductive for them to do so.

- 
- ❑ Pay attention to your clients' non-verbal and para-verbal behavior as a way of monitoring their reactions to the work you are doing with them.



- 
- ❑ Explore discrepancies between what your clients are saying verbally and what they seem to be saying non-verbally or para-verbally.

- 
- ❑ Encourage your clients to think for themselves. Discourage them from mindlessly agreeing with you or with others for whatever reason.

- 
- Whenever you make extended points in a didactic manner, check with your clients to make sure they understand what you have said, and whether they agree with it.

- 
- ❑ Ask questions one at a time. Don't interrogate your clients.

- 
- ❑ Provide your clients with ample opportunities to think about their answers to your questions.

- 
- ❑ Vary your style of questions. Some clients respond well to open-ended questions, while others respond better to questions that are closed. Yet others respond best to options provided in a forced or multiple choice format.

- 
- ❑ When you ask your clients questions, listen carefully to whether or not they answer them. If not, ask the questions again or explore why the clients are not answering them.

- 
- ❑ Interrupt your clients when they ramble on or digress from the point being discussed, but do so with tact and sensitivity.



- 
- ❑ Be succinct and clear when talking to clients.

- 
- Draw up a problem list with your clients as this will help them keep problem-focused during therapy.

- 
- ❑ Build up an overall picture of your clients' problems as you go along. Don't wait to get the "big picture" before you intervene.

- 
- ❑ Clients often come to therapy wanting help with practical problems. Help them to see that they are best equipped to deal with these practical problems once they have dealt with their disturbed emotions about these practical problems.

- 
- ❑ Encourage your clients to express themselves in a structured REBT-focused way whenever possible as long as you don't threaten the therapeutic alliance by doing so.

- 
- ❑ From their problem list, encourage your clients to select one problem to focus on and to work on. Encourage them to retain their focus on this target problem and discourage problem switching unless this is clinically indicated.

- 
- ❑ Work with specific examples of your clients' target problems, particularly in the early phase of REBT.

- 
- ❑ When working with a specific example of your clients' target problems, you will find that they will switch to discussing other examples of these problems. Help them to stay focused on the nominated specific example until you have worked it through. Provide a rationale for taking this stance.



- 
- ❑ When working on your clients' target problems clarify whether they are largely ego-based or largely non-ego-based. Doing so will help you to plan your intervention strategies to best effect.

- 
- ❑ Be alert for the presence of meta-emotional problems (i.e., emotional problems about emotional problems), but do not assume that these are always present.

- 
- If you discover that your clients have meta-emotional problems, work on these first if:
- their presence interferes with your in-session work on your clients' target problems;
  - their presence interferes with your clients' between session work on their target problems;
  - they are clinically more important than the target problems, and
  - your clients can see the sense in working on their meta-emotional problems first.

- 
- ❑ Help your clients to accept themselves for their tendencies to disturb themselves. Show them that if they blame themselves for this then they will
    - (a) disturb themselves for having these tendencies in the first place — something that is outside their control — and
    - (b) stop themselves from working steadily to counteract these tendencies in the second place.

- 
- ❑ Develop hypotheses about the factors associated with your clients' problems, but test these out rigorously. Do not assume that if your clinical hunches are strongly held, they must be correct.

- 
- ❑ Listen actively for the ABC components in what your clients discuss and focus on these components whenever possible.

- 
- Once you have agreed upon target problems with your clients, work on these problems until they can cope with them. Then switch to other target problems. Don't make this switch until the coping criterion has been reached, unless switching preserves the therapeutic alliance.

- 
- ❑ In REBT, confrontation is an assertive means of highlighting inconsistencies and contradictions in your clients' statements. Be assertive when you confront your clients, but do so with care and sensitivity.



- 
- ❑ When you use REBT terminology, explain what these terms mean; then check your clients' understanding of these terms and correct them if necessary.

- 
- ❑ Don't insist that your clients use REBT terminology. Rather, encourage them, if need be, to use their own words to reflect REBT concepts.

- 
- ❑ Ensure that you use B-C language rather than A-C language with your clients.

- 
- ❑ Periodically correct your clients when they use A-C language, but certainly do not be compulsive about doing so.

- 
- ❑ Before making major interventions, explain what you are going to do and its purpose. After you have intervened, obtain feedback from your clients on its helpfulness.

- 
- ❑ Develop a variety of ways of teaching the ABC model and use different methods of doing so with different clients.

- 
- ❑ Help your clients see that by advocating the ABC model of psychological disturbance, REBT does not imply that unfortunate events play an unimportant role in their problems. Encourage your clients to understand that such events contribute significantly to their disturbance, even though they do not determine it.

- 
- For clients who are adamant that very adverse events caused their disturbed reactions at C, and refuse to give up this position, distinguish between the origin and maintenance of emotional problems. Explain that even if they are correct in stating that the adverse events in question originally caused their disturbed feelings, they are still actively keeping this disturbance alive in the present by the irrational beliefs that they hold now about events then. Put this in a context that emphasizes hope and choice.



- 
- For clients who need inspiration to psychologically transcend tragedy, share this quote from Viktor Frankl:

“We who lived in concentration camps can remember the men who walked through the huts comforting others, giving away their last piece of bread. They may have been small in number, but they offer sufficient proof that everything can be taken away from a man but one thing: the last of human freedoms — to choose one’s attitude in any given set of circumstances, to choose one’s way.”

