

Educators' Notebook

Rational Emotive Behavioural Therapy

Rational Emotive Behavioral Therapy: Implications for Educators

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This article summarizes Gonzalez, Ronnelson, Gutkin, Saunders, Galloway and Shwery's (2004) meta-analysis of 19 experimental studies on rational emotive behavioral therapy (REBT) with children and adolescents. Findings suggested that the largest effect of REBT was on disruptive behaviors. In addition:(a) there was no statistical difference between studies identified low or high in internal validity; (b) REBT appeared equally effective for children and adolescents with or without identified problems; (c) non-mental health professionals produced REBT effects of greater magnitude than their mental health counterparts; (d) the longer the duration of REBT sessions, the greater the impact; and (e) children benefited more from REBT than adolescents.

September, 2006

Volume 18 Number 1

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Farmer, Burns, Phillips, Angold and Costello (2003) indicate that the education system is the primary service delivery system for mental health services for youth, which has led to an increase in the demand for interventions (Stoiber & Kratochwill, 2000). Rational emotive behavior therapy (REBT), pioneered by Albert Ellis in the 1950's and deriving out of cognitive behavioral therapy, uses techniques that teach children to use cognitive strategies to promote mental reflection and positive behavior (Durlak, Fuhrman, & Lampman, 1991). Gonzalez, Nelson, Gutkin, Saunders, Galloway & Shwery (2004) suggest that "the basic premise underlying REBT is that emotional disturbances emerge from faulty thinking about events rather than the events themselves" (p. 22).

REBT for children and adolescents has been used to combat conduct disorders (Morris, 1993), aggression (Raynor, 1992), test anxiety (Warren, Deffenbacher, & Brading, 1976), disruptive classroom behaviors (Zelie, Stone, & Lehr, 1980), attention-deficit/hyperactive disorder (Morris, 1993), low self-esteem (Weaver & Matthews, 1993), low self concept (Cangelosi, Gressard, & Mines, 1980), irrationality (Rosenbaum, McMurray, & Campbell, 1991), general anxiety (Knaus & Boker, 1975), and low academic achievement (Block, 1978). The therapy is premised on relationship building between the practitioner and child, and the learning of problem solving strategies (Bernard & Joyce 1991, 1993), including listening for inferences and evaluative errors that lead to emotional disturbances. The practitioner and child together develop goals for "reducing the intensity, duration, and frequency of disturbed emotions" (Gonzalez

et al., 2004, p. 223), and the child learns to systematically assess the degree to which his/her thoughts/beliefs are true, sensible, and helpful (Bernard & Joyce, 1991, 1993). Ultimately, REBT attempts to curb the emotional disturbances in order to help the child learn to control his/her own behavior more effectively (Neenan & Dryden, 1999).

Synthesis of Research

Qualitative reviews of REBT studies with child and adolescents (Hajzler & Bernard, 1991; DiGiuseppe & Bernard, 1990) suggest that REBT leads to decreases in irrationality, anxiety, and disruptive behavior, modifies locus of control to become more internalized, and helps to build self-esteem. In addition, Gonzalez et al.'s (2004) meta analysis of 19 experimental studies evaluated the impact of REBT on treatment outcomes for children and adolescents under the age of 18 who had received REBT in schools or clinics.

Seven findings of the Gonzalez et al. (2004, p. 233) meta-analysis are worth noting. In all studies, the effects of REBT were beneficial for children and adolescents. REBT had the largest effect on disruptive behaviors, which is likely not surprising since these behaviors are the most often reported reasons for mental health referrals (Forehand & McMahon, 1981). The analyses also found: (a) there was no statistical difference between studies identified low or high in internal validity; (b) REBT appeared equally effective for children and adolescents with or without identified problems; (c) non-mental health professionals produced larger REBT effects than their mental health counterparts; (d) the longer the duration of REBT sessions, the greater the impact; and (e) elementary

children benefited more from REBT than middle or high school students.

Implications for Educators

The implications of these syntheses of research suggest that REBT is an effective, child-centered, relational approach that could be instituted within schools with minimal disruption to current functioning. In fact, because it was found to be effective with children and adolescents with or without identified problems, REBT may offer hope as both an intervention and a prevention program for all students (Gonzalez et al., 2004). In addition, since non-mental health professionals produced greater effects than mental health practitioners, the argument could be made that some of the responsibility of student mental health services might best be served by staff within the school (Doll, 1996). It would not be surprising to find that some staff feel they are already providing these

services, even though most of them are ill-equipped to handle them properly. The referral rates for children may be reduced if properly trained staff knew how to effectively use their access to and relationships with children to help decrease emotional disturbances which then lead to behavioural problems. It also seems apparent that such techniques could underpin much of the social learning that already is taught in school environments, particularly at the elementary level where it has been found that REBT is most effective. Given the reality that mental health issues are on the increase in schools, and that mental health professionals have become harder to recruit and retain, the findings of this meta analysis suggest that more, and more appropriate, staff training in such techniques should be supported for all staff across school divisions and within preparation programs.

ISSN 1181 - 9480

This is a brief review of a complex body of educational research. Since no brief review can capture a full body of research, readers are urged to consult the references which have been cited. The views expressed in this notebook are those of the author. The sponsors welcome your comments on this issue and your suggestions for future issues of Educators' Notebook.

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