

Instructor's Manual

for

RATIONAL EMOTIVE
BEHAVIOR THERAPY
FOR ADDICTIONS

with

ALBERT ELLIS, PHD

Manual by

Deb Hammels, MA, MFT & Victor Yalom ,PhD



The *Instructor's Manual* accompanies the DVD *Rational Emotive Behavior Therapy for Addictions* (Institutional/Instructor's Version). Video available at www.psychotherapy.net.

Portions of this manual were originally published in the *Albert Ellis Institute Master Therapist Series Study Guide for Dealing with Addictions*, edited by Stephen G. Weinrach, PhD and Raymond DiGiuseppe, PhD, and published in 1996 by The Albert Ellis Institute, New York.

Copyright © 2009, Psychotherapy.net, LLC. All rights reserved.

Published by Psychotherapy.net

150 Shoreline Highway, Building A, Suite 1

Mill Valley, CA 94941

Email: contact@psychotherapy.net

Phone: (800) 577-4762 (US & Canada)

Teaching and Training: Instructors, training directors and facilitators using the Instructor's Manual for the DVD *Rational Emotive Behavioral Therapy for Addictions* may reproduce parts of this manual in paper form for teaching and training purposes only. Otherwise, the text of this publication may not be reproduced, stored in a retrieval system or transmitted in any form or by any means—electronic, mechanical, photocopying, recording or otherwise—without the prior written permission of the publisher, Psychotherapy.net. The DVD *Rational Emotive Behavioral Therapy for Addictions* (Institutional/Instructor's Version) is licensed for group training and teaching purposes. Broadcasting or transmission of this video via satellite, Internet, video conferencing, streaming, distance learning courses or other means is prohibited without the prior written permission of the publisher.

Deb Hammels, MA, MFT & Victor Yalom, PhD

Instructor's Manual for Rational Emotive Behavior Therapy for Addictions: An REBT Approach

Cover design by Michelle Barnhardt

Order Information and Continuing Education Credits:

For information on ordering and obtaining continuing education credits for this and other psychotherapy training videos, please visit us at www.psychotherapy.net or call 800-577-4762.

Instructor's Manual for

RATIONAL EMOTIVE BEHAVIOR THERAPY FOR ADDICTIONS

Table of Contents

Tips for Making the Best Use of the DVD	7
Ellis's Approach to Rational Emotive Behavior Therapy	11
Therapeutic Issues and Processes in this Session	15
Reaction Paper Guide for Classrooms and Training	19
Related Websites, Videos, and Further Readings	21
Discussion Questions	23
Session Transcript	27
Earn Continuing Education Credits for Watching Videos	57
About the Contributors	59
More Psychotherapy.net Videos	61

Tips for Making the Best Use of the DVD

1. USE THE TRANSCRIPTS

Make notes in the video **Transcript** for future reference; the next time you show the video you will have them available. Highlight or notate key moments in the video to better facilitate discussion during the video and post-viewing.

2. FACILITATE DISCUSSION

Pause the video at different points to elicit viewers' observations and reactions to the concepts presented. The **Discussion Questions** provide ideas about key points that can stimulate rich discussions and learning.

3. LET IT FLOW

Allow the session to play out some, rather than stopping the video often, so viewers can appreciate the work over time. It is best to watch the video in its entirety since issues untouched in earlier parts often play out later. Encourage viewers to voice their opinions; no therapy is perfect! What do viewers think works and does not work in the session? We learn as much from our mistakes as our successes, and it is crucial for students and therapists to develop the ability to effectively critique this work as well as their own.

4. SUGGEST READINGS TO ENRICH VIDEO MATERIAL

Assign readings from **Suggestions for Further Readings and Websites** prior to viewing. You can also schedule the video to coincide with other course or training materials on related topics.

5. REFLECT ON REFLECTIONS

Hand out copies of **Therapeutic Issues and Processes in this Session** either before or after showing the video. This summary of the REBT perspective on work with this client gives viewers an outline of the key points in the session and clarifies the rationale for Dr. Ellis's various interventions with this client. The **Rational Emotive Behavior Therapy Treatment Sequence** in this section is a step-by-step guide to

how Dr. Ellis applies the method in this session.

6. ASSIGN A REACTION PAPER

See suggestions in **Reaction Paper** section.

7. CONDUCT ROLE-PLAYS

After watching the video, organize participants into pairs, so one person will play the therapist and one will play the client. Assign each pair to role-play a therapy session using Ellis's Rational Emotive Behavior Therapy approach. The client may resemble the client in the video, a current or previous real-life client, someone they know personally, or even themselves. Participants should switch roles if time permits.

As a basic instruction, suggest to therapists that they follow the steps outlined in **The Rational Emotive Behavior Therapy Treatment Sequence** in this manual: first ask the client what their concern is and agree on a problem to work with; then assess the circumstances of the event that brought on this problem, and the emotional and behavioral consequences of it; then offer a hypothesis regarding the client's irrational belief, being careful to distinguish between an *automatic thought* and an *irrational belief*. See **The ABC Framework** in this manual for a review on these two concepts. Finally, try to connect the irrational belief to the consequences of the event, and dispute the irrational belief.

Following the role-plays, have the groups come together to discuss the exercise. First, have the clients share their experiences; then have the therapists talk about what the session was like for them. What did participants find most useful about this way of working? What did they find most challenging? Finally, open up a general discussion on what participants learned about using the Rational Emotive Behavior Therapy approach.

An alternative is to do this role-play in front of the whole group with one therapist and one client; the entire group can observe, acting as the advising team to the therapist. Before the end of the session, have the therapist take a break, get feedback from the observation team, and bring it back into the session with the client. Other observers

might jump in if the therapist gets stuck. Follow up with a discussion that explores what participants found useful and/or challenging about Ellis's approach.

PERSPECTIVE ON VIDEOS AND THE PERSONALITY OF THE THERAPIST

Psychotherapy portrayed in videos is less off-the-cuff than therapy in practice. Therapists may feel put on the spot to present a good demonstration, and clients can be self-conscious in front of a camera. Therapists often move more quickly than they would in everyday practice to demonstrate a particular technique. Despite these factors, therapists and clients on video can engage in a realistic session that conveys a wealth of information not contained in books or therapy transcripts: body language, tone of voice, facial expression, rhythm of the interaction, quality of the alliance, and other aspects of process (as opposed to content) that are critical components of the therapeutic encounter. Because these process variables are so multidimensional, repeated viewings of the same session can help therapists of all levels of experience detect many different nuances of process and deepen their insight and learning.

Psychotherapy is an intensely private matter. Unlike the training in other professions, students and practitioners rarely have an opportunity to see their mentors at work. But watching therapy on video is the next best thing.

One more note: The personal style of therapists is often as important as their techniques and theories. Therapists are usually drawn to approaches that mesh well with their own personality. Thus, while we can certainly pick up ideas from master therapists, students and trainees must make the best use of relevant theory, technique and research that fit their own personal style and the needs of their clients.

PRIVACY AND CONFIDENTIALITY

Because this video contains an actual therapy session, please take care to protect the privacy and confidentiality of the client who has courageously shared his personal life with us.

Every effort has been made to follow the ethical principles of the

American Psychological Association and to avoid any possibilities of a dual relationship between the therapist or the Albert Ellis Institute and the client. The client depicted in the video was not a client of either the Albert Ellis Institute or the therapist, either before or after this session. They appeared in the video after receiving a full disclosure of the project and the fact that the video was being produced for educational purposes.

Ellis's Approach to Rational Emotive Behavior Therapy

THE ABC FRAMEWORK

The ABC framework is the cornerstone of REBT practice. A in the ABC framework stands for an *activating event*, which may be either external or internal to your client. When A refers to an external event, we can say that it actually occurred if descriptions of it can be confirmed as accurate by neutral observers (i.e., the principle of confirmable reality). Activating events need not be confirmable external events: they can also be predicted or imagined reality, emotions, or even thoughts. The activating event is the person, event, emotion, or thought that the client is upset about.

B in the ABC framework stands for *beliefs*. These are evaluative cognitions or constructed views of the world that can be either rigid or flexible. When clients' beliefs are flexible, they are called rational beliefs. Rational beliefs often take the form of desires, wishes, wants, and preferences (rather than dogmatic musts or shoulds). When clients adhere to such flexible premises, they will tend to draw rational conclusions from them. These conclusions take several forms:

1. Moderate evaluations of badness: They conclude, "it's bad or unfortunate" (rather than awful or terrible) when faced with a negative activating event.
2. Statements of toleration: They may say, for example, "I don't like it, but I can bear it, even though it is difficult."
3. Acceptance of fallibility: They accept themselves, others, and the world as being complex—composed of some good, some bad, and some neutral elements.
4. Flexible thinking about occurrences: rather than thinking something will always or never happen, they realize that things tend to occur along a continuum.

When these beliefs are rigid, they are called irrational beliefs and take the form of musts, absolute shoulds, or have to's. When clients adhere to rigid premises, they will tend to draw irrational conclusions on the basis of them. These irrational conclusions, or derivative irrational beliefs, take the following forms:

1. I-can't-stand-it-itis (low frustration tolerance)
2. Damnation (of self, others, and/or life conditions)
3. Absolute-and-never, dichotomous thinking (e.g., that I will always fail or never be approved of by significant others).