- 
- Once you have taught your clients the principle of emotional responsibility (that they largely disturb themselves), recognize that you will have to remind them of this principle on further occasions. Do so without being compulsive, and encourage them to discover it for themselves both in their own experience and in the experiences of others.

- 
- Take care that you make clear to clients that REBT's principle of emotional responsibility does not involve *blaming* them for largely creating their own emotional problems. They are *responsible* but not *damnable* for being responsible.

- 
- ❑ Help your clients to see that REBT does not neglect their emotions. Far from it. Show them that, in fact, REBT places emotions center-stage in the therapeutic process.

- 
- ❑ Encourage your clients to identify their disturbed feelings, but discourage them from discussing these feelings compulsively.

- 
- ❑ Help your clients to be precise about their disturbed emotions, as doing so will help you and your clients to identify their A's and irrational B's later in the assessment process.

- 
- ❑ When helping your clients to identify their disturbed emotions, keep the following eight in mind: anxiety, depression, guilt, shame, hurt, unhealthy anger, unhealthy jealousy and unhealthy envy.

- 
- Become very familiar with the inferences that lead to — and the behavioral and cognitive consequences of — irrational beliefs associated with each of the eight disturbed emotions listed previously. Use this knowledge to help your clients pinpoint their difficulty in identifying feelings.



- 
- ❑ Clients do not only have problems because of the presence of unhealthy negative emotions; they have problems because they do not experience healthy negative emotions when it is appropriate to do so about negative life events. Remember this as you carry out your assessment.

- 
- ❑ Take time to explain to your clients what constitutes healthy alternatives to their unhealthy emotions and what accounts for the differences between these. Encourage your clients to adopt healthy negative emotions as their emotional goals about negative events.

- 
- Although REBT uses specific words to distinguish healthy from unhealthy negative emotions (e.g., concern vs. anxiety and remorse vs. guilt), do not insist that your clients use this language. Rather, help them to use an emotional language that is meaningful to them and then make a written note of this personalized language, reviewing it just before you see them.

- 
- ❑ Understand your clients' reactions to their own unhealthy negative emotions. Just because these emotions are deemed unhealthy by REBT theory, it does not automatically follow that your clients will wish unequivocally to target them for change.

- 
- While you will often use your clients' behavioral C's to identify their emotional C's, sometimes you can work with behavioral C's as the clients' major disturbed reaction. Be flexible in this regard.

- 
- ❑ Assess the cognitive consequences of your clients' irrational beliefs as well as their emotional and behavioral consequences.

- 
- ❑ Encourage your clients to be succinct when describing activating events.

- 
- ❑ Encourage your clients to be specific when describing activating events.



- 
- ❑ Devote some time to identifying your clients' critical A's (these are the aspects of the troublesome situations your clients are most disturbed about), but do not become too compulsive in your search. You do not have to be 100% accurate in your identification of the critical A's. Near enough is good enough.

- 
- ❑ Guard against selecting theoretical inferences as critical A's. If inferences have no emotional impact for your clients, they are theoretical. Critical A's are emotionally laden for clients.

- 
- ❑ When dealing with frustration, it is most useful to treat it as an A — a block to the realization of your clients' goals — rather than as a C. But if your clients do wish to treat it as a C, help yourself and your clients to distinguish between healthy frustration (prompting creative problem-solving to overcome the block) and unhealthy frustration (prompting impulsive, self-defeating action). In making this distinction, it is often helpful to conceptualize unhealthy frustration as unhealthy anger.

- 
- ❑ Refrain from challenging distorted inferences at A until you have identified and disputed irrational beliefs at B, unless there is a good reason to work at A before B.

- 
- ❑ Once you have taught your clients the ABC framework, use theory-driven questions to identify irrational beliefs (e.g., “what were you demanding...?”). Open-ended questions directed at identifying irrational beliefs (e.g., “what were you telling yourself...?”) often yield more inferences.

- 
- While REBT theory hypothesizes the existence of four major irrational beliefs that underpins much psychological disturbance, do not assume that your clients hold all four irrational beliefs in all of their problems. Carefully check this with them.

- 
- If clinical time is at a premium, the following rule of thumb is useful:
- identify and dispute demands and self-depreciation beliefs with your clients' ego-based problems,
  - identify and dispute demands and awfulizing or LFT beliefs with your clients' non-ego-based problems, and
  - identify and dispute demands and other-depreciation beliefs with your clients' unhealthy other-directed anger problems.

- 
- ❑ Help your clients to distinguish clearly between absolute shoulds and other shoulds (e.g., conditional shoulds, recommendatory shoulds, ideal shoulds, empirical shoulds and shoulds of preference). Only target absolute shoulds for change in REBT.



- 
- Ask your clients whether they want to improve very quickly, at a moderate speed or slowly. Then, ask them if they want to make much effort, moderate effort or little effort at helping themselves to change. Show those clients who want to improve very quickly while expending little effort that they are looking for magic. In general, the speed of your clients' improvement is in proportion to the amount of effort they are prepared to devote to self-help. Help them to understand this point.

- 
- ❑ Distinguish between goals set by clients before you have assessed their problems and goals set that have been informed by problem assessment. They may be quite different.

- 
- ❑ Help your clients to achieve a balance between their short-term goals and their longer term goals. If they overly focus on their long-term goals, they may have little fun, and if they overly focus on their short-term goals, they may experience little meaning and purpose.

