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Abstract

As a result of the many demands, as well as lack of time, school counselors need to work with an effective short-term theory. Rational Emotive Behavior Therapy (REBT) fits this description because the general goal of REBT is to attain positive mental health within the least amount of time and with minimal expenditure.

Because of its efficiency, and its applicability to individual, small group, classroom, and adults, school counselors should consider using REBT in the school setting. The preventative and self-help focus of REBT, and the teaching materials developed around this theory fit well into the school setting. By applying REBT principles with the whole school population, school counselors can affect the entire school atmosphere and perhaps home environments. In addition, school counselors should continue to look for ways to verify the efficacy of REBT. As Albert Ellis stated, "Our future is in education."

Applications of Rational Emotive Behavior Therapy in the School Setting

A Research Paper

Presented to

The Department of Educational Leadership,
Counseling, and Postsecondary Education
University of Northern Iowa

In Partial Fulfillment

of the Requirements for the Degree
Master of Arts in Education

by

Joanne M. Nelson

May 1997

This Research Paper by: Joanne M. Nelson

Entitled: APPLICATIONS OF RATIONAL EMOTIVE BEHAVIOR
THERAPY IN THE SCHOOL SETTING

has been approved as meeting the research paper requirements for the
Degree of Master of Arts in Education.

3-14-97

Date Approved

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3-14-97

Date Approved

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3.25.97

Date Received

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Because school counselors are frequently assigned duties that are not related to counseling, they have little time to counsel. According to Baker (1995), a shortage of time and too many noncounseling assignments have plagued school counselors for years. Murray (1995) echoed this sentiment by noting that the duties and tasks of the guidance counselor have multiplied, and counselors now seem to be involved with nearly every aspect of the school operation.

As a result of the many demands, as well as lack of time, school counselors need to work with an effective short-term theory. Rational Emotive Behavior Therapy (REBT) fits this description because the general goal of REBT is to attain positive mental health within the least amount of time and with minimal expenditure (Hooper & Layne, 1985). In addition, REBT can be used to remediate problems or prevent them through the application of Rational Emotive Education (REE).

According to Patton (1995), counseling frequently occurs in response to an emergency or crisis, but school counselors can change this trend by targeting healthy, normal children, as well as "at-risk" children, for prevention (Vernon, 1990). School counselors have the opportunity to present preventative mental health concepts to many students. Unlike many mental health counselors, school counselors do not have to wait for clients to come to them, and REE is one way to introduce preventative concepts. Vernon (1990) described REE as a self-help approach which is educative in nature and is a viable system for

comprehensive prevention. Kachman and Mazer (1990) noted that REE is a mental health prevention program particularly suited to a school-oriented approach.

Although school counselors often consider students as the primary population they should serve, schools actually have several populations which can benefit from rational thinking. According to Ellis (1993), REBT is widely applied in educational settings from nursery school to graduate school and adult education. DiGiuseppe and Bernard (1990) noted specific uses of REBT in the school setting as brief and crisis counseling with children and adolescents; mental health consultation with teachers, special educators, and other school employees; consultation with teachers to increase their ability to effectively teach students; consultation with supervisory personnel to increase their effectiveness with teachers and other employees; and consultation to provide system-wide intervention.

In support of the application of REBT with children, Lamarine (1990) stated that to avoid a society that feeds on irrational thoughts, parents and teachers should help children recognize illogical ideas and values in their thinking. In order to do this, parents and teachers need to be trained in rational thinking. If parents and teachers were taught REBT, maybe they could teach children to help themselves with rational thinking, as experience has shown that REBT thinking skills can be modeled for children of any age (Vernon, 1989).

While it seems important for parents and teachers to use rational thinking to help children, they may also use rational thinking to help themselves. For example, parents might use REBT to influence their child rearing, because parents often have irrational beliefs that can interfere with effective parenting (Vernon & Al-Mabuk, 1995). In addition, teachers might benefit from training in rational thinking, as many teachers are high achievers with high expectations and strong work ethics, and may have formulated their own irrational beliefs. This sentiment was expressed by Braucht and Weime (1992) who noted that teaching is often a thankless job, and frequently teachers struggle to maintain their own self-esteem.