Therapists new to REBT often confuse the difference between types of cognitions. When you ask clients what they are thinking while they are upset, they usually report to you one of their *automatic thoughts*. Automatic thoughts are streams of conscious beliefs that occur with an emotion. They are frequently negative distortions of reality. These automatic thoughts are sometimes referred to as inferences. Since automatic thoughts are statements about perceived reality, they are not the same as irrational beliefs. A client's thought, "Oh! I made a mistake!" could be a negative distortion of reality and may be a target for change. However, this thought is the client's perception and therefore an activating event. Making a mistake along with the thought "Oh! I made a mistake!" would be the activating event and the client's irrational belief is her evaluation or demand about the possibility she made a mistake—even if the thought concerning the mistake is imagined, erroneous, or may never have happened.

Frequently, therapists new to REBT make two errors. They (1) jump to identify the first thought that clients reveal as an irrational belief, and (2) conclude that inferences (automatic thoughts) are the same as irrational beliefs. Although, in this example, the possibility of making a mistake is a thought, and maybe an incorrect thought, it is not the main belief targeted in REBT. Rather, it is the demand that "I must not have made a mistake!" that is considered the main irrational belief, along with one or more derivative irrational beliefs such as damnation of self, low frustration tolerance or "awfulizing".

C in the ABC framework stands for emotional and behavioral consequences of your clients' beliefs about A (the Activating event). Emotional consequences are of two types. The C's that follow from absolute, rigid irrational beliefs about negative A's are disturbed and are termed dysfunctional negative consequences. The C's that follow from flexible, rational beliefs about negative A's tend to be non-disturbed and are termed functional negative consequences. Dysfunctional negative emotions are dysfunctional for one or more of the following reasons:

1. They lead to the experience of a great deal of psychic pain and discomfort.
2. They motivate one to engage in self-defeating behavior.
3. They prevent one from carrying out behavior necessary to reach one's goals.

Functional negative emotions are functional for any one or more of the following reasons:

1. They alert one that one's goals are being blocked but do not immobilize one to cope with the frustration.
2. They motivate one to engage in self-enhancing behavior.
3. They encourage the successful execution of behavior necessary to reach one's goals.

THREE BASIC MUSTS

Although clients tend to express their irrational beliefs in their own individual ways, it is helpful to consider irrational beliefs to be variations of three basic schemas or categories of musts. These involve the following types of demands:

1. **Demands about self:** These musts are frequently revealed in statements such as, "I must do well and be approved of by significant others, and if I'm not, then it's awful," or, "I can't stand it, and I am a damnable person to some degree when I am not loved or when I do not do well." Beliefs based on these musts often lead to anxiety, depression, shame, and guilt.

2. **Demands about others:** These musts are often expressed in statements like, “You must treat me well and justly, and it’s awful—I can’t bear it—when you don’t,” or, “You are damnable when you don’t treat me well, and you deserve to be punished for doing what you must not do.” Beliefs based on these musts are associated with the emotions of anger and rage and behaviors such as passive-aggression or violence.
3. **Demands about the world/life conditions:** These musts often take the form of beliefs such as, “Life conditions under which I live must absolutely be the way I want them to be, and if they are not, it’s terrible,” or, “I can’t stand it; poor me!” Such beliefs are associated with feelings of self-pity and hurt, as well as with problems of self-discipline (e.g., procrastination or addictive behavior).

This section has been adapted from the Albert Ellis Institute Master Therapist Series Study Guide, edited by Stephen G. Weinrach, PhD and Raymond DiGiuseppe, PhD, which accompanied the original VHS edition of this video.

Therapeutic Issues and Processes in the Session

In this session Dr. Ellis works with Orville, a man in his mid-forties who reports having abused alcohol, marijuana, and other drugs, as well as serious overeating. Orville recounts a childhood history of parental rejection, specifically from his father. Dr. Ellis discovers that Orville believes he is a worthless person because of his father's rejection of him.

Orville is quite skilled at distracting Dr. Ellis from any attempt to address his irrational beliefs. At one point, while Orville is discussing his father in detail, Dr. Ellis uses Orville's digression to his own ends: he tries to get Orville to hypothesize about his father's irrational beliefs and how they led to his dysfunctional behavior. Dr. Ellis then turns this example around and shows Orville how he has the same kind of irrational beliefs. Orville makes numerous such diversions throughout the session and Dr. Ellis quickly gets Orville back on track to examine his own thinking.

Initially, Dr. Ellis believes that Orville's addiction is driven by the irrational belief of LFT or low frustration tolerance. After some time, he changes his mind and considers that Orville's substance use appears to be maintained by two motivations. First, he enjoys the "high" or the sensations caused by the drugs and, believes he must have it; and second, he uses the drugs to alleviate his depression. Rather than wait for Orville to discover these insights on his own, Dr. Ellis expedites the process by suggesting hypotheses to him. Although Dr. Ellis is quite directive in suggesting these hypotheses, the therapist-client relationship appears solid: he and Orville seem to have established a good alliance for working at solving Orville's problem.

In the final sequence, Dr. Ellis suggests to Orville how his self-condemnation about substance use leads to depression, which then leads to more substance use to try to alleviate the depression. The most important point to be noted in the tape is Dr. Ellis's continued perseverance at returning the focus to challenging Orville's dysfunctional beliefs.

THE RATIONAL EMOTIVE BEHAVIOR THERAPY TREATMENT SEQUENCE

STEP 1: ASK FOR A PROBLEM

Dr. Ellis asks Orville directly what his concern is.

STEP 2: DEFINE & AGREE ON TARGET PROBLEM

Dr. Ellis initially focuses on Orville's drug problem. "Would you like to give up, cut down, or what?"

STEP 3: ASSESS C (**emotional and behavioral Consequences**)

Dr. Ellis directly asks Orville to examine what the negative consequences or aspects are to taking the drugs.

STEP 4: ASSESS A (**Activating event**)

Dr. Ellis questions Orville's reasons for taking the drug. "You think one of the reasons why you take the marijuana or other drugs is because you don't feel good about yourself?"

STEP 5: IDENTIFY AND ASSESS ANY SECONDARY EMOTIONAL PROBLEMS

Dr. Ellis assesses Orville's secondary emotional problems to be low frustration tolerance and global self-downing.

STEP 6: TEACH THE B-C CONNECTION'

(**Beliefs — emotional & behavioral Consequences**)

Dr. Ellis explains, "We get people to look at what they tell themselves to make themselves disturbed." He then proceeds to use Orville's father's addiction to teach Orville the B-C connection. Here, Dr. Ellis points out that the addiction was a consequence of the beliefs that stemmed from his father's low frustration tolerance.

STEP 7: ASSESS BELIEFS

Since Orville is expressing denial about his addiction, Dr. Ellis begins by referring to Orville's father: "What do you think your father said to himself to make him take the alcohol?" Dr. Ellis then demonstrates a connection by bringing the focus onto Orville's beliefs. "What do you think you are saying to yourself to make you take it?"

STEP 8: CONNECT IRRATIONAL BELIEFS AND EMOTIONAL CONSEQUENCES

Dr. Ellis points out that Orville is converting his desires into necessities, and therefore upsetting himself: “I hear you saying that because it’s desirable to get away from your parents and do better with people, you really have to. This makes you anxious and run to alcohol.”

STEP 9: DISPUTE IRRATIONAL BELIEFS

Dr. Ellis challenges Orville’s musts: “Why do you have to do better to make up for that rotten past? Why are you never a rotten person even if you do a rotten thing? Do you think you’re a damnable person?” Dr. Ellis explains to Orville how he is globally downing himself. “Never put yourself down as a human, just put some of your behavior down.”

STEP 10: PREPARE YOUR CLIENT TO DEEPEN CONVICTION IN RATIONAL BELIEFS

Dr. Ellis points out that drug use covers up the depression and makes Orville temporarily happy. Ellis explains to Orville that this addiction only makes him want to become depressed again, because then he has a good excuse for drinking. Therefore, he needs to change his beliefs that lead him into a depression.

STEP 11: ENCOURAGE YOUR CLIENTS TO PUT NEW LEARNING INTO PRACTICE

Dr. Ellis emphasizes unconditional self-acceptance and encourages Orville to make a philosophical change. “It [Orville’s drug use] is bad, but I’m not a bad person. I’m a fallible human who screwed up.”

STEP 12: CHECK HOMEWORK ASSIGNMENTS

As this was Dr. Ellis’s initial therapy session with Orville, there were no previous homework assignments.

STEP 13: FACILITATE THE WORKING-THROUGH PROCESS

Dr. Ellis encourages Orville to practice his new statements and continue to change his musts to preferences. Ellis also assigns Orville the homework of reading an REBT book.

The previous section was adapted from the Albert Ellis Institute Master Therapist Series Study Guide, edited by Stephen G. Weinrach, PhD and Raymond DiGiuseppe, PhD, which accompanied the original VHS edition of this video.

Reaction Paper for Classes and Training

Video: *Rational Emotive Behavior Therapy for Addictions*

- **Assignment:** Complete this reaction paper and return it by the date noted by the facilitator.
- **Suggestions for Viewers:** Take notes on these questions while viewing the video and complete the reaction paper afterwards, or use the questions as a way to approach the discussion. Respond to each question below.
- **Length and Style:** 2-4 pages double-spaced. Be brief and concise. Do NOT provide a full synopsis of the video. This is meant to be a brief reaction paper that you write soon after watching the video—we want your ideas and reactions.

What to Write: Respond to the following questions in your reaction paper:

1. **Key points:** What important points did you learn about Rational Emotive Behavior Therapy? What stands out in how Ellis works?
2. **What I found most helpful:** What was most beneficial to you as a therapist about the model presented? What tools or perspectives did you find helpful and might you use in your own work? What challenged you to think about something in a new way?
3. **What does not make sense:** What principles/techniques/strategies did not make sense to you? Did anything push your buttons or bring about a sense of resistance in you, or just not fit with your own style of working? Explore these questions.
4. **How I would do it differently:** What might you have done differently than Ellis in the therapy session in the video? Be specific in what different approaches, strategies and techniques you might have applied.
5. **Other Questions/Reactions:** What questions or reactions did you have as you viewed the therapy in the video? Other comments, thoughts or feelings?