- 
- ❑ Strongly discourage your clients from setting goals that perpetuate their irrational beliefs and dysfunctional feelings and behaviors, even implicitly.

- 
- ❑ Ensure that your clients' goals are within their power to achieve.

- 
- ❑ Encourage your clients to set goals in positive terms (e.g., “I want to feel concerned about...”) and not in negative terms (e.g., “I don’t want to feel anxious about...”). It is often far easier to work towards the presence of something than towards the absence of something.

- 
- ❑ Help your clients to work towards goals that are based on overcoming disturbance before helping them to work towards goals that are based on furthering their personal development. Otherwise their disturbed feelings will interfere with their personal development work.

- 
- ❑ Help your clients to set goals that are neither overwhelmingly high nor overwhelmingly low. Tackle the irrational beliefs that underpin such unrealistic goal-setting.



- 
- Your clients may often want to “unload” their feelings. Help them to do so briefly, but try to draw out of them their implicit goals. If their goals are healthy, help them form a bridge between their “unloading” and working towards their goals. If their goals are not healthy, help them to “unload” briefly, then discuss the unhealthy nature of their goals and help them set healthy aims.

- 
- ❑ Elicit from your clients a commitment to achieve their goals, not just a statement of these goals. Keep reminding them of their commitment.

- 
- If your clients are ambivalent about making a commitment to achieve their goals, carry out with them a cost-benefit analysis to understand better their reservations about change. Deal with these reservations constructively and then ask for a commitment to goal achievement. If one is still not forthcoming, identify and target for change the irrational beliefs that your clients have about making such a commitment.

- 
- ❑ Help your clients understand that you can help them to feel bad about bad events rather than disturbed about bad events. You usually won't help them to feel good or neutral about bad events without encouraging them to delude themselves or lie to themselves.

- 
- ❑ Make sure that you and your clients are working towards the same goals. If not, address this issue right away.

- 
- ❑ The major goal of REBT is not to promote rational thinking, but to promote healthy living based on rational thinking.

- 
- ❑ Review your clients' goals across the counseling process. Don't assume that goals set at the beginning of REBT are still relevant in the middle or later phases of therapy.

- 
- ❑ Make sure your clients understand that engaging in relevant therapeutic tasks will help them to achieve their goals. Otherwise they may not commit themselves to doing the tasks.



- 
- ❑ Ensure that the tasks that you ask your clients to engage in are potent enough to help them achieve their goals if they carry them out.

- 
- ❑ Prepare your clients adequately for the disputing process. Don't often launch into disputing without your clients' understanding what you are going to do and why you are going to do it.

- 
- ❑ Use tact, sensitivity and empathy when disputing your clients' irrational beliefs, especially when they disturb themselves about real-life tragedies.

- 
- ❑ Dispute both your clients' demands and their relevant irrational belief derivatives. However, recognize that disputing basic demands is more meaningful for some than disputing irrational belief derivatives and vice-versa.

- 
- ❑ Develop your skills in both Socratic and didactic disputing. Assess your clients' responses to these different disputing styles to determine which style is the more productive for you to employ with them.

- 
- ❑ Use empirical, logical and pragmatic arguments while disputing your clients' irrational beliefs, but avoid doing so mechanically. Be creative and enthusiastic in your disputing interventions.

- 
- ❑ Be ordered in implementing your disputing strategies. Haphazard disputing promotes client confusion.

- 
- ❑ During disputing, openly debate with your clients rather than defensively arguing with them.



- 
- ❑ As you dispute your clients' irrational beliefs, be watchful for clients misinterpreting what you are trying to do. If you discover such misinterpretations, make them explicit and correct them constructively.

- 
- ❑ Take care not to dispute your clients' distorted inferences while you are disputing their irrational beliefs. Throughout the irrational belief disputing process, keep to the "let's assume temporarily that A is true" position.

- 
- ❑ Show your clients that when they believe in musts they deprive themselves and others of the freedom of choice.

- 
- ❑ Encourage your clients to put the “f” word into their thinking: flexibility.

- 
- ❑ Help your clients to see that adversities are not the end of the world — they are part of the world.

- 
- When helping your clients to see that tragedies are not awful, show great sensitivity. Even then, you may find it more productive to help them to see that tragedies can be transcended and it is worth it for them to do this, especially in the longer term. In short, disputing LFT beliefs about tragedies (“I can’t *stand* it!”) may be more effective than disputing awfulizing beliefs (“It is *awful* that this tragedy occurred!”) about these events.

- 
- ❑ Help your clients understand and use the three components of high frustration tolerance:
    - “It’s difficult to tolerate.”
    - “I can tolerate it.”
    - “It’s worth tolerating.”

- 
- ❑ Teach your clients the two main principles of self-discipline:
    - “It’s worth doing.”
    - “I’m worth doing it for.”



- 
- ❑ Use your clients' own words for self-depreciation when you are disputing these beliefs with them.

- 
- ❑ Develop a fund of rational stories, parables and anecdotes for use during the process of disputing.

- 
- ❑ Use the MVP principle in disputing: be Meaningful, Vigorous and Persistent while disputing your clients' irrational beliefs.

- 
- ❑ Be vivid in your disputing, but not if doing so threatens the therapeutic alliance.

- 
- ❑ Discover which arguments your clients find persuasive during disputing and capitalize on your discovery.

- 
- ❑ Encourage your clients to construct rational alternatives to their irrational beliefs. In doing so encourage them to put these beliefs into their own words, but check that these words reflect rational meaning.

