



Building the Future of CBT

Rational News

The NACBT Quarterly Newsletter

The NACBT Changes its Policy For Re-certification!

Changes meeting very positive response from members.

In response to many requests for reform of the NACBT re-certification policy, the NACBT has changed its approach to re-certification that it believes is more realistic and attainable for the busy working professional. The new approach is patterned after the approach used by the National Board for Certified Counselors. The changes are as follows:

1. Effective January 1, 2001, all certifications will be effective for five (5) years.
2. To re-certify, a member must submit at the end of the five years proof of continuing education received during the five-year certification period. The total number of contact hours for the five years is twenty-five (25).
3. If a member fails to meet the continuing education requirements at the end of the five-year certification period, he or she may take the certification examination to re-certify.
4. An updated diploma will be forwarded yearly upon the NACBT's receiving the annual re-certification and membership fees.

However, please note that the changes in the re-certification requirements are not an attempt by the NACBT to decrease its standards. NACBT president Aldo Pucci has written repeatedly about the importance of maintaining high standards to help legitimize the credentials they offer.

Therefore, the continuing education credits submitted after the five-year certification period MUST be in the field of cognitive-behavioral therapy (theory or application). Should a member not have the necessary number of qualifying credits at the end of the five-year period, he or she then would be required to pass the certification examination to retain the his or her credential(s).

Everyone who has not re-certified during 2001 must do so by their re-certification date this year. Afterwards, they will not need to submit continuing education contact hours until 2006.

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“From the President”

Why We Make Changes to Our Re-Certification Policy

by Aldo R. Pucci, MA, LPC
President, NACBT



Since its inception, the NACBT has had a lot of feedback from members requesting an “easier” re-certification process, and I had passed that off as people being unwilling to do what was necessary to maintain a credential that “meant something”.

Our main goal for having members re-certify their certifications has been to encourage members to continually improve their knowledge of cognitive-behavioral therapy. There are several benefits to NACBT members increasing their knowledge of CBT:

- (1) Their clients benefit by having a more skilled practitioner;
- (2) Our credentials gain additional respect as those who possess them become increasingly knowledgeable; and
- (3) As the credentials gain respect, members receive benefits by receiving increased business, by easier acceptance into managed care networks, and / or by greater potential to gain the job position of their desire.

Of course, the greater the respect our credentials demand, the greater the number of clinicians there will be who seek credentialing from the NACBT. Furthermore, the larger the NACBT membership, the more that the NACBT can do for its members.

While we certainly continue to be very conscious of gaining increased respect for our credentials and those who possess them, we also became aware that our standards for re-certification were higher than those of most state licensing boards. As a result, many very knowledgeable, competent members found it very difficult to fulfill the NACBT's continuing education requirement, and, therefore, could not re-certify. To those that have, I certainly congratulate you, and I'm sure that your client's have been rewarded for your efforts.

**National Association of
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In the last issue of *Rational News*, I encouraged members to be passionate about CBT, and I continue with that message this issue. If you see yourself as wanting to be a skilled clinician, continue to learn. Many of us fall into the “trap” of believing that because we have read a number of books, attended a number of seminars / workshops, and have been implementing CBT for years that we know all that we need to or that we would not learn much by attending a workshop or seminar. I encourage you to refuse to jump to that conclusion and take advantage of as many opportunities as possible to improve your knowledge of CBT.

One common characteristic I have observed of the most noted, accomplished cognitive-behavioral therapists is their willingness to learn. If they can stand to learn something new, then certainly so can we.

NACBT Bulletin Board



Join the NACBT CBT Discussion List

Join our outstanding discussions by joining the NACBT Cognitive-Behavioral Discussion List. It is a listserv provided by Listbot.

To join, visit the NACBT's Web Site at <http://www.nacbt.org>.

The link to join is near the bottom of the home page.



Anxiety Disorder Specialist Grandfathering

The NACBT is offering the Certified Anxiety Disorder Specialist (CADS) credential through grandfathering. Minimum requirements include a Masters degree, one year experience at applying CBT in the treatment of anxiety disorders, and CBT training.

For an application, telephone the NACBT at 1-800-853-1135



Reminder of NACBT Diplomate Offering

The NACBT Diplomate represents outstanding knowledge of cognitive-behavioral therapy as well as a commitment to promoting and advancing our preferred form of psychotherapy.

If you would like an application for the NACBT Diplomate, give us a call at 1-800-853-1135 or e-mail us at nacbt@nacbt.org.



New Business Opportunity for NACBT Members!

The NACBT announces the NACBT Affiliate Program. Members who own web sites can place our banner advertisement on their web site and earn a 15% commission on each sale that *results from* their referral to our Professional & Self-Help Online Store.

For more information, visit our site a [Http://www.nacbt.org/affiliates.htm](http://www.nacbt.org/affiliates.htm).