Related Websites, Videos, and Further Readings

WEB RESOURCES

The Albert Ellis Institute

www.rebt.org

REBT Network

www.rebtnetwork.org

National Association of Cognitive-Behavioral Therapists

www.nacbt.org

RELATED VIDEOS AVAILABLE AT WWW.PSYCHOTHERAPY.NET

Cognitive Therapy for Addictions

Cognitive-Behavioral Child Therapy

Cognitive-Behavioral Therapy with John Krumboltz, PhD

Cognitive-Behavioral Therapy with Donald Meichenbaum, PhD

Coping with the Suicide of a Loved One

Couples Therapy for Addictions: A Cognitive-Behavioral Approach

Depression: A Cognitive Therapy Approach

Mixed Anxiety and Depression: A Cognitive-Behavioral Approach

Multimodal Therapy with Arnold Lazarus, PhD

Positive Psychology and Psychotherapy

Reality Therapy for Addictions

Reality Therapy with Robert E. Wubbolding, EdD

BOOKS

- Beck, A. T. (1976). *Cognitive therapy and the emotional disorders*. New York: International Universities Press.
- Dryden, W. & DiGiuseppe, R. (1990). *A Primer on rational-emotive therapy*. Champaign, IL: Research Press.
- Ellis, A. (1994). *Reason and emotion in psychotherapy* (Revised edition). New York: Carol Publishing.
- Ellis, A. (2001). *Feeling better, getting better, and staying better*. Atascadero, CA: Impact.
- Ellis, A. (2001). *Overcoming destructive beliefs, feelings, and behaviors: New directions for rational emotive behavior therapy*. Amherst, NY: Prometheus Books.
- Ellis, A. (2002). *Overcoming resistance: A rational emotive behavior therapy integrated approach* (2nd ed). New York: Springer.

Discussion Questions

Professors, training directors and facilitators may use some or all of these discussion questions, depending on what aspects of the video are most relevant to the audience. On-screen minute markers are noted in parentheses to indicate where a topic arises in the video and transcript.

1. **The REBT Model:** What is your reaction to Albert Ellis's Rational Emotive Behavioral Therapy (REBT) model? Does its emphasis on identifying, challenging, and disputing irrational beliefs resonate with you? Can you imagine yourself using this model in a therapy session with your own clients? Is there anything missing from this approach that you would add?
2. **The Therapeutic Alliance:** How does Ellis build a therapeutic alliance with Orville in the beginning of the session? How would you describe this therapeutic alliance? What do you think made it possible for Orville to voluntarily disclose his drinking and drug use during the beginning of the session? As the session progresses, were there specific interactions that you felt contributed to or detracted from the strength of this alliance?
3. **A “Once-removed” Approach:** Within the first few minutes of the session, Ellis realized that Orville seemed resistant to looking at the negative consequences of his own addictions. At this point, Ellis decided to take a less threatening “once-removed” approach and teach Orville the basics of REBT by applying them to his father's dysfunctional drinking behaviors. Did you think this strategy was effective in helping Orville to identify the irrational beliefs feeding his own addictions? How do you think Orville might have responded if Ellis attempted to introduce REBT by first applying it directly to Orville's situation?
4. **Self-disclosure:** During the beginning of the session, Ellis relates to Orville by disclosing personal information about himself and his mother. In the subsequent commentary, Ellis explains that if he reveals himself to his clients “they

are much more likely to feel free to open up and talk about themselves.” Do you agree? What was your reaction to his disclosures with Orville? In your own work with clients, how will you know when self-disclosure would be appropriate and helpful? What factors do you consider when self-disclosing?

5. **Challenging the Irrational:** From the start of the session, Ellis focuses on Orville’s low frustration tolerance and “self-downing” as the irrational beliefs that sustain his drug and alcohol addictions. What was your response to the way that Ellis used confrontation, repetition, and rational explanation to challenge Orville’s irrational belief that if he does not behave well he is a bad person? Do you feel that this approach assisted Orville in challenging this irrational belief? Can you identify a point in the session when Orville was most receptive to rethinking this life-long belief? If you were working with Orville, how would you go about challenging the dysfunctional beliefs that sustain his addictions?
6. **Therapist as Teacher:** Ellis described his role of therapist as that of a “beneficent teacher.” How do you see him implementing this role when challenging Orville’s irrational beliefs and helping him see the negative effects and secondary gains of his drug use? Do you feel this teaching approach was an effective one to use with Orville? Does this resonate with the way you see your role as therapist? Why or why not?
7. **Side-tracking the Side-tracking:** Throughout the session, Orville takes the conversation in tangential directions with his “flight of ideas.” What did you notice about how Ellis was able to adapt his style to account for Orville’s distractibility? How was Ellis able to bring him back to the topic of discussion? How do you imagine yourself responding to a similar situation with a client?
8. **Hold the Psychoanalysis:** During the beginning of his career, Ellis practiced classical psychoanalysis, but ultimately concluded that this approach was relatively superficial and unscientific, and often resulted in people getting worse instead of better. How do you see this reaction against psychoanalysis surface in his work with Orville? What was your response

to Ellis's comment that Orville's masochistic interpretation of himself likely originated from "some analytic therapy" he previously had? Can you see any ideas or techniques from REBT working in conjunction with a psychodynamic approach, or do you see them as mutually exclusive?

9. **Whose Idea is It, Anyway?:** During the commentary segment following Ellis's active and directive attempts to illuminate Orville's self-condemning thought process, Ellis commented how he has been accused by his critics of "putting things in people's mouths and giving them ideas." Based on the session you just watched, do you agree or disagree with this accusation? Do you think it is a positive or negative thing for therapists to forcefully present ideas or feedback to clients? How comfortable are you adopting such a stance?
10. **The Matter of Style:** Some who have attended Ellis's lectures have remarked that his style can be abrasive, humorous, and eccentric. Do you agree with these remarks? What was your response to his style? How did you react to his strong language and forceful directives? What are ways in which your own personality comes through strongly in your work with clients?
11. **Personal Reaction:** What do you imagine your experience would be like if you were a client of Ellis? Do you feel like he would be able to create a therapeutic alliance with you? Do you think that his rational and direct approach would work for you as a client? Why or why not?
12. **Take-Away:** What will you take away from watching Ellis's approach to working with Orville? Are there aspects of his style and approach that you would like to incorporate in your own work with clients? Are there aspects of his style that might be a challenge for you to adopt? If so, how do you think you could incorporate aspects of his approach in a way that would feel congruent with your style?

Complete Transcript of Rational Emotive Behavioral Therapy of Addictions

INTRODUCTION

Ray Guisepppe: Hello. My name is Ray D. Guisepppe, Director of Professional Education at the Albert Ellis Institute, and Professor of Psychology at St. John's University. Welcome to one of our Master Therapist series.

In these tapes, we will be showing live sessions of master therapists doing Rational Emotive Behavior Therapy. We have found over the years that therapists learn much more from watching a therapy session and modeling the behavior of the therapist, rather than just watching workshops and reading books. Many trainees who watch therapy tapes want to know why the therapists made some of the decisions that they've done. They almost would like to get inside the therapist's head and think, and listen to the conversations about why choose one intervention over the other. To help facilitate learning how to do therapy, we're going to have conversations with the therapists after each therapy session where we watch the therapy session and, at key decision points, ask each therapist why they made the decision that they did. Then the observer can see not only what the therapist did, but the ideas and the feedback and the information that they used in making those clinical decisions.

We hope this series will be helpful for you in treating your patients, and learning to make difficult clinical decisions, and following through on the right therapeutic strategy.

THERAPY SESSION

Albert Ellis: Orville, what problem would you like to bring up?

Orville: Well, I'd like to talk about... I have sometimes a problem with drugs and stuff like that.

Ellis: What sort of drugs?

Orville: Well, the mild ones, but of course if, like, a hallucinogenic passes my way, I do take it.

Ellis: And help you with your diet, to eat less?

Orville: Oh, no. I wish it could. They sometimes, they sometimes make me eat even more. Even in LSD, which when I was younger, no, I didn't get hungry...

Ellis: And would you like to give up, cut down, or what? What would you like?

Orville: On eating?

Ellis: No, no, on the... On drugs.

Orville: On drugs. Sometimes, but no.

Ellis: Yeah. But why do you bring it up as a problem if you wouldn't want to cut down?

Orville: Sometimes under the influence I get a little grouchy.

Ellis: Yeah.

Orville: And even when I'm craving a mild substance like marijuana, I do get irritated and grouchy.

Ellis: If you don't get it or you do get it?

Orville: If I don't.

Ellis: Yes, right.

Orville: Sometimes, of course, you can lose yourself into the, into the high and you forget yourself. Especially if you mix it with alcohol.

Ellis: So would you like to be nondependent?

Guiseppe: Right here you're trying to identify a goal with him, as he seems to have a number of different goals.

Ellis: Yes, I expected him to talk about his weight or his problems with his wife, and to my surprise he brought up right at the beginning this fact that he's too dependent on marijuana and he gets grouchy and

acts badly, and therefore he'd like to do something about that.

Orville: I'd love to be nondependent. It's a monkey I don't need anymore. Getting too old for it.

Ellis: I see.

Orville: Too congested.

Ellis: Now, when you take the marijuana, you have a craving for it, you know you'd rather not—you still take it. What do you think you're saying to yourself to make yourself take it?

