

**RATIONAL EMOTIVE BEHAVIOR THERAPY:
IT'S EFFECTIVENESS WITH CHILDREN**

by

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ABSTRACT

This study will critically analyze published research on the effectiveness of Rational Emotive Education (REE), the educational derivative of Rational Emotive Behavior Therapy (REBT), with children. It will look at the history of societal views of children to examine how childhood mental health developed into a researched issue. REBT will be explained by looking at its historical development and unique components. Focus will then shift to how REBT can be applied to children. The role parents play in the development of children's irrational beliefs and four strategies to uncover these irrational beliefs will be explained. The necessary developmental level of children before REBT can be successfully used will be discussed along with specific techniques developed to help children grasp its concepts. REE is discussed with a detailed look at its history, core concepts, and appropriate application within the classroom, including an explanation for why it is beneficial for children. The study will then closely analyze three studies that focus on REE and its effectiveness with children. These studies, along with summaries from other REE research review studies, will be evaluated to determine what

empirical evidence concludes on how effective REE is with children. Recommendations for further research will also be discussed.

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Chapter I: Introduction

The history of societal views on children and childhood as a developmental stage will be discussed in this chapter along with the beginnings of the treatment of childhood disorders and how children's mental health has impacted the classroom. This chapter will conclude with the statement of the problem, the purpose of the study, the assumptions of the study, the definition of terms, and the limitations of the study.

Views on the importance of childhood as a developmental stage in life have varied. According to the French historian Philippe Aries (1962), children were seen as equal to adults, only smaller and weaker in stature and less intelligent. Aries held this view based on ancient paintings he examined, which showed children dressed in adult fashion, and historical documents which described children as working long hours and starting families early in life. In 1987, psychologist David Elkind published a book which examined passages in the Bible and historical documents of the Greeks and Romans which showed children having a separate existence from adulthood. Linda A. Pollock (1983) supported Elkind's claim when she also found historical autobiographies, diaries, and literature which hold children as developmentally different from adults.

Yet whatever the truth about the historical view of childhood, it was not until Sigmund Freud's case study "Little Hans" in 1909 that someone recorded what is viewed as the first psychological explanation and treatment of a childhood disorder; in this case a phobia (Freud, 1955 as cited in Prout & Brown, 1999). In that same year, William Healy founded the Cook County Juvenile Psychopathic Institute in Illinois, later renamed the Institute for Juvenile Research, which was the first child guidance clinic in the nation and one of the first locations for training child psychologists (Schwartz & Johnson, 1981). The opening of this clinic led the child

guidance movement forward which emphasized a multidisciplinary team approach to child maladjustment which included treating both the child and the parent. In 1947, Virginia Axline published *Play Therapy*, a book which utilized a nondirective play approach to assessing and treating childhood problems. This approach was similar to Carl Roger's person-centered therapy but modified to children's developmental abilities.

With this advancement of concern for childhood mental health, society also had to focus on its ability to help children in the classroom as the classroom is an intricate part of childhood. Bennett (1993 as cited in Thompson & Rudolph, 2000) showed the impact children's mental health had in the classroom when he wrote that:

In 1940 teachers identified the top problems in America's schools as talking out of turn, chewing gum, making noise, running in the halls, cutting in line, dress code violations, and littering. In 1990, teachers identified the top problems of children as drug abuse, alcohol abuse, pregnancy, suicide, rape, robbery, and assault. (p. 4)

Children are becoming more involved in activities that have a direct impact on their future stability and potential, and these activities are infiltrating all areas of their life. With the firmly established belief in American society that children are unique beings with mental health issues that directly affect their developmental growth, it is becoming more and more urgent with each passing year to address these issues that have the capability to cripple our children both mentally and physically.

Statement of the Problem

The 20th century has been called 'The Century of the Child' due to its increase of knowledge in child development, and the well-established belief that children are not miniature adults but unique beings who think, rationalize, and process information using an

underdeveloped mind and limited reasoning ability. Rational Emotive Behavior Therapy (REBT), a form of cognitive-behavior therapy created by Albert Ellis that suggests people develop core irrational beliefs based on their interpretation of the events that happen to them, strongly emphasizes core irrational beliefs, the ability to think about how you are thinking, and the connection between cognition, emotion, and behavior. These ideas are highly developed and can be confusing to children who have not yet reached the developmental capability to be self-reflecting and internally mindful. Although REBT asserts that it can be successfully used on children, the noticeable inability for some children to grasp the core components of REBT leaves room for speculation on its success with this given population. Hence, there is a need to examine the research surrounding REBT and Rational-Emotive Education (REE), REBT's educational derivative, and their effectiveness with children more closely to determine if it is a valid practice or not.

Purpose of the Study

The purpose of this study is to examine the literature associated with Rational Emotive Behavior Therapy and Rational-Emotive Education and the techniques and guidelines they utilize when working with children. A critical analysis will also be included which will closely examine three studies that contain an empirical look at REE's use with children. The reader can then conclude from these results whether they agree or disagree with the use of REBT as a form of therapy for children.

Research Questions

In order to identify the important issues surrounding REBT and REE with children, the following questions will be answered:

1. What is REBT and its core concepts?

2. Do children have irrational beliefs?
3. How does REBT work with children?
4. What is REE and its core concepts?
5. How do you use REE in the classroom?
6. What does the research say about the effectiveness of REE on children?

Assumptions of the Study

The main assumptions of this study are that Rational Emotive Behavior Therapy and Rational-Emotive Education have been practiced on children, there is debate on the effectiveness of them, and both sides of the debate have written comprehensive and logical papers that include both empirical and non-empirical reasoning to help validate their point. It is also assumed that these materials will be available for the general public to locate and obtain.

Definition of Terms

Some terms can have ambiguous meaning in their general form. For the use of this thesis, the following terms will be used as they are defined here.

Automatic thoughts are cognitive thoughts that accompany an emotion (Beck, 1976 as cited in DiGiuseppe, 1990).

Children are those who are under the age of 12.

Classroom is the primary room in the school where 15-25 children learn their academic lessons from an instructor.

Disputation is the process of disputing an irrational belief.

Distressed children are those who are of average intelligence and normal functioning but are dealing with one or more emotional disturbances, i.e. anxiety, anger, depression.

Disturbed behaviors are behaviors that are self-defeating and hinder one from achieving their goal and happiness.

Irrational beliefs are beliefs that are demanding, absolute, overdramatic, catastrophizing, global evaluations of human worth, are activated automatically, and lead to emotional disturbances such as depression, panic, and anger (Sherin & Caiger, 2004; DiGiuseppe & Bernard, 1990).

Non-distressed children are those who are of average intelligence and normal functioning and are not dealing with any severe emotional disturbances.

Rational beliefs are beliefs that are true and logical, can be supported by solid proof, are not absolute commands but are rather desires, wishes, hopes, and preferences, and lead to moderate emotions such as sadness, disappointment, and concern which help to motivate the individual to attain one's goals (Wilde, 1996; DiGiuseppe & Bernard, 1990).

Rational Emotive Behavior Therapy is a form of cognitive-behavior therapy created by Albert Ellis that suggests people develop core irrational beliefs based on their interpretation of the events that happen to them. These beliefs are best disputed through realistic, logical, and practical reasoning, and this is accomplished by using the ABCD model of emotional episodes.

Rational Emotive Education is the educational derivative of Rational Emotive Behavior Therapy, and is a methodical program of study that teaches emotional education to children.

Limitations of the Study

A limitation of the study includes the researcher not finding and utilizing all the relevant material available on the topic of Rational Emotive Behavior Therapy and Rational-Emotive

Education and their effectiveness with children. The researcher's resource materials are limited to those she is able to locate and obtain during her year of writing and while utilizing the research databases available to her.

Chapter II: Literature Review

REBT is a rational, logical therapy that is useful for those who are able to comprehend its concepts and theories. Yet one needs to question its effectiveness when it comes to children and adolescents. Due to these age groups' limited reasoning and cognitive capabilities, they may be unable to fully grasp the treatment of the therapy and, therefore, not gain its full benefits. This chapter will discuss REBT by studying its history, principle components, and treatment techniques. It will also look at how REBT is presented to children in a form that attempts to allow them to understand and profit from its ideas.