The purpose of this paper is to review the major concepts of REBT and its educative curriculum, REE. In this paper, applications of REBT and REE in the school setting, and recent research on REBT and REE, will be reviewed. Finally, implications for school counselors will be discussed.

Basic Tenets of Rational Emotive Behavior Therapy

REBT theorists believe that an event does not create a feeling, but that what a person believes about what happened affects how he or she feels about what happened. A person's beliefs may be rational and/or irrational. According to Ellis (1993), humans have two tendencies related to rational and irrational beliefs: to make themselves disturbed and dysfunctional, or to actualize themselves as healthier and less disturbed.

The tendency to create irrational beliefs may have been encouraged by nature or nurture. Regardless of the original influence, irrational beliefs cause emotional problems, and REBT theorists work to help clients dispute their irrational beliefs.

REBT theorists also believe in personal responsibility, a present focus, and an action focus (Mahoney, 1995). "REBT adopts the philosophy that one learns to change the things which can be changed, one accepts the things which cannot be changed, and one develops the wisdom to tell the difference" (DiGiuseppe & Bernard, 1990, p. 282).

ABC Theory of Personality

An important belief of REBT theorists is that cognitions, emotions, and behaviors interact with and include each other (Ellis, 1993). REBT theorists explain this by the ABC theory of personality. The letter A stands for the actual event that happened to the person. The "B" represents what the individual believes about the event. The letter C stands for the consequence, or the feeling that results from what the person believes about what happened. Also included are the letters D, E, and F. The "D" stands for the disputation of the person's irrational thoughts. The letter E stands for new cognitive, emotive, and behavioral effects, and the "F" represents the new feeling of the person after disputation. Simply stated, how a person thinks (B) about what happened (A) affects how he or she feels (C). For change to occur, REBT theorists target the belief system (B) because they believe that emotional

problems are the result of one's beliefs and need to be challenged (Corey, 1991). Through this process, REBT theorists help people understand their unrealistic inferences and demands (Ellis, 1993).

Irrational Beliefs

REBT theorists propose that a person's belief system consists of rational and/or irrational beliefs, with the irrational beliefs creating emotional disturbance. They believe that many problems children and adults experience are based on misperceptions of reality and are fueled by irrational belief systems (Lamarine, 1990). In 1995, Ellis stated that most emotional disturbance is related to antiscientific, inflexible, absolutist thinking, and the main elements of mental health are flexibility, open mindedness, and alternative-thinking.

Ellis (1995) identified three main irrational beliefs: self-downing, demanding, and low frustration tolerance. Self-downing occurs when people think they must win other's approval and if they do not, they are inadequate. Demanding involves expecting others to always be nice and fair, or they are rotten, horrible people. Low frustration tolerance implies that life must be comfortable and most things should come easily.

Several problems can be created by irrational beliefs. For example, people can become upset about being irrational. This is described by REBT theorists as secondary disturbance (DiGiuseppe & Bernard, 1990). Another problem is that when people make irrational demands on themselves and others, they also construct unrealistic

misperceptions and inferences (Ellis, 1993). In addition, disturbed thoughts, feelings, and actions become habitual (Ellis, 1993).

Origination of Irrational Beliefs

According to Ellis (1993), irrational beliefs originate from nature as well as nurture. Ellis maintained that humans largely learn their goals and preferences from their families and feel frustrated and disappointed when they personally fail to meet these expectations. Not only do children usually conceive their goals through their families, but they learn the skills to obtain these goals from their families. As DiGiuseppe and Bernard (1990) noted, once goals are developed, children learn skills from their parents, schools, and culture to achieve their goals.