- 
- ❑ Help your clients to distinguish between irrational and rational beliefs. In doing so, teach them the full version of rational beliefs which explicitly negates irrationality. For example, “I very much want to pass this test, but I really don’t have to do so.”

- 
- ❑ Help your clients to identify the possible irrational beliefs held by other people about whom they feel disturbed. Then, show them that these other people are driven to behave badly by their irrational beliefs. This may help your clients to surrender their own demands that these other people must not act badly.



- 
- During disputing, help your clients to question their rational beliefs in the same way as you helped them to question their irrational beliefs.

- 
- The more your clients dispute their irrational beliefs, the more they will benefit from doing so later. So teach your clients the principle of overlearning and encourage them to apply it.

- 
- ❑ Strongly encourage your clients to dispute their irrational beliefs outside sessions as well as inside sessions, since some clients will dispute their irrational beliefs when they are with you, but will not automatically do so when they are by themselves.

- 
- ❑ Teach your clients the value of challenging their musts and acting on their healthy preferences.

- 
- ❑ Encourage your clients to act and think in ways that are consistent with their rational beliefs. Be alert for instances where their behavior and inferential thinking are inconsistent with their developing rational beliefs, and intervene accordingly.

- 
- ❑ Discover who are the role models of rationality for your clients and refer to these when disputing your clients' irrational beliefs.

- 
- ❑ If you encourage your clients to use REBT with others as a way of disputing their own irrational beliefs, suggest that they guard against imposing rational principles on those who are not interested in them.

- 
- Teach your clients the effects of their irrational beliefs on their inferences at A and on their subsequent thinking, feeling, and behaving at C.



- 
- ❑ Encourage your clients to conduct behavioral experiments when they think that they can't do something. But first challenge the irrational beliefs that lead them to think that they are incapable.

- 
- ❑ Teach relevant skills to clients who are deficient in them, but not at the expense of dealing with their underlying irrational beliefs.

- 
- ❑ Suggest that your clients use a variety of cognitive techniques to weaken their conviction in their irrational beliefs and strengthen their conviction in their rational beliefs.

- 
- Use self-disclosure to teach your clients how you first disturbed yourself and later un-disturbed yourself in areas that are relevant to your clients' problems and/or irrational beliefs. However, recognize that not all clients are interested in your experiences.

- 
- ❑ Explain to your clients the difference between “feeling better” and “getting better.” “Getting better” means their dealing with any present or future adversities (A’s) by reacting with healthy feelings and functional behaviors.

- 
- ❑ Help your clients to understand that the more they tend to disturb themselves in certain areas, the harder they need to work to un-disturb themselves in these areas.

- 
- By all means help your clients to identify and challenge their cognitive distortions and inferences, but also help them to see how they create these distortions when they hold irrational beliefs. Show them that challenging their cognitive distortions is often more effective after they have challenged their underlying irrational beliefs, especially their absolutistic shoulds, oughts and musts.

- 
- Provide clients with a powerful rationale for homework assignments. Inform them that clients who regularly do such assignments do better in REBT and CBT than those who don't.



- 
- ❑ Encourage your clients to walk the rational talk, not just talk the rational talk.

- 
- ❑ Be flexible in your use of language when discussing the role of homework assignments in REBT. Realize that the word “homework” is anathema to some clients. Use your clients’ own words for homework when this happens.

- 
- ❑ Remember to negotiate a suitable homework assignment with your clients at practically every therapy session.

- 
- ❑ Make sure that negotiated assignments are based on the work that you have done with your clients during therapy sessions.

- 
- ❑ Become familiar with a range of different self-help books so that you can suggest relevant reading material for different clients.

- 
- ❑ Help your clients to see that reading self-help books is an important prelude to action, not a substitute for it.

- 
- ❑ Encourage your clients to keep written records of homework assignments to facilitate their remembering to do these tasks.

- 
- ❑ Employ a number of self-help forms of differing complexity. Realize that different clients will find different forms useful.



- 
- ❑ Train your clients to use whichever self-help forms you employ with them. Provide them with working examples and detailed written instructions for their use.

- 
- ❑ When your clients make errors in their self-help forms, correct these errors clearly, but do so without discouraging the clients.

- 
- ❑ Negotiate with your clients homework assignments that are challenging for them but not overwhelming.

- 
- ❑ Encourage your clients to specify when they are going to do their homework assignments, how often and in which contexts.

- 
- ❑ Help your clients to troubleshoot possible obstacles to their completing their homework tasks.

- 
- ❑ Encourage your clients to engage their emotions fully while doing their homework assignments. If they do these tasks intellectually without engaging their emotions they may derive little benefit from doing them.

- 
- ❑ Ensure that your clients have the necessary skills to carry out their homework assignments. If not, teach them these skills before you suggest the assignments.

- 
- ❑ Encourage your clients to *commit* themselves to doing homework assignments rather than just *trying* to do them, since trying does not necessarily mean doing.



- 
- ❑ When negotiating homework assignments with your clients, give yourself adequate time to do so. Your clients are more likely to carry out carefully negotiated homework assignments than hurriedly negotiated ones.

- 
- Review homework assignments at the beginning of the following session.

- 
- ❑ If your clients have successfully carried out their homework assignments, elicit from them what they learned from doing the tasks. Then, help them to capitalize on their learning.

- 
- ❑ Show your clients that they may not always be able to prevent themselves from beginning to disturb themselves, but they can stop themselves from continuing to disturb themselves.

