

Preface

It is now over 20 years since the publication of the first edition of this book and almost 50 years since the first use of rational-emotive behavior therapy (REBT) with a young person was described in the literature. Throughout these years, child-REBT and adolescent-REBT practice has existed in many parts of the world.

I (A.E.) have always believed in the potential of REBT to be used in schools as a form of mental health promotion and with young people experiencing developmental problems. After all, irrational thinking both in children and as it manifests itself in adolescence contributes to a bewildering array of emotional problems (e.g., childhood depression, anger), behavior problems (e.g., anger, oppositional defiance, conduct disorders), and academic problems (e.g., underachievement).

Over the past six decades, REBT and its educational derivative, Rational Emotive Education, has been embraced by a wide variety of child-oriented and adolescent-oriented mental health practitioners. Those who incorporate and integrate REBT in their individual work with young people have seen that REBT's essentials enhance their practice.

What are the essentials of REBT when applied to young people? Which aspects of cognitive-behavior, child and adolescent therapy (CBT) as currently practiced do we believe are founded on these essentials? How will you know that you are practicing REBT as you embrace the CBT orientation? Today, CBT is practiced as the treatment of choice by many and we would like REBT's distinctive contributions to the practice of CBT not to be lost. Moreover, we believe that there are distinctive aspects of REBT that add value to the practice of CBT. For example, there is little question in our minds that REBT's espousment of a core set of rational beliefs that contribute to mental health of young people (e.g., self-acceptance, high frustration tolerance, unconditional acceptance of others) as well as its focus on core irrational beliefs that contribute to psychosocial and mental health problems (e.g., needs for approval/achievement, self-depreciation, low frustration tolerance, demands for consideration, justice, fairness, respect, global rating of others, world) adds value to our understanding and treatment of the problems of

young people. We believe that CBTers may underestimate the strength of children's irrational beliefs when they instruct children and adolescents in the use of positive self-talk and verbal self-instructions without working on the deeper level of helping them gain insight on and change their more powerful irrational beliefs and self-talk. We believe that layering positive self-talk on pre-existing irrational beliefs can in many instances be palliative.

REBT's differentiation of "hot cognitions" associated with very unhealthy emotions and dysfunctional behaviors found in absolutes, awfulizing, I can't-stand-it-itis, global rating of self, others, world from "warm cognitions" (e.g., perceptions, conclusions, predictions) that give rise to less extreme emotional intensity is distinctive to REBT's approach to assessment and treatment.

We believe the essentials of child and adolescent REBT practice can first be found in its theory that distinguishes rational from irrational aspects of the psyche of young people and directs the practitioner to distinguish in their assessment rational from irrational thoughts. Also, its theory of emotional upset (see Chapter 1) directs the practitioner through REBT hypothesis-driven questioning to root out both *automatic thoughts* that reflect distortions of reality (e.g., "I have failed and will always fail") and what REBT considers to be thoughts that are deeper and less accessible to introspection; namely, irrational evaluations and beliefs ("I should be successful, it's awful that I am not, I can't stand it, I'm a loser."). REBT's theory of different irrational beliefs that give rise to different problems of childhood provides the practitioners with advanced accurate empathy. REBT helps you to anticipate likely cognitions of the young person depending on the presenting problem. This is one of the most "appealing" aspects of the practice of REBT.

Other distinctive aspects of child-REBT and adolescent-REBT practice some of which have helped define the field of CBT include:

1. Teaching young people an *emotional vocabulary* and an *emotional schema* (feelings vary in intensity from strong to weak) and that they have behavioral and emotional options when something bad happens.
2. Using the ABC framework (sometimes revised as Happenings→Thoughts→Feelings→Behaviors) to help young people conceptualize relationships among thinking, feeling, and behaving and for the purpose of assessment and intervention.
3. Explicit teaching of "emotional responsibility"; namely, you, not others, are the major influence on how you feel and behave.
4. Using disputing/challenging strategies to help identify and change irrational, negative thinking/self-talk *before* moving to instruction in rational, positive thinking/self-talk (for children older than 6 years of age).
5. Instructing young people in rational self-statements.
6. Through homework assignments, practicing new ways of thinking, feeling and behaving in the "real world."
7. Perhaps, the most unique aspects of REBT with young people is how it advances the argument that young people will be happier and more ful-

filled when they are taught (in therapy, in the classroom, at home) rational beliefs including *self-acceptance*, *high frustration tolerance*, and *unconditional acceptance of others*.

