Rational Living Therapy Level-One Certification

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President
National Association of
Cognitive-Behavioral Therapists

Rational Living Therapy

An Effective, Shorter-Term Approach with Long-Term Results

Developed and Presented by:

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Part One:

Introduction
to
Rational Living Therapy

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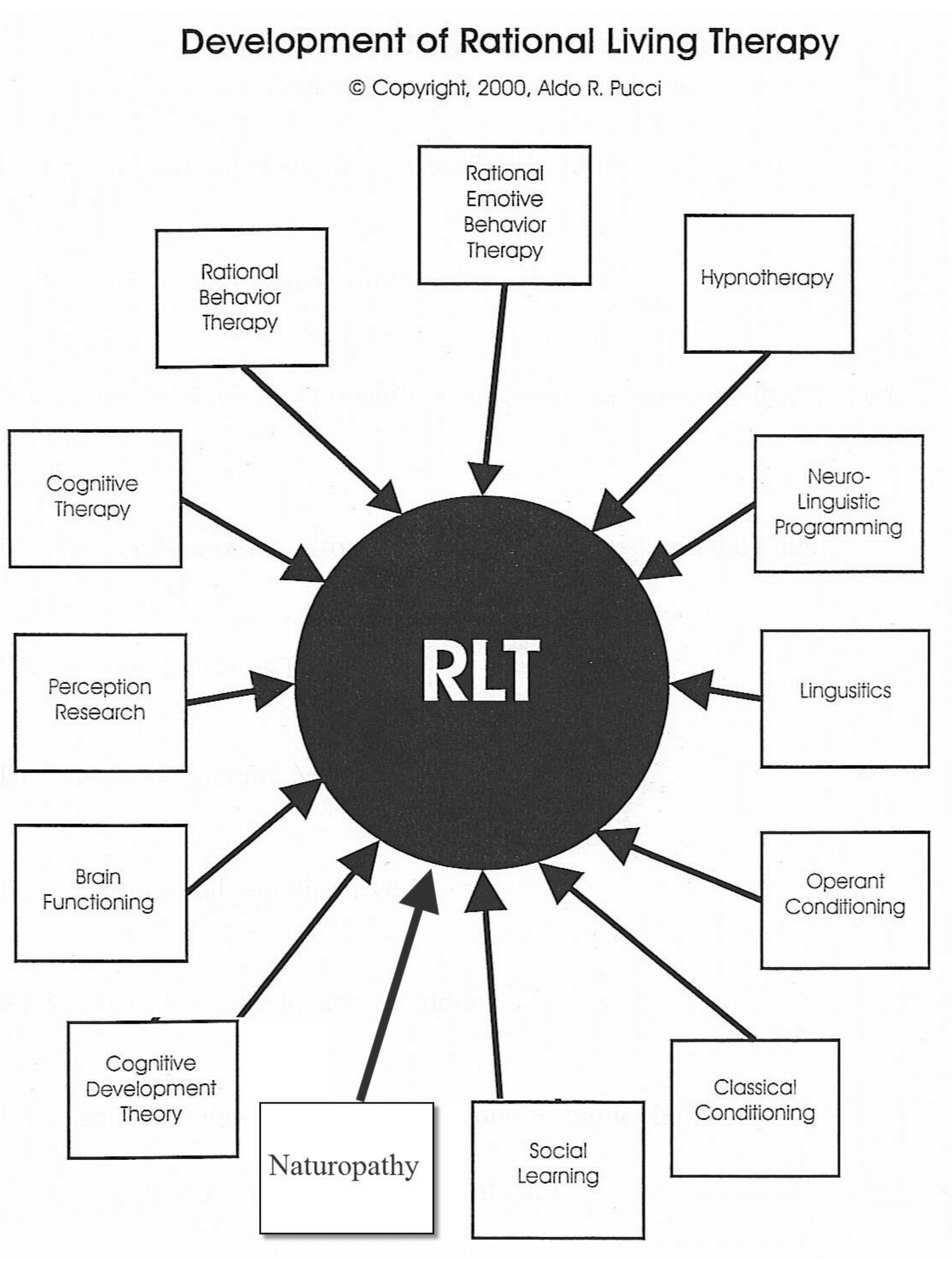
Chapter One

Theory of

Rational Living Therapy


Development of Rational Living Therapy
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Rational Emotive Behavior Therapy
Rational Behavior Therapy
Hypnotherapy
Cognitive Therapy
Neuro-Linguistic Programming
RLT
Perception Research
Lingusitics
Brain Functioning
Operant Conditioning
Cognitive Development Theory
Naturopathy
Social Learning
Classical Conditioning

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Rational Living Therapy®
Certification Procedure

Requirement for Certified Rational Living Therapist: Masters Degree or Above in Mental Health Field and completion of the five certification levels

Certification Levels

Level-One
Introduction to Rational Living Therapy
Dealing with Resistance
Intro. to the Treatment of Specific Problem Areas
Introduction to Group Therapy

