

Windy Dryden, author of numerous books on REBT, considers this book, *First Steps in REBT: A Guide to Practicing REBT in Peer Counseling*, to be one of the most important books he has written on REBT.

“This convenient guidebook is designed as a step-by-step roadmap when using Rational Emotive Behavior Therapy in a peer counseling context and can be used”

— Windy Dryden, Ph.D.

ABOUT THE AUTHOR

Windy Dryden, Ph.D. is Professor of Psychotherapeutic Studies at Goldsmiths College, University of London, where he directs a Masters course in REBT and CBT. He is currently editor of the *Journal of Rational-Emotive and Cognitive-Behavior Therapy* and has written or edited over 150 books.

FIRST STEPS IN REBT

A Guide to Practicing REBT
in Peer Counseling

by
Windy Dryden, Ph.D.

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in Peer Counseling**

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FIRST EDITION

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* The gender of the client was determined by the toss of a coin.

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INTRODUCTION

This is perhaps one of the most important books that I have written on REBT. Quite a bold statement, I hear you say. So why do I make it? Let me explain. Every summer I travel to New York to take part as a trainer/supervisor in the Albert Ellis Institute’s summer training practica. Of my duties, I particularly enjoy supervising trainees’ initial attempts to practice REBT on the Institute’s very popular Primary Practicum which is the Institute’s entry level training course. It is an important course because if trainees find their early attempts to practice REBT rewarding, they are more likely to seek further training in REBT than if these efforts are unproductive. Very early in the course, participants are expected to practice REBT with one another and to do so live in front of a small group of their peers and a supervisor, who will offer them feedback either as they proceed and/or at the end of the counseling session. It is important to note that the person occupying the role of client in such sessions is expected to discuss a genuine current emotional problem, one for which they would genuinely like help.

So this book is for you if you have to practice REBT in peer counseling. The book has a modest but very important aim: to provide you with a simple roadmap

* The gender of the client was determined by the toss of a coin.

when using REBT. As I have a specific aim, I do not cover REBT theory in greater depth, since this material is available in many other texts.

Since this guide is a roadmap, I strongly suggest that you consult it as such, particularly if you get lost or stuck. Thus, please have this guide open when you are doing peer counseling. To make this book easy to consult while you are doing peer counseling, I have organized the material by presenting a number of points to consider.

Before I present these points, let me make a number of suggestions concerning your therapeutic style while you are practicing the role of REBT therapist in peer counseling.

*Windy Dryden, Ph.D.
April 2006*

THE DO'S AND DON'TS OF PRACTICING REBT IN PEER COUNSELING

Assuming the role of an REBT therapist in a peer counseling session is different from conducting REBT in regular therapy. As an REBT therapist in peer counseling you have very limited time to help your client. Depending on the number of people in your supervision group, you may have between 15 minutes and 30 minutes to help your client. As such, I suggest that you follow a number of do's and don'ts.

The Do's of Practicing REBT in Peer Counseling

- Be active-directive.
- Engage the client.
- Whenever it is practical to do so, explain what you are doing.
- Help the client to stay focused.
- Encourage the client to be specific as possible.
- Interrupt the client when appropriate, but do so with tact.
- Make sure that your client answers the questions you ask her.
- Give your client time to answer your questions.
- Identify and respond to your client's doubts, reservations and objections including those that may be expressed non-verbally.
- Check out your client's understanding of your substantive point.

The Don'ts of Practicing REBT in Peer Counseling

- Don't let your client talk in an unfocused, general way.
- Don't rush your client.
- Don't be aggressive in your interventions.
- Don't assume that your client knows what you are doing or why you are doing it.
- Don't ask multiple questions.

STEP 1

**Define the Problem and
Be Goal-Oriented**

1. Ask the Client for a Problem at the Very Beginning of the Session

For example, ask:

“What problem would you like to focus on today?”*

* All such questions in this guide are illustrative.

2. If the Client Mentions More than One Problem, Ask Her* to Select One

The selected problem is known as the target problem.

For example, ask:

“Which of these problems do you want to work on?”

* The gender of the client was determined by the toss of a coin.

3. Help the Client to Formulate the Target Problem

If your client talks about her target problem in general terms, use the information that she gives you to formulate the problem. Include, if possible: the adversity at A (*i.e.*, inference) and C (unhealthy negative emotion and, if important, dysfunctional behavior). For example, help your client to say:

“I get(C) whenever (A)”

If your client gives you a specific example, then proceed to step 2, unless she has a meta-emotional problem (see next point).

4. Assess for the Presence of a Meta-emotional Problem and Decide with the Client if This is to Become the Target Problem

Having disturbed themselves in the first place, human beings have the unique capacity to disturb themselves about their original disturbances. So when your client has disclosed her original emotional problem you need to assess for the existence of what I call her meta-emotional problem (literally an emotional problem about an emotional problem or a behavioral problem).

For example, ask:

“How do you feel about.....?”
(state the client’s original emotional/
behavioral problem)

If your client does have a meta-emotional problem, you both need to decide which of her two problems — the original emotional/behavioral problem or the meta-emotional problem — will be her target problem, the one that will become the focus of the peer counseling session.

My advice is that you suggest to your client that you both focus on her original emotional/behavioral problem unless:

- The client wants to work on her meta-emotional problem first
- The existence of the client’s meta-emotional problem will interfere with her focusing on her original emotional/behavioral problem in the session
- The existence of the client’s meta-emotional problem will interfere with her working on her original emotional/behavioral problem in her life

The important point is that you and your client agree on her target problem.

5. Establish a Goal-Orientation

If you have formulated your client's target problem in general terms, establish a goal-oriented orientation. In doing so, help your client to see that she needs to react healthily to the adversity at A before trying to change it directly. Helping your client set a general direction is acceptable at this point. You will help her to set specific goals later in Step 3 (see Point 11).

For example, ask:

“What would you like to achieve from discussing this problem with me today?”