NACBT Recruiting State Representatives

If you would like to serve as an NACBT State Representative, call the NACBT at 1-800-853-1135 or send us an email at representative@nacbt.org and request an application.

We hope to have a representative for each state by this time next year.

NACBT Plans Conference for 2002

The NACBT is planning to hold the 2002 National Conference in May, 2002 at the Mountaineer Race Track & Gaming Resort, located in Chester, West Virginia (located thirty miles West of Pittsburgh, PA). In response to members' requests that the national conference be not only educational, but entertaining as well, the NACBT selected the Mountaineer Resort for its many entertainment opportunities, including video slots and coin drop machines, horse racing, golfing, concerts, music / dancing, excellent restaurants, and a full-featured spa which includes professional massages and manicures.

The NACBT is working with Mountaineer to schedule the conference when a nationally recognized entertainer performs there, such as The Temptations, The Four Tops, Rich Little, or Gallagher.

In terms of workshops / seminars, we are extending an invitation to David Burns, M.D., Albert Ellis, Ph.D., Maxie Maultsby, Jr., M.D., and a host of other nationally and internationally recognized cognitive-behavioral therapists. We also plan to offer continuing education credits to counselors, psychologists, physicians, nurses, and social workers.

NACBT President Aldo Pucci is also planning to present a Rational Hypnotherapy certification program during the conference.

Looking for Presenters for 2002 Conference

The NACBT is seeking workshop proposals for the 2002 National Conference at the Mountaineer Gaming Resort in Chester, WV (30 miles West of Pittsburgh, PA).

While all cognitive-behaviorally-oriented workshop proposals will be considered, we are looking for presentations dealing with the application of cognitive-behavioral therapy to specific disorders or in specific settings, such as, "Treating Fibromyalgia with CBT," or "Utilizing Cognitive-Behavioral Therapy in a Crisis Unit Setting."

This is your opportunity to share your knowledge and experience with fellow cognitive-behavioral therapists. Many of our past presenters continue to comment on the benefits they have received from presenting at the conference.

If you are interested in presenting a three-hour workshop at the conference, contact the NACBT for a workshop proposal form by calling us at 1-800-853-1135, e-mailing us at nacbt@nacbt.org, or downloading the application using Adobe Acrobat at <http://www.nacbt.org>. The conference will be held in May, 2002.

More Phone Lines Mean No More Busy Signals!

The NACBT has installed several additional phone lines to significantly reduce the chances that you will receive a busy signal when attempting to contact us using our toll free number (800) 853-1135.

Reminder: No 2001 NACBT National Conference

As was reported in the last issue of *Rational News*, the NACBT elected not to have a national conference during 2001 as the Association is in transition and needed to focus on many other issues involving credentials, re-certification, and continuing education opportunities. Additionally, the NACBT has focused a great deal of time and energy developing an approach to promoting it and, more importantly, its members. Details on this new publicity approach will be supplied in the next issue of *Rational News*.

Home Study

Rational Hypnotherapy Certification Program

Utilize this excellent home-study program to learn this straight-forward, easy to learn hypnotherapy approach. Includes 12 audio cassettes and a video presentation. Step-by-step instructions will have you performing hypnotherapy in a matter of days. **Only \$225**

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Aldo R. Pucci, MA, LPC

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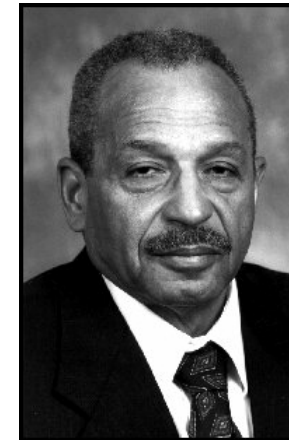
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*** Was \$15.95, Now it's on sale for only **\$10** ***



“Ask Dr. Maultsby”

by Maxie C. Maultsby, Jr., M.D.
Howard University
NACBT Advisor

QUESTION: *Dr. Maultsby, I work with teenagers and families in conflict. One of the most common barriers to therapeutic progress is differences in beliefs between my clients themselves and between them and me about what is fair. So, we spend session after session discussing, actually arguing about what is and is not fair. Do you have such a problem? If so, how do you handle it?*

RESPONSE AND ANSWER:

Thank you for that excellent question. In my 30 plus years of psychiatric research and practice I have never seen a therapists who did not have a great deal of difficulty with that common therapeutic problem.

Here's how I normally handle it. First I point out that, like most words in every language, this conflict inducing word has as many different meanings. All of those meanings are right for the behavior of the people who believe in their differing meanings. But that fact is irrelevant because we are in continuous, unwanted conflict.