Orville: It's, I enjoy the high. That's the most definite part about it. And it also makes me forget who I am.

Ellis: Right. But even if we just... We'll get back to who you are in a couple of minutes or so...

Guiseppe: Right here, Al, you jump in and ask for the irrational belief, and he comes back with his thought is that he does the drugs to forget to who he is. What's going through your mind at this point when he says that?

Ellis: Well, I expected him to say something like, "It's too damn hard to not take it. I get the urge and I need it."

Guiseppe: That was your hypothesis before you asked him the lead.

Ellis: Which I was going to go back to here. But since he raised the other, I said, "We'll get to that a little later," and we do and we focus on that. But at the moment I still wanted him to see that, in all probability, when he wanted to stop, he had low frustration tolerance in saying he needs what he wants.

Guiseppe: But how about his point here that he wants to forget who he is?

Ellis: Well, but that means to me that he isn't what he should be and he's no damn good, and he wants to forget that. And I say to myself, and I say to him, "We'll get back to that," because I think that's very important. But I wanted him also to see that when he takes it he has the low frustration tolerance.

Guiseppe: So at this point, you have two hypotheses: he's got the low frustration tolerance and the self-downing that he doesn't want to be who he is and he thinks he should be different.

Ellis: Right, and that—the second one—is probably the more important, but I just wanted to deal with the first, because it seemed very simple to start with somebody like him, and I didn't realize how sophisticated he was 'til later. He looks like he's unsophisticated and almost uneducated. So I wanted to be simple at the beginning.

...Look at the disadvantages so I never eat it. I used to take four spoons of sugar in my coffee and half cream. People said, "You think that's coffee?" I said, "I like it." So, but now as soon, the day I became diabetic, I stopped it. I still love it because by accident they put it in the peas at banquets in my honor, but I don't eat it, I push it away, whatever it is. Now, how come you don't also look at the lows, the disadvantages of taking, let us say, the pot?

Orville: Gee, you're going to think this is weird. I grew up, my father was diabetic—he never stopped taking it. It's what killed him. He didn't stop drinking. He'd smoked. And I sometimes, I figure my not giving in to wanting to quit and just going the opposite way may be totally a genetic, or the influence of him.

Ellis: Your desire for it may be genetic. My mother was caught at the age of 93 stealing candy at her nursing home, you see. So I have a sweet tooth. But I don't indulge. Now what do you think your father... Because he was diabetic and he'd better not drink, cause that's sort of poison for diabetics. I stopped drinking completely when I became diabetic. What do you think he was telling himself in spite of his knowledge that it was harmful? He was saying something to make himself take the alcohol. Now, what do you think that was?

Orville: He may have wanted to kill himself.

Guiseppe: Al, two things struck me about the tape here. One is you really disclose a lot about yourself, your own sugar-aholic problems with diabetes, and your mother, you know, and her eating behavior.

How typical is this for you to self-disclose this early in a session?

Ellis: Very typical because I feel—and I may be wrong about this—that if I reveal myself, speak my language, which is very down to earth, and tell things about myself, they are much more likely to feel free to open up and talk about themselves. So that's very typical. I did it before I started Rational Emotive Behavior Therapy, and I consistently do it with many of my clients most, much of the time.

Guiseppe: Okay. Now another thing about this client... you ask him to focus, or how he doesn't focus on the negative consequences of his drug use. And he immediately goes off and talks about his father, talks about his past. Do you think he's really motivated to change his drug use and he really sees the drug use as a negative thing?

Ellis: No. No, no. I'm going to try to help him do that, and incidentally, I take advantage of that because I say to myself at this point, "Now look, he's not going to listen to giving this up. He's resistant on that point," as you're sort of saying, right? He really wants to go on. But if I show him some Rational Emotive Behavior Therapy about somebody else like his father, it's once removed. So the point I'm going to try to get over is that he has low frustration tolerance and telling himself that he can't stand not having it like his father did. Now if I explain to him what his father did, then it's once removed from him, and he's likely to get the point better.

Guiseppe: But you're aware that he's not totally motivated and he still has some denial of the negative consequences of his addiction, and you have that in the back of your head, and you're using this opportunity to teach him the ABCs of RET in a less threatening situation.

Orville: Well, I don't know.

Ellis: Well, that's possible, but let's suppose he didn't want to kill himself. He wanted to live and knew the disadvantages, but still took the alcohol. What do you think he was saying to himself to make himself take the alcohol? Could you guess?

Orville: It's very hard. I never, I know he didn't like the taste of alcohol.

Ellis: Right.

Orville: I know he... Well, it changed his personality, definitely. He was a totally different man.

Ellis: Ah! Now we're getting somewhere. Was he saying something like—we're just guessing, you and I—that "It's too awful being the way I am, my personality. Without it, and I need it to feel good about myself, to cover up..." Don't you think he was saying something...?

Orville: Well, it certainly opened him up. He was a different man. He was a periodical drunk. You never knew when it was going to happen. Sometimes a couple years would go by and then boom, the bottom would drop out for about four months in his life. But yeah, he was totally different. I've bartended and I've seen this same type of Jekyll and Hyde with other alcoholics. Totally introverted people, suddenly they become open and real crazy. Crazy people.

OFFERS HYPOTHESIS ABOUT IRRATIONAL BELIEF

Ellis: Right. And aren't they saying something like, "I can't stand my disturbance, my introversion! I have to get out of myself. I need the alcohol to get out of myself."

Orville: That's a good one. I believe that was so with my father's case, but he was never verbalized it. It was—

Ellis: That's right.

Orville: —a very painful thing to watch, especially once he was diagnosed—he had this gangrene in his foot because of the diabetes, and it was there for 15 years before they started chopping away at him. But he never gave it up. He refused to. He never stuck to his diet.

Ellis: Because then he would have had to suffer with his disturbance.

Orville: Yeah.

Ellis: Right.

Orville: Yeah.

Ellis: And that was even harder in his head than the pain, which he finally gets from taking the alcohol.

Orville: Yeah.

OFFERS AN INTERPRETATION OF CLIENT'S IRRATIONAL BELIEF BASED ON FAMILY HISTORY

Ellis: And you already mentioned that in your case. You think one of the reasons—we're not saying the other, only reasons—why you take the marijuana, or other kinds of drugs, is because you don't feel that good about yourself.

Guiseppe: Right here, Al, you are just bringing back the situation from his dad right to his life situation, so you're not letting a lot of time going by, and you're immediately showing the ABCs of his father, how it applies to him.

Ellis: Right, and I'm telling myself, "Ah, since he raised this bit with his father and he says and acknowledges that his father copped out on his disturbance, that I told him before, 'We'll get around to that later,' well, it isn't much later, and I'm going to get around to that right now since he again brought it up." So I'm taking advantage of the material he brought up.

Guiseppe: It's very interesting, I think, how you've gotten a diversion that the client has used, sort of a defensive diversion away from talking about his own problems, but you've taken advantage of that and made the most out of it—even though he's not talking about his problems directly, you're sort of taking that diversion and turning it back to useful ends.

Ellis: Yeah. Now, I could say, "Now, why are you distracting us?" That sounds pretty bad, but then that probably would turn him off. Well, we don't know, but it probably would. So I'd rather get back to my agenda. My main point from the beginning was, one, his low frustration tolerance, and two—even if he hadn't raised it—what are you doing to cover up your disturbance?

Orville: Well, at times, I've always been very self-conscious about my looks. Even when I was a little bit thinner, I've always felt I was

overweight. And also it, I, I, I have this same sort of shyness that I think my father had, and just getting stoned sort of brings me out of myself and I'm able to have social intercourse.

Ellis: Right. Well, you know anything about this form of therapy, which I originated years ago and...

Orville: No, it's just my wife who knows who you are.

EXPLAINS ABC PROCESS

Ellis: Well, it's a peculiar form of therapy. It says that your early childhood doesn't make you disturbed, but what you told yourself then and what you're still telling yourself. And when anybody is shy, inhibited, et cetera, they have a demand, a command. They have a preference to do well. You'd like to look better.

Orville: Yeah.

Ellis: You'd like to speak better. But then you'd say, "Well, if I don't, too bad," and you still speak, you still present yourself. But when you're self-conscious, which really means self-damning, aren't you sneaking in that "I've got to do well and got to do better," and then you cop out, unless you're on the substance?

Orville: Yeah.

Ellis: All right. Now, we get people to look at that, what they tell themselves to make themselves disturbed, first, and then to question it. Because I would ask you, and I would try to get you to ask yourself, "Why do I have to do better and be approved by others?" Not, "Why do I like to?" but, "Why do I have to?"

ASK CLIENT TO DISPUTE HIS IRRATIONAL BELIEF

Now, what would you answer to a question like that?

Orville: Well, it's not good to be alone. It's always great to have a friend, at least, that you could share ideas with. And in order to, to, to get good friends, you have to be a little bit of an overachiever. I mean, among the dummies, they're not much fun to talk to. They don't read, and, you know...

Ellis: But you're telling me why it's preferable to do well, to get along with people. But I say if you only stuck to that, "It's preferable, but if I don't, I don't." And you'd lose your self-consciousness, you'd go talk, and you screw up, and then you talk more, and then it's not screwing up. But I'm not asking you why it's preferable. I'm asking you why you have to do well and be approved by others. You see, the difference between "I'd like it" and "I'd have to." Now, I'm just questioning, why do you have to? That would be nice, but why do you have to?