If your client replies that she wants to change a situation or another person, explain that, while you cannot accept that as a goal, you can help her to change her own behavior—which may have a positive impact on the situation or on others. If she agrees, then you can help her to understand that she needs to be in a healthy frame of mind to do this effectively and this is best achieved by dealing with her emotional problems about the situation or about other(s).

STEP 2

Assess a Concrete Example of the Client's Target Problem

6. Ask for a Concrete Example of the Target Problem

Once you have helped the client to define her target problem, help her to select a concrete example of this problem. Working with a concrete example will help you to identify a specific A and a specific C which will later help you to identify a specific irrational belief (iB).

For example, ask:

“Can you give me a concrete example of this problem?”

A concrete example is one that occurred in a specific situation at a specific time with a specific person or with specific persons.

If your client finds it difficult to select a concrete example of her target problem, you can suggest that she pick an example which is fresh in the client’s mind. This example might be:

- Recent
- Vivid, or
- Typical

7. Identify “C”

Ask the client to identify how she felt in the situation in question. Help her to select one unhealthy negative emotion and, if she felt several, help her to identify the main one. If appropriate, ask her to identify her main dysfunctional behavioral response in the situation.

“How did you feel when?”
(state the situation)

“What did you do when?”
(state the situation)

Here are a few tips when you are assessing an emotional “C”:

- If your client gives you a vague “C,” ask her to specify it.
- Ensure that your client’s “C” is unhealthy. See the list below for the eight most common unhealthy negative emotions clients present.

- Anxiety
- Depression
- Guilt
- Shame
- Hurt
- Unhealthy anger
- Unhealthy jealousy
- Unhealthy envy

- If your client is in doubt, work with her so that she sees that her unhealthy negative emotion is unhealthy.
- If your client tells you how she acted in the situation rather than how she felt investigate the unhealthy negative emotion most closely associated with the behavior. If this is not forthcoming, accept the behavior as the client’s “C” if it is dysfunctional.
- Elicit your client’s motivation to change C.

8. Identify “A”

I make a distinction between “A” (the adversity in the situation about which your client was most disturbed) and the situation in which she was disturbed. “A” is usually an inference, while the situation is descriptive.

When you assess “A,” here are two questions that you can ask:

“What were you most about (state the client’s “C”) when (state the situation)?”

“What one thing would have eliminated or significantly reduced your feelings of (state the client’s “C”) when (state the situation)?”

The opposite is the client’s “A”

You may find the table on the following page useful in helping your client to identify her “A.” It lists the themes of the adversity at “A” associated with the eight unhealthy negative emotions cited above.

Adversity at A	Unhealthy Negative Emotion
Threat	Anxiety
Loss/Failure	Depression
Breaking your moral code; failing to live up to your moral code; hurting someone	Guilt
Falling very short of your ideal in a social context	Shame
Someone betrays you or lets you down and you think you do not deserve such treatment	Hurt
Self or other transgresses a personal rule; other threatens self-esteem; frustration	Unhealthy Anger
Threat to valued relationship	Unhealthy Jealousy
Others have what you value and lack	Unhealthy Envy

Once you have identified your client's "A," it is very important that you resist any temptation to challenge "A," even if it is obviously distorted. Encourage your client to assume that her "A" is true. This will enable you to identify her irrational beliefs later.

For example, ask:

"OK, let's assume for the moment that..... (state "A") happened. It may not have happened, but let's assume that it did."

9. Help the Client to Understand the B-C Connection

At this point you need to help your client understand that her disturbed reactions at “C” are not determined by the situation or by her inference at “A,” but largely by her beliefs at “B.” There are a number of ways of doing this. Here are three:

For example, ask:

“Do you think that your feelings of (state “C”) were determined by (state “A”) or by your belief about (state “A”)?”

In her answer, if your client shows that she understands the B-C connection, then you can proceed to the next step. If not, you can use the following method known as the “100 person technique”:

For example, ask:

“Would a hundred people of your age and gender all feel (state “C”) about (state “A”)?”

If the client says no, then you can engage her in a directed discussion, the purpose of which is to help your client understand the B-C connection.

If this fails, use the following theory-driven method to show your client that her beliefs determine her feelings:

Therapist: Let me outline two beliefs and you can tell me which of the two would lead to feelings of (state "C"):

- i) (state "A") must (or must not) happen. It is terrible if (state "A") does (or does not) happen.
- ii) I would prefer it if (state "A") happens (or does not happen), but I don't have to get my desire met. It's unfortunate if (state "A") happens (or does not happen), but not the end of the world.

Client: The first one.

Therapist: So can you see that it's not (state "A") that led to your feelings of (state "C"), but your belief about (state "A")?

The purpose of this intervention is to establish the B-C connection. The purpose of the next stage is to establish the iB-unhealthy C connection. Note that if you used the last, theory-driven method you will have already done this.

10. Identify "iBs" and Teach "rBs"

Having helped your client to see that her beliefs underpin her feelings, you are now ready to help her to identify the irrational beliefs (at "B") that underpinned her unhealthy negative emotion at "C." There are four irrational beliefs:

Demands

x must (or must not) happen

Awfulizing Beliefs

It would be terrible if x happens (or does not happen)

LFT Beliefs

I could not bear it if x happens (or does not happen)

Depreciation Beliefs

If x happens (or does not happen)
I am no good, you are no good,
life is no good

Your minimum goal is to ask/help your client to identify her demand and the one other irrational belief that accounted for her unhealthy negative emotion.

Here are some suggested strategies:

Strategy 1: The Open-Ended Enquiry:

For example, ask the following open-ended question:

“What were you telling yourself about (state “A”) that led you to feel (state “C”)?”

The main disadvantage of this open-ended question is that the client will give you another inference rather than an irrational belief. If so, help her to understand this and explain about irrational beliefs.

Strategy 2: The Theory-Driven Enquiry

Ask the following theory-driven question:

“What were you demanding about..... (state “A”) that led you to feel (state “C”)?”

If you use this question you need to ensure that you are not putting words into your client's mouth. Have her restate the demand in her own words if you think that this may be the case.