Since the late 19th century, the use of scientific methods has been used for the studying of human behavior. The understandings of intelligence, perception, cognition, emotion, and human development have been researched in order to comprehend how and why people behave and think as they do. In addition, an individual's personality has become a popular area of study and out of it has emerged many unique theories which try to explain its dynamics. Personality is defined by Huffman, Vernoy, and Vernoy (1997, p. 434) as "an individual's unique and relatively stable patterns of behavior, thoughts, and emotions." Some of the theorists and their therapies that try to explain personality are Sigmund Freud's Psychoanalytic Theory, Alfred Adler's Individual Psychology, Carl Jung's Analytic Psychology, John B. Watson and B. F. Skinner's Behaviorism, Carl Jung's Person-Centered Theory, Victor Frankl and Rollo May's Existential Therapy, and Fritz and Laura Perl's Gestalt Therapy. Each of these therapies are highly unique, but all aim at describing individual differences in personality (i.e. comparing generally optimistic people to pessimistic people or those with anger management issues to those who handle frustration easily) and how those differences came about (i.e. through genetics, past experiences, unconscious urges, etc.) (Huffman, Vernoy, & Vernoy, 1997).

History of Rational Emotive Behavior Therapy

Another theorist who tries to explain personality is Albert Ellis. Ellis created Rational Emotive Behavior Therapy in 1953 after he decided psychoanalytic theory, the theory he received a Ph.D. in from Columbia University in 1947, was not improving his client's problems (DiGiuseppe & Bernard, 1990). He concluded that psychoanalytic therapy only looked at numerous irrelevancies in people's lives, and it did not uncover the real reasons why people were not well adjusted nor explain to them how they could make themselves more adjusted (Ellis, 2004). He came to this conclusion after using the theories at two separate private practices (DiGiuseppe & Bernard, 1990). The first was a traditional psychoanalytic practice where client's free associated on a couch, and the second was a REBT practice with couples who had marital and sexual problems. The couples in the REBT practice sat face-to-face with Ellis, and he was more directive with these clients by correcting their delusions, testing their beliefs, and providing them with behavioral homework to perform outside of the therapy sessions. He noticed that clients in the REBT sessions responded better than the clients in the psychoanalytic sessions. Ellis assumed that the difference in response was a result of the differences between the two theories.

Due to this promising finding, Ellis began practicing REBT full-time on January 1, 1955 and named his new therapy "Rational Therapy" (Ellis, 2004). Many have criticized the therapy for its term rational because they view it to mean empirically and logically valid, even though Ellis only wanted it to illustrate the cognitive side of therapy (Ellis, 2004; Ellis, 2001). In 1961 'emotive' was added onto the title to show the therapy's emotional component, and in 1993 'behavior' was added onto the title to show the behavior component of REBT (Joseph, 2004). By doing these name changes, Ellis wanted the title to give the public an idea about the

comprehensiveness of REBT in that it uses cognitive, emotive, and behavioral methods to help the client (Ellis, 2004).

Ellis began promoting REBT to the public in 1962 and claimed that it was one of the first popular cognitive behavior therapies (Ellis, 2004; DiGiuseppe & Bernard, 1990). Cognitive therapies believe that one's internal beliefs and thoughts govern one's emotions which influences one's behavior, and thus the best way to change one's emotions and behaviors is to change their internal beliefs and thoughts (DiGiuseppe & Bernard, 1990). REBT follows this idea by stating that people develop goals in life that will help them achieve happiness, security, and self-actualization, and they learn skills to achieve these goals from their family and culture. Yet sometimes disturbed emotions, which stem from negative thoughts, can interfere with a person's ability to obtain these goals and so the first goal of intervention is to remove these disturbing emotions by challenging and then changing the person's cognitions i.e., way of thinking. Thus, REBT is a form of cognitive therapy.

A-B-C-D Model of Emotional Episodes

REBT follows a model called the A-B-C-D model of emotional episodes to explain the connection between Activating events, Beliefs about that event, and the emotional and behavioral Consequences that occur due to their Beliefs (DiGiuseppe & Bernard, 1990). This model presents that the A, activating event, is a situation, person, or occurrence a person encounters, and B is the belief that the person develops because of their encounter with the activating event. This belief will bring about a C, or consequence, for the person that can be either adaptive and appropriate or disturbed and inappropriate. Some of the most frequent and strongly held onto disturbed beliefs are termed "core irrational beliefs" (Sherin & Caiger, 2004). For example a child, Timmy, receives an F on an exam. The activating event (A) would be the

receiving of an F exam, which to this child is terrible. A belief (B) that could come from this could be the belief of “I am worthless because I performed poorly on this exam.” The emotional-behavioral consequence (C) that could result from this belief is depression or rage, which are disturbed and inappropriate responses. Yet another child, Dave, could also receive an F on an exam he also studied hard for but develop a belief of “I did my best, and I will just have to try harder next time.” The emotional-behavioral consequence that could result from his belief is sadness and frustration. Although sadness and frustration are not positive feelings, they are appropriate feelings for the context of the situation and can be used by Dave to motivate him to do better next time. Timmy’s maladaptive consequences of depression or rage, that are a result of his irrational belief of his self-worth, are self-defeating and reduce his hope in receiving a better grade next time.

Core Irrational Beliefs

To expand on the model’s belief idea, Ellis’ original work in 1962, *Reason and Emotion in Psychotherapy*, focused on 11 irrational beliefs that are common among people. He determined these beliefs to be core irrational beliefs. These 11 beliefs are:

Irrational Belief #1: “The idea that it is a dire necessity for an adult human being to be loved or approved by virtually every significant other person in his community” (p. 61).

Irrational Belief #2: “The idea that one should be thoroughly competent, adequate, and achieving in all possible respects if one is to consider oneself worthwhile” (p. 63).

Irrational Belief #3: “The idea that certain people are bad, wicked, or villainous and that they should be severely blamed and punished for their villainy” (p. 65).

Irrational Belief #4: “The idea that it is awful and catastrophic when things are not the way one would very much like them to be” (p. 69).

Irrational Belief #5: “The idea that human unhappiness is externally caused and that people have little or no ability to control their sorrows and disturbances” (p. 72).

Irrational Belief #6: “The idea that if something is or may be dangerous or fearsome one should be terribly concerned about it and should keep dwelling on the possibility of its occurring” (p. 75).

Irrational Belief #7: “The idea that it is easier to avoid than to face certain life difficulties and self-responsibilities” (p. 78).

Irrational Belief #8: “The idea that one should be dependent on others and needs someone stronger than oneself on whom to rely” (p. 80).

Irrational Belief #9: “The idea that one’s past history is an all-important determiner of one’s present behavior and that because something once strongly affected one’s life, it should indefinitely have a similar effect” (p. 82).

Irrational Belief #10: “The idea that one should become quite upset over other people’s problems and disturbances” (p. 85).

Irrational Belief #11: “The idea that there is invariably a right, precise, and perfect solution to human problems and that it is catastrophic if this perfect solution is not found” (p. 86).

REBT also explains how irrational beliefs come to exist. Sherin and Caiger (2004) and DiGiuseppe and Bernard (1990) explain that while most people learn to think irrationally from their families and culture, they are also able to develop irrational thought themselves. This ability to create irrational beliefs by oneself shows the biological drive toward irrational thinking, and the capability to take one’s desires and goals and change them into absolute musts, shoulds, and demands. Along with this self-defeating capability is the innate human drive towards self-actualization and positive growth, and the result is these two opposing forces waging war

throughout a person's life. Who wins in this battle depends on the individual's ability to consistently challenge their own irrational beliefs.

Disputing Irrational Beliefs

In order to accomplish the main goal of REBT, which is to remove the disturbing beliefs that one develops, Ellis developed the cognitive technique of Disputing (D) (Ellis, 2001; DiGiuseppe & Bernard, 1990). Disputing involves debating and challenging one's irrational beliefs, explaining why the belief is irrational, and correcting the belief to form a more rational one. Ellis (2001) suggested that the best way to dispute an irrational belief is through realistic, logical, and practical means.

