

Another Arrow for Your Quiver

REBT for SUD

David A. Frenz, M.D.

Diplomate, American Board of Preventative Medicine

Diplomate, American Board of Addiction Medicine

Diplomate, American Board of Family Medicine

Disclosures

- I'm a physician in private practice
- I was previously employed by
 - HealthEast Care System (medical director)
 - North Memorial Health (vice president)
- I'm on faculty at the University of Minnesota
 - Evidence-based medicine
- I don't have any financial relationships with the pharmaceutical or medical device industries
- I don't intend to discuss investigational drugs or the “off label” use of medications

Session Objectives

1. The audience will understand REBT's A-B-C model for conceptualizing unhealthy negative emotions and self-defeating behaviors
2. The audience appreciate how irrational beliefs drive unhealthy negative emotions and self-defeating behaviors, including addiction
3. The audience will learn various ways to dispute their clients' irrational beliefs concerning substance cravings and substance use

Preliminaries



Mike's Golf Outlet

DAVID FRENZ MD
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Club Choices

- Cognitive behavior therapy
 - Rational emotive behavior therapy (REBT)
- Mindfulness-based therapy
 - Dialectical behavior therapy (DBT)
 - Acceptance and commitment therapy (ACT)
- Motivational enhancement therapy
 - Motivational interviewing (MI)
- Constructivist-developmental therapy

Teeing Up

Why I Like REBT

- Simple model
- Efficient
- Effective
- Connects well with SMART Recovery
 - www.smartrecovery.org
- Generalizes to other areas of life



Counseling Today

DAVID FRENZ MD
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CERTIFIES THAT

DAVID A. FRENZ, M.D.

HAS COMPLETED A PRIMARY TRAINING COURSE
IN RATIONAL-EMOTIVE & COGNITIVE-BEHAVIORAL THEORY AND TECHNIQUES

DATE **JUNE 2017**

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DAVID FRENZ MD
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REVIEW ARTICLE

50 years of rational-emotive and cognitive-behavioral therapy: A systematic review and meta-analysis

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Objective: Rational-emotive behavior therapy (REBT), introduced by Albert Ellis in the late 1950s, is one of the main pillars of cognitive-behavioral therapy. Existing reviews on REBT are overdue by 10 years or more. We aimed to summarize the effectiveness and efficacy of REBT since its beginnings and investigate the alleged mechanisms of change.

Method: Systematic search identified 84 articles, out of which 68 provided data for between-group analyses and 39 for within-group analyses.

Results: We found a medium effect size of REBT compared to other interventions on outcomes ($d = 0.58$) and on irrational beliefs ($d = 0.70$), at posttest. For the within-group analyses, we obtained medium effects for both outcomes ($d = 0.56$) and irrational beliefs ($d = 0.61$). Several significant moderators emerged.

Conclusion: REBT is a sound psychological intervention. Directions for future studies are outlined, stemming from the limitations of existing ones.