Strategy 3: The Theory-Driven Choice Enquiry (Windy's preferred strategy):

Outline the client's irrational belief and her rational alternative belief and have her select which underpinned her unhealthy negative emotion.

For example, ask:

"When you were feeling (state "C") about(state "A"), were you demanding that or were you wanting, but not demanding that (state "A")?"

This is my preferred strategy because it introduces the rational belief as well as the irrational belief

Please note that when you come to assess your client's demand and you want to use the word "should" make sure that you qualify it with the term "absolutely." In REBT theory, only absolute shoulds lead to emotional disturbance.

Once you have identified your client's demand and related non-dogmatic preference, you can teach her the other three irrational beliefs and the alternative rational beliefs and ask her to choose the one other irrational belief that best accounted for her unhealthy negative emotion at "C" (and by implication the alternative rational belief that will help her to achieve her goals).

As you do so, keep in mind the following four rational beliefs.

Non-Dogmatic Preference

I would like x to happen (or not happen), but it does not have to be the way I want it to be.

Anti-Awfulizing Belief

It would be bad, but not terrible, if x happens (or does not happen).

HFT Belief

It would be difficult to bear if x happens (or does not happen), but I could bear it and it would be worth it to me to do so.

Acceptance Belief

If x happens (or does not happen), it does not prove that I am no good, you are no good, life is no good. Rather, I am a FHB; you are a FHB; and life is a complex mixture of good, bad, and neutral.

STEP 3

Preparing the Client for the Belief-Questioning Process

11. Make “iB-C” and “rB-New C” Connections

You have now identified the client’s irrational beliefs and alternative rational beliefs. Your next task is to help your client to see the connection between her irrational beliefs and her unhealthy negative emotion (and/or dysfunctional behavior) at C and the connection between her rational beliefs and the alternative healthy negative emotion (and/or functional behavior). This is a key task in preparing your client for the belief questioning process outlined in Step 4.

The most common way of making the iBs-C and the rBs-New C connections is as follows. Ask the client if she can see the connection between iBs and C and then ask what emotion would follow from her rBs.

For example, ask:

“Can you see that as long as you believe (state iBs), then you will feel (state “C”)? On the other hand, if you believe (state rBs), then how will you feel?”

The table below lists the unhealthy negative emotions listed already in point 8 and their healthy alternatives.

Unhealthy Negative Emotion	Healthy Negative Emotion
Anxiety	Concern
Depression	Sadness
Guilt	Remorse
Shame	Disappointment
Hurt	Sorrow
Unhealthy anger	Healthy anger
Unhealthy jealousy	Healthy jealousy
Unhealthy envy	Healthy envy

Please note that this list reflects the terminology that I tend to use. It is more important that you develop a shared language with your client on this issue than to employ my language. The main point to bear in mind is that you need to engage your client in a brief discussion concerning what constitutes a healthy alternative to her UNE, given that her A is an adversity.

12. Elicit Commitment from the Client to Pursue Her Emotional and/or Behavioral Goals and Help Her to See That Changing Her Irrational Beliefs is the Best Way of Doing This

At the end of point 11, I mentioned that you need to engage your client in a discussion concerning what constitutes a healthy alternative to her unhealthy negative emotion (and/or dysfunctional behaviour) at C. After you have done this, you need to elicit a commitment for your client to work towards this healthy emotion/functional behavior.

As you do this, you may need to identify and respond to your client's doubts, reservations and objections to this new C.

Also, don't forget that, at this point, your client needs to think rationally about A before she attempts to change it. You will need to explain why this is so, if she wants to bypass dealing with her irrational beliefs and go straight to changing A.

Help your client to see that the best time to change "A" is when she is not disturbed about "A" and that her disturbance about "A" will interfere with her attempts to change. Once she understands that the best way to be undisturbed about "A" is by thinking rationally about it, she is ready to question her irrational beliefs about "A." Here is how to intervene when your client's disturbance is largely emotional in nature:

Therapist: Is it best to change
(state "A") **when you are feeling**
(state UNE) **or when you are feeling**
(state HNE)?

Client: When I feel (HNE)
(Intervene appropriately if she says UNE)

Therapist:and based on what we have discussed, what do you need to change in order to feel (state HNE), **but not** (state UNE) **about**
(state "A")?

Client: My irrational belief
(Intervene appropriately if she gives any other answer)

If your client's disturbance is largely behavioral in nature, intervene as follows. Note that DB = Dysfunctional Behavior and FB = Functional Behavior.

Therapist: Is it best to change
(state "A") **when you are** (state DB)
or when you are (state FB)?

Client: When I am (FB)
(Intervene appropriately if she says DB)

Therapist: and based on what we
have discussed, what do you need to
change in order to (state FB), but
not (state DB) **when** happens
(state "A")?

Client: My irrational belief
*(Intervene appropriately if she gives any
other answer).*

Your client is now ready to question her irrational and rational beliefs.

STEP 4

Question the Client's Beliefs

13. The Purpose of Questioning the Client's Beliefs is for Her to See That Her Irrational Beliefs are Irrational and That Her Rational Beliefs are Rational

When you question your client's beliefs (both irrational and rational), your goal is to help her see that her irrational beliefs are irrational and her rational beliefs are rational. Strengthening your client's conviction in her rational belief and weakening her conviction in her irrational belief is best begun in Step 4, but is largely outside the scope of peer counseling and therefore this book.

The following table shows the characteristics of both sets of belief, and you should employ these characteristics in your questioning.

Characteristics of Irrational Beliefs and Rational Beliefs	
<u>Irrational Beliefs</u>	<u>Rational Beliefs</u>
• Rigid or extreme	• Flexible or non-extreme
• False	• True
• Illogical	• Logical
• Leads to unconstructive results	• Leads to constructive results

14. Question Both Irrational and Rational Beliefs

As I said above, the purpose of questioning beliefs is to encourage your client to see that her irrational beliefs are irrational and that her rational beliefs are rational. This is known as intellectual insight, because while the client understands this point, she does not yet have deep conviction in it to the extent that it influences for the better her feelings and behavior. This "emotional insight" will come about in ongoing counseling, but work towards its achievement is initiated in Step 4.