To explain how to dispute an irrational belief through realistic, logical, and practical means, let's look at the example of Timmy again. Timmy received a poor grade on an exam and developed the irrational belief of "I am worthless because I performed poorly on this exam." To challenge that belief realistically, Ellis (2001) would remind Timmy that others in his life have done poorly and yet he still accepted them for who they were and not how they performed. Thus, he can realistically accept himself with all his flaws included just as he does those around him. To dispute his irrational belief logically would be to point out that it is illogical to conclude one is worthless due to one performance. Worthlessness is only developed when one fails at everything he/she tries, and no one is unable to perform inadequately at everything. Timmy's worthlessness is an illogical conclusion that is shown wrong through the activities he is capable of performing well. Finally, one can explain to Timmy that consistently telling himself he is worthless will only make him depressed and anxious about his future performances and actually increase the chances of him performing bad again, which will in turn reinforcement his original

irrational belief. This shows that there is no practical reason why Timmy should hang onto his irrational belief because it will only bring him negative results in the future.

Along with using realistic, logical, and practical schemes to dispute one's irrational beliefs, REBT also recommends other techniques (Ellis, 2001; DiGiuseppe & Barnard, 1990). The client can listen to cassette tapes that have him disputing his own irrational beliefs strongly and repeatedly. Maultsby (1971 as cited in DiGiuseppe & Barnard, 1990; Ellis, 2001) created Rational Emotive Imagery which involves the client imagining himself doing stupid and embarrassing things, feeling the stress and anxiety that comes with those events, and then challenging those feelings to create rational feelings of disappointment and frustration over his performance and not over himself as a person.

Role-playing is another big technique in which the client's irrational beliefs are told to him by others, and he must practice disputing those comments as he is listening to them. Reverse role-playing is also used where someone else holds onto the client's irrational beliefs, and the client must practice disputing them for the other person. This technique follows the idea that the best way to learn something is to explain it to another person. Ellis himself created the shame-attacking exercise where the client is asked to perform stupidly in public, absorb the negative reactions sent to him by the public, and then actively dispute them until he feels less ashamed about his performance.

The theme behind all of REBT's disputing techniques is that the client and therapist need to be actively and vigorously involved with all of the activities they perform (Ellis, 2001). Ellis mentions this numerous times in his 1962 book *Reason and Emotion in Psychotherapy*. He first states the idea that REBT "is a highly active, working form of treatment – on the part of both the therapist and his or her patient" (p. 364). The importance of the therapist in helping the client

perform REBT techniques is emphasized by Ellis writing that “the therapist encourages, persuades, cajoles, and occasionally even insists that the patient engage in some activity (such as doing something he is afraid of doing) which itself will serve as a forceful counter-propaganda agency against the nonsense he believes” (p. 95). REBT’s directive, aggressive, hands-on therapy affirms that the client will not only feel better but get better by actively replacing the disturbing thoughts and perceptions that lead to irrational beliefs into appropriate thoughts and perceptions. With time and practice, the appropriate thoughts will become automatic and spontaneous to the client’s way of thinking (Sherin & Caiger, 2004; Ellis, 2001). Yet Ellis maintains that this will only happen by utilizing REBT’s behavioral techniques because “humans rarely change and keep disbelieving a profound self-defeating belief unless they often *act* against it” (Ellis, 1975, p. 20). By doing so, the clients will replace their old, inappropriate way of thinking permanently with little chance of returning to their old, defeating mind frame.

Common Irrational Beliefs of Children

Ellis (1962) has identified several irrational beliefs that are common in adults. Waters (1982 as cited in Bernard & DiGiuseppe, 1994) has modified several of these beliefs for children as children have an unique view of the world and see things from a different angle than adults due to their dependent need for adult supervision and guidance. These beliefs, found on p. 131, include:

“It’s awful if others don’t like me.”

“I’m bad if I make a mistake.”

“Everything should go my way; I should always get what I want.”

“Things should come easily to me.”

“The world should be fair, and bad people must be punished.”

“I shouldn’t show my feelings.”

“Adults should be perfect.”

“There’s only one right answer.”

“I must win.”

“I shouldn’t have to wait for anything.”

These irrational beliefs are passed down through verbal and non-verbal actions to the child by adults, but mainly the parents. The adults may not verbalize these beliefs or hold to all of them firmly, but through the subtle way a situation is handled or the way the adult answers a question, the children understand how the adult views them and what is expected of them. Hauck (1972) has identified several irrational parenting beliefs that help to contribute to the irrational beliefs that children hold. These irrational adult beliefs about children are:

“Children must not question or disagree with their superiors” (p. 15).

“A child and his behavior are the same” (p. 19).

“Children can upset their superiors” (p. 21).

“Punishment, guilt and blame are effective methods of child management” (p. 24).

“Children learn more from what their superiors say than from what they do” (p. 28).

“Praise spoils a child” (p. 29).

“Children must not be frustrated” (p. 31).

“Heavy penalties work best if applied first” (p. 32).

“A child must earn his parent’s love” (p. 35).

“Children should be calmed first, adults second” (p. 36).

Due to these irrational parenting beliefs that help to contribute to irrational beliefs in children, REBT recognizes the importance parents play in the adjustment of children and include

them in the treatment separately from the children (Hauck, 1983 as cited in Bernard, 1990). This is done by assessing the parent's talents and deficits in parenting and teaching any needed skills. The area that is mainly targeted is parental emotions (Joyce, 1990). REBT assumes that when parents become upset about their child's behavior, the parent's efforts at helping cease to be effective and can even be detrimental to the child's improvement. The main emotions that impede improvement are guilt, anger, anxiety, and having a low frustration tolerance. These emotions are dealt with by using disputational techniques, techniques that help to dispute the irrational parenting beliefs, with the parent which help them to accept themselves despite their children's behavior, to discipline without anger, to withhold from awfulizing their child's problem, and to increase their frustration level. By helping the parent along with the child, the family system improves and long-term success in treatment increases.

Assessing Irrational Beliefs

Once the common irrational beliefs are defined, one must learn a way to discover which irrational belief(s) a child holds. Irrational beliefs are difficult to uncover because they are usually not conscious to adults, much less a child (DiGiuseppe, 1990). The best way to find which irrational beliefs an individual holds is to ask the person what they were saying to themselves when they felt the targeted emotion. Yet when this is done, most people respond with their automatic thoughts, not their irrational beliefs (Dryden & DiGiuseppe, 1990). Automatic thoughts, as defined by Beck (1976 as cited in DiGiuseppe, 1990), are cognitive thoughts that accompany an emotion. REBT states that you can use these automatic thoughts to discover a person's irrational belief. An example is using the automatic thought "I can't have that piece of cake because I will get fat and then my boyfriend will leave me" to uncover the irrational belief of "I need to be skinny or nobody will like me." DiGiuseppe (in press as cited in

DiGiuseppe, 1990) has come up with several strategies to be used on children to help uncover their irrational beliefs. These strategies include inductive awareness, inductive interpretation, inference chaining, and deductive interpretation.

The first is the use of inductive awareness (DiGiuseppe, in press as cited in DiGiuseppe, 1990). This technique involves the therapist asking the child to report their automatic thoughts and waiting for the child to see the underlying theme, or irrational belief, which has been emerging from them. While this technique may be effective with introspective adults and adolescents, it is rarely effective with children as it is difficult for them to develop that level of insight into the connection between their reoccurring thoughts and an irrational belief.

The second technique, which is highly suggested by cognitive therapist Aaron Beck, is inductive interpretation (DiGiuseppe, in press as cited in DiGiuseppe, 1990). Inductive interpretation is similar to inductive awareness in that the therapist draws out the re-occurring automatic thoughts from the child, but instead of waiting for the child to discover for him/herself the underlying theme, the therapist states what they believe the underlying theme is. The child can then agree or disagree with the therapist's interpretation. This technique works with children because it does not call for the child to realize their own irrational beliefs. However it can lead to the therapist making a wrong interpretation to the child and missing the real irrational belief.

Inference chaining is the third technique (DiGiuseppe, in press as cited in DiGiuseppe, 1990). With this strategy, the therapist asks the child what would happen if their automatic thoughts were true and what that would mean to them. The child will usually keep responding with more automatic thoughts until an irrational belief emerges. The following example was written by DiGiuseppe (1990, p. 291) about a boy who had the automatic thought, "I know I'll fail today's test."

“Therapist: ‘And what do you think would happen if you did fail it?’

Child: ‘Well, then I might fail all tests.’

Therapist: ‘Well, let’s suppose that would happen. What might you think then?’

Child: ‘I guess I would think that I’d be stupid or dumb.’

Therapist: ‘Well, what would it mean to you if you were not as smart as you would like?’

Child: ‘I’d be no good.’”