While it seems that REBT therapists strongly believe in the nurture aspect of developing irrational beliefs, they also recognize that nature plays a part. Ellis (1993) stated that people are often biologically predisposed to construct and hold on to their irrational beliefs. However, even if the effects of both nature and nurture are recognized as contributing to the formulation of irrational beliefs, searching for the origins of irrational beliefs is not important because they may have created the beliefs themselves (DiGiuseppe & Bernard, 1990).

Disputation

Disputing involves replacing irrational beliefs with rational beliefs because when self-defeating thoughts are eliminated, less disturbing emotions result (Vernon, 1989). REBT theorists use disputation because

they believe that non-disturbed, appropriate emotions lead to functional behavior, and disturbed, inappropriate emotions lead to dysfunctional, self-defeating behavior (DiGiuseppe & Bernard, 1990). Consequently, REBT theorists maintain that disputing irrational beliefs and replacing them with rational beliefs is the first goal of intervention (DiGiuseppe & Bernard, 1990).

Efficiency

According to the literature, fewer counseling sessions are required because REBT is an active, directive, time-limited, structured approach used to treat various disorders such as depression, anxiety, and phobias (Corey, 1991). Ellis (1995) noted that REBT is designed to get at clients' fundamental problems rapidly and show them, in a few sessions, how to start working on these problems. Weinrach, Ellis, DiGiuseppe, Bernard, Dryden, Kassino, Morris, Vernon, and Wolfe (1995) maintained that REBT is the most effective brief-therapy model because it quickly gets to what maintains the emotional disturbance.

Educative

REBT has been described as a psychoeducational, self-help, educative therapy (Ellis, 1993; Vernon, 1989). Engels, Garnefski, and Dijkstra (1993) noted that REBT is distinguished because of its goal of helping the client achieve a new philosophical outlook, and Walen, DiGiuseppe, and Wessler (1992) noted that REBT uses an educational approach and encourages the patient to do homework assignments to

transfer learning into living. Grieger (1995) cited two goals of REBT: to change the presenting problem, and to teach the client the skills of REBT so a client can handle future problems without the therapist. An important tenet of REBT is to help the client as well as to teach the client to help himself or herself.

Applications of REBT Within the School Setting

Rational-emotive behavior therapy concepts can be incorporated into individual and small group counseling and classroom guidance (Bernard & Joyce, 1984, as cited in Vernon, 1989), as well as with teachers and parents.

Individual Counseling

According to the literature, REBT theorists encourage its use with students in individual counseling. REBT has been applied to brief and crisis counseling of children and adolescents, and emotional disorders of children (Bernard & Joyce, 1984; Ellis & Bernard, 1983, as cited in DiGiuseppe & Bernard, 1990). Age is not a factor when using REBT to work with children's current problems individually or in small groups, as long as ideas are presented at their conceptual level and will involve them as active participants (Lamarine, 1990). REBT should be used with children who consistently demonstrate inappropriate emotional reactions with a high degree of intensity for long periods of time (Bernard & Joyce, 1984).

Ellis and Bernard (1983) explained that the goal of REBT with children in individual counseling is to help them take control of their feelings through rational thinking and problem solving. This can be accomplished in individual sessions, where children learn to become aware of their emotions and how to express them, learn the difference between thoughts and feelings, and practice rational self-statements. During these sessions, older students are taught the ABCs of REBT, characteristics of rational versus irrational beliefs, and disputation. REBT techniques have been successful when a client can solve emotional and practical problems.

The implementation of REBT occurs in four stages with considerable overlap of these stages during counseling. The first stage is rapport building in which the counselor should be personable, honest, and not bombard the client with questions. The second stage is assessment, which is ongoing and may include emotional scales, emotional flashcards, hand puppets, emotional vocabulary building, thought bubbles, sentence completion, think-aloud approaches, instant replay, and guided imagery. During the third stage of skill acquisition, emotional and practical problem solving skills should be taught. Finally, the last stage of practice and application should happen at home and school to encourage generalization (Bernard & Joyce, 1984; DiGiuseppe & Bernard, 1983).

REBT can be used to address many childhood problems.