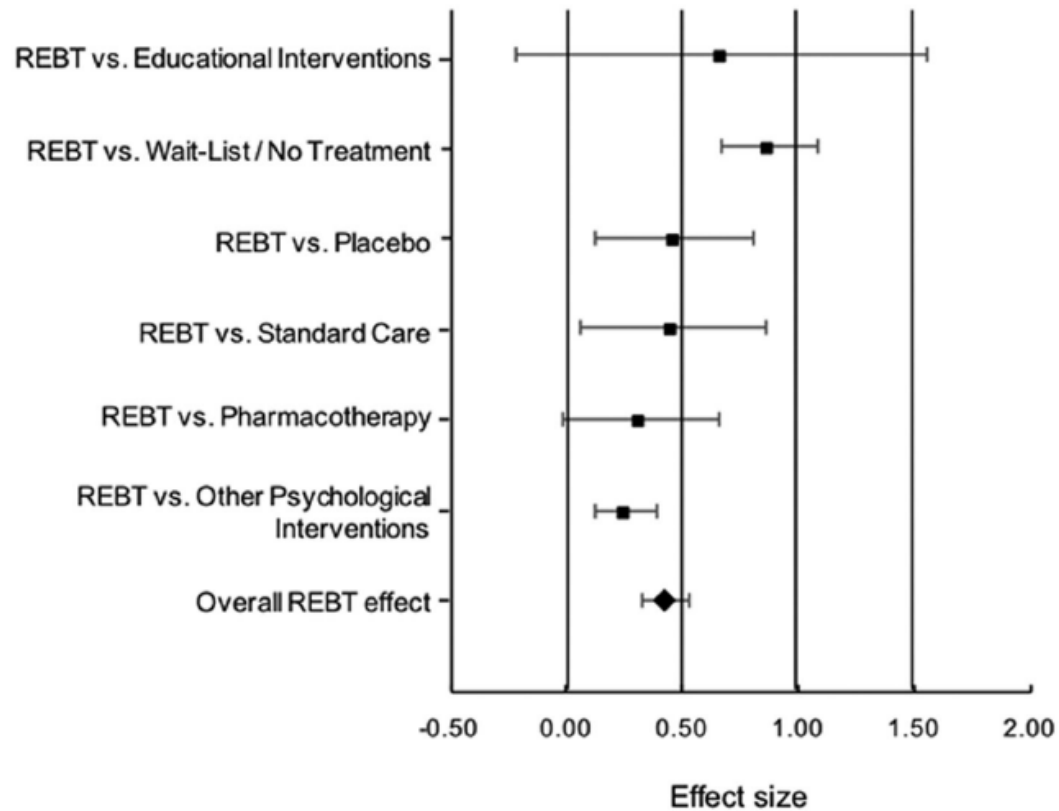
KEYWORDS

efficacy, irrational beliefs, meta-analysis, rational beliefs, REBT

Rational emotive behavior therapy (REBT) is the original form and one of the main pillars of cognitive-behavioral therapies (CBT). Alongside with the cognitive therapy (CT) created by Aaron Beck (1976), it served as the basis for the development of CBT. Albert Ellis first introduced REBT in 1957 with the name of rational therapy (RT); later, to emphasize its focus on emotional outcomes, it was named rational emotive therapy (RET). Finally, in the 1990s, Ellis changed

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Thinking About Thinking



Epictetus

“ It isn’t the things themselves that disturb people, but the judgements that they form about them. ”

Shakespeare

“ For there is nothing either good or bad, but thinking makes it so. ”

John Milton

“ The mind is its own place, and in it self
Can make a Heav'n of Hell, a Hell of Heav'n. ”

Marcus Aurelius Antonius

“ It is possible to form no opinion on this matter and not be troubled in one’s mind; for things themselves are not of such a nature that they can create judgements within us. ”

A (Activating Events or Adversities)

Briefly Summarize the Situation as Objectively as Possible:

Critical A (What I Was Most Disturbed About):

Examples:

- A can be internal or external, real or imagined
- A can be an event in the past, present, or future

- Situation: "My wife and I disagreed about something"
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Bs (Beliefs): Irrational
(Unhelpful/Dysfunctional) Beliefs

To Identify Irrational Beliefs, Look For:

- 1) **Demands** (musts/absolute shoulds/oughts)
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(It's awful, terrible, horrible!)
- 3) **Frustration Intolerance**
(I can't stand it!)
- 4) **Self-Downing, Other-Downing, or Life-Downing**
(I'm bad or worthless, He/she is bad or worthless, or Life is not worthwhile)

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Ds (Disputation): Debate Your
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- **Is it logical?** Does it follow from my preferences?
- **Use metaphorical disputation** (e.g. metaphors, stories, humor)

C (Consequences)

Major Dysfunctional/Unhealthy Negative Emotion (Feeling): _____

Maladaptive/Unhelpful Behaviors (and/or Action Tendencies): _____

Dysfunctional Negative Emotions include:

- Anxiety/fear
- Shame/embarrassment
- Rage/anger
- Guilt
- Depression (depressed mood)
- Problematic jealousy
- Problematic envy
- Hurt

Maladaptive Behaviors include:

- Social avoidance
- Not taking care of yourself
(e.g. not exercising, not resting)
- Being aggressive

GOALS

Es (Effective): Rational (Helpful/
Functional) Beliefs

To Think More Rationally, Strive For:

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(e.g. I can accept myself as a fallible human being.)