For your client to achieve such intellectual insight, she has to question both her irrational beliefs and her rational beliefs.

Please note that I suggest that you question your client's demand and non-dogmatic preference (unless there is a good reason not to) and the one other irrational belief and rational belief that your client can see is the most appropriate derivative.

Given that time is a premium in peer counseling, I recommend that you help your client question one irrational belief and one rational belief at a time, but to do so together. Compare this to two other strategies:

Strategy 1: Question the Relevant Irrational and Rational Belief Together (Windy's preferred approach):

- Question the demand and the alternative non-dogmatic preference
- Question the awfulizing belief and the alternative anti-awfulizing belief
- Question the LFT belief and the alternative HFT belief
- Question the depreciation belief and the alternative acceptance belief

Strategy 2: Question the Irrational Belief and then the Alternative Rational Belief Separately

- Question the demand
- Question the alternative non-dogmatic preference
- Question the awfulizing belief
- Question the alternative anti-awfulizing belief
- Question the LFT belief
- Question the alternative HFT belief
- Question the depreciation belief
- Question the alternative acceptance belief

Strategy 3: Question All Relevant Irrational Beliefs First and Then Their Rational Belief Alternatives

- Question the demand
- Question the awfulizing belief
- Question the LFT belief
- Question the depreciation belief
- Question the alternative non-dogmatic preference
- Question the alternative anti-awfulizing belief
- Question the alternative HFT belief
- Question the alternative acceptance belief

In this book, I will present material based on my preferred strategy. If you favor one of the other two strategies, proceed accordingly. You can still benefit from using this guide, but you may have to make an additional effort to find the appropriate material.

Before I proceed, I wish to make the point again that you often don't have the time to question all four irrational and rational beliefs (if indeed your client holds all four). I suggest that you help your client question separately her demand/non-dogmatic preference and the one other irrational/rational belief that she resonates with. This is very important, so I will repeat it:

Help your client question separately her demand/preference and the one other irrational/rational belief that she resonates with.

15. Question a Demand and a Non-Dogmatic Preference

Demand	Non-Dogmatic Preference
x must (or must not) happen.	I would like x to happen (or not happen, but it does not have to be the way I want it to be.

I recommend that you use three main questions when questioning your client's demand and non-dogmatic preference: the empirical question, the logical question and the pragmatic question. Then you can ask which belief the client wants to strengthen and which he wants to weaken and why.

First, help your client to focus on her demand and her non-dogmatic preference alternative. Have her write it down side by side (as above) or write it down yourself on a white board (again as above). Then move on to the three questions, I will present them in a certain order. This order is only a guide and other orders are fine.

The Empirical Question

Ask:

“Which of the following beliefs is true and which is false and why?”

iB: Client's demand.

rB: Client's non-dogmatic preference.

According to REBT theory, the only correct answer to this question is that the non-dogmatic preference is true and the demand is false. Help your client see that:

- A rigid demand is inconsistent with reality. For such a demand to be true the demanded conditions would already have to exist when they do not. Or as soon as the client makes her demand then these demanded conditions would have to come into existence. Both positions are patently inconsistent with reality.
- On the other hand, a non-dogmatic preference is true since its two component parts are true. Your client can prove that she has a particular desire and can provide reasons why she wants what she wants. She can also prove that she does not have to get what she desires.

If your client gives you any other answer then help her through discussion to see why her answer is incorrect and help her to accept the correct answer.

The Logical Question

Ask:

“Which of the following beliefs is logical and which is illogical and why?”

iB: Client’s demand

rB: Client’s non-dogmatic preference

Your client needs to acknowledge that her demand is illogical while her non-dogmatic preference is logical. Help her to see that her demand is based on the same desire as her non-dogmatic preference, but that she transforms it as follows:

I prefer that x happens (or does not happen)... and therefore this absolutely must (or must not) happen.

Show her that this belief has two components. The first [I prefer that x happens (or does not happen)] is not rigid, but the second [... and therefore this must (or must not) happen] is rigid. As such, her rigid demand isn’t logical, since one cannot logically derive something rigid from something that is not rigid. Use the diagram on page 42 (Figure 1) with your client to illustrate this visually, if necessary.

Your client’s non-dogmatic preference is as follows:

I prefer that x happens (or does not happen)... but this does not mean that it must (or must not) happen.

Her non-dogmatic preference is logical since both parts are not rigid and thus the second component logically follows from the first. Again, use the diagram on page 42 (Figure 1) with your client to illustrate this visually, if necessary.

If your client gives you any other answer, then help her through discussion to see why her answer is incorrect and help her to accept the correct answer.