According to Ellis and Bernard (1983), REBT can be used with children to address conduct disorders, low frustration tolerance, impulsivity, academic underachievement, anxieties, fears, phobias, social isolation, obesity, and sexuality. Bernard and Joyce (1984) described specific uses of REBT with children experiencing depression, low self-esteem, anxiety, fear, phobia, anger, guilt, jealousy, lying, tattling, cheating, stealing, bullying, vandalism, and underachievement. Vernon (1989) described REBT assessment and interventions to use with students in individual sessions.

The author of this paper did not find recent research on REBT with individual child clients. In a study by Burnett (1995), the researcher administered scales on irrational beliefs, self-esteem, and depressive symptoms to 965 elementary children in the 3rd through 7th grades. The results established a relationship between irrational beliefs, self-esteem, and depressive symptoms in children, suggesting that depressive symptoms may be reduced through enhancement of self-esteem and challenging irrational beliefs. It is important to note that the results of this study are not generalizable to a clinical population, and the measurement scales used were relatively new.

Bernard and Joyce (1984) published a list of eighteen studies on REBT and REE conducted from 1972-1982. They concluded that it was very difficult to make generalizations about the effectiveness of REBT and

REE from these studies. They did find that REBT can be taught in the form of REE as curriculum to children of all ages and can be applied with children experiencing anxiety and low self-esteem. They noted that research should be conducted by more experienced practitioners, and there is not enough research to determine optimum client-treatment matches.

Further research needs to be conducted to validate the effectiveness of REBT. Because clients in these studies tended to be YAVIS (young, attractive, verbal, intelligent, social) type (Garnefski & others, 1993), a representative population sample has not been tested. Other problem areas with REBT research were identified by Haaga and Davison (1989) as conceptual ambiguity, failure to use optimal research methods, and underinvestigation of distinctive REBT claims.

Future research on the effectiveness of REBT should address which particular client receives the greatest benefits from this theory (Engels, Garnefski, & Diekstra, 1993). In addition, REBT should test effectiveness in routine practice, measure clinical significance, and identify patients most likely to profit from it (Solomon & Haaga, 1995). Another suggestion is that treatment manuals, competent assessments, and studies of specific tactics in particular circumstances be developed for REBT (Haaga & Davison, 1993).

Group Counseling

Rational Emotive Group Counseling (REGC) is used to address existing problems and teach rational thinking and problem solving skills (Bernard & Joyce, 1984). According to Elkin (1983) the goal of REGC is to teach rational emotional skills, problem-solving and self-instructional skills, and interpersonal behavioral skills. Bernard and Joyce (1984) recommended that REGC should consist of 4-6 members with an age range of no more than two years. Groups for younger students generally last 20-30 minutes and 45-60 minutes for older students.

Vernon (1989) described rational-emotive group counseling as problem-centered or preventative. In problem-centered REGC, members raise their current concerns and are taught to apply REBT principles to problem solve. Problem-centered groups focus on the ABC's of REBT, disputational skills, and problem solving strategies. Elkin (1983) noted that REGC is problem focused with members having a common presenting problem, or a mixed group with members having a variety of presenting problems. Problem focused groups are more specific because they are planned around a common concern, while mixed groups offer a better opportunity for members to learn positive behaviors from each other. The group size depends on age and population, while the length of sessions depends on age. Groups may be ongoing or time-limited, and should meet once or twice a week or more. Sessions should be made fun by incorporating games.

In contrast, preventative REGC occurs in groups of 6-10 students, and the focus is on application of REBT principles to children's normal developmental difficulties. Preventative REGC sessions are structured around an activity with a specific objective, and children share ways they can apply concepts to their own lives. This type of group meets for six to eight sessions, and REE curriculums are used in this setting. Prevention groups may focus on feelings, perfectionism, self-acceptance, interpersonal relationships, dealing with frustration, and problem solving strategies (Vernon, 1989).

The author of this paper did not locate current research on REGC with school populations. Given the lack of research on the effectiveness of REGC with children, it appears that more studies should be conducted.