Level-Two
Treatment of "Personality Disorders"
Advanced "Core Belief" Therapy
Advanced Cognitive Modification Skills
Application to Mood / Anxiety Disorders
Group Therapy

Level-Three
Rational Motivational Interviewing
Marital Therapy
Substance Abuse Treatment
Treatment of Children

Level-Four
Advanced Case Application (In-Depth Work on Therapy Cases Presented by Attendees)

Level-Five
Practicum (Six-Month weekly feedback of cases conducted via telephone)

Additional Available Training / Certifications

-- Certified RLT Supervisor
-- Certified RLT Instructor

-- Certified Rational Hypnotherapist (Some Rational Living Therapists elect to utilize this cognitive-behavioral approach to hypnotherapy to enhance the effectiveness of therapy. Rational Hypnotherapy is not a required aspect of Rational Living Therapy.)

Characteristics of Rational Living Therapy

(How it differs from other forms of therapy)

1. RLT is based on the Cognitive Model of Emotional Response.

2. RLT is Briefer and Time-Limited.

3. A sound therapeutic relationship is necessary for effective therapy, but not the focus.

4. RLT is a collaborative effort between the therapist and the client.

5. RLT is based on stoic philosophy.

6. RLT uses the Socratic Method.

7. RLT is structured and directive.

8. RLT is based on an educational model.

9. RLT theory and techniques rely on the Inductive Method.

10. RLT focuses on the present (Not particularly concerned with the origin of a problem, but what maintains it.)

11. Homework is a central feature of RLT.

Additional Assumptions of Rational Living Therapy

1. An objective reality exists independent of our awareness of it.

2. Some things simply are a matter of opinion. No facts are involved.

3. RLT requires rational thinking on the therapist's part, as well as a belief in its philosophy.

Myths of Cognitive-Behavioral Therapy

1. CBT therapists teach their clients to be unfeeling robots.

2. CBT therapists teach their clients to accept everything and change nothing.

3. CBT therapists tell their clients what to do / how to feel.

4. A person must be above average in intelligence to benefit from CBT.

5. All CBT therapists swear like Ellis.

6. CBT therapists do not believe in God.

Nonsense Arguments Against Cognitive-Behavioral Therapy

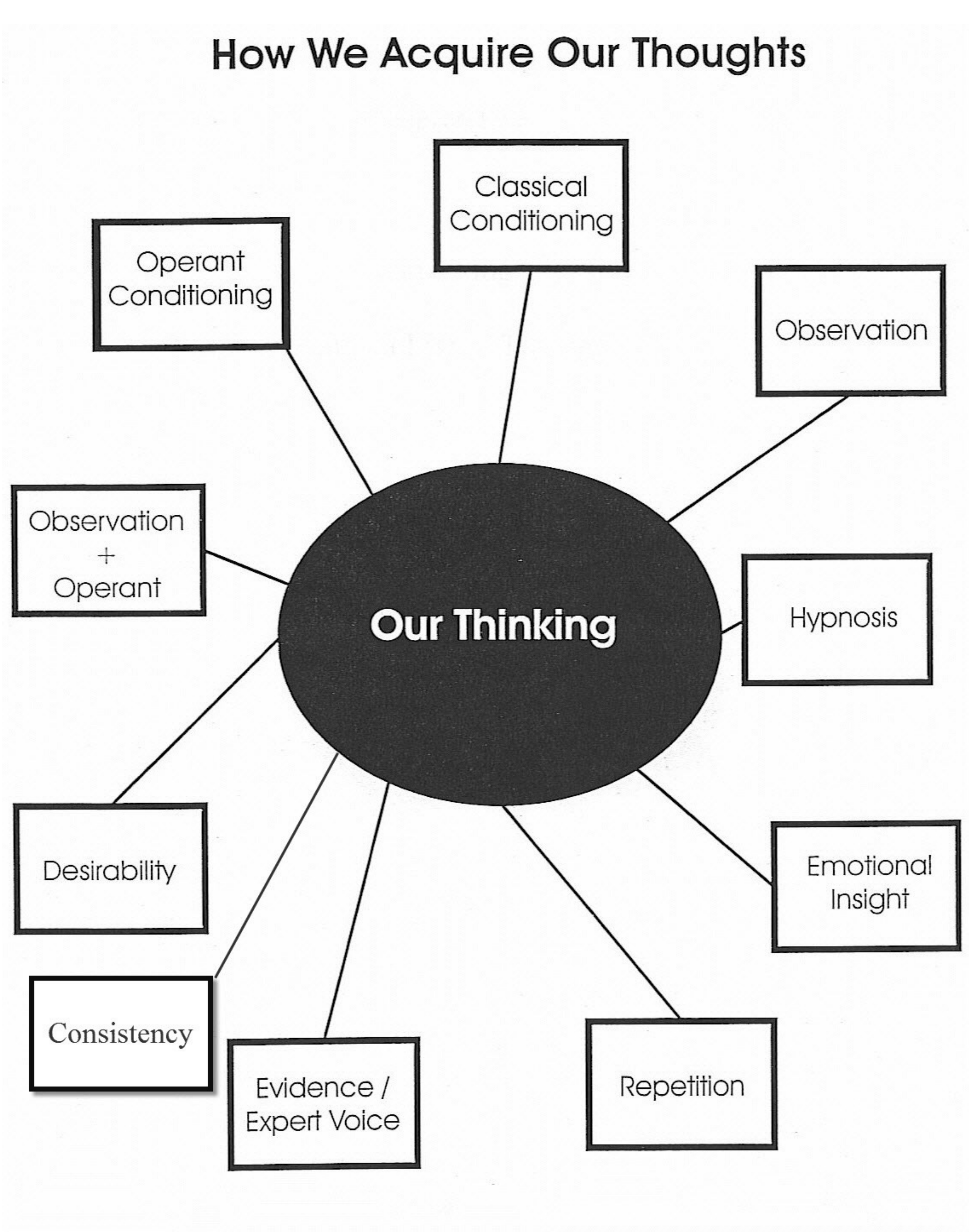
1. It is wrong to come off as an expert.