There are several misconceptions about REBT and its practice with young people that we believe this book helps to correct. Some of these include:

REBT when practiced with young people is simply a downward extension of REBT adult methods. It is not as many of its methods and activities have evolved from the pioneering work done at the Living School where REBT was taught by teachers in the form of REE to all children. Moreover, as discussed in Chapter 1 of this book, child-REBT and adolescent-REBT takes into account the developmental level of the child in prioritizing problems and selecting assessment and treatment methods.

REBT and REE focus too much on intellectual insight and change. REBT has always considered that beliefs be they rational or irrational never exist on their own but rather are intimately connected to emotions and behaviors. As such, when irrational and rational beliefs are discussed with young people, their impact on emotions and behaviors, and the reciprocal impact of emotions and behaviors on beliefs are always emphasized. Moreover, REBT always has used not only cognitive change methods (e.g., disputing, rational self-statements), but emotive (e.g., rational-emotive imagery, forceful, evocative repetition of rational self-statements) and behavior methods (cognitive-behavioral role play/rehearsal, homework assignments including practicing new behavior in difficult circumstances).

There is no research supporting the efficacy of REBT with younger populations. As Chapters 1, 8 and 13 reveal in this volume, since the 1970s, numerous individual studies and several important meta-analyses have been conducted. While the quality of studies has varied and the studies represented in meta-analyses have been selective (have not included all available studies), it will be seen that there is sufficient array of studies that demonstrate the positive effects of REBT and REE to qualify it as an evidence-based practice.

Now to this book. We have asked many of the original contributors to the first edition to update their work. Furthermore, we have identified some new contributors and new topics relevant to child-REBT and adolescent-REBT practice.

Section I of the book contains chapters addressing the history, rationale, practice, and issues surrounding the use of REBT to treat disorders of childhood. The opening chapter presents the most up-to-date statement of the theory and practice of REBT as applied to younger populations and includes the latest meta-analysis of available studies. In the second and third chapters, special considerations in using REBT with children and adolescents are reviewed. The author of Chapter 3, Howard Young, is now deceased and we reproduce his original chapter in its entirety as it is still today an excellent exposition of ways to effectively use REBT with adolescents. Chapter 4 by

Bill Knaus reviews for the reader one of REBT's cornerstone "constructs" for understanding childhood disorders; namely, low frustration tolerance. Chapter 5 presents recent child developmental research and practice addressing emotional resilience and coping skills training and discusses how it can be integrated in REBT.

Section II contains specialized chapters by leading REBT practitioners on the treatment of depression, anxiety/fears/phobias, aggressive, ADHD, and under-achievement. It will be clear that REBT is now being integrated with other CBT and ecological approaches (e.g., family therapy) in the treatment of childhood disorders.

Section III contains chapters addressing the use of REBT with parents as well as with the parents and teachers of exceptional children. The final two chapters discuss the applications of REBT in group work and in the schools in the form of prevention, promotion, and intervention mental health programs.

Finally, we would like to acknowledge a number of REBT scholars who over the years have helped to demarcate REBT's use with younger populations. There is little doubt that Ray DiGiuseppe has made enormous contributions to its clinical practice and Ann Vernon to the practice of REE in schools in the form of developmental curriculum. Bill Knaus continues the work he initiated in writing "the manual" describing the applications of REBT in educational settings by teachers (Rational Emotive Education). Over the years, Paul Hauck has been very instrumental in outlining the use of REBT with parents. In the early 1980s, Virginia Waters helped pave the road for the use of REBT with children and their parents while Howard Young did the same for working with adolescents. Many others (Jay and Harriet Barrish, Terry London, Jerry Wilde, John McNerney, Marie Joyce) have embellished the REBT field with their stimulating ideas and child-friendly and family-friendly practice.

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Theory, Practice and Research

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