Classroom

REBT can also be presented in the classroom through REE which is an in-depth preventative approach and an effective "self-help" strategy (Vernon, 1990). REE increases rationality and adaptive emotions and behaviors, and decreases maladaptive emotions and behavior (Kachman & Mazer, 1990). REE is easy to use, as the principles can be systematically incorporated into a classroom or small-group setting because of its educational nature (Vernon, 1989).

The goals and objectives of REE programs have been described in different ways. According to Voelm, Cameron, Brown, and Gibson (1984), REE programs consist of lessons designed to help children

improve communication skills, accept themselves, and deal with worries and problems. Vernon (1989) noted that the goal of these lessons is to teach principles of rational thinking and apply the concepts to common concerns and issues of children. These goals and objectives are reached by addressing the categories of self-acceptance, understanding feelings, examining personal beliefs, and identifying rational and irrational beliefs (Lamarine, 1990; Vernon, 1990).

It appears that REE may be implemented in various ways. In 1990, Vernon suggested that REE is a systematic curriculum for emotional education in which sequential lessons are presented to children at the primary and secondary levels. In addition, REE can include relating everyday problems to rational concepts, and integrating concepts into various subjects (Lamarine, 1990). Gossette and O'Brien (1993) described REE as typically consisting of lectures and discussions with groups of children for about an hour per week for 2-12 weeks.

According to the literature, most research with REBT in the school setting has focused on REE presented as classroom curriculum. Studies of REE with middle school students produced mixed results. Research studies conducted on REE programs at the high school level revealed positive results. Results of these studies are described below.

Laconte, Shaw, and Dunn (1993) conducted a study with 23 middle school students who were at high risk for dropping out, learning disabled, and emotionally disturbed. The experimental group was

exposed to REE for 45 minutes a week for 15 weeks. In the end, they found no significant differences between groups on self-concept and grades. There were several weaknesses in this study: the implementation may not have been long enough, the characteristics of the student group, a small sample size, and a posttest only design.

Hooper and Layne (1985) conducted a study with 653 males and 671 females that were in the 5th, 6th, and 7th grades. The experimental group received 1 hour of REE a week for 6 weeks, and the control group received no intervention program. The Common Belief Inventory for Students was used as a pretest and a posttest to measure rational thinking. The students who participated in the REE program scored in a more rational thinking direction than the nontreatment group. The researchers speculated that a longer intervention time and fewer subjects would have increased the effectiveness of REE. They also mentioned that follow-up studies are needed to determine the long-term effects of REE.

In 1993, Weaver and Matthews studied 70 at-risk 9th grade students, who were predominately African American. The experimental group received REE twice weekly for 14 weeks for 50 minutes, and the control group continued with their usual activities. The students who participated in the program showed improvements in self-concept, self-management, and academic achievement, as measured by the Piers-Harris Children's Self-Concept Scale, discipline referrals, and school

grades in core subjects. It is important to note that the Hawthorne effect may have affected this study, and the experimental group was predominately African American, which limits the generalizability.

In another study (Kachman & Mazer, 1990), REE was taught twice weekly, for six weeks, to 109 11th and 12th grade students in an experimental group. Aggressive defenses were decreased, and adaptive defenses increased and continued ten weeks after treatment. Rationality did not increase significantly, and the oldest students in the study responded best to the treatment. The Rational Behavior Inventory, the Defense Mechanism Inventory, the Eysenck Personality Inventory, academic effort grades, number of detentions, and grade point averages were used as measurements. The sensitivity of the instruments was questionable, the instruction may have been too brief, and the sample population was from a private, parochial school and may have been already well-adjusted (Kachman & Mazer, 1990).