Orville: Well, personally, I have to overcome some of the things I feel about my parents, where I, I, I feel about what I don't think they did right by me growing up, both my mother and father. Gee, my mother's Jewish—that makes me Jewish. Growing up, I joke about it, but I didn't know my name was Orville. I always thought I was Jew Bastard because that was my father's name for me.

Ellis: Right.

Orville: And there are certain things I think back. I know my parents, my mother never graduated high school. My father never graduated sixth grade, according to him. These are reasons that really I have to, I've gone back to college this...

Ellis: No, no. You're again proving to me—

Orville: I'm drifting.

DISPUTING IRRATIONAL BELIEF

Ellis: —and I'm accepting it—that it's highly preferable that you not follow them. But I'm asking you why you have to do better to make up for that rotten past with them.

CLIENT ANSWERS WITH TANGENTIAL RESPONSE

Orville: Well, it gets me further away from it. I've really been a bad son. My mom is still alive. I never stayed too much in contact with my dad. There would be like a couple years when I didn't talk to him. He died in '83. And it's sort of, it builds a distance between me and them.

Ellis: What builds a distance?

Orville: My, my, my hanging out with better people, that I feel are better people. They're not necessarily better people, but they have a...

Ellis: And therefore it helps you get away from them?

Orville: Yeah, it helps me forget certain things about when I was a kid.

THERAPIST REFOCUSES ON DISPUTING

Ellis: Well, but why couldn't you even remember them and not upset yourself, or forget them without getting a distance with good friends? And I'm not opposed to your getting good friends, but I still hear you saying—and I may be wrong, because I can be wrong—that “Because it's desirable to get away from my parents and to do better with people, I really have to, I really have to, I really have to.” And then you're going to get anxious, and then you're going to run into the alcohol...

Guiseppe: Al, you seem to be uncovering a lot of musts here in this particular client. First he starts off with the demand that he be sociable and find friends, and then he goes again off into the story of his parents, and that he must be close to them and he must not remember what goes on.

Ellis: And make up for them.

Guiseppe: And must make up for them and stuff like that, and all those kinds of things. But there seem to be so many different musts with this guy. How would you know where to focus? Which one do you think is most important? Which one do you think is most related to his disturbance and to his substance abuse?

Ellis: Well, I keep... In my mind, I have my own agenda, naturally. So I'm still mainly in my own mind, focusing on, one, his low frustration tolerance as I said before, and two, his self-downing. And most of those musts are not hostility, and they're not even low frustration tolerance. That's about his disturbance. That's a secondary disturbance. But they're mainly about him, that he should have been better as a child, not been...

Guiseppe: He should be a better child to his parents now in adulthood.

Ellis: That's right, you see. So you were right—there were a variety of them. But in REBT I usually say that there are only three basic musts: “I must do well,” “You must treat me well,” and “The world must treat me well.” And he's got number one here in several variations, as you were nicely pointing out.

Guiseppe: So you said that most of these do sort of fit together under that first major must.

Ellis: Yeah, and I know—I shouldn't say I know—I hypothesize that that's going to be his major disturbance problem and then he's going to have low frustration tolerance about his disturbance, which is going to drive him to the drink. So I'm for times on his disturbance problems when he gets on it, and then later I'll try to get back to his low frustration tolerance after he makes himself disturbed.

...And the marijuana and everything else, because I would like to get across one main point to you. That is, when any human—you, me, anybody—takes a desire, a preference, and makes it into a dire necessity—“I have to”—then since there's always a good chance they won't do what they have to, they get anxious. Now, do you think I'm right, that something like that has been going on with you for a long time, taking your desires, making them necessities, and thereby upsetting yourself?

Orville: It's close. I, I feel embarrassed about my past.

DISPUTES THE IRRATIONAL BELIEF

Ellis: I know, but there again, you're saying, “In the past, I should have had a better past, I must, I should.” And that, we call that—because you didn't have it—embarrassment, shame, humiliation. Now, if I can get you to say, “I wish to hell that I had had a better past, but fuck it! I didn't! Tough shit!” I don't think you'd feel embarrassed.

Orville: No, I wouldn't. I wish... I do say that at times, and then I always just drift back.

Ellis: But how often do you believe it?

Orville: Not very often.

SUGGESTS ALTERNATIVE RATIONAL BELIEF

Ellis: Ah. You see, now, if we could only get you to really believe, “Too bad that that happened, because that was rotten. And too bad right now that I screw up, don’t do as well as I’d like to. But it’s only a pain in the ass, it’s only too bad. It doesn’t mean I’m a rotten person if I screw up.” Now, why doesn’t it?

CHALLENGES THE RATIONAL BELIEF

That’s a key question which I ask lots of people. Let’s suppose you screw up, you do as rotten as your parents. Why are you never a rotten person?

Orville: Why am I never a rotten person?

Ellis: Yeah, no matter what you do.

Orville: That’s real hard because—

Ellis: Yeah, I know.

Orville: —that thought comes up all the time, that I am, and I can’t escape it.

Ellis: You are a rotten person.

Orville: Oh, I can’t escape it. There’s...

Ellis: All right, but I say you’re not. Now why am I right and you’re out of your fucking mind when you say you’re a rotten person? Why am I right?

Guiseppe: Now, you’ve been very active and directive here, and pretty much taking any issue that he brings up and sort of making the hypothesis that he’s turning it into a must, and turning it into a self-denigrating thought, self-condemning thought. And you were pretty persistent. Then right here when you said it, he comes back and says, “You’re right, I do say that, I do put myself down.” Did you have your doubts there that he was going to come around?

Ellis: I didn’t know, but I know from experience that most of the people I can, will come around. And that’s why I say, when I’m

accused, as I often am, by my critics, of putting things in people's mouths and giving them ideas, I don't think I exactly do that. I believe, I hypothesize that they have ideas, so I'm telling him that he's telling himself he's no good, and I say, "Isn't that so?" And then he sort of says, mildly, "Yes, it's so." And then I go on to why you're never a rotten person, and he sort of agrees, well, maybe he's not, but very lightly. Then I go right back to, "Now, how could you really, really believe that?" And as you see very clearly in this particular case and in most of my cases, maybe because I'm a good salesperson, he does finally come around to the notion that he does put himself down, that he doesn't have to, and a little later, that he could do otherwise. Now, I may give him those ideas first. But especially with a person like this, who, as you point out before, wanders all over the mulberry bush and evades, et cetera—he's really, in his own way, very defensive—if I don't zero in and keep at this, he's never going to come around to it on his own, and you can see he really hasn't.

Guiseppe: Another point—you've been very active in pointing out what you think his musts are, and then he, as I said, he comes on and says, "Yeah, boy, I really do think that." When you say, "Could you think that you're a good person?" and he says, "Oh, that would be too hard for me," what's your sense of the relationship between you and him at this point?

Ellis: Well, I really view myself as I usually do, mainly as a beneficent teacher. That's my view of what's going on. I'm trying to teach him—for his sake, not for mine—I'm a therapist, I like to do that—that he's doing himself in needlessly, then he doesn't have to, and if he followed a different plan—the rational emotive behavior therapy plan—he could not do that. But as a client, I'm very challenged. I think this is a great client because he thinks crookedly. I think he could do better. So I'm going to do my best to teach him how to help himself, though I'm a helper. I like helping people like him, and the more difficult they are, the more I like it, especially the addicts.

Guiseppe: So you were challenged by him. Even though you don't find him personally desirable, you're challenged by him, and you're defending him, too. You say, "Prove to me, why am I right that you're

not a worthless person?”

Ellis: Right. I’m defending him against his own nonsense.

Guiseppe: Right, okay.

Orville: You’re a leading authority and I’m just the guy that has to deal with myself.

Ellis: No, no, that’s not what I had in mind. I say nobody is a rotten person no matter what they do. Now why would that be true?

Orville: Well, we’re not rotten when we’re born, that’s for sure.

Ellis: That’s right, we’re just born. But why are we never rotten when we do rotten things? All of us—you no more than others probably do.

DISPUTING IRRATIONAL BELIEF

But why does doing a rotten thing never make us a rotten person? Why doesn’t it?

Orville: All I can think of is Anne Frank—deep down inside, people are generally good.

USES CLIENT’S METAPHOR TO SUPPORT RATIONAL THINKING

Ellis: All right, that’s one good answer. We’re humans, we do badly, but we’re never bad people, because if we were bad people we’d only and always do badly and be damnable, and Anne Frank said we’re never damnable.

Orville: Right.

Ellis: And I think she was right.

Orville: Oh, she absolutely was.

Ellis: Yeah, but what about you? Are you ever damnable when you screw up?

Orville: Yeah, I am.

Ellis: Why? I want evidence. I’m a scientist. Prove that you’re a no-goodnik when you act not well, not good. Prove that.

Orville: Well, sometimes I do it purpose.

Ellis: To be, to feel like a no-goodnik?

Orville: Just to be a real rotten son of a bitch and to, do enjoy the exhilaration of it.

Ellis: Yeah. Why is humiliation, downing, enjoyable? I could give a reason, but let's see if you can figure out why.

Orville: Well, geez. I like being depressed, and humiliating myself sometimes leads me to, the, the, the drugs and stuff that I take to relieve it. And even while I'm drinking or smoking—which I don't often do, and I've controlled this over the years—I will put on a Frank Sinatra album. And I love getting drunk to his Donna Costin music and that stuff with Nelson Riddle. You could sit and listen to it all the time.

CLIENT REVEALS SECONDARY GAIN OF DEPRESSION

There's a Lou Reed album, called Berlin, that's nothing but tragedy. By the end of the album you want to cut your wrists. There's just certain things that I like to see. I like to sit down and drink and see a movie which, which... like The Wild Bunch.

Ellis: Right.