By allowing the boy’s automatic thoughts to become reality in the mind of the child, the child was able to discover what the underlying irrational belief was that encouraged him to become anxious at the thought of taking a test. REBT encourages inference chaining for children because it has proven itself effective in obtaining results and it allows for the child to state themselves what their irrational belief is.

The final technique, deductive interpretation, is suggested for use when inference chaining has been tried, but the child is unable to say anymore automatic thoughts or reveal an irrational belief (DiGiuseppe, in press as cited in DiGiuseppe, 1990). Deductive interpretation is the direct opposite of inductive interpretation. In inductive interpretation the therapist takes all the automatic thoughts of the client and creates an irrational belief based on those thoughts. Deductive interpretation has the therapist state a plausible irrational belief based on their REBT knowledge, clinical experience, and knowledge of child development and ask the child to ponder the hypothesis to determine if the therapist was right or not. The therapist states the belief in a contemplative voice using non-declarative language and terms which allows the child to freely reject the hypothesis if they believe it is incorrect. The therapist also acknowledges to the child that they may be incorrect, and it is the child’s right to say so in order to encourage the child not to agree out of a desire to please the adult. This technique is also beneficial in that it creates

rapport between the therapist and child because they work as a team to discover the irrational belief.

Inductive awareness, inductive interpretation, inference chaining, and deductive interpretation all strive to uncover which irrational belief(s) a child may hold. Yet they each use a different approach to account for the individual differences and strengths in children. It is at the therapist's discretion which technique to use and the techniques allow for uncomplicated transitions from one to the other if a technique has proved itself unsuccessful.

How to Use Rational Emotive Behavior Therapy Successfully with Children

Due to the differences in reasoning and behavior between children and adults, REBT sessions can not be identical between the two groups. The use of REBT to dispute the irrational beliefs of children needs to be modified to match the child's developmental abilities. Bernard and Joyce (1990) have compiled a list of techniques and practices specialists should use when applying REBT to children. These points were made after 2 years of collective experience of working in classrooms with distressed children. Bernard and Joyce (1990) find these ideas are useful in helping children to understand and use REBT more effectively.

- Use as many hands-on and concrete approaches to teaching as possible and reinforce concepts.

- Target one happening-thought-feeling-reaction connection at a time. Do not work on both a child's anger towards his father and anxiety about school at the same time. Keep the cognitions and feelings for those two situations separate so the child does not become confused.

- Give the child the first opportunity to dispute an irrational thought. This helps the child see that his thinking may be erroneous, and it confirms for the child that he is capable of disputing a thought on his own.
- Always word the disputes so it is specific to a certain situation. For example, do not say “Where is the evidence that people don’t like you?” but rather “Where is the evidence that Mrs. Smith doesn’t like you in her 9:00 am English class?”
- Be animated when disputing. Use volume, speed, and tonal changes in your voice to help the child see how irrational his/her thought is. Also, one can exaggerate their non-verbal behavior by standing up, walking around, or overstating their facial expressions.
- Repeat your points numerous times and review the dispute against the child’s irrational thought in each session. Many children find it difficult to change an irrational thought after they have held onto and believed it for a long time. By constantly reminding the child of its dispute, he/she is more likely to agree with the challenge and change it.
- Project the targeted fearful situation into the future and use role-playing and modeling of rational self-statements to help reduce the child’s fear of encountering the situation again. Many children freeze up when pressure is on them, so practicing their reaction before the situation occurs helps them perform appropriately.

These techniques should be utilized when using REBT on children in order to help them gain the most from its concepts.

Functionality of Rational Emotive Behavior Therapy with Children

REBT realizes that children need to be able to cognitively understand REBT theories before it can be used successfully on them. To determine the child’s cognitive abilities, REBT therapists use Jean Piaget’s Stages of Cognitive Development to help evaluate when children are

capable of grasping REBT (DiGiuseppe, 1990; Bernard & Joyce, 1984; Lamarine, 1990; Bernard, 1990). It has been established to REBT professionals that children need to be in the Piagetian stage of Concrete Operations for REBT to be successful. It is during this stage that children begin to become more independent in their thinking and consider the events in the past and future and are thus able to practice the technique of disputing. Piaget stated that children reach the Concrete Operational stage around age 8 yet individual differences account for children reaching the stage at different ages.

Children who practice REBT also need to know the distinction between thoughts and emotions (DiGiuseppe, 1990). In the United States, these two words have become interchangeable with many answering how they 'feel' about something with both emotions and thoughts. This merging has been passed onto children and can hinder their grasp of REBT as it depends heavily on the discrimination between emotions and thoughts. Before any proceeding of identifying irrational and rational beliefs can occur, the children need to understand this distinction.

Children also need to understand the difference between facts and opinions (DiGiuseppe, 1990). Children learn from adults, who they sometimes perceive as all knowledgeable. They take adults' opinions and ideas as fact and view the world from the adults' perspective. They have not yet developed the ability to test if what they are thinking and believe is true by pulling in information from many different sources and evaluating the findings. This hinders their comprehension of REBT because they are unable to distinguish between fact and opinion, and thus change their belief based on rational, factual knowledge. Children who use REBT need to have this critical thinking skill in order to practice it effectively.

Rational Emotive Education

REBT can be presented to children in the classroom in a design called rational-emotive education (REE) (Wilde, 1999; Bernard & DiGiuseppe, 1994; Gossette & O'Brien, 1993; Vernon, 1990). REE is the educational derivative of REBT and holds to the same philosophical ideals (Vernon, 1990). Its goal is to teach rational thinking to children in a concrete manner in order for them to be able to solve problems, develop emotional insight, and learn coping strategies that diminish emotional stress normally found in childhood. These lessons are taught in a structured, sequential fashion that puts an emphasis on experiential learning and utilizes an active-directive approach (Donegan & Rust, 1998; Bernard & DiGiuseppe, 1994; Lamarine, 1990).

REE was created in 1968 when Ellis founded the Living School in connection with the Albert Ellis Institute (formerly called the Institute for Rational-Emotive Therapy and before that the Institute for Rational Living) (Vernon, 1990). The institute was founded in 1959, and its primary headquarters is in New York City although branches have sprung up throughout the United States and around the world including Germany, Italy, France, and the United Kingdom (Albert Ellis Institute, 2005). At the Living School in 1974, W. J. Knaus developed the earliest forms of REE materials (Vernon, 1990; Kachman & Mazer, 1990). V. Waters, former Director of Children's Services at the Institute, suggested that children would benefit more from REBT if REBT specialists worked hand-in-hand with teachers and other school personnel to create an educational program, with specific materials and techniques, which would help to increase children's understanding of its components. Thus, REE began.

Core Concepts of Rational Emotive Education

REE is centered on specific core concepts that it hopes to teach. They include rational versus irrational beliefs, self-acceptance, problem solving, frustration tolerance, and the connection between one's feelings, beliefs, and behaviors (Bernard & DiGiuseppe, 1994; Donegan & Rust, 1998; Vernon, 1996; Vernon, 1990; Lamarine, 1990).

The first core concept is to understand the difference between rational and irrational beliefs (Bernard & DiGiuseppe, 1994; Vernon, 1996; Vernon, 1990; Lamarine, 1990). Rational beliefs lead to thoughts and emotions that help to motivate the individual to try better, and they do not make the individual's worth dependent on their performance (Vernon, 1990). Albeit these emotions are not always positive, they do not lead to disturbed behaviors (withdrawal, self-injury, aggression). Irrational beliefs lead to disturbed emotions (severe anger, depression, guilt) that cause disturbed behaviors. They generally make the individual believe they need something over want something and things must happen over hope to happen. By identifying one's irrational beliefs, seeing their fault and changing them into rational beliefs, children are better able to make expectations and handle failure better.

The second core concept focuses on self-acceptance (Bernard & DiGiuseppe, 1994; Donegan & Rust, 1998; Vernon, 1996; Lamarine, 1990). Unconditional self-acceptance, according to Ellis (2001), is something most people do not have due to innate tendencies to rate their performance and generalize that performance to their worth as a person. Unconditional self-acceptance is also hindered by those in one's social circles who sometimes respond based on one's performance or specific incidence. Examples are parental responses to report cards, teammate responses to athletic performances, and peer responses to one's social standing. Teaching children unconditional self-acceptance allows them to identify both their strengths and

weaknesses, accept their and others imperfections, and bring to an end their self-ratings based on individual performances.