Omizo, Grace Lo, and Williams (1986) tested the effects of an REE program on LD adolescent's self-concept and locus of control. Sixty LD, high school, adolescents, from lower to upper-middle socioeconomic groups were divided into control and experimental groups. The experimental group received 2 REE lessons each week for 6 weeks, and the control group watched National Geographic films. The Dimensions of Self-Concept scale and the Rotter Internal-External scale were used as pretest and posttest measures. REE intervention was effective in helping

the subjects enhance self-concept and develop an internal locus of control. Recommendations for further study included using follow-up studies to determine long-term effects of REE, a longer treatment period, a larger sample size, and studying other special populations.

In 1990, DiGiuseppe and Bernard conducted a brief review of the research on REE. They found that REE had the greatest effect on changing irrationality and a lesser effect on emotional and behavior changes. This conclusion was drawn from the review of 20 studies.

All studies have not supported the use of REE. In 1993, Gossette and O'Brien reviewed 33 unpublished dissertations and 4 published reports. They found that REBT, which was presented in the form of REE, was effective 25% of the time in comparison with wait-list, placebo, and human relations training. As a result, they concluded that there was little justification for continued use of REBT in schools. It is important to note that the majority of reports used for this study were unpublished works. Using unpublished reports might have produced a less valid study.

Teachers, Support Staff, and Parents

An important role for school counselors in the implementation of REBT is consultation with parents, teachers, and support staff. Teachers can be taught skills and knowledge which they can then use to try to minimize problems of children (Vernon, 1990). Through consultation, adults can be taught to recognize their own irrational thinking which results in emotional distress (Vernon, 1995). When emotional distress of

the adult is reduced, his or her ability to think, solve children's problems, and foster children's development increases (DiGiuseppe & Bernard, 1990). Consultation based on REBT can be introduced through books, audio and videocassettes, lectures, workshops, and other mass media presentations (Ellis, 1993), as well as in one-to-one sessions with adult clients.

The goals of individual consultation with parents include: helping them recognize goals of families, working on the family relationship and child management skills, teaching them the ABCs of emotions to help them overcome their own problems, teaching them how to calm themselves, and teaching them the ABCs of childhood emotions so they can help their children (Bernard & Joyce, 1984). The goals of parent education programs, which are very similar to the goals of individual consultation, are to teach child management skills, to teach rational-emotive skills, and to teach emotional responsibility (Bernard & Joyce, 1984). It is also important for counselors to provide parents with information on normal child & adolescent development (Vernon & Al-Mabuk, 1995).

Consultation can occur with an individual or in teacher or parent educational group sessions (Dougherty, 1995; Vernon & Al-Mabuk, 1995). Bernard and Joyce (1984) use a four-step consultation model of relationship building, problem identification and analysis, skill building, and practice and application when working with parents. Parent groups

may address topics such as understanding your child, emotional stress in bringing up children, disciplining children, teaching your child self-acceptance, coping in a crisis, and children's behavior. Teacher groups focus on REBT and REE, ABCs of emotion, self-analysis, beliefs of teachers, overcoming anxiety, overcoming depression, overcoming anger, ABCs of childhood emotions, beliefs of children, and understanding childhood problems. These parent and teacher groups should have 10-15 participants and meet for two hours or less, once a week, for eight sessions.

REBT theorists have developed rational-emotive materials on various subjects for use with teachers and parents. McInerney (1984), applied REBT to problems experienced by parents of exceptional children. Vernon (1990) encouraged school psychologists to teach REBT concepts to teachers for use with children by developing a six hour workshop for school psychologists to present to teachers or other school personnel. In 1992, Brauct and Weime addressed a school morale problem through consultation with teachers through an inservice program based on REBT. Also, Vernon (1995) described applications of REBT to address the issues of stress, burnout, and workaholism with helping professionals.

While REBT theorists use consultation often, research on REBT with adult populations in the school setting is not available. REBT

theorists acknowledge this lack of research with school personnel and realize this area needs to be addressed in future studies.

Implications for School Counselors

When a school counselor considers using REBT in the school system, the element of time must come to mind. Most likely, school counselors will never be allowed large amounts of time to work with individual clients, and a school counselor can not allow clients to depend only on him or her for support. Consequently, a theory that gets to the problem quickly and teaches clients how to help themselves is the only reasonable choice. As can be seen from the information presented, REBT addresses these conditions.