EMOTIONAL UPSET IS AN EXCUSE FOR DRINKING

Orville: And it just, I just, I don't know. Being depressed is a very strong emotion, and it sometimes overpowers being happy. And of course I love being happy, and at times I don't want to be depressed. Who the hell in their right mind wants to stay depressed?

Ellis: And the drug will make you temporarily happy.

Orville: Yes, absolutely.

Ellis: Ah. So it covers up the depression, kicks it in the ass temporarily, and makes you even want to become depressed again, because then you've got a great reason for drinking, you see.

Orville: Yeah.

Ellis: There are two basic reasons for drinking. One is just damn

plain pleasure, and the answer to the question I asked you before, which we never answered, I think is that people love it, and they love the immediate effect, and they sink under the rugs, push under the rug the bad effect, because they need immediate gratification. But the other one is yours, because I think you have that first one, but it sounds to me—and I may be wrong again—like the second one, you really have, and that is that “If I am really a shit, if it’s shameful what I do—my past, my present—and I really want to get rid of it immediately, not feel like a shit except temporarily, to use it as an excuse. And as soon as I start drinking and drugging, I a) forget my shithood and b) have a fucking ball listening to the music or doing something like that.”

Orville: Absolutely, or standing next to someone whose problems sound worse than mine.

Guiseppe: He sort of presents himself as almost masochistically trying to get depressed on purpose.

Ellis: He almost sidetracked, and any analyst would get sidetracked for the next five years on his masochism. But I don’t get trapped.

Guiseppe: That’s right. You don’t get... But now, this is an interesting point. You say that there’s really two motivations in drinking. One is just the joy of getting high, which is a positive reinforcement, and the other one is to escape the discomfort, uncomfortable feelings, which would be sort of a negative reinforcement.

Ellis: Which is anti-masochistic.

Guiseppe: That’s right. But which one do you think he has here?

Ellis: Well, I think he has both.

Guiseppe: Both.

Ellis: I think he’s an FB—a fucking baby—who would drink even without the self-downing. But my guess is—and I keep on that, mainly—that he largely, like his father, puts himself down, so the greatest pleasure he gets is from the alcohol—and especially the pot, in his case, but he also uses alcohol to down the downing. But at the

same time, he's not so stupid. He realizes that if he puts himself down, he uses it as an excuse.

Guiseppe: To get high.

Ellis: Yeah, to get high. So he does an extra thing.

Guiseppe: So it's really combined, it really is two. It's sort of is to relieve the depression and the self-downing, and for the enjoyment of getting high. And he may put himself down just so he can have the enjoyment of getting high. So it's really both at the same time.

Ellis: Yeah, you see. He's really clever.

Orville: Absolutely, or standing next to someone whose problems sound worse than mine.

Ellis: That's right.

Orville: Most of the time, I'm lucky it is.

Ellis: Yeah. But you see, you're still copping out in the sense that... If that just worked and you had no ill effects, I'd say, do it—it's a good thing. It's like meditation or yoga distracts you from pain so you do it. They're pretty good at times. Biofeedback. But the trouble with the drinking and the drugging gets you into other later difficulties, doesn't it?

Orville: Well, sure. One thing, you can't afford it all the time.

Ellis: That's right.

REVIEWS NEGATIVE CONSEQUENCE OF DRUG ABUSE

Orville: I like, my preference is top shelf as far as alcohol. And I certainly don't like to get ripped off buying marijuana, even from a friend. You don't get, if one joint don't get three people high, I feel ripped off. And it's also finding other, you know, the sources to find it. The older I get, the less people want to sell to me, because, I don't know, they think I'm a cop or something like that. It's always finding new drug friends because the old ones you get tired of. They start pulling their shenanigans, you know. Everybody wants to skim off the top.

Ellis: But what do you, how do you feel later? You give into it—you maybe even brought on the depression, you naturally get depressed, then you give into it—then you have a high, et cetera. What subsequently do you think and feel about your having been weak and giving in? How do you feel about that?

ASSESSES IRRATIONAL BELIEF

Orville: Well, I get a little mad at myself, because, again, it doesn't show that I have the self-control. It's like tobacco and food.

Ellis: "As I should have."

Orville: Yeah.

Ellis: No. I'm saying, no, it would be nice if you had it, but there's no necessity. You don't have to have it. But you're making it a necessity, which is going to get you in trouble. Now, look at this very interesting phenomenon. I don't know if anybody ever pointed that out before to you, and maybe you did. One, you feel down, low—your parents, your rotten past, and your screwing up at times, overeating, things like that, in the present. So you feel bad, depressed. Two, you take the goddamn drugs and alcohol, so that cops you out—you feel okay about it temporarily. But three, you know in the long run it's weak, it doesn't do you any good, it increases your weight—the drinking and, not the pot, but the drinking will increase your weight. And then you put yourself down again. Now you go drink more, you drug more. You see, the two self-downing—the original one with your parents, and just you—you're saying, "I fucked up and I am a rotten fuckup," instead of "I am a fallible, screwed-up human who fucked up this time—too damn bad." And then you take the alcohol and then you beat yourself mercilessly, then you take more alcohol, more drugs, round and round. Now, if we could get you to go back to what I said a few minutes ago—never put you down as a human, just put some of your behavior down, it stinks but you're never a stinker—that would solve a great deal of your problems. You see what I mean?

Orville: I wish it was that easy. You're right about that.

Ellis: It's simple but it's not easy. Know why it's not easy? Because humans are born and reared with that tendency to say, "I did badly. I am a rotten, stinking, bad person." Which is horseshit.

Orville: Right.

Ellis: Because they're a person who did badly. That's not horseshit. But a bad person, as I said before, would only and always do badly and be damnable. The universe would damn him. Now do you think you're really damnable because you screw up and had a rotten family? Does that make you a damnable person?

Orville: Well, it's pretty hard. I don't believe in God. I don't think the universe can damn me. I just...

Ellis: But you can.

Orville: Yeah, and that's the worst part of it. It's something that's real hard. On top of food and drugs and alcohol, there's career things which, when they go up, I feel great. When they're gone, I...

Guiseppe: You sort of nicely pointed out the whole sequence of activating events, beliefs, behaviors, new activating events, the... secondary... He sort of has a secondary and a secondary problem. But it seems, at this point, the session is more focusing on the self-downing aspects of those irrational beliefs.

Ellis: Right, which right from the start I thought, and now I'm getting verified, or I'm finding it because I want to find it, that his main problem is self-downing, and the low frustration tolerance is about the horror of beating himself and feelings so badly. So I want to leave him—and I know this is a single session, I may never even see him again—I want to leave him, if nothing else, with the paramount idea that he is acceptable to him, unconditional self-acceptance—USA—whether or not he screws up originally with the pot, the alcohol, or any way. So I want to emphasize that strongly and try to get him at least to leave the session thinking about that.

Guiseppe: Okay.

Orville: ...feel I take it personally, and then I deserve it because I didn't try harder to keep it going.

Ellis: Well, I would like to see you try harder and say, "I screwed up, I did badly, and I did it. The alcohol didn't pour itself down my gullet, so I did it." But I would like to say, get you to think and really feel very strongly, "No matter what I do—it is often bad—I'm never a bad person. I'm a human, fallible being who screwed up and may screw up in the future because my fallibility." But if I'm a shit, how can a shit be deshitified and changed? Now, how could you, if you're a real shit, how can you change?

Orville: You don't.

Ellis: You can't. Now if I could get you to say, "I acted shittily, originally, even with the alcohol, with the marijuana. But I'm never a shit, I'm still a fallible fucked up human. Period. I accept me but not what I did," then you could work at doing it. But one of the reasons you depress yourself is because you're saying, "I deserved this. I screwed up, I'm a shit to begin with." And then you give the extra thing—"and it'll allow me to go drink and drug," you see.

Orville: Yes.

Ellis: So you've got two great incentives—that you're no good, which is false, and that the only way to get over the original downing and depression is to drink, drink, drink, temporarily. But that's all. Now, if I could get you to make a philosophic change in rational emotive behavior therapy, which is the form that I created years ago and still do, you would feel immensely better. You'd feel rotten about some of your behavior, but you'd stop damning you, stop feeling rotten about Orville.

Orville: Yeah.

Ellis: You see?

Orville: Because, you know, things don't... It's hard to... It doesn't change. I'm married. I lead a different lifestyle than I did years ago. And even when I mess up and screw up, like personality conflicts—it's not like the marriage is shaky, we're very devoted to each other, which I'm really happy to have found a person.

Ellis: Yeah. How long have you been married?

Orville: Only, well, we've known each other about seven, eight years, but we just got married in February. We decided to tie the knot. It's a, it's a healthy relationship that I'm in now. But even when I start getting mad at, like, her kids and stuff, I instigate it, and it's something, I just don't know, it's just, it's like a tug on my insides. I know when I'm saying it that I'm going to screw up and get everyone else mad at me, but there is a sense of exhilaration where I know it's, I feel it's the right thing and it's inevitable that I'm going...

Ellis: It's the right thing to criticize the kids? Is that what you mean?

Orville: Well, to get the upper hand.

Ellis: Oh. Well, but that's because...

Orville: Like the... And yes, to criticize.

Ellis: I have to maybe disagree a little.

Guisepppe: He seems to be going off on another story again, you see here. You were really focusing on disputing his self-condemnation. And you really made it, over-distinguished the idea that he could, would condemn and be disappointed with some of his behaviors. So you didn't let him off the hook, and again, as soon as you don't ride him and sort of direct him, he's off into this thing about feeling good at yelling at his stepchildren. So he's...