- 
- ❑ Use a range of cognitive, emotive, behavioral and imagery assignments in working with your clients.

- 
- ❑ It is important that you reinforce your clients' change-directed efforts, but guard against reinforcing their need for approval as you do so.

- 
- ❑ Help your clients to see the difference between intellectual insight (a cognitive understanding of rational principles that does not lead to constructive psychological change) and emotional insight (a deep conviction in rational principles, and action taken to use these principles, that does result in such change). Stress that the latter is the goal of REBT, not the former.

- 
- ❑ Strongly suggest to your clients that they commit themselves to practicing daily emotional self-care even if they do not feel disturbed.



- 
- ❑ Encourage your clients to assume a self-helping role as early in the process of REBT as they are able.

- 
- ❑ Urge your clients to take an active role in generalizing their learning both within a problem area (from one specific example of a target problem to others) and between problems (from one target problem to others). Don't expect that your clients will spontaneously generalize their learning.

- 
- ❑ Help your clients to look for and work towards identifying their core irrational beliefs (i.e., irrational beliefs that are at the core of a significant number of their problems).

- 
- ❑ Don't assume that your clients hold core irrational beliefs in an area where *you* are working on their specific irrational beliefs until you have evidence that this is the case.

- 
- Help your clients to understand how they perpetuate their specific and core irrational beliefs. In doing so encourage them to look for instances where they:
- think and act in ways that maintain these beliefs,
  - avoid activating these beliefs, and
  - over-compensate for these beliefs.

- 
- ❑ Prepare your clients for the “change feels strange” phenomenon and encourage them to keep working for change even though it feels strange.

- 
- ❑ Explain to your clients that therapeutic change is non-linear so that they don't become discouraged when they experience setbacks.

- 
- ❑ Repeat REBT principles until they become part of your clients' general rational outlook.



- 
- ❑ Find fresh new ways of explaining rational principles to your clients. Otherwise some of them, particularly those with LFT, will turn off to what they see as the same old rational stuff.

- 
- ❑ Help your clients to understand that maintaining psychological well-being involves taking regular psychological exercise in the same way as maintaining physical well-being involves taking regular physical exercise.

- 
- ❑ When your clients report improvement, assess the bases of these changes. Encourage them to change their irrational beliefs if they have not already done so.

- 
- Help your clients to monitor their improvement on three criteria:
- *Frequency*: Do they experience their problems less frequently than before?
  - *Intensity*: Are their problems less severe/intense than before?
  - *Duration*: Do their problems last for shorter periods than before?

- 
- ❑ Show your clients that once they have gotten better, they still have to work to stay better.

---

□ There are many potential obstacles to client change including:

- therapist factors;
- client factors;
- therapist-client factors (including poor client-therapist matching);
- the negative impact of clients' significant others.

Assess the source of your clients' obstacles to change and take appropriate remedial action.

- 
- ❑ Your clients may well bring their irrational beliefs to the therapeutic process. Try to anticipate how their iBs might affect their behavior in therapy and encourage them to change these irrational beliefs, preferably before they have a detrimental impact on their therapy.

- 
- ❑ Help your clients to see that what they resist usually persists.



- 
- Whenever possible, urge your clients to work towards basic belief change, but realize that at times they may be unwilling or unable to do so. In such cases, encourage them to work towards inference change, behavior change or changing troublesome aspects of their environment.

- 
- ❑ Encourage your clients to express their doubts, reservations and objections to aspects of REBT theory and practice. Then, deal with the misconceptions implicit in their expressions.

- 
- ❑ Help your clients to see that while their musts and demands may be motivating, these beliefs frequently lead to impaired disturbance-related behavior. Non-dogmatic preferences, on the other hand, are both motivating and lead to action that is free from the effects of disturbance.

- 
- ❑ When your clients are reluctant to think rationally, it may be due to their perceiving costs of holding rational beliefs and/or perceiving benefits to holding irrational beliefs. Help them to identify and deal with these obstacles to rational thinking.

- 
- ❑ Help your clients understand that while there may be payoffs to their emotional problems, these payoffs are likely to be short-term and that most of the consequences of having emotional problems are negative, particularly in the longer term.

- 
- When your clients are reluctant to think rationally, help them to see that they will often encourage their friends and loved ones to hold the same rational beliefs that they are resisting. Encourage your clients to resolve this dissonance by inviting their significant others to think irrationally or by responding persuasively to their own resistances to rationality.

- 
- ❑ Teach your clients relapse prevention. This involves helping them to identify and deal with situations in which they are likely to disturb themselves, rehearsing their rational beliefs while imagining facing these situations, and then rehearsing these beliefs in the situations themselves.

- 
- ❑ Help your clients to view lapses in progress as part of the process of therapeutic change. Urge them to view lapses as opportunities to use their rational thinking and constructive behavior and not as a sign that they will inevitably relapse.



- 
- ❑ As your clients improve, decrease the frequency of sessions so that they can take increasing responsibility for self-change.

- 
- ❑ There are many different ways to terminate therapy. Be flexible in terminating therapy with your clients and negotiate with each of them the best way to end.

- 
- ❑ Modify your practice of REBT according to the verbal and intelligence levels of your clients.

- 
- ❑ Make use of a whiteboard or blackboard when teaching clients the ABCs of REBT or when explaining rational concepts.

- 
- Use REBT flexibly with your clients, not rigidly.