It stands to reason that prevention is cheaper than remediation. The school counselor has access to all students and school personnel and can teach preventative mental health concepts and self-help strategies to them. Because REBT focuses on prevention and provides the materials to implement preventative curriculum, it is an excellent tool for school counselors.

Obviously, the school system involves many people other than the students. While the focus of the school should always be what is best for the students, the mental health of all people involved with the school does impact the students. Taking this into account, school counselors should seriously consider using REBT to help and teach all people associated with the school.

It appears that REBT is applicable for all aspects of a school counselor's job. Individual, small group, classroom guidance, and consultation issues can all be addressed through REBT. Eventually, use in one area should facilitate development in the other areas, making the counseling program more effective and efficient.

When considering using REBT, school counselors should be aware of the lack of research concerning its use with school populations. Continuing to review the research, and watching for issues concerning REBT and the school population should be of utmost importance to school counselors. Conducting their own research on their job sites is also a consideration for school counselors. Moreover, school counselors who believe in REBT need to find ways of supporting the efficacy of their theory.

Conclusion

Because of its efficiency, and its applicability to individual, small group, classroom, and adults, school counselors should consider using REBT in the school setting. The preventative and self-help focus of REBT, and the teaching materials developed around this theory fit well into the school setting. By applying REBT principles with the whole school population, school counselors can affect the entire school atmosphere and perhaps home environments. In addition, school

counselors should continue to look for ways to verify the efficacy of REBT. As Albert Ellis stated, "Our future is in education" (Weinrach et al., 1995, p. 423).

References

- Baker, S. (1995). The challenge to be versatile. The School Counselor, 43 (1), 3-4.
- Bernard, M., & Joyce, M. (1984). Rational-emotive therapy with children and adolescents. New York: John Wiley & Sons.
- Braucht, S., & Weime, B. (1992). The school counselor as consultant on self-esteem: An example. Elementary School Guidance & Counseling, 26 (3), 229-236.
- Burnett, P. (1995). Irrational beliefs and self-esteem: Predictors of depressive symptoms in children? Journal of Rational-Emotive & Cognitive-Behavior Therapy, 13 (3), 193-202.
- Corey, G. (1991). Manual for theory and practice of counseling and psychotherapy (5th ed.). Pacific Grove, CA: Brooks/Cole.
- DiGiuseppe, R., & Bernard, M. (1990). The application of rational-emotive theory and therapy to school-aged children. School Psychology Review, 19 (3), 268-286.
- DiGiuseppe, R., & Bernard, M. (1983). Principles of assessment and methods of treatment with children: Special considerations. In A. Ellis & M. Bernard (Eds.), Rational-emotive approaches to the problems of childhood (pp. 45-88). New York: Plenum Press.
- Dougherty, A. (1995). Consultation: Practice and perspectives in school and community settings. Pacific Grove, CA: Brooks/Cole.

Dryden, W. (1995). Rational emotive behaviour therapy.

Thousand Oaks, CA: SAGE.

Elkin, A. (1983). Working with children in groups. In A. Ellis & M. Bernard (Eds.), Rational-emotive Approaches to the problems of childhood (pp. 485-508). New York: Plenum Press

Ellis, A. (1993). Reflections on rational-emotive therapy. Journal of Consulting and Clinical Psychology, 61 (2), 199-210.

Ellis, A. (1995). Fundamentals of rational emotive behavior therapy for the 1990s. In W. Dryden (Ed.), Rational emotive behaviour therapy (pp. 1-30). Thousand Oaks, CA: SAGE.

Ellis, A., & Bernard, M. (1983). An overview of rational-emotive approaches to the problems of childhood. In A. Ellis & M. Bernard (Eds.), Rational-emotive approaches to the problems of childhood (pp. 3-44). New York: Plenum Press.