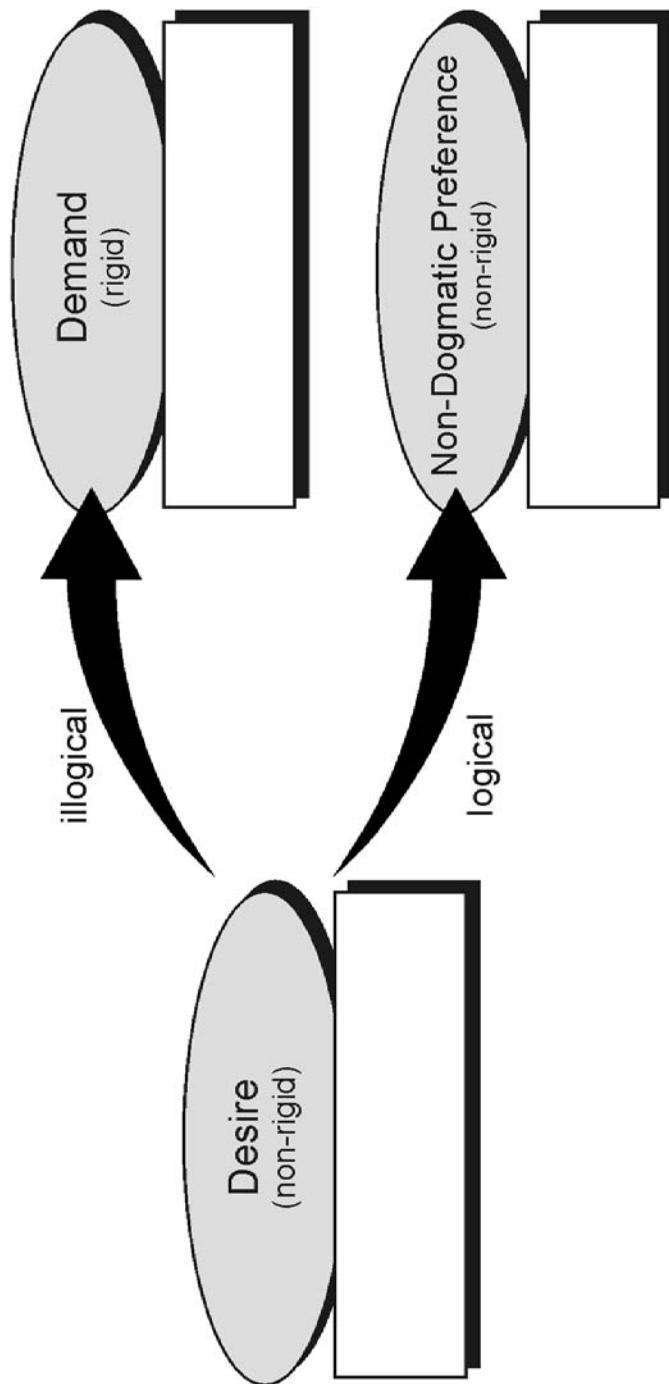


Figure 1

The Pragmatic Question

Ask:

“Which of the following beliefs leads to largely good results and which leads to largely poor results and why?”

iB: Client’s demand

rB: Client’s non-dogmatic preference

You need to help your client acknowledge that her demand leads to unhealthy results for her, while her non-dogmatic preference leads to healthier results. As you do this, use the information provided by your client when you discussed the iB-C, rB-New C connections (see Point 11).

If your client thinks that her demand leads to healthier consequences than her non-dogmatic preference, help her through discussion to see why she is likely to be wrong.

Assess the Client's Commitment to Belief Change

Ask:

“Which belief do you want to strengthen and which do you want to weaken and why?”

After the questioning you have undertaken, your client “should” indicate that she wishes to work to strengthen her conviction in her non-dogmatic preference and to weaken her conviction in her demand and be able to give coherent reasons why based on her problematic feelings and behaviour and her goals for change. If your client gives you any other answer then discover the reasons for this answer and work with her until she states a genuine commitment to the non-dogmatic preference.

16. Question an Awfulizing Belief and an Anti-Awfulizing Belief

Awfulizing Belief	Anti-Awfulizing Belief
It would be terrible if x happens (or does not happen)	It would be bad, but not terrible, if x happens (or does not happen)

When questioning your client's awfulizing and anti-awfulizing beliefs, use the same three questions that you used to question her demands and non-dogmatic preferences: *i.e.*, the empirical question, the logical question and the pragmatic question. Once you have done this, you can then ask which belief the client wants to strengthen and which he wants to weaken and why.

First, help your client to focus on her awfulizing belief and her anti-awfulizing belief alternative. Again, have her write it down side by side (as above) or write it down yourself on a white board (again as above). Then move on to the three questions.

The Empirical Question

Ask:

“Which of the following beliefs is true and which is false and why?”

iB: Client’s awfulizing belief

rB: Client’s anti-awfulizing belief

According to REBT theory, an awfulizing belief is false and an anti-awfulizing belief is true.

When questioning your client’s awfulizing belief, help your client to see that when she is holding this attitude, she believes the following:

- i) Nothing could be worse;
- ii) The event in question is worse than 100% bad; and
- iii) No good could possibly come from this bad event.

Help her to see that all three convictions are inconsistent with reality and that her anti-awfulizing belief is true since this is made up of the following ideas:

- i) Things could always be worse;
- ii) The event in question is less than 100% bad; and
- iii) Good could come from this bad event.

If your client gives you answers that are at variance with the above then help her through discussion to see why her answers are incorrect and help her to accept the correct answer.

The Logical Question

Ask:

“Which of the following beliefs is logical and which is illogical and why?”

iB: Client’s awfulizing belief

rB: Client’s anti-awfulizing belief

Help your client see that her awfulizing belief is illogical, while her anti-awfulizing belief is logical. Show her that her awfulizing belief is based on the same evaluation of badness as her anti-awfulizing belief, but she transforms this as follows:

**It would be very bad if “A” happened...
and therefore it would be terrible.**

Show her that her awfulizing belief has two components. The first (It would be very bad if “A” happened) is non-extreme, while the second (...and therefore it would be terrible) is extreme. As such, help her to see that her awfulising belief is illogical since one cannot logically derive something extreme from something that is not extreme. Use the diagram on page 49 (Figure 2) with your client to illustrate this visually, if necessary.

Your client's anti-awfulizing belief is as follows:

**It would be very bad if "A" happened ...
but it would not be terrible.**

Encourage your client to see that her anti-awfulizing belief is logical since both parts are non-extreme and thus the second component logically follows from the first. Again, use the diagram on page 49 (Figure 2) with your client to illustrate this visually, if necessary.