Ellis: Or feeling badly for doing it, as we go in. But you see, by, right from the start after three minutes with him, I said to myself, "He's a personality disorder. He's not a nice neurotic." Among other things, is you're right, you pointed out, he has ADDH in all probability. He's off. He flights.

Guisepppe: He's a flight of ideas. Yeah. He's a real attention deficit disorder.

Ellis: That's right. You see. And therefore he's a very difficult customer in therapy. And I even said it to myself after the first few minutes—you know, I don't know if I'm ever going to reach this guy or anybody's going to reach him. I have nothing to lose, so I'll try to get across a

point or two, and if or somebody else with rational emotive behavior therapy kept seeing him, maybe we'd get somewhere. Maybe. But he does, he's very difficult, and he has that flight of ideas.

Guisepppe: Do you think that you're more directive and more forceful and more talkative in this session, because he's so distractable and ready to go off, than you might be with someone who didn't have this problem?

Ellis: Very definitely. I think that people with personality disorders such as he, it's deadly to be non-directive or psychoanalytic, nondirective in that way, because you encourage their flight of ideas. So I'm going to keep him within certain parameters, drag him back when he goes off, or use his distraction to go back to one of the main points I'm trying to make.

Guisepppe: Or watching this, I keep thinking of analogy of you being a defensive basketball player. You're like, you're all over the guy. He can't make a step without you being there with him, and this is really a conscious maneuver on your point because you're thinking that if he, "if I don't stay with this guy, he's going to be off onto a different story—we're not getting anything done."

Ellis: Right, and if he were a nice neurotic, I would still be pretty directive and active, because in a brief time I want to get over a few points, but not like this. I sidetrack his sidetracking.

Guisepppe: Right.

Ellis: If shit, one way to temporarily deshitify yourself is to put the others down on the seesaw because they screw up and then you feel like a non-shit. But it really doesn't change you.

Orville: No, it doesn't.

Ellis: But it gives you that incentive. "They're shits right now, I'm noble and great compared to these shits."

Orville: Yeah.

Ellis: You see, it's temporarily. Then how do you feel later, having criticized?

Orville: I feel bad, but I never verbalize it because I was a teenager myself, and I was one of the worst. I mean, I didn't... I was a real son of a bitch. It's not like I went out and beat up people, but I certainly drank a lot. I did not listen to anybody. School, I was one of the biggest mess-ups.

Ellis: But do you see, some of the reasons for the drinking, again, because you felt so low about yourself and your whole family, et cetera, that that copped you out temporarily.

Orville: Yeah.

Ellis: But not permanently.

Orville: No, there's... Sheesh. That I can't explain, why these things come and go.

Ellis: Well, you think one thought one time, and you accept the sinner but not the sin at times, but then you go back to condemning the sinner, you.

Orville: Yes.

Ellis: Then you go right back into the depressed soup and the drinking.

Orville: I brood on it constantly. And things I've screwed up 10, 12 years ago. I had a previous marriage that I still cringe and I cannot get it out of my mind.

LINKS IRRATIONAL BELIEFS - ONE PROBLEM AREA TO ANOTHER PROBLEM AREA

Ellis: Because you're saying "It makes me a shit" instead of "I acted rottenly, badly, shittily—too bad—"

Orville: I did act rottenly, bad...

Ellis: "—I'm a fallible human." Yeah, you're shaking your head, but how can you believe, "I'm a fallible human who screwed up. Tough. Too bad"? How could you believe that?

Orville: Well, because I believe—I'm just going to this marriage, the first one—I believe I did it to get out of the marriage, and I don't know why. When things were happening, there was no rational reason for

it. And after a while, I started, I really made a mess of my life right around then. I was like 27, 28.

Ellis: So you began for rational reasons to get out of the marriage, but then you kept going.

Orville: Yeah, there was no stopping it. It was real ugly.

Ellis: No stopping when you mercilessly beat yourself. You get on a toboggan slide. Again, how could we get you to still knock down, condemn what you do at times but not condemn you, the person? How could we get you to work on that crucial notion?

Orville: I don't know. To admit it.

Ellis: To admit it. Admit you did badly. But I'm not a human, "I'm a fallible person, but I'm not a rotten human, nor is just about anybody." But then you'd have to go over it many times, because you were born with this tendency to rate and evaluate and damn you as well as your behavior, and you practiced it for many years. And every time you thought of not practicing, you drank, and that makes it worse. Because that will addle your brains, et cetera. Won't help it. So if we get you to see that one of the biggies, and I'm not saying it's the only thing wrong with you in your life, is self-damnation.

Orville: Yeah.

Ellis: Not criticizing what you do—that's good. That's fine. But damning yourself. And that you're a fallible human who never has to damn yourself for anything, no matter what you do. But you'd better damn the behavior. If it stinks, it stinks. But you're never a stinker, a human who always and only can do rotten things and is damnable. Now if we could get you to think that way and then also work on your immediate gratification—that "I need this goddamn stuff right now because I'll get temporary pleasure and I'll forget about the later pain"—those two things would be great. But they're hard work, because as I said, you were born with these tendencies, not with behavior, and you practice it for years, and then you cover it up with the alcohol.

Orville: You know, over the years, one of the things that really helped me get by was I liked to read. And I discovered through a lot, through

great dramatists like O'Neill and writers like Kurt Vonnegut and a couple of my favorites, this made me understand I wasn't the only fucked up person in the world.

Ellis: That's right. They were fine, they were outstanding artists, writers, and look how fucked up they were. You know Vonnegut's son is a schizophrenic.

Orville: Yes. Oh, absolutely. And the O'Neills, I mean—

Ellis: The whole family.

Orville: —the insanity of *A Long Day's Journey*, what they experienced.

Ellis: Now, why can't you accept O'Neill, accept Vonnegut, and accept you, Orville, are not what you do?

Orville: That's the hardest thing. I...

Guiseppe: Al, at this point, you seem to be sort of stuck in a mode here. You keep Socratically asking him, "What can we do to get you to accept yourself?" And he keeps going off and you teach him again and you Socratically do it. Do you feel stuck here? What's your, what do you experience?

Ellis: Not exactly. I deliberately went back to this again because I think he's stuck, and I'm not sure I'm going to get him over it. But I realize in terms of time that we're approaching the end, and again I want to try to get him to see that he is damning himself, he doesn't have to, and he can do otherwise. So I say, "Maybe I'm stuck. Maybe nothing'll ever happen. If it doesn't, it doesn't. I'm going to try to get that big, big point across that he never is a worm no matter how wormily he behaves."

Guiseppe: Are there other sort of techniques you could use in successive sessions with a guy like this to get him to accept himself?

Ellis: Oh, yes. After I did this whole thing I remembered that I didn't even give him a specific homework assignment except the reading—I, we gave him a book to read.

Guiseppe: Yeah, he likes to read so that would be a good assignment for him.

Ellis: Right, so that was okay. But I would have given him some practical assignment and gone over these things in different ways. Now I'm giving him, you might say, sort of classical REBT, where we get him to see what he's doing, contradict it, challenge it, see that he's not a worm, see that he can stand the pain of the depression and things like that. So, but I would use a whole variety of cognitive, emotive and behavioral techniques with him if I kept seeing him. But I want to make sure that this session, even if he were a regular one of my clients, that he takes something out of it that he may be able to use, and then we'll go over probably to other things, depending on how he manages to do with it in between the sessions.

Guiseppe: Okay.

Orville: I...

Ellis: But it's harder if you don't, because then you'll booze and take the pot, booze and take the pot, and...

Orville: Well, those are things I look, I look forward to. It's sometimes I don't know, I get tired of being too happy and looking through the rose-colored glass. I... it's really funny, this balance, everything going up and down. I don't want to be too happy because it's not real.

Ellis: That's true, but...

Orville: And I come back to the real me, which deep down inside, I was raised to think, like, "I'm a McCarter and McCarters are no good." This is what aunts have said, this is what my mother's family said.

Ellis: But why does a bright person like you believe it? So you were raised to think that way, that's correct. Now, you were gullible. You were a kid. Why do you still believe that horse shit?

Orville: Probably because I want to believe it.

Ellis: But why would you want to? Is it in order to drink?

Orville: Ah, you fit in, again, there's more screwed up people that feel that way.

Ellis: That's correct. They're drinking and drugging and doing every other damn thing.

Orville: You could talk about all the miserable things that happen to you as if they were a cartoon.

Ellis: My guess is that you really don't want to feel like a shit, except when you want to drink, but generally you don't. But it's very, very hard not to, and you'd have to work your butt off many times not to, and if I could induce you to do that, and you did it, you would feel remarkably better, even when you're fucked up.

Orville: You're absolutely right. Why I can't do it, or why I only do it...

Ellis: Why you don't. Don't use the word "can't." "I don't. I can but I don't because it's too damn hard to get going and stay going. It's easier to drink, to drug, to let myself be depressed."

Orville: You're absolutely right. It's like smiling and frowning. It's easier to frown.

Ellis: In the short run, it's easier. But in the long run it's harder. Well, we're not going to have any more time now, but I want you to think about this stuff. And preferably, we'll even give you a copy downstairs, read my book, *How to Stubbornly Refuse to Make Yourself Miserable About Anything, Yes, Anything*. And really work on that, especially the core of the self-downing, because I think that's at bottom of most—and I'm not saying all—of your problems. Now will you give that some thought?

Orville: Well, I certainly will.

Ellis: I just want to thank you for talking with me today about this, and I hope you'll thank you for working on it.