The third core concept has REE focus on helping children develop better problem solving skills (Bernard & DiGiuseppe, 1994; Vernon, 1996). Today's children are faced with an insurmountable number of life-changing decisions. These include whether to take drugs and alcohol, how to deal in an abusive, broken home, if and when to start experimenting sexually, and what to do if a pregnancy occurs (Hash & Vernon, 1987 as cited in Bernard & DiGiuseppe, 1994). Therefore, it is important to show children how to problem solve. REE does this by helping them to see life's circumstances objectively, understand the consequences associated with actions, and to evaluate the impact their beliefs have on their behaviors (Bernard & DiGiuseppe, 1994).

The fourth core concept is learning to delay immediate gratification and increase one's frustration tolerance is focused on (Bernard & DiGiuseppe, 1994; Vernon, 1996). Today's society has a fast-paced, individual gain ideal that teaches children things should come fast, easily, and always be satisfying. REE believes it is key to teach children the important of patience and hard work and that in life 'the sweet is never as sweet without the sour.' Frustration tolerances are also increased by having children challenge their irrational beliefs.

The final core concept has REE helping children to better understand the link between one's thoughts, feelings, and behaviors (Vernon, 1990; Vernon, 1996; Lamarine, 1990; Bernard & DiGiuseppe, 1994; Donegan & Rust, 1998). According to REBT, emotions are a result of one's belief about an event and not the event itself (Vernon, 1990). With the help of REE, children are taught a variety of vocabulary words to describe their feelings and to rate the intensity of their feelings. This helps them to develop emotional insight. They are also shown

the linear connection between a happening, their belief about themselves that develops from the event, how that belief influences their emotions when that event is repeated or thought of, and how emotions help drive our behaviors. By comprehending these relationships, children are able to evaluate their behaviors and feelings better and find the true source of their problems. Children are no longer able to say “I don’t know” when asked why they did something, but are able to trace backwards to the belief and possibly founding event that influenced their behavior.

REE’s core concepts, which are to increase the understanding between rational beliefs and irrational beliefs, gain self-acceptance, improve problem solving, increase frustration tolerance, and increase the understanding of the connection between one’s feeling, beliefs, and behaviors, are meant to be preventative lessons that teach children positive mental health in order to hinder disturbed emotions and behaviors. They hold to the values of REBT and target the issues most school-aged children deal with most.

How to Use Rational Emotive Education in the Classroom

The REE design is not only presented to distressed children, but also to non-distressed children in classroom settings in the hope that early awareness of the source of maladjusted thinking will lessen the likelihood of later maladjusted behavior (Gossette & O’Brien, 1993). REE is typically presented through a series of informative lectures, discussions, and experiential activities with children for about 1 hour per week in a 2-12 week span of time. The two main ideas stressed during this time are the ABCD model of emotional episodes and the disputation technique. The ABCD model is used to show children that one’s emotions are not caused by the situation, or activating event, but by one’s response to, or belief about, the event. According to Gossette and O’Brien (1993), disputation is the technique most often used with children to help

them rebut any irrational beliefs they may develop. This technique is tailored to children through the use of audio-visual aids that include puppets, videos, and games.

Each lesson in REE should be organized around a core concept found in REBT which were discussed earlier. A stimulus activity, which is activities that help children to understand the core concepts, should be presented first and can last from 15-25 minutes depending on the age of the child. They include activities like role-playing, creative writing, art, risk-taking exercises, bibliotherapy (the use of books to teach a lesson), simulation games, dramatizations, group tasks, and homework assignments (Vernon, 1990; Lamarine, 1990). Following the stimulus activity, discussion of it should occur on two levels: content and personalization (Vernon, 1990). The content level is where the children talk about the observable, blatant cognitive learning's from the activity. The personalization level is where the children connect the activity and its concept to their own experiences and discuss ways it can be applied in the future. This discussion is the most important part of the lesson so 16-20 minutes should be set aside for it, again depending on the children's age.

REE lessons should be taught consistently and sequentially in order to obtain its full effect. Vernon (1990) recommends presenting REE lessons 2-3 times a week but stresses that once time a week is sufficient. The REE lessons should be taught sequentially in that one lesson builds upon another. This allows for review of the previous lessons and helps the child to see how the concepts are related.

Why Use Rational Emotive Education with Children

According to Vernon (1990), REE is effective with children because it addresses the psychological problem over the practical problems that children deal with. Practical problems are the environmental situations that children deal with everyday. An example is 11-year old

Sally who approaches the teacher day after day with similar problems. First, her friend did not call her the night before so Sally assumes that her friend does not like her anymore, and her life is ruined because of that. The teacher talks to Sally about her feelings and the situation blows over, but soon Sally is back because her mother will not let her go to a birthday party, but her brother gets to do everything he wants. Again, the teacher talks to Sally about the situation, but soon she is back because another friend has been giving her mean looks and is being impolite to her.

The practical problems are the situations that Sally encounters. But once the situation is changed the practical problem goes away, which Sally thinks is the main problem. Yet the psychological problem remains which, according to REBT theory, is Sally's overgeneralizing and demanding (Vernon, 1990). The psychological problem is shown by Sally believing that her friend needs to call her or they are not friends anymore, her mother needs to let her have her way like her brother or she isn't loved as much, and that people need to be nice to her or she isn't any good. REE is used to get to the core of the psychological problem in order to stop Sally's emotional upsets every time her beliefs are not fulfilled. Otherwise, all the talking Sally does is just equated with the Band-aid solution – Sally's emotional troubles are still unresolved, and they are just covered up and ignored for the time being.

An example of using these skills and their long-term effect is shown through a group of second-graders who are presented with a lesson on exaggeration (Vernon, 1990). First, the children are brought through a discussion of exaggeration, including key exaggeration terms like "never" and "always" and their effects. Next the children read a story about a boy who exaggerated his stories to the point where nobody believed him anymore. The children then write down examples of times they exaggerated and how their exaggerations resulted in negative

feelings. A few days after the lesson, the children play a game of kickball where a disagreement occurs and one of the children says to the teacher, “Timmy always cheats; he never follows the rules.” The teacher then reminds the child about the lesson on exaggeration and how to reword his complaint so it states the truth. The teacher reminds the student how exaggerations make the problem seem worse than it really is and that can then hinder finding a solution.

One of the goals behind REE is to tackle the psychological problem over the practical problem. Practical problems will constantly arise throughout one’s life. These problems can include a boss who you don’t get along with, an in-law who constantly shows his/her dislike for you, and a loan officer who says you can not obtain a mortgage. Yet what makes one tolerable or intolerable of a situation is how one is able to handle the psychological strain the problem creates. REE teaches children from an early age how to focus on the psychological problem over the practical problem in order to make every situation bearable. By doing this, one would be validating the famous words of Epictetus, “Men are not disturbed by things, but by the views which they take of them” (as cited in Ellis, 1962, p. 54).

Summary

REBT is just one of many theories that try to explain personality. Its creator, Albert Ellis, desires it to be a comprehensive theory that focuses on one’s thoughts, emotions, and behaviors as he believes all three influence each other and play an equal part behind our motivation for acting the way we do. Ellis attempts to teach us how the three interact through his A-B-C-D model of emotional episodes. At the core of our behaviors is our belief system which contains both rational and irrational beliefs. Irrational beliefs produce disturbed emotions and behaviors which rational beliefs produce healthy emotions and behaviors. Irrational beliefs need

to be strongly disputed through realistic, logical, and practical means in order for them to become rational.

Irrational beliefs which parents hold about their children are unconsciously passed down to their children through their parenting. This allows children to develop irrational beliefs themselves. These irrational beliefs can be discovered through four strategies: inductive awareness, inductive interpretation, inference chaining, and deductive interpretation. Once the irrational belief is uncovered, they can be changed to rational beliefs through concrete, hands-on methods of instruction. Yet it is important to understand that children need to be in Piaget's Concrete Operational stage of development before REBT techniques can be used successfully on children.

REE is the educational derivative of REBT and is usually presented in a classroom. REE has several core concepts it hopes to teach children: rational versus irrational beliefs, self-acceptance, problem solving, frustration tolerance, and the connection between one's feelings, beliefs, and behaviors. REE is presented through discussions and experiential activities for about 1 hour per week in a 2-12 week span of time. The idea that REE targets the psychological problems of children over the everyday practical problems motivates its followers to support its use.