I also point out that my research also reveals that normal people will die before they will let another person prove them to wrong. I immediately support that usually surprising fact with this objective data: To my knowledge, there has never been a war in which, before the war, the fighting armies agreed about who was right and who was wrong. Then I state my belief that further arguing about the meaning of this conflict inducing word will merely be an expensive waste of therapy time. Ethical psychotherapists, such as I believe myself to be, are unwilling to conduct such therapy. That's because we know that a natural law of healthy self-mastery is: Normal human minds, that are changed against the people's honest will are of the same belief still. Consequently, I am only willing to consider further issues about fairness, only if we first do these two things: 1) Empirically define and ONLY use this conflict inducing word in the empirical way that accurately fits how the real world in which we live normally works. 2) We all agree to ONLY use the word FAIR to communicate our mutually agreed to definition.

Then I point out that the only empirical and rational (as defined in Rational Behavior Therapy) definition of the word, FAIR, to which normal people, regardless of their differing race, sex, religion or ethnic origins, will honestly agree (even without liking it) is this: Fair is anything two or more people agree will be fair for them, and or that which the person or people who have the power to enforce it, say is fair.

In the cases of parent/child conflicts, I also add; in my experience, the most conflict free families usually resolve parent/child conflict according to the "rational golden rule". The "rational golden rule" is: *They who have the gold, have the prerogative of making the rules, including the rules of fairness.* If you parents are not willing to resolve your fairness issues according to that reality, then I will not be able to help you with this problem. However, I am willing to refer you to a therapist who does not use Rational Behavior Therapy, who might be able to help you.

(Continued on Page 7)

“Ask Dr. Maultsby”

Prices are Member Prices. Please add \$5 for Shipping. All orders shipped two-day USPS.

Mail order with Check or Money Order to: NACBT, P.O. Box 2195, Weirton, WV 26062



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With adults who have similar conflicts about the word, FAIR, I make the following modifications in the above maneuver. I describe the relevant above facts about the empirical meaning of FAIR. Almost never will their concepts fit either of the above empirical meanings of FAIR. Then I reemphasize that they are both right for their individual meanings of FAIR. But, that is irrelevant because they both are engaged in intolerable conflict. So the important questions are : Do they want to be “*right and married or right and stay together; OR, do they prefer to be right and divorce or permanently separated?*” . If they choose the former, I then point out that they will have to ultimately define the word, FAIR in a way with which they both can be right and happy, instead of right and emotionally miserable. Most important, they will have to agree to exclusively use that definition of FAIR, all of the time. If they honestly agree to those conditions, I help them most quickly learn the ideally healthy concept of rational, described above.

However, such adults almost always have at least two or the most common, unsuspected causes of emotional self-abuse that are listed in the this website’s section on Maultsby’s Instant Self Check for Potential Unconscious Emotional Self-Abuse. Those unsuspected, irrational beliefs will almost always prevent them from quickly defining FAIR in a way that is agreeable to them both. Therefore, before I attempt to help them achieve that therapeutic goal, I have them individually take the Ten Item Screening check list for Potential Unconscious Emotional Self-abuse. Then we first adequately deal with the results of their self-check. INTERESTED PROFESSIONAL ARE FREE TO DOWNLOAD THE CHECK-LIST AND GIVE IT A CLINICAL TRIAL.

Most of my trainees, especially the Christian Therapists and Counselors, enjoy hearing or reading the following addendum to the above facts. Therefore, on the possibility that you too may enjoy it, I have included it below.

Below are my paraphrases of three of the oldest recorded and well proven of “Mother Nature’s” Psychological Laws Of Healthy Self-Mastery are: 1) Every sincere idea that people think is right in their own mind. Prov. 21:2. 2) As people sincerely think, so are they, *experientially*. Prov. 23: 7. BUT, if people think something is, when it is not, they deceive themselves. Gal. 6:3.

Here’s how I first learned about those Biblical references for my human research findings. Several of my workshop participants who were both professional psychotherapists and counselors and ministers gave them to me. Next are the three reasons that I routinely include them in my workshops and writings.

First I want to empirically demonstrate: 1) “Mother Nature’s” Psychological Laws Of Normal Human Behavior that produced Rational Behavior Therapy have existed for as long as normal people have existed. 2) Because “Mother Nature” in her infinite, benevolent wisdom chose to make her laws beautifully simple, they have been observed by normal people who have eyes that see, for as long as they have been willing to objective look and empirically check what they see. 3) Those natural laws will continue to control normal people’s behavior for as long as normal people continue to exist.

The emotional self-help field constantly has many unscientific and sometimes harmful “pop” psychological fads. Many normal, but inappropriately unhappy people have become so jaded, they often ignore scientifically valid, helpful advice simply because they believe it is just this year’s best selling, but passing, psychological fad. So they decide to emotionally suffer while waiting until next year’s emotional self-help fad appears on the best sellers’ list.