Guisepppe: At one point at the end here you said, you said, "Well, why do you believe what you were told as a child by your aunts and everything?" And he says, "Oh, because I want to." Again, you could say that masochism. Do you think he is saying that because he really

has a masochistic desire to hurt himself, or there's some other reason? It's almost like it's a way of deflecting your disputes.

Ellis: Both. That and I think he got that in some kind of therapy. It's some analytic therapy and I think he's had someone told him, "You're masochistic," and got him around and around that circle. So, because he does deflect.

Guiseppe: It seems to stop him. And when he says, "Oh, it must be that I want to," it's sort of a, it's a statement of a fact that sort of stops him from exploring and stops him from disputing.

Ellis: That's right. And in future sessions, I'd get right back to that so-called masochism and show him that even when people are masochistic, they get some pleasure, some joy, some good thing that they're getting from it.

Guiseppe: Which he does from getting high after he's depressed.

Ellis: That's right.

Guiseppe: That's right. Okay. That was great.

Produced by the Albert Ellis Institute.

Copyright © 1996, Albert Ellis Institute

DVD released by Psychotherapy.net, 2009

Earn Continuing Education Credits for Watching Videos

Psychotherapy.net offers continuing education credits for watching this and other training videos. It is a simple, economical way for psychotherapists—both instructors and viewers—to earn CE credits, and a wonderful opportunity to build on workshop and classroom learning experiences.

- Visit our **CE Credits** section at www.psychotherapy.net to register for courses and download supplementary reading material.
- After passing a brief online post-test you will receive your **Certificate of Completion** via email. Voila!
- **CE Approvals:** Psychotherapy.net is approved to offer CE courses for psychologists, counselors, social workers, addiction treatment specialists and other mental health professionals.
- **CE Available for your Organization:** Our CE courses can be used for staff training; contact us for details.

Psychotherapy.net also offers CE Credits for reading *online psychotherapy articles* and *in-depth interviews* with master psychotherapists and the leading thinkers of our times.

To find out more, visit our website, www.psychotherapy.net, and click on the *CE Credits link*. Check back often, as new courses are added frequently.

About the Contributors

VIDEO PARTICIPANTS

Albert Ellis, PhD (1913 – 2007), Featured Therapist, developed Rational Emotive Behavior Therapy in 1955, and is considered to be one of the originators of the cognitive paradigm shift in psychotherapy and one of the founders of Cognitive-Behavioral Therapy. He practiced psychotherapy, marriage and family counseling, and sex therapy for more than forty years.

Dr. Ellis was Adjunct Professor of Psychology at Rutgers University and United States International University; he served as Chief Psychologist of the New Jersey State Diagnostic Center and Chief Psychologist of the New Jersey Department of Institutions and Agencies; and was a Consultant in Clinical Psychology to the New York City Board of Education and to the Veterans Administration.

Some of his greatest published works include *A Guide to Rational Living*, *The Practice of Rational Emotive Behavior Therapy*, and *Overcoming Destructive Beliefs, Feelings, and Behaviors*.

MANUAL AUTHORS

Deb Hammels, MA, MFT, holds a master's degree in Chemistry from Stanford University, and a master's degree in Counseling Psychology from John F. Kennedy University. She practices therapy in both private practice and outpatient hospital settings. Her areas of speciality include depression and anxiety disorders.

Victor Yalom, PhD, President of Psychotherapy.net, is a practicing psychologist, and group and couples therapist, in San Francisco, CA. He also contributes therapy cartoons to Psychotherapy.net.

More Psychotherapy.net Videos

New videos are added frequently. Visit us at www.psychotherapy.net or call (800) 577-4762 for more information.

The Ackerman Institute	<i>Couples and Infertility</i>
	<i>Gender Differences in Depression</i>
Constance Ahrons	<i>Making Divorce Work</i>
Ellyn Bader & Dan Wile	<i>Couples Therapy: An Introduction</i>
Insoo Kim Berg	<i>"I'd hear laughter"</i>
	<i>Irreconcilable Differences</i>
Stephanie Brown	<i>Treating Alcoholism in Psychotherapy</i>
James Bugental	<i>Existential-Humanistic Psychotherapy in Action</i>
	<i>James Bugental: Live Case Consultation</i>
Tian Dayton	<i>Trauma and the Body</i>
	<i>Healing Childhood Abuse through Psychodrama</i>
George De Leon	<i>The Therapeutic Community</i>
Pamela Dunne	<i>Exploring Narradrama</i>
George J. DuPaul &	<i>Assessing ADHD in the Schools</i>
Gary Stoner	<i>Classroom Interventions for ADHD</i>
Bruce Ecker	<i>Down Every Year: A Demonstration of Depth</i>
	<i>Oriented Brief Therapy</i>
John Edwards	<i>Tools and Techniques for Family Therapy</i>
Albert Ellis	<i>Coping with the Suicide of a Loved One</i>
Stephen Feldman	<i>Legal and Ethical Issues for Mental Health</i>
	<i>Professionals</i>
Arthur Freeman	<i>Cognitive Therapy for Depression</i>
Linda Gask	<i>Suicide and Self-Harm</i>
The Glendon Association	<i>Invisible Child Abuse</i>
	<i>Sex, Love and Intimate Relationships</i>
	<i>Voices About Relationships</i>
	<i>Voices of Suicide</i>
Kenneth V. Hardy	<i>The Psychological Residuals of Slavery</i>
Susan Heitler	<i>The Angry Couple</i>
Karin Heller &	<i>Coming Out</i>
Bill Domonkos	
Harville Hendrix	<i>Harville Hendrix on the Healing Relationship</i>
Evan Imber-Black	<i>Family Secrets</i>
Arnold Lazarus	<i>Arnold Lazarus: Live Case Consultation</i>
Steve Lerner	<i>She's Leaving Me</i>
Ronald Levant	<i>Effective Psychotherapy with Men</i>

- Hanna Levenson** *Time-Limited Dynamic Psychotherapy*
Marco J. D. Maida *Jacob Levy Moreno: His Life and His Muses*
Rollo May *Rollo May on Existential Psychotherapy*
Monica McGoldrick *The Legacy of Unresolved Loss*
Donald Meichenbaum *Mixed Anxiety and Depression:*
Scott Miller *What Works in Psychotherapy*
Jacob Moreno *Moreno Movies*
Zerka T. Moreno *The Zerka T. Moreno Series*
Rod Mullen *Encounter Groups for Addictions*
Frank Ochberg *Explaining PTSD*
PTSD and Veterans
The Counting Method
George Papageorge *Connecting with Our Kids*
Erving Polster *Psychotherapy with the Unmotivated Patient*
Ron Scott (Producer) *Psychotherapy with Gay, Lesbian and Bisexual Clients*
Martin Seligman *Positive Psychology and Psychotherapy*
Lenore Walker *The Abused Woman*
Irvin Yalom *The Gift of Therapy*
Irvin Yalom: Live Case Consultation
Understanding Group Psychotherapy
Therapeutic Communities in Prisons
- Harry Wexler**
- COUPLES THERAPY WITH THE EXPERTS SERIES**
- Jon Carlson & Mary Arnold** *Culture-Sensitive Therapy*
Sue Johnson *Emotionally Focused Couples Therapy*
Pat Love *Imago Therapy*
Gus Napier *Experiential Therapy*
Richard Schwartz *Coules Therapy*
Internal Family Systems Therapy
- BRIEF THERAPY FOR ADDICTIONS SERIES**
- Bruce S. Liese** *Cognitive Therapy for Addictions*
G. Alan Marlatt *Harm Reduction Therapy for Addictions*
Barbara S. McCrady *Couples Therapy for Addictions*
William R. Miller *Motivational Interviewing*
John C. Norcross *Stages of Change for Addictions*
Robert E. Wubbolding *Reality Therapy for Addictions*
Joan Ellen Zweben *Integrating Therapy with 12-Step Programs*

CHILD THERAPY WITH THE EXPERTS SERIES

Jon Carlson	<i>Adlerian Parent Consultation</i>
Janet Sasson Edgette	<i>Adolescent Family Therapy</i>
Gerald Koocher	<i>Psychotherapy with Medically Ill Children</i>
Terry Kottman	<i>Adlerian Play Therapy</i>
Stephen Madigan	<i>Narrative Therapy with Children</i>
Bruce Masek	<i>Cognitive-Behavioral Child Therapy</i>
John J Murphy	<i>Solution-Focused Child Therapy</i>
Violet Oaklander	<i>Gestalt Therapy with Children</i>
David Scharff	<i>Object Relations Child Therapy</i>
Anin Utigaard	<i>Person-Centered Child Therapy</i>
Robert E. Wubbolding	<i>Reality Therapy with Children</i>

PSYCHOTHERAPY WITH THE EXPERTS SERIES

Inso Kim Berg	<i>Solution-Focused Therapy</i>
James Bugental	<i>Existential-Humanistic Psychotherapy</i>
Jon Carlson	<i>Adlerian Therapy</i>
Mary Goulding	<i>Transactional Analysis</i>
Kenneth V. Hardy	<i>Family Systems Therapy</i>
Allen Ivey	<i>Integrative Therapy</i>
Jeffrey Kottler	<i>Integrative Counseling</i>
John Krumboltz	<i>Cognitive-Behavioral Therapy</i>
Arnold Lazarus	<i>Multimodal Therapy</i>
Donald Meichenbaum	<i>Cognitive-Behavioral Therapy</i>
Natalie Rogers	<i>Person-Centered Expressive Arts Therapy</i>
Ernest Rossi	<i>Mind-Body Therapy</i>
Jill Savege Scharff	<i>Object Relations Therapy</i>
Lenore Walker	<i>Feminist Therapy</i>
Robert E. Wubbolding	<i>Reality Therapy</i>