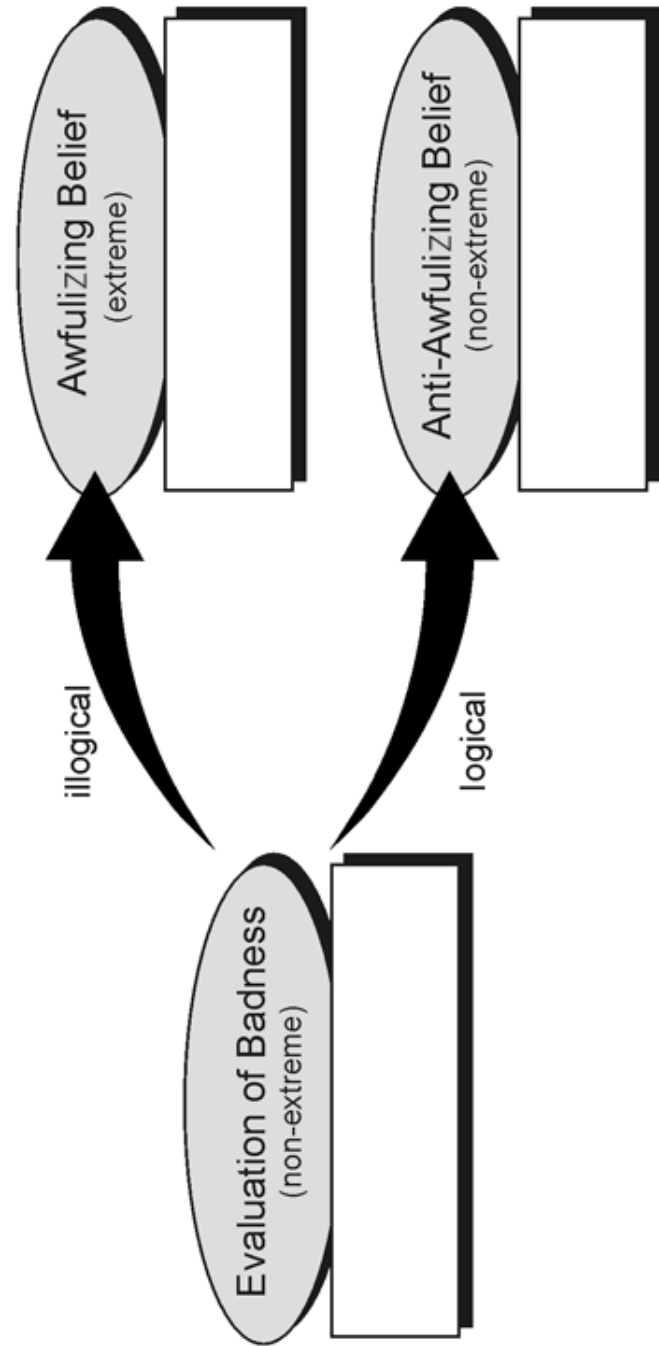


Figure 2

The Pragmatic Question

Ask:

“Which of the following beliefs leads to largely good results and which leads to largely poor results and why?”

iB: Client’s awfulizing belief

rB: Client’s anti-awfulizing belief

You need to help your client acknowledge that her awfulizing belief leads to unhealthy results for her, while her anti-awfulizing belief leads to healthier results. As you do this, again use the information provided by your client when you discussed the iB-C, rB-New C connections (see Point 11).

If your client thinks that her demand leads to healthier consequences than her non-dogmatic preference, help her through discussion to see why she is likely to be wrong.

Assess the Client’s Commitment to Belief Change

Ask:

“Which belief do you want to strengthen and which do you want to weaken and why?”

After the questioning you have undertaken, your client “should” indicate that she wishes to work to strengthen her conviction in her anti-awfulizing belief and to weaken her conviction in her awfulizing belief and be able to give coherent reasons for her answer. If your client gives you any other answer then discover the reasons for this answer and work with her until she states a genuine commitment to her anti-awfulizing belief.

17. Question a Low Frustration Tolerance (LFT) Belief and a High Frustration Tolerance (HFT) Belief

LFT Belief	HFT Belief
I could not bear it if x happens (or does not happen)	It would be difficult to bear if x happens (or does not happen), but I could bear it and it would be worth it to me to do so.

When questioning your client's low frustration tolerance (LFT) and high frustration tolerance (HFT), again use the tripartite questioning approach: the empirical question, the logical question and the pragmatic question. Once you have done this, ask again which belief the client wants to strengthen and which she wants to weaken and why.

Once again, begin by suggesting that your client focus on her LFT belief and her HFT alternative. Again have her write it down side by side (as above) or write it down yourself on a white board (again as above). Then move on to the three questions.

The Empirical Question

Ask:

“Which of the following beliefs is true and which is false and why?”

iB: Client's LFT belief

rB: Client's HFT belief

According to REBT theory, an HFT belief is true and an LFT belief is false.

When questioning your client's LFT belief help your client to see that when she is holding this attitude, she believes at the time the following:

- i) I will die or disintegrate if the frustration or discomfort continues to exist;
- ii) I will lose the capacity to experience happiness if the frustration or discomfort continues to exist.

Help her to see that both these convictions are inconsistent with reality and that her HFT belief is true since this is made up of the following ideas:

- i) I will struggle if the frustration or discomfort continues to exist, but I will neither die nor disintegrate;
- ii) I will not lose the capacity to experience happiness if the frustration or discomfort continues to exist, although this capacity will be temporarily diminished; and
- iii) The frustration or discomfort is worth tolerating.

If your client gives you answers that are at variance with the above then help her through discussion to see why her answers are incorrect and help her to accept the correct answer.

The Logical Question

Ask:

“Which of the following beliefs is logical and which is illogical and why?”

iB: Client’s LFT belief

rB: Client’s HFT belief

Help your client to see that her LFT belief is illogical, while her HFT belief is logical. Show her that her LFT belief is based on the same idea of struggle as her HFT belief, but she transforms this as follows:

It would be difficult for me to tolerate it if “A” happened . . . and therefore it would be intolerable.

Show your client that her LFT has two components. The first (It would be difficult for me to tolerate it if “A” happened) is non-extreme, while the second (... and therefore it would be intolerable) is extreme. As such, help her to see that her LFT belief is illogical, since one cannot logically derive something extreme from something that is not extreme. Use the diagram on page 57 (Figure 3) with your client to illustrate this visually, if necessary.