Chapter III: Critical Analysis

This chapter will closely examine the components of three studies that focus on Rational-Emotive Education and its effectiveness with children. The participants, methods, and results will be discussed to determine if the empirical evidence favors or discourages Rational-Emotive Education as an effective program. Finally, a critical analysis of the studies' results will determine if REE has been proven as an effective program to be used with children.

Study #1

Jerry Wilde's 1996 study titled *The Efficacy of Short-Term Rational-Emotive Education with Fourth-Grade Students* was conducted to determine if pre- and posttest results would be significantly different among fourth grade students who have received REE instruction. The participants were 95 fourth-grade students from a rural, Wisconsin public school. The students were first pretested using *The Idea Inventory* (Jacobsen, Tamkin, & Hyer, 1988). *The Idea Inventory* contains 33 irrational statements students respond to with an agree, disagree, or uncertain.

All students then participated in four lessons of REE which were given in bi-weekly 30 minute sessions for a total of 2 weeks. The lessons were administered by a member of the district's pupil services team.

The first lesson taught the link between thoughts and feelings and the differences between rational and irrational beliefs. The link between thoughts and feelings was illuminated by the administrator asking the class, "Who would be happy if you found out you were moving to Florida?" The students were given a chance to explain their answer, and the administrator emphasized the fact that transferring to Florida is the same for all students whether they were happy or unhappy about it. Thus, if events were the cause of emotions, then everyone should

have felt the same way about the move. But because events do not cause emotions, but it is one's perception of the event, everyone did not have the same feeling. This point was further emphasized when the administrator asked how one would feel if they were going to buy a cat and if they received a letter from school addressed to their parents.

The difference between rational and irrational beliefs was explained by the administrator saying an inventor created a new diet pill which she believed made a person lose 10 pounds overnight. In order to prove this pill worked, the inventor would need to conduct an experiment where a person was weighed before they went to bed, then took the pill, and was weighed again in the morning. If the person lost 10 pounds, then the inventor's belief would be rational; if the person did not lose 10 pounds, then the inventor's belief would be irrational. This example helped to illustrate the idea that a rational belief needs empirical support for it to be true. A worksheet titled "*Where's the Proof?*" (Wilde, 2002) was utilized to further the students understanding of rational and irrational beliefs. It contains 14 statements, and the students mark each statement with a 'T' if they believe the statement to be a true belief and an 'F' if they believe the statement to be a false belief. The worksheet was then discussed among the class. This worksheet is shown in Appendix A.

The second lesson reviewed the first and utilized a worksheet by Vernon (1989) titled "*Rational or Irrational Beliefs List*." This worksheet is shown in Appendix B. The worksheet was modified for Wilde's purpose by the students reading the 17 statements and determining if they were rational or irrational. Discussion focused on the idea that rational statements were supported by fact and irrational statements were not.

The third lesson reviewed the previous two and allowed the children to practice turning irrational beliefs into rational beliefs through the use of a worksheet titled *Erase the Irrational*,

developed by Ann Vernon (1989). This worksheet is shown in Appendix C. The worksheet contains 10 irrational statements the students had to convert into rational statements. The administrator emphasized the words “always” and “never” in the irrational statements as they tend to lead one to overgeneralizations and also the words “ought to” and “should” as they tend to lead one to become angry when they are not full fulfilled.

For the fourth and final lesson, the students were divided into two groups to play a board game developed by Wilde (1990 as cited in Wilde, 1996) titled *Let's Get Rational*. The game consists of each player receiving a pawn, and a dice is rolled to see how many spaces they can move around the square board game. Players can land on squares that have them tell the other players something about themselves, squares that have them pick a card with a role play scenario on it, or squares that have them pick up a rational reminder card. The game has been found to decrease the support of irrational thoughts (Wilde, 1994 as cited in Wilde, 1996).

The Idea Inventory was also utilized as a posttest, and a two-tailed *t*-test was given to determine any statistically significant findings. Combining all fourth-grade students, statistical significance was found at the .0001 level between the pre- and posttest scores, $t(1,94) = 5.90$, $p < .0001$. In addition, three of the five classrooms also had *t*-scores reach significance at the .05 level.

The findings of this study indicated that the use of REE with fourth-grade students helped to lower irrational beliefs. Wilde (1996) did not understand why only three of the five classrooms had statistically significant changes between the pre- and posttest, but he hypothesized that it may be related to the small number of participants involved in each classroom.

Study #2

Jerry Wilde published a second study in 1999 titled *The Efficacy of Short-Term Rational-Emotive Education: A Follow-Up Evaluation* which was an extension of his 1996 *The Efficacy of Short-Term Rational-Emotive Education with Fourth-Grade Students* study. The 1999 study reviewed the details of the 1996 study and then described how Wilde (1999) attempted to determine if the rational thinking the children gained in the fourth-grade study were maintained 4 years later.

The study was conducted in the same rural, Wisconsin town and included 118 eighth-grade students. Sixty of the original 95 fourth-grade students were still enrolled and 58 new students joined the eighth-grade study. The 118 eighth-graders (60 treatment, 58 non-treatment) were given *The Idea Inventory*. Pretest scores from the 60 participants in the fourth-grade study were compared to the scores from the eighth-grade study to find out if the increases in rational thinking gained had been sustained over the 4 year time gap since treatment. In addition, the eighth-grade scores from the 60 participants in the 1996 study were evaluated against the scores from the 58 non-participants.

A two-tailed *t*-test was utilized to determine if there was a statistically significant difference between the pretest scores in fourth-grade and the posttest scores in eighth-grade on *The Idea Inventory*. There was a statistical significance at the .01 level, $t(1,59) = 5.62$, $p < .0001$. Another *t*-test was administered to look for any differences between the scores of the 60 original participants and the 58 non-participants of the first study. The difference was statistically significant at the .05 level, $t(1,116) = 2.02$, $p < .05$. These findings indicate that increases in rational thinking due to the implementation of REE can be maintained over 4 years and gives credibility to REE.

Wilde (1999) mentioned that maturity may be a key factor contributing to the significant difference found in this study, but DiGiuseppe and Kassinove (1976 as cited in Wilde, 1999) found that age was not a significant factor in predicting rational thinking when they compared fourth and eighth-grade students. To help eliminate the confounding variable of maturity, the comparison between the treatment and non-treatment groups in eighth-grade was conducted and, as noted above, found statistical significance. This finding helped to further eliminate the suggestion that maturity, and not REE, was a factor for the statistical significance.

Study #3

Angela Donegan and James Rust's 1998 article titled *Rational Emotive Education for Improving Self-Concept in Second-Grade Students* deals with Vernon's (1989) *Thinking, Feeling, Behaving (Grades 1-6)* curriculum. Vernon's (1989) curriculum was designed after REE principles and was successfully field tested before publication. It contains 30 age appropriate and fun activities that deal with specific objectives. Examples include a game that deals with interpersonal problems, a Cinderella comparison story that focuses on the difference between fact and fantasy, and a puppet that promotes self-acceptance and the inevitableness of mistakes. Examples of worksheets found in the curriculum are in Appendix B and C. The objective of this study is to use Vernon's curriculum to enhance self-concept in second-grade students.

The 41 second-graders were from two classrooms at a rural Tennessee public school. The experimental group held 21 students (10 male, 11 female; 6 African American, 15 Caucasian), and the control group held 20 students (13 male, 7 female; 6 African American, 14 Caucasian). There was no significant difference detected between the two groups on demographic and socioeconomic levels.

The instruments used to measure changes in self-concept were the McDaniel-Piers Young Children's Self-Concept Scale (McDaniel & Piers, 1973) and the Behavioral Academic Self Esteem (BASE) (Coopersmith & Gilberts, 1982). The McDaniel-Piers Young Children's Self-Concept Scale has a Total Self scale and three subtests: My Feeling Self, My School Self, and My Behaving Self. It contains 40 read aloud statements that are group administered, and the students must write down a yes or no according to their belief in the statement on a separate sheet of paper. An example of a statement in the My Feeling Self scale is "I am often sad," an example from the My School Self scale is "I think up good things to do," and an example from the My Behaving Self scale is "I do many bad things."