Engels, G., Garnefski, N., & Diekstra, R. (1993). Efficacy of rational-emotive therapy: A quantitative analysis. Journal of Consulting and Clinical Psychology, 61 (6), 1083-1090.

Gossette, R., & O'Brien, R. (1993). Efficacy of rational emotive therapy (REBT) with children: A critical re-appraisal. Journal of Behavioral Therapy & Experimental Psychiatry, 24 (1), 15-25.

Grieger, R. (1995). A client's guide to rational-emotive therapy. In W. Dryden (Ed.), Rational emotive behaviour therapy (pp. 53-72). Thousand Oaks, CA: SAGE.

Haaga, D., & Davison, G. (1989). Slow progress in rational-emotive therapy outcome research: Etiology and treatment. Cognitive Therapy and Research, 13 (5), 493-508.

Haaga, D., & Davison, G. (1993). An appraisal of rational-emotive therapy. Journal of Consulting and Clinical Psychology, 61 (2), 215-220.

Hooper, S., & Layne, C. (1985). Rational emotive education as a short-term primary prevention technique. A Journal for Remedial Education and Counseling, 1, 264-269.

Kachman, D., & Mazer, G. (1990). Effects of rational emotive education on the rationality, neuroticism and defense mechanisms of adolescents. Adolescence, 25 (97), 131-144.

Laconte, M., Shaw, D., & Dunn, I. (1993). The effects of a rational-emotive affective education program for high-risk middle school students. Psychology in the Schools, 30 (3), 274-281.

Lamarine, R. (1990). Teaching children to think rationally. Journal of Instructional Psychology, 17 (2), 75-80.

Mahoney, M. (1995). Reflections on the continuing evolution of rational-emotive therapy. Journal of Rational-Emotive & Cognitive-Behavior Therapy, 13 (3), 171-177.

Murray, B. (1995). Validating the role of the school counselor. The School Counselor, 43 (1), 5-9.

Omizo, M., Grace Lo, F., & Williams, R. (1986). Rational-emotive education, self-concept, and locus of control among learning-disabled students. Journal of Humanistic Education and Development, 25 (2), 58-69.

Patton, P. (1995). Rational behavior skills: A teaching sequence for students with emotional disabilities. The School Counselor, 43 (2), 133-141.

Solomon, S., & Haaga, D. (1995). Rational emotive behavior therapy research: What we know and what we need to know. Journal of Rational-Emotive & Cognitive-Behavior Therapy, 13 (3), 179-191.

Vernon, A. (1989). Assessment and treatment of childhood problems: Applications of rational-emotive therapy. Counseling and Human Development, 22 (4), 1-12.

Vernon, A. (1990). The school psychologist's role in preventative education: Applications of rational-emotive education. School Psychology Review, 19 (3), 322-330.

Vernon, A. (1995). Stress, burnout, and workaholism: Counseling approaches and prevention strategies. Counseling and Human Development, 28 (4), 1-12.

Vernon, A., & Al-Mabuk, R. (1995). What growing up is all about. Champaign, IL: Research Press.

Voelm, C., Cameron, W., Brown, R., & Gibson, S. (1984). The efficacy of rational emotive education for acting-out and socially withdrawn adolescents. Paper presented at the annual meeting of the American Educational Research Association, New Orleans, LA.

Walen, S., DiGiuseppe, R., & Wessler, R. (1992). A practitioner's guide to rational-emotive therapy (2nd ed.). New York: Oxford University Press.

Weaver, M., & Matthews, D. (1993). The effects of a program to build the self-esteem of at-risk students. Journal of Humanistic Education and Development, 31 (4), 181-188.

Weinrach, S., Ellis, A., DiGiuseppe, R., Bernard, M., Dryden, W., Kassinove, H., Morris, G., Vernon, A., & Wolfe, J. (1995). Rational emotive behavior therapy after Ellis: Predictions for the future. Journal of Mental Health Counseling, 17 (4), 413-427.

Zionts, P. (1983). The rational-emotional approach. The Pointer, 27 (3), 13-17.