- 
- ❑ Be creative in your practice of REBT, but do not neglect its fundamental principles. If you get stuck or are in doubt as to how to proceed with your clients, go back to first principles.

- 
- ❑ Read transcripts and listen to sessions of other REBT therapists. Integrate their useful techniques and strategies into your own work, but do so in your own style.

- 
- ❑ As you watch videotapes and listen to audiotapes of experienced therapists practicing REBT, stop the tape before the therapist makes a substantial response, formulate your own intervention and then compare it to what the therapist said. Learn from the difference.



- 
- ❑ Review audiotapes of your therapy sessions and with the benefit of hindsight, formulate more effective strategies and therapeutic responses.

- 
- There is no single way of practicing. Read Windy Dryden's edited book entitled, *Idiosyncratic Rational Emotive Behaviour Therapy* (2002), where a number of REBT therapists outline their idiosyncratic practice of this form of therapy. Use this material as a stimulus to identify, reflect and develop your own idiosyncratic practice of REBT.

- 
- ❑ Read the REBT literature and make use of other practitioners' ideas. But do not rely on the creativity of others. Let their inspiring ideas stimulate your creativity.

- 
- ❑ Develop your own therapeutic style rather than copying the style of your mentors.

- 
- ❑ Realize that you can teach rational principles in different ways. So, use your imagination and vary the medium, but not the message.

- 
- ❑ Use techniques from other therapeutic approaches, but do so in a manner that is consistent with REBT theory.

- 
- ❑ Be prepared to be flexible in your use of therapy sessions, modifying their duration and form. Elicit agreement from your clients whenever you wish to deviate from the standard, face-to-face 50-minute session.

- 
- ❑ Honestly identify your own doubts, reservations and objections to aspects of REBT theory and practice. Discuss these feelings with your colleagues and supervisor. Don't be ashamed of having such doubts, etc.



- 
- ❑ Know your limits as an REBT therapist. Try to transcend these limits, but not at the expense of your clients.

- 
- ❑ Seek regular supervision, peer supervision and self-supervision.

- 
- ❑ When you experience feelings in therapy sessions, recognize that these may be useful in understanding your clients' dynamics more deeply, but they may also be a sign that your own issues have been activated. Discuss feelings that you experience in therapy with your supervisor or in your own personal therapy if these feelings resonate with your own emotional problems.

- 
- ❑ Recognize that different clients may “pull” different responses from you. Respond in ways that neither threaten the therapeutic alliance nor reinforce their irrational beliefs. Discuss this issue in supervision.

- 
- ❑ REBT is an approach to therapy that is not only applicable with your clients. Use it to help yourself with your own emotional problems. Those REBT therapists who do use it with themselves tend to be more credible practitioners of REBT than those who don't.

- 
- ❑ If you are having non-REBT personal therapy for your own problems, why are you not using REBT with yourself or seeking help from an REBT therapist? What do your answers reveal about your true attitude to REBT?

- 
- ❑ Learn not to disturb yourself about your clients' problems. Use your healthy concern to stay focused on helping them help themselves.

- 
- ❑ Resist being a “smart Alec” and showing your clients how expert you are in REBT. This can be as much of a turn-off in therapy as it can be in life.



- 
- ❑ Try, as far as you can, to keep your ego out of your work as an REBT therapist. Evaluate what you do, but not *yourself* for doing it.

- 
- ❑ Honestly acknowledge your therapy-related irrational beliefs, accept yourself for holding them and challenge them with force, energy and commitment.

- 
- ❑ Just because you are an REBT therapist, it certainly does not follow that you must be rational in therapy and in life. If you hold this demand it will promote defensiveness since you will not admit to yourself and appropriate others that you have problems, and it will create far more problems than it will solve.

- 
- ❑ If you enjoy practicing REBT, fine; but don't make your enjoyment of it more important than helping your clients change — a process that might not always be that enjoyable.

- 
- ❑ If you “feel like” giving up with some of your clients, vigorously dispute the irrational beliefs that underpin your urge to give up and push yourself to keep helping them.

- 
- ❑ Look for signs that you agree with your clients' irrational beliefs. Accept yourself for sharing their irrationalities and dispute your own irrational beliefs as well as disputing theirs.

- 
- ❑ Don't suggest that your clients do things that you are afraid to do yourself. Deal with your anxiety first.

- 
- ❑ Don't suggest that your clients do things that you are not prepared to do yourself. If it is not good enough for you, why is it good enough for them?



- 
- ❑ Don't be afraid to admit to clients when you don't know the answer to their questions. However, tell them that you will find out the answer and make it your business to do so. In this way, you will be modelling self-acceptance for ignorance, demonstrating the importance of an enquiring mind and showing that you are reliable.

- 
- You will never stop learning as an REBT therapist. If you think you have no more to learn, it is probably time to retire.

---

## BOOKS, TAPES AND CDs

available from the Albert Ellis Institute

### BASIC BOOKS ON REBT

- Feeling Better, Getting Better, Staying Better*, Ellis, \$15.95 (B203) 13 oz.
- How to Stubbornly Refuse to Make Yourself Miserable About Anything — Yes, Anything!* Ellis, \$12.95 (B009) 12 oz.
- A Guide to Rational Living*, Ellis & Harper, \$15.00 (B025) 9 oz.
- How to Control Your Anxiety Before It Controls You*, Ellis, \$19.95 (B190) 18 oz.
- Overcoming Depression*, Hauck, \$13.95 (B015) 6 oz.
- Overcoming Procrastination*, Ellis & Knaus, \$5.99 (B012) 5 oz.
- Overcoming Destructive Beliefs, Feelings and Behaviors*, Ellis, \$22.95 (B202) 24.5 oz.
- Overcoming the Rating Game*, Hauck, \$13.95 (B125) 6 oz.
- Procrastination Workbook*, Knaus, \$17.95 (B218) 18 oz.
- Rational Counseling Primer*, Young, \$2.50 (B061) 2.5 oz.
- REBT Pocket Companion for Clients*, Dryden, \$10.95 (B226) 7.8 oz.