The BASE had the students' teachers rate the students on 16 third-person statements with answers ranging from never to always. The statements ask teachers to rate how often the children respond in a certain way. The BASE has a Total scale with five subtests: Student Initiative, Social Attention, Success/Failure, Social Attraction, and Self-Confidence. An example of a statement in the Student Initiative scale is "This child is willing to undertake new tasks," an example from the Social Attention scale is "This child cooperates with other children," an example from the Success/Failure scale is "This child deals with mistakes or failures easily and comfortably," an example from the Social Attraction scale is "This child's company is sought by peers," and an example from the Self-Confidence scale is "This child readily expresses opinions."

The method began with both the experimental and control groups pretested with the BASE and the McDaniel-Piers Young Children's Self-Concept Scale. The experiment group was then taught from Vernon's (1989) *Thinking, Feeling, Behaving* curriculum for a total of 15 weeks with two 40-minute lessons presented per week. The structure of the lesson consisted of

the administrator first presenting the activity to the students and then discussing the content and personalization questions with them. The control group was taught using the standard second-grade guidance curriculum. The first author administered both scales and the lessons to both groups. After the 15 week period, both groups were posttested with the BASE and the McDaniel-Piers Young Children's Self-Concept Scale.

The results from this study were mixed. The raw scores from both instruments were calculated to find the means and standard deviations from the pretest and posttest results. For the BASE Total score, a significant correlation was found with the pretest-posttest scores, $r = .88$, $p = .0001$. The raw means were 107.85 for the experimental pretest and 108.66 for the comparison posttest with a normative mean of 100. The McDaniel-Piers Total Self score also had a significant correlation between the pretest and posttest scores, $r = .56$, $p = .001$. The raw means were 29.17 for the experimental pretest and 31.07 for the comparison posttest with a normative mean of 25.87. This concludes that there is a strong relationship between Vernon's (1989) curriculum and the pretest-posttest scores recovered by the students on both instruments, but it does not show that Vernon's materials was a direct cause for the increase in the student's self-concept.

A 2 (Experimental-Comparison) x 2 (Male-Female) x 2 (Caucasian-African American) x 2 (Pretest-Posttest) analysis of variance (ANOVA) was used to analyze the raw scores on the McDaniel-Piers Total Self scale. There was statistical significance found between the experimental-comparison groups and pretest-posttest measures at the .001 level, $F(1,37) = 4.35$, $p < .001$. A Scheffe test was used for additional analysis, and a significant difference was found between the experimental pretest and posttest scores and the experimental pretest and comparison pretest scores. The difference found between the experimental pretest and posttest

scores show that the REE curriculum had a positive effect on the student's self-concepts. This provides support for the use of REE materials. The difference found between the experimental pretest and comparison pretest scores tell the reader that the two groups were not equal in their self-concept ratings before the REE curriculum was introduced. This finding discredits any comparison between the experimental and comparison groups posttest scores as they were significantly different from the start.

A 2 (Experimental-Comparison) x 2 (Male-Female) x 2 (Caucasian-African American) x 2 (Pretest-Posttest) analysis of variance (ANOVA) was used to analyze the raw scores on the McDaniel-Piers My Behaving Self subtest. There was a statistical significance found between the experimental-comparison groups and the pretest-posttest measures, $F(1,35) = 5.61, p < .001$. A Scheffe test was used for additional analysis, and a significant difference was found between the experimental and comparison groups at the time of pretest but not at the time of posttest. This goes along with the findings for the Total Self scores which were previously discussed. Additionally, a significant difference was found between the experimental pretest and posttest scores. The pretest and posttest scores for the comparison group failed to show any significant differences. These findings also parallel the findings on the McDaniel-Piers Total Self scores previously discussed. They support the effect the REE curriculum had on the experimental group's pretest and posttest scores, but they confirm that the experimental and comparison groups began on uneven levels of self-concept.

All remaining McDaniel-Piers subtest scores and the BASE subtest scores were analyzed using ANOVA and the results showed that REE had no significant effect.

The findings of this study were inconclusive. The McDaniel-Piers My Behaving Self and Total Self scores for the experimental group had statistically significant gains. This declares that

the REE curriculum caused the increase in self-concept among the second-graders and gives reason for its implementation in schools. Yet for this study, the experimental and comparison groups started on uneven levels of self-concept. The comparison group had statistically significant higher levels of self-concept than the experimental group from the beginning. Even after the experimental group participated in the REE lessons and took the posttest, their self-concepts were still lower than the comparison groups. Donegan and Rust (1998) did not know why this was so, but they stated it may be due to the comparison student's desire to please the researcher. For whatever reason it was, the finding eliminated the researcher's ability to compare the experimental group's results against the comparison group's results.

Analysis of Rational Emotive Education Studies

Upon analyzing the three articles described above, all found REE as a favorable tool to be used with children. In the first study, Wilde (1996) found through his results that REE lowered irrational beliefs in fourth grade students. His design utilized both a pre-test and post-test, used established REE curriculum in his lessons, and had a pupil service team member, not himself, administer the lessons. His study also promotes the idea that REE does not need to be delivered for an extensive period of time as the students received a total of only 120 minutes of REE instruction. The limitation of this study includes the small and homogeneous sample size used. All subjects were from a rural, Midwestern public school which limits varying characteristics found among them, and the size of the sample is too small to draw any meaningful conclusions from the study. The study is extremely restricted in one's ability to transfer its results to other populations; this leads one to limit the significance of its results.

Wilde's 1999 follow-up study to his 1996 study stated that increases in rational thinking can be maintained after 4 years. Wilde (1999) returned to the same school and subjects used in

his previous study and determined, through examining the pretest scores in fourth grade and the scores received in eighth grade on *The Idea Inventory*, that rational thinking can be maintained. To rule out the idea of maturation as a confounding variable in the study, he compared the scores of the eighth grade students who had received treatment to the scores of those who had not and still found a significant difference. These findings draw a strong case for the use of REE as it asserts that REE can decrease irrational beliefs and this decrease is strong enough to be maintained over a number of years. Yet the same limitations of small and homogeneous sample size limit this study as the previous one. In addition, *The Idea Inventory* is a self-administered test that contains 33 irrational statements that the student either responds to with an (1) agree, (2) uncertain, or (3) disagree. The students, in both studies, knew what the REE lessons were trying to accomplish: the lowering of irrational beliefs. The statements on *The Idea Inventory* were irrational and, if the students felt inclined to answer to please their instructor, they could have intentionally answered disagree. The fact that the measuring device was so simplistic in its design, and the students were capable of answering untruthfully, help to distort the results. An improvement in the study would include Wilde (1999) using a measuring device that does not allow one to intentionally alter the results.

The final limitation of Wilde's 1999 study is the assumption that the treatment and non-treatment groups in the eighth-grade were similar. The 58 non-treatment students may have more irrational beliefs than the 60 treatment students due to their previous school environments, which may make them differ on measures of thinking and attitude. It is also possible that the 58 non-treatment students may have had REE training in their past. It is known that the treatment group received no new training on REE in the four year period between the two studies.

The third study showed mixed results in REE's effectiveness. Two measuring devices were used in this study. The first was the McDaniel-Piers Young Children's Self-Concept Scale and the second was the Behavioral Academic Self Esteem (BASE). The results showed a statistical significance between the experimental group's pretest and posttest scores on the McDaniel-Piers Total Score and My Behaving Self. This lends support to REE as it shows the curriculum altered the student's self-concept. Yet a major flaw in this study was that the comparison group was already higher on their self-concept rating on both measuring devices on both the pretest and posttest. This discredited any comparison between the two groups.

Limitations of this study for use as empirical evidence REE should be used include, as in the previous two studies, a small sample size and a homogeneous group. Although this study did describe the ethnicity of the students and minorities accounted for 1/3 of the group, all subjects came from a rural, public school in the Midwest. This makes it difficult for the results to be transferred to an inner city population. The first author also taught the REE curriculum to the experimental group. The children may have known this and altered their answers on the McDaniel-Piers scale in order to please the author. An improvement would be to have a third party teach the curriculum.

Of the three studies analyzed for this thesis, two of the three had results that firmly favored the use of REE in the classroom. Yet strong limitations could be found with both these studies that limit its generalization to all children, and Wilde, the author of both of the positive studies, has written many articles and books in favor of REBT and REE so his expectations may have influenced the results. One published study, Gossette and O'Brien's (1993) article titled *Efficacy of Rational Emotive Therapy (RET) with Children: A Critical Appraisal*, strongly spoke out against the efficiency of REE. The article looked at 33 unpublished dissertations and four

published articles that were conducted between 1960 and 1990 to evaluate their findings on REE. The 33 dissertations had a total of 278 comparisons between REE and alternative treatments, and the results showed only 25% favored REE over wait-list, placebo, and other treatment conditions. Of the four published reports that held a total of 35 comparisons, 54% favored REE over other treatments. This research review showed empirical studies that found REE to be largely ineffective and unpractical.