My hope is that those ancient, Biblical statements of the most well proven scientific laws of normal human nature will reassure you that the emotional self-help concepts and maneuvers used in Rational Behavior Therapy are NOT passing fads. To the contrary, they are the laws of ideally healthy human nature; they existed before you were born and they will survive you. You gain nothing, except unnecessary emotional misery by ignoring them in favor of waiting for next year’s best selling, but passing psychological fads.

Rationally Yours,
Maxie C. Maultsby, Jr. M.D

Medications Versus Cognitive Behavior Therapy for Severely Depressed Outpatients: Mega-Analysis of Four Randomized Comparisons

Robert J. DeRubeis, Ph.D., Lois A. Gelfand, M.A., Tony Z. Tang, M.A. and Anne D. Simons, Ph.D. American Journal of Psychiatry 156:1007-1013, July 1999

OBJECTIVE: The purpose of this study was to compare the acute outcomes of antidepressant medication and cognitive behavior therapy in the severely depressed outpatient subgroups of four major randomized trials. A secondary objective was to compare the results obtained in the National Institute of Mental Health Treatment of Depression Collaborative Research Program, upon which treatment guidelines have been based, with those obtained in the other three studies.

METHOD: Outcomes of antidepressant medication and cognitive behavior therapy were compared within each of the four studies separately and for patients aggregated across the four studies. In addition, the outcomes in the antidepressant medication and cognitive behavior therapy conditions of the Treatment of Depression Collaborative Research Program were compared with those obtained in the other three studies.

RESULTS: The overall effect sizes comparing antidepressant medication to cognitive behavior therapy favored cognitive behavior therapy, but tests comparing the two modalities did not reveal a significant advantage for either modality overall.

CONCLUSIONS: Cognitive behavior therapy has fared as well as antidepressant medication with severely depressed outpatients in four major comparisons. Until findings emerge from current or future comparative trials,

antidepressant medication should not be considered, on the basis of empirical evidence, to be superior to cognitive behavior therapy for the acute treatment of severely depressed outpatients.

Treating Acute Stress Disorder: An Evaluation of Cognitive Behavior Therapy and Supportive Counseling Techniques

Richard A. Bryant, Ph.D., Tanya Sackville, M.Psych., Suzanne T. Dang, M.Psych., Michelle Moulds, M.Psych. and Rachel Guthrie, M.Psych. American Journal of Psychiatry 156:1780-1786, November 1999

OBJECTIVE: Acute stress disorder permits an early identification of trauma survivors who are at risk of developing chronic posttraumatic stress disorder (PTSD). This study aimed to prevent PTSD by an early provision of cognitive behavior therapy. Specifically, this study indexed the relative efficacy of prolonged exposure and anxiety management in the treatment of acute stress disorder.

METHOD: Forty-five civilian trauma survivors with acute stress disorder were given five sessions of 1) prolonged exposure (N=14), 2) a combination of prolonged exposure and anxiety management (N=15), or 3) supportive counseling (N=16) within 2 weeks of their trauma. Forty-one trauma survivors were assessed at the 6-month follow-up.

RESULTS: Fewer patients with prolonged exposure (14%, N=2 of 14) and prolonged exposure plus anxiety management (20%, N=3 of 15) than supportive counseling (56%, N=9 of 16) met the criteria for PTSD after treatment. There were also fewer cases of PTSD in the prolonged exposure group (15%, N=2 of 13) and the prolonged exposure plus anxiety management group (23%, N=3 of 13) than in the supportive

counseling group (67%, N=10 of 15) 6 months after the trauma. Chronic PTSD in the supportive counseling condition was characterized by greater avoidance behaviors than in the prolonged exposure condition or the prolonged exposure plus anxiety management condition

CONCLUSIONS: These findings suggest that PTSD can be effectively prevented with an early provision of cognitive behavior therapy and that prolonged exposure may be the most critical component in the treatment of acute stress disorder.

Change in Compensatory Skills in Cognitive Therapy for Depression

Jacques P. Barber, Ph.D. and Robert J. DeRubeis, Ph.D. Journal of Psychotherapy Practice & Research 10:8-13, January 2001

The Ways of Responding (WOR) was developed to assess change in compensatory or metacognitive skills taught by cognitive therapists. Thus, one would expect WOR scores to change during cognitive therapy (CT) and to be associated with change in depression level. Twenty-seven patients with a DSM-III-R diagnosis of major depression who had received CT filled out the WOR and other measures of cognition. After 12 weeks of CT, the patients exhibited change in the WOR, the Attributional Style Questionnaire, the Dysfunctional Attitude Scale, and the Self-Control Scale. Furthermore, there were indications that change in depression was associated with changes in these measures of cognition, including the WOR. The WOR appears to be a sensitive measure of change during CT that covaries with change in depression. It remains to be tested whether change on the WOR is specific to CT.