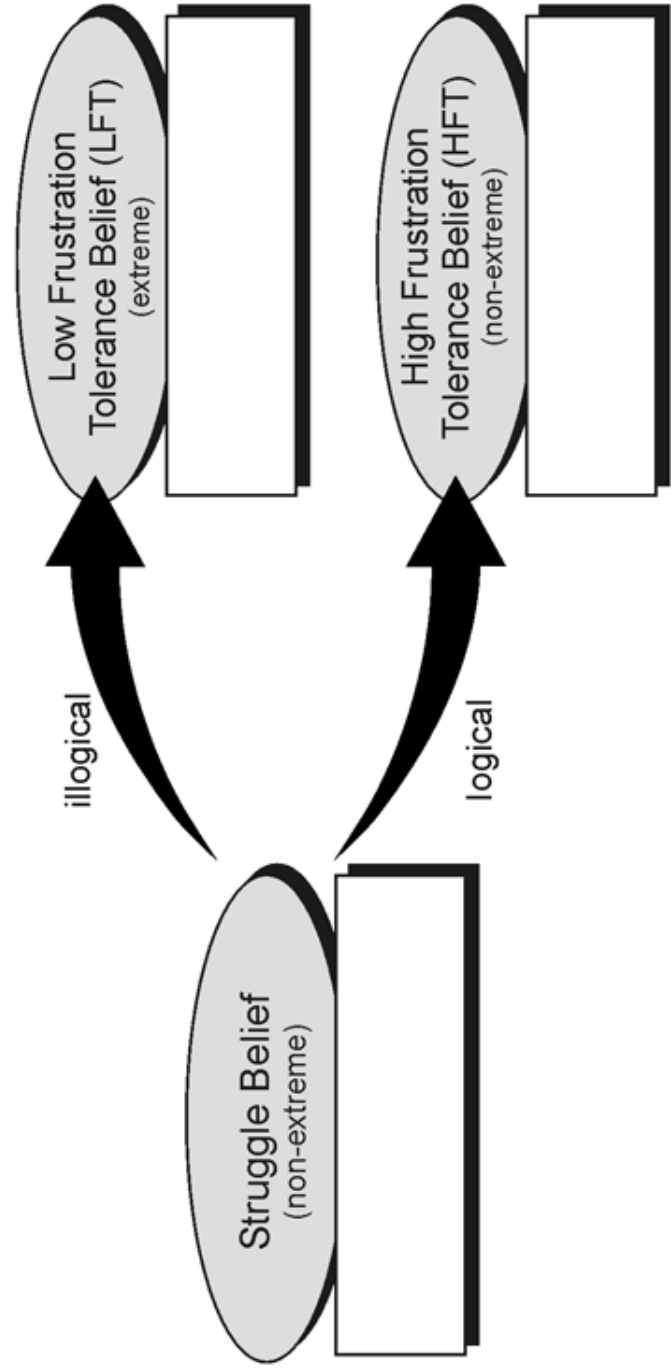


Figure 3

Your client's HFT belief is as follows:

It would be difficult for me to tolerate it if "A" happened... but I can tolerate it (and it is worth it to do so).

Encourage her to see that her HFT belief is logical since both parts are non-extreme and thus the second component logically follows from the first. Again, use the template in Figure 3 with your client to illustrate this visually, if necessary.

The Pragmatic Question

Ask:

"Which of the following beliefs leads to largely good results and which leads to largely poor results and why?"

iB: Client's LFT belief

rB: Client's HFT belief

You need to help your client acknowledge that her LFT belief leads to unhealthy results for her, while her HFT belief leads to healthier results. As you do this, once again use the information provided by your client when you discussed the iB-C, rB-New C connections if you need to (see Point 11).

Assess the Client's Commitment to Belief Change

Ask:

“Which belief do you want to strengthen and which do you want to weaken and why?”

After the questioning you have undertaken, your client “should” indicate that she wishes to work to strengthen her conviction in her HFT belief and to weaken her conviction in her LFT belief and be able to give coherent reasons for her answer. If your client gives you any other answer then discover the reasons for this answer and work with her until she states a genuine commitment to her HFT belief.

18. Question a Depreciation Belief and an Acceptance Belief

Depreciation Belief	Acceptance Belief
If x happens (or does not happen) I am no good, you are no good, life is no good	If x happens (or does not happen), it does not prove that I am no good, you are no good, life is no good. Rather, I am a FHB; you are a FHB; and life is a complex mixture of good, bad and neutral

When questioning your client's depreciation and acceptance beliefs, once again use the following three questions: the empirical question, the logical question and the pragmatic question. As before, once you have done this, ask again which belief the client wants to strengthen and which one she wants to weaken and why.

Again suggest that your client focus on her depreciation belief and her acceptance belief alternative. Have her write it down side by side (as above) or write it down yourself on a white board (again as above). Then move on to the three questions.

The Empirical Question

Ask:

“Which of the following beliefs is true and which is false and why?”

iB: Client’s depreciation belief

rB: Client’s acceptance belief

According to REBT theory, an acceptance belief is true and a depreciation belief is false.

Questioning Your Client’s Person-Depreciation (Self- or Other-) Belief

Help your client to see that when she is holding a person-depreciation belief (self- or other-), she believes *at the time* the following:

- i) A person (self or other) can legitimately be given a single global rating that defines their essence and the worth of a person is dependent upon conditions that change (*e.g.*, my worth goes up when I do well and goes down when I don’t do well);
- ii) A person can be rated on the basis of one of his or her aspects.

Help her to see that these convictions are inconsistent with reality and that her person-acceptance (self- or other-) belief is true since this is made up of the following ideas:

- i) A person cannot legitimately be given a single global rating that defines their essence and their worth, as far as they have it, is not dependent upon conditions that change (*e.g.*, my worth stays the same whether or not I do well);
- ii) It makes sense to rate discrete aspects of a person, but it does not make sense to rate a person on the basis of these discrete aspects.

Questioning Your Client's Life-Depreciation Belief

Help her to see that when she is holding a life-depreciation belief, she believes *at the time* the following:

- i) The world can legitimately be given a single rating that defines its essential nature and that the value of the world varies according to what happens within it (e.g. the value of the world goes up when something fair occurs and goes down when something unfair happens);
- ii) The world can be rated on the basis of one of its aspects.