### Audiotapes

- Action Jack Extracts the Core of REBT: An Interview with Albert Ellis*, \$9.95 (C074) 2.5 oz.
- Coming to Terms with Parents*, DiGiuseppe, \$5.95 (C047) 2.5 oz.
- Getting Over Getting Older*, Ellis, \$9.95 (C073) 6 oz.
- How to Control Your Anger Before It Controls You*, Ellis, \$14.95 (C069) 6 oz.
- How to Control Your Anxiety Before It Controls You*, Ellis, \$14.95 (C072) 6 oz.
- How to Stubbornly Refuse to be Ashamed of Anything*, Ellis, \$9.95 (C010) 2.5 oz.
- Learning to Relax*, Lazarus, \$9.95 (C015) 2.5 oz.
- Overcoming Procrastination*, Knaus, \$9.95 (C018) 2.5 oz.
- 21 Ways to Stop Worrying*, Ellis, \$9.95 (C026) 2.5 oz.

### CD Rom

- Managing Your Emotions*, DiMattia & Lega, \$19.95 (CD001) 3.2 oz.

---

## LOVE, SEX AND RELATIONSHIPS

- Can Your Relationship Be Saved?* Broder, \$15.95 (B208) 7.6 oz.
- Guide to Successful Marriage*, Ellis & Harper, \$7.00 (B006) 10.5 oz.
- Head Over Heart in Love*, Borchardt, \$16.95 (B163) 9 oz.
- How to Stop Destroying Your Relationships: A Guide to Enjoyable Dating, Mating and Relating*, Ellis & Harper, \$21.95 (B204) 17.2 oz.
- The Love Workbook: A Guide to Happiness in Your Personal Relationships*, Lima, \$12.95 (B195) 16 oz.
- Making Intimate Connections*, Ellis & Crawford, \$15.95 (B199) 18 oz.
- Men are from Earth, Women are from Earth*, Wenning, \$18.95 (B192) 7 oz.
- Overcoming Jealousy and Possessiveness*, Hauck, \$13.95 (B004) 5 oz.
- What to Do When He Has a Headache: Renewing Desire and Intimacy in Your Relationship*, Wolfe, \$5.95 (B122) 7 oz.

### Audiotapes

- Conquering the Dire Need for Love*, Ellis, \$5.95 (C003) 2.5 oz.
  - How to Achieve Healthy vs. Addictive Relationships*, Exner, \$5.95 (C051) 2.5 oz.
  - How to Find a Love Relationship that Will Work for You*, Broder, \$12.95 (C061) 2.5 oz.
  - Intelligent Person's Guide to Dating and Mating*, Ellis, \$5.95 (C014) 2.5 oz.
  - Letting Go of Your Ended Love Relationship*, Broder, \$8.95 (C053) 2.5 oz.
  - The Single Life: How to Make It Work for You*, Broder, \$8.95 (C065) 2.5 oz.
-

---

## ASSERTIVENESS AND ANGER MANAGEMENT

- Anger: How to Live With and Without It (2nd ed.)*, Ellis, \$15.95 (B221) 12 oz.
- How to Control Your Anger Before It Controls You*, Ellis & Tafrate, \$12.95 (B180) 11 oz.
- How to Live with a Neurotic*, Ellis, \$7.00 (B005) 6.5 oz.
- Managing and Understanding Parental Anger*, Barrish, \$6.95 (B038) 4 oz.
- Overcoming Frustration and Anger*, Hauck, \$13.95 (B016) 5 oz.

### Audiotapes

- Conquering Low Frustration Tolerance*, Ellis, \$9.95 (C004) 2.5 oz.
- How to Control Your Anger Before It Controls You*, Ellis & Tafrate, \$14.95 (C069) 6 oz.
- What Do I Do with My Anger: Hold It In or Let It Out?*, DiGiuseppe, \$9.95 (C012) 2.5 oz.
- Self-Directed Sales Success*, DiMattia, \$5.95 (C030) 2.5 oz.

## HEALTHY LIVING

- The Art and Science of Rational Eating*, Ellis & Abrams, \$9.00 (B132) 25 oz.
- How to Make Yourself Happy*, Ellis, \$14.95 (B193) 12 oz.
- Managing Addictions*, Bishop, \$60.00 (B201) 30 oz.
- Optimal Aging: Get Over Getting Older*, Ellis & Velten, \$13.95 (B184) 15 oz.
- Reason to Change: An REBT Workbook*, Dryden, \$23.95 (B207) 22.9 oz.
- Sex, Drugs, Gambling and Chocolate*, Horvath, \$15.95 (B194) 20 oz.
- When AA Doesn't Work for You: Rational Steps to Quitting Alcohol*, Ellis & Velten, \$14.95 (B123) 18 oz.