Es (Functional): Major Functional/Healthy
Emotion and Adaptive/Helpful Behaviors

(Goal): New
Functional/Healthy Negative Emotion:

(Goals): New Adaptive/Helpful Behaviors:

Functional/Healthy Negative Emotions
include:

- Concern
- Disappointment
- Healthy anger/annoyance
- Remorse/regret
- Sadness
- Healthy concern for relationship
- Healthy envy
- Sorrow

Adaptive/Helpful Behaviors include:

- Meeting friends or seeking support
- Exercising
- Assertive behaviors

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Irrational Beliefs

B—S

“ Every time a human being gets upset—except when she’s in physical pain—she has always told herself some bullshit the second before she gets upset. ”

Love & Approval

“ 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. ”

Competence

“ The idea that one should be thoroughly competent, adequate, and achieving in all possible respects if one it to consider oneself worthwhile. ”

Condemnation

“ The idea that certain people are bad, wicked, or villainous and that they should be severely blamed and punished for their villainy. ”

Awfulizing

“ The idea that it is awful and catastrophic when things are not the way one would very much like them to be. ”

Victimization

“ The idea that human unhappiness is externally caused and that people have little or no ability to control their sorrows and disturbances. ”

Rumination

“ 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. ”

Avoidance

“ The idea that it is easier to avoid than to face certain life difficulties and self-responsibilities. ”

Dependence

“ The idea that one should be dependent on other and needs someone stronger than oneself on whom to rely. ”

Determinism

“ 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. ”

Reactivity

“ The idea that one should become quite upset over other people’s problems and disturbances. ”

Perfectionism

“ 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. ”

Characteristics

1. It is absolute, dichotomous, rigid, and unbending;
2. It is not logical;
3. It is not consistent with reality;
4. It does not help to achieve one's goals;
5. It leads to unhealthy/dysfunctional emotions

Demandingness

“ An unrealistic and absolute expectation of events or individuals being the way a person desires them to be. ”

Awfulizing

“ An exaggeration of the negative consequences of a situation to an extreme degree, so that an unfortunate occurrence becomes ‘terrible.’ ”

Frustration Intolerance

“ Demands for ease and comfort ”

Global Evaluations of Human Worth

“ [The idea that] human beings can be rated, and that some people are worthless, or at least less valuable than others. ”

Belief Content

- Social relationships
 - Demands, awfulizing, frustration intolerance, global evaluations
- Achievement
- Comfort
- Fairness

Addiction iBs

- I cannot stand avoiding a drink
- I cannot function without a drink
- I am not strong enough to resist alcohol
- I cannot stand the deprivation of my desire for a drink
- I am a horribly deprived person if I cannot have a drink
- Life is too hard so I am entitled to have a drink
- To make up for my difficult life, I must have a drink

Addiction iBs

- I must have a drink or I can't go on
- I must not abstain when it's so enjoyable to imbibe
- I must not abstain when it is so painful to do so

Consequences

Consequences

- Unhealthy negative emotions
 - Anxiety
 - Depression
 - Clinical anger
 - Guilt
 - Shame
 - Hurt
- Unhealthy maladaptive behaviors
 - Social avoidance
 - Poor self-care
 - Aggression
 - Chemical coping

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Disputation

T—S

“ The two words I usually recommend are: “Tough shit!”
If you really believe these words and the basic philosophy for which they stand, you will instantly start to lose your extreme feelings of anxiety, depression, and shame and become emotionally unblocked. ”

Logical

- Why does it have to be so, just because you want it?
- How do you get from wanting them to respect you to the belief that they must respect you?
- If you heard someone else claiming it was the worst thing ever, would you be convinced?
- You might not like being disrespected, but does it logically follow that you can't stand it?
- How do you become worthless if they don't respect you?

Empirical / Reality-Testing

- Where is the evidence that they must respect you?
- Where is it written that they must respect you?
- How will your world be destroyed if they don't respect you?
- You've been disrespected before and survived. Where's the proof that you can't stand it?
- Assume they disrespect you. Does anyone else in the world value you?

Pragmatic / Functional

- So, you think it's terrible that they don't respect you. How is that thought working for you?
- When you think that way, how do you feel? Is that feeling helpful?
- What happens to you when you think that thought?
- Why do you hold onto a belief that causes you so much trouble?
- How has that belief helped you accomplish your goals?