Help her to see that these convictions are inconsistent with reality and that her life-acceptance belief is true since this is made up of the following ideas:

- i) The world cannot legitimately be given a single rating that defines its essential nature and that the value of the world does not vary according to what happens within it (*e.g.*, the value of the world stays the same whether fairness exists at any given time or not);
- ii) It makes sense to rate discrete aspects of the world, but it does not make sense to rate the world on the basis of these discrete aspects.

If your client gives you answers that are at variance with the above then help her through discussion to see why her answers are incorrect and help her to accept the correct answer.

The Logical Question

Ask:

“Which of the following beliefs is logical and which is illogical and why?”

iB: Client's depreciation belief

rB: Client's acceptance belief

Help your client see that her depreciation belief is illogical, while her acceptance is logical.

For example, if your client holds a self-depreciation belief, show her that this belief is based on the same idea as her self-acceptance belief in that in both she acknowledges that it is bad if “A” happened, but that she transforms it as follows:

“A” is bad... and therefore I am bad.

Thus, her self-depreciation belief has two components. The first (“A” is bad...) is an evaluation of a part of her experience, while the second (...and therefore I am bad) is an evaluation of the whole of her “self.” As such, she is making the illogical part-whole error where the part is deemed illogically to define the whole.

Your client's self-acceptance belief is as follows:

“A” is bad, but this does not mean that I am bad. Even though “A” happened, I can accept that I am a fallible human being.

Encourage your client to see that her self-acceptance belief is logical because it shows that her “self” is complex and incorporates a bad event. Thus, in holding her self-acceptance belief she avoids making the part-whole error.

The Pragmatic Question

Ask:

“Which of the following beliefs leads to largely good results and which leads to largely poor results and why?”

iB: Client's depreciation belief

rB: Client's acceptance belief

You need to help your client acknowledge that her self-depreciation belief leads to unhealthy results for her, while her self-acceptance belief leads to healthier results. As before, as you do this, use the information provided by your client when you discussed the iB-C, rB-New C connections if you need to (see Point 11 on page 26).

Assess the Client's Commitment to Belief Change

Ask:

“Which belief do you want to strengthen and which do you want to weaken and why?”

After the questioning you have undertaken, your client “should” indicate that she wishes to work to strengthen her conviction in her self-acceptance belief and to weaken her conviction in her self-depreciation belief and be able to give coherent reasons for her answer. If your client gives you any other answer, then discover the reasons for this answer and work with her until she states a genuine commitment to her self-acceptance belief.

STEP 5

**Help the Client to Strengthen
Her Conviction in
Her Rational Beliefs and
Weaken Her Conviction in
Her Irrational Beliefs**

19. Use Rational-Emotive Imagery in the Session and Suggest it for Homework (1)

Rational-emotive imagery (REI) is an imagery method designed to help your client to practice changing her specific irrational belief to its healthy equivalent, while at the same time she imagines what she is most disturbed about in the *specific* situation in question. Help your client to understand that this method will help her to strengthen her conviction in her new rational beliefs.

What follows is a set of instructions for using Ellis' version of REI.

Instructions for Using REI: Ellis' Version

1. Take a situation in which you disturbed yourself and identify the aspect of the situation you were most disturbed about.
2. Close your eyes and imagine the situation as vividly as possible and focus on the adversity at A.
3. Allow yourself to really experience the unhealthy negative emotion that you felt at the time while still focusing intently on the A. Ensure that your unhealthy negative emotion is one of the following: anxiety, depression, shame, guilt, hurt, unhealthy anger, unhealthy jealousy, unhealthy envy.
4. Really experience this disturbed emotion for a moment or two and then change your emotional response to a healthy negative emotion, while all the time focusing intently on the adversity at A. Do not change the intensity of the emotion, just the emotion. Thus, if your original unhealthy negative emotion was anxiety, change this to concern; if it was depression, change it to sadness. Change shame to disappointment, guilt to remorse, hurt to sorrow, unhealthy anger to healthy anger, unhealthy jealousy to healthy jealousy and unhealthy envy to healthy envy.

Again change the unhealthy negative emotion to its healthy equivalent, but keep the level of intensity of the new emotion as strong as the old emotion. Keep experiencing this new emotion for about five minutes, all the time focusing on the adversity at A. If you go back to the old, unhealthy negative emotion, bring the new healthy negative emotion back.

5. At the end of five minutes, ask yourself how you changed your emotion.
6. Make sure that you changed your emotional response by changing your specific irrational belief to its healthy alternative. If you did not do so (if, for example, you changed your emotion by changing the A to make it less negative or neutral or by holding an indifference belief about the A), do the exercise again and keep doing this until you have changed your emotion only by changing your specific unhealthy belief to its healthy alternative.

Encourage your client to practice REI several times a day and encourage her to aim for 30 minutes daily practice when she is not doing any other therapy homework.

20. Homework (2): Suggest That the Client Rehearse Rational Beliefs While Acting in Ways That are Consistent with These Beliefs

Perhaps the most powerful way of helping your client to strengthen her target rational belief is to encourage her to rehearse it while facing the relevant adversity at A and while acting in ways that are consistent with this rational belief.

Thus, end the peer counseling session by negotiating a homework assignment that helps her to implement the above principle, which is based on the work that you have already done in the session.

If you need to, help your client to see that when her behavior and thinking are in sync and she keeps them in sync, she maximizes the chances of strengthening her conviction in her target rational belief. Conversely, discourage her from acting and thinking in ways that are consistent with her old irrational belief.

Use the following reminder when negotiating the homework task:

**Face adversity at A + Rehearse rB +
Act in ways consistent with rB**

You have now reached the end of the guide. I would appreciate getting feedback on your experiences of using it during peer counseling so that I may improve subsequent editions. Feel free to write to me c/o the Albert Ellis Institute, 45 East 65th Street, New York, NY 10021.

*Windy Dryden
London, April 2006*