Hajzler and Bernard (1991) also published a research review of REE outcome studies that were conducted between 1967 and 1987. There were 23 studies which compared REE with control groups across different populations of children including those who are non-clinical, have high anxiety, are learning disabled, are high risk (were out of control in the classroom and considered 'at risk' by their teachers), and have low self-esteem. Table 1 shows the results of Hajzler and Bernard.

Table 1.

Summary of Results of Hajzler and Bernard (1991) Rational-Emotive Education Studies Review

Type of Population	Number of Studies	Number of Comparisons	REE Found Effective	
			Yes	No
Non-Clinical	7	26	19	7
High Anxiety	5	19	14	5
Learning Disabled	3	17	12	5
High-Risk	3	11	9	2
Low-Self Esteem	1	5	3	2
Case Studies	4	4	4	0

The findings show that REE was effective or as effective as other methods in helping the students 74% of the time. They also concluded many factors can influence the effectiveness of REE. These include the longer the treatment given the better the outcome will be, some populations are less likely to show changes as others (REE with highly anxious students was the one study where no significant difference was obtained), as more REE techniques are included (imagery, homework) the effectiveness of REE increases, and the techniques and personality of the person conducting the REE lessons may have influence on outcomes. Yet the most important remark the authors made in this study was that besides the four case studies examined, there was limited data that REE produced actual positive behavioral change in the students. The effectiveness was determined only by recording a change on the posttest surveys. Survey's have extreme limitations when it comes to measuring behavioral change as it is easier for one to say they will change than to actually change. Therefore all the studies, with the exception of the case studies, do not demonstrate that REE will help the students' behavior change in any way. Gossette and O'Brien (1993) supported this remark as they concluded that only 15 of 32 (47%) outcome reports on REE they reviewed showed a small amount of valuable change in behavior after REE was implemented. Gossette and O'Brien (1993) also noted how 75% of REE outcome assessment literature has questionnaires and not clinically observable methods to measure the effectiveness of REE. The habit of REE researchers to use questionnaires over more scientific measures of assessment brings into disrepute the trustworthiness of most studies on REE.

Conclusions

In summary, REE is promoted as a curriculum that teaches children to reduce irrational thinking, develop realistic self-concepts, and solve problems more effectively. Due to this, REE presents itself as an ideal tool school personnel should use to increase behavioral and emotional

adjustment in children. Yet the complexity of REE's theoretical basis and the highly cognitive framework it is built on can seem too daunting for children to comprehend. Research conducted on the effectiveness of REE show more research discrediting REE than supporting it. Of the studies noted in this paper, a total of 397 comparisons between REE and alternative treatments were examined with 150 favoring REE (38%) and 246 not favoring REE (62%). While these results show REE to be ineffective from an empirical standpoint, those who embrace cognitive-behavioral theories can not help but support its advancement as REE supports the philosophical idea of the connection between thinking, feeling, and behaving. However, some individuals are not introspective enough to see a connection between their thoughts, feelings, and behaviors so REE would be completely ineffective for them. One's personal beliefs, personality, and reflection on themselves might be the key determinants of how successful REE would be, and, therefore, school-wide teaching of the theory would not be beneficial as only a certain percentage of students would understand its concepts. One can just hope that those who are contemplating using REBT or REE with children thoroughly consider the many variables surrounding the theory and its use with children before making a decision.

Recommendations

New research is needed on REE to conclude its effectiveness in the present day. Much of the research reviewed in this paper was from the 1970's and 1980's. Perhaps REBT and REE have lost their 'new' effect as REBT was first promoted in the 1960's when many researchers were interested in reviewing its effectiveness. Yet times have changed drastically in the lives of students over the past 30 years so research gathered at that time is relatively ineffective today and calls for updated research.

When conducting new research, one should also find ways to measure actual behavioral change in the subjects. Surveys are a popular dependent variable in REBT and REE studies, and yet their use does not show practical change. This truth has helped to discredit the theory's use as one could believe researchers are using surveys as their measuring device because surveys show favorable results for them. Tracking behavior to determine a change is time-consuming and expensive, but something REBT and REE supporters must conduct in order to have more empirical data for their theory.

In addition, it would be beneficial to REBT and REE if more researchers of the theory would publish their work in accredited journals which individuals could review. Many articles highlighted the lack of published studies on REE and its effectiveness with children (Gossette & O'Brien, 1993; Hajzler & Bernard, 1991). A majority of research performed on REE is only reported in master's theses and doctoral dissertations. If a theory is to become well accepted and approved by counselors and therapists, it must have a strong and stable background with solid empirical evidence to support its claims. Although master's theses and doctoral dissertations are credible sources as they are done by future professionals, nothing credence to a theory like multiple works in an established journal.

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Appendix A: "Where's the Proof"

Where's the Proof?

Name _____

Directions: In the black space in front of each belief, print a "T" if the belief is a true belief and an "F" if the belief is a false belief.

- ___ 1. I don't like it when I do poorly but it's not the worst thing in the world.
- ___ 2. Life has to be fair all the time.
- ___ 3. If people don't like me I can still like myself.
- ___ 4. I can't stand losing at something important.
- ___ 5. I wish things were easier in school, but they don't have to be.
- ___ 6. Other people make me feel bad.
- ___ 7. If I make a mistake once I will probably always make that mistake.
- ___ 8. Because math is hard for me it proves I'm a stupid person.
- ___ 9. If someone thinks I'm a nerd, I'm a nerd.
- ___ 10. No matter what you say or do to me, I'm still a worthwhile person.
- ___ 11. When things don't go the way I want, it's the worst thing ever.
- ___ 12. I have to be right 100 percent of the time.
- ___ 13. Things should go my way most of the time.
- ___ 14. For the most part, I can control how I feel.

Note. From *Anger Management in Schools* (p. 181) by Jerry Wilde, 2002, Lanham, MD: Rowman & Littlefield Education. Copyright 2002 by Jerry Wilde. Reprinted (or adapted) with permission.

Appendix B: "Rational or Irrational Beliefs List"

Rational or Irrational Beliefs List

1. I've never had any friends.
2. No one ever asks me to go anywhere.
3. I wish I could have a new stereo.
4. If I can't go to the skating party, I'll die.
5. If she is really my friend, she should always sit by me and not by other kids.
6. My parents never let me do anything.
7. It would be nice if he would invite me to stay overnight, but just because he hasn't, that doesn't mean he doesn't like me.
8. I'm such a terrible basketball player. If I go out onto that floor, everyone will laugh and make fun of me.
9. If I make a mistake on this test, it doesn't mean I'm a dummy.
10. Everyone should say nice things to me.
11. I wish I had more friends.
12. If I have to sit next to him, I might as well quit school.
13. I really don't like her, but if I have to be her partner I guess I can stand it.
14. Just because I lost in arm wrestling, everyone is going to make fun of me and call me a wimp.
15. If my mom yells at me, it just means she's had a bad day, not that she doesn't love me.
16. There's no way I can wear my sister's hand-me-down clothes to school. Everyone will make fun of the way I look.
17. If I have to be in a class with those kids, I might as well quit school.
18. I would like to go skiing over spring break like some of the other kids, but I understand my parents can't afford it.

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Appendix C: "Erase the Irrational Worksheet"

Erase the Irrational Worksheet

Irrational Belief	Rational Belief
1. I should be perfect in everything.	1. _____ _____
2. My friends should always do what I want them to do.	2. _____ _____
3. If I make a mistake, I'm dumb.	3. _____ _____
4. Everyone should like me.	4. _____ _____
5. I'm the only one around the house who ever does any work.	5. _____ _____
6. The way I'm working on my project is the best way, and others should do it my way.	6. _____ _____
7. I shouldn't have to go out of my way to make friends. People should come to me.	7. _____ _____
8. It's not my fault that I'm unhappy all the time.	8. _____ _____
9. Other kids shouldn't just stand there during a game – they should put in as much effort as I do.	9. _____ _____
10. My friends should always listen to what I have to say.	10. _____ _____

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