---

## HEALTHY LIVING (cont'd)

### Audiotapes

- Getting Over Getting Older*, Ellis, \$9.95 (C073) 2.5 oz.
- I'd Like to Stop, But... (Overcoming Addictions)*, Ellis, \$9.95 (C013) 2.5 oz.
- Maximize the Moment: How to Have More Fun and Happiness in Life*, DiGiuseppe, \$5.95 (C041) 2.5 oz.
- Relapse Prevention Tape and Workbook*, Bishop, \$22.95 (C050) 2.5 oz.

## FOR PARENTS AND TEACHERS

- Case Studies in REBT with Children and Adolescents*, Ellis & Wilde, \$18.00 (B206) 9.1 oz.
- Making Families Work and What to Do When They Don't*, Borchardt, \$15.95 (B165) 14 oz.
- Managing and Understanding Parental Anger*, Barrish, \$6.95 (B038) 4 oz.
- Surviving and Enjoying Your Adolescent*, Barrish, \$7.95 (B109) 6.5 oz.
- Thinking, Feeling, Behaving: An Emotional Education Curriculum*, Vernon
  - \_\_\_ Volume I (grades 1-6), \$27.95 (B100) 27 oz.
  - \_\_\_ Volume II (grades 7-12), \$27.95 (B101) 27 oz.
- Winning Cooperation from Your Child*, Wenning, \$15.95 (B164) 6 oz.

### Audiotapes

- Coping with Parenting*, DiGiuseppe, \$5.95 (C042) 2.5 oz.

---

## FOR CHILDREN AND ADOLESCENTS

- Homer the Homely Hound Dog*, Garcia/Pellegrini, \$2.50 (B056) 5 oz.
- Instant Replay*, Bedford, \$1.95, (B073) 3 oz.
- Rational Counseling Primer*, Young, \$2.50 (B061) 2.5 oz.
- Rational Stories for Children*, Waters, \$4.00 (B044) 4.5 oz.
- "Let's Get Rational" Game, Wilde, \$24.95 (SH026) 24 oz.

## BOOKS FOR THERAPISTS

- Overcoming Resistance (1st ed.)*, Ellis, \$25.00 (B065) 16.5 oz.
- Overcoming Resistance (2nd ed.)*, Ellis, \$39.95 (B216) 19.8 oz.
- The Practice of REBT*, Ellis & Dryden, \$32.95 (B018S) 18 oz.
- A Practitioner's Guide to REBT*, Walen, DiGiuseppe & Dryden, \$34.95 (B001) 13 oz.
- A Primer on REBT for Practitioners (2nd ed.)*, Dryden, DiGiuseppe, & Neenan, \$12.95 (B092) 6.1 oz.
- Rational Emotive Behavior Group Therapy*, Dryden & Neenan, \$30.95 (B213) 13.2 oz.
- Rational Emotive Behavior Therapy: A Therapist's Guide*, Ellis & MacLaren, \$21.95 (B189) 16 oz.
- Reaching Their Minds: A Trainer's Manual*, DiMattia & Ijzermans, \$10.95 (B159) 6 oz.
- Reason and Emotion in Psychotherapy*, Ellis, \$22.95 (B014) 32 oz.
- REBT Resource Book for Practitioners (2nd ed.)*, Bernard & Wolfe, Eds., \$49.95 (B196) 3 lbs.
- REBT Therapist's Pocket Companion*, Dryden & Neenan, \$10.95 (B225) 7.8 oz.
- RET with Alcoholics and Substance Abusers*, Ellis et al., \$31.50 (B023) 9 oz.
- Special Applications of REBT*, Dryden & Yankura, \$32.95 (B179) 10 oz.
- Teoría y Práctica de la Terapia Racional Emotivo-Conductual*, Lega, Caballo & Ellis, \$10.95 (B209) 6.8 oz.
- What Works When with Children & Adolescents*, Vernon, \$39.95 (B215) 34 oz.

---

## VIDEOTAPES

- Albert Ellis: A Videography*, Lega & Velten (35 min.) \$39.95 (V026) 11.5 oz.

### **Videotapes of Live Sessions (for Therapists)**

- Coping with Anger*, DiGiuseppe (49 min.) \$39.95 (PV01) 11.5 oz.
- Coping with the Suicide of a Loved One*, Ellis (49 min.) \$39.95 (PV02) 11.5 oz.
- Overcoming Low Frustration Tolerance*, Wolfe (48 min.) \$39.95 (PV03) 11.5 oz.
- Overcoming Depression*, DiMattia (38 min.) \$39.95 (PV04) 11.5 oz.
- Dealing with Addictions*, Ellis (55 min.) \$39.95 (PV05) 11.5 oz.
- Anger Management with a Recovering Female Addict*, Wolfe (55 min.) \$39.95 (PV07) 11.5 oz.
- Woman Coping with Depression and Anger over Teenagers' Behavior*, Wolfe (55 min.) \$39.95 (PV08) 11.5 oz.
- Treating Adult Children of Alcoholics*, DiGiuseppe (2 tapes, 90 mins.) \$69.95 (PV06) 19 oz.

### **SPECIAL PRICE:**

**Any 3 Videotapes of Live Sessions (above): \$95.00**

*For ordering information, contact:*

### **ALBERT ELLIS INSTITUTE**

45 East 65th Street, New York, NY 10021

Phone: (212) 535-0822 • (800) 323-4738

Fax: (212) 249-3582 • E-mail: [orders@rebt.org](mailto:orders@rebt.org)

Website: [www.rebt.org](http://www.rebt.org)