Disputing Styles

- Didactic
- Socratic
- Humorous
- Metaphoric
- Creative
- Vicarious modeling

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Effective Rational Beliefs

Effective Rational Beliefs

- Flexible preferences
 - I want to do well, but I don't have to
- Anti-awfulizing
 - It may be bad or unfortunate, but it's not awful, and I can still enjoy some things
- High frustration tolerance
 - I don't like it but I can stand it, and I can still enjoy many things
- Acceptance
 - I can accept myself as a fallible human being

Becoming Their Own Therapist

- Clients need to continuously, vigorously practice coping statements
 - Turn iBs into Es
 - Es transform Cs into healthy negative emotions and adaptive behaviors

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Functional Emotions & Behaviors

Healthy Negative Emotions

Unhealthy & Dysfunctional	Healthy & Functional
Anxiety	Concern
Depression	Sadness
Clinical anger	Annoyance
Guilt	Remorse
Shame	Regret
Hurt	Disappointment

Healthy Adaptive Behaviors

Maladaptive & Dysfunctional	Adaptive & Functional
Social avoidance	Meeting friends, seeking support
Poor self-care	Bathing, exercising
Aggression	Assertive behaviors
Chemical coping	Healthy coping behaviors

REBT Self-help Form

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Clinical Example

Client

- Female patient subject to random urine toxicology per the child protection system

A & C

A Color wheel

C Anxiety about her color coming up

Anger and outbursts when her color came up

iBs

- I must have time to myself. CPS should not disrupt my day
- It would be terrible if my color came up because it would ruin my day
- I couldn't stand it if my color came up. I can't handle the inconvenience of running down to HCMC
- My CPS worker is totally evil

D

- Is it logical that just because I don't want my color to come up that it shouldn't?
- Where is it written that my color can't come up? Is there a law of physics that says it can't?
- Where does anxiety and anger get me? Do they help me reach my goals? (less emotional disturbance, getting off of CPS)

E

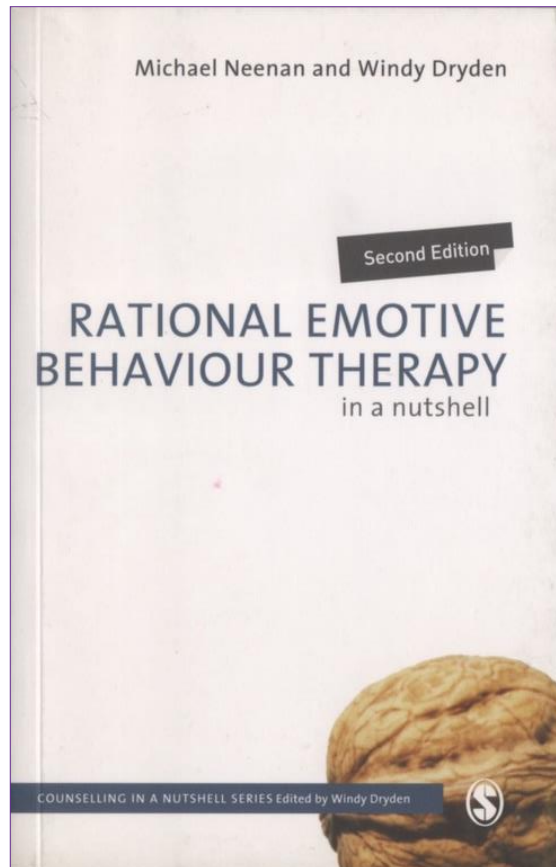
- I'd really like my color to not come up but there's no reason why it shouldn't
- It would be inconvenient if my color came up, but it wouldn't be terrible or horrible if it did
- I don't like it when my color comes up, but I can handle it
- My CPS worker inconveniences me but that doesn't mean she's completely rotten

F

- Anxiety became concern
- Anger became annoyance
- Outbursts became cooperative, respectful behavior

Resources

Start Here



London: SAGE Publications, 2011

DAVID FRENZ MD
MENTAL HEALTH & ADDICTION CARE

Deeper Dive

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