2. All people really want is to get things off of their chest.

3. People are not going to use what they learn anyway.

4. CBT therapists talk too much.

5. CBT is too much work.



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The Rational Living Therapy Approach
Therapy Sequence

1. **Assessment** (Usually One Session)

What's the main reason for coming to see me today?

Make assessment of learned vs. not-learned behavioral problem.

Indirectly encourage success: Conversational Hypnosis Techniques

Toward end of session, ask:

What do you do well? What is right in your life?

Implication questions to ask:
– Who will be the first person to notice when you are feeling better?
– How will it feel to feel good?
– What will you do when you are feeling good?

Time bind suggestion:
– I don't know how long it will take before you feel the way you want to feel. It could take three, or as many as four session before you begin feeling better.

Emphasize the importance of self-counseling.

Homework: Introduction and Chapters 1 & 2 of "The Client's Guide to Cognitive-Behavioral Therapy"
Goals (Therapy, Life-Goals, Do and Avoid)
Feelings & Behavior Pattern Form

2. **Review Homework, ABC's of Emotions (One Session)**
- OR - Rational Hypnotherapy (Two Sessions)

If we elect to perform hypnotherapy, we will conduct two sessions of it, with the second recorded on audio tape for self-hypnosis purposes.

Homework: Chapter 3 (ABC Chapter) & Chapter 4 (Thoughts & Underlying Assumptions) & Chapter 5 (About Problems)
ABC Situations.

3. **Review Homework, Rational Questions** (Several Sessions)

Homework for First Session of this Phase
Homework: Chapter 6 (Rational Questions)
ABC Situations
Apply Rational Questions to Thoughts
Thoughts I Hope are Incorrect
Practice New Rational Replacement Thoughts

Homework for Second Session of this Phase
Homework: Chapter 7 (Mental Mistakes)
Apply Rational Questions / Mental Mistakes to Thoughts
Practice New Rational Replacement Thoughts

As we help the client apply the Rational Questions during this phase, we also are teaching them about any cognitive distortions they are making, and having them learn about the rest of them on their own by reading Chapter 7

4. **Review Homework, Rational Action Planner** (One Session)

Homework: Chapter 8 (Rational Action Planner)
Do at least one RAP

5. **Review Homework, Importance of Practice, Practicing Techniques, Thought Growth** (One Session)

Homework: Chapter 9 (Practice)

6. <u>Rational Hypnotherapy if Needed</u> (At Least Two Sessions)

At least two sessions, with the second being recorded for self-hypnosis purposes.

7. <u>Remainder of sessions spent reviewing RAP's</u> (Possibly Several Sessoins)

Homework: Behavioral Assignments

Chapters 11 (More Rational Techniques) & 12 (Conclusion)

Learned vs. Not-Learned Behavioral Problems

As described in Rational Behavior Therapy by
Maxie Maultsby, Jr., M.D.

Signs of Not-Learned Behavior

1. Disorientation (time, place, or person)

2. History of sudden onset, or a sudden exacerbation, of undesirable behavior without plausible external precipitating events

3. No evidence of voluntary mental control over the onset, intensity, or degree of incapacity caused by their undesirable behavior

4. Paralysis or persistent muscular weakness, and frequent or intractable headaches with and without a history or evidence of head trauma

5. Recent history of convulsions, amnesia, loss of consciousness, blurred vision, or recurrent or persistent vertigo

6. Poor recent memory and inappropriately distractable

7. Delusions, hallucinations, or other thought disorders

8. Inappropriate or otherwise pathologic affect

Signs of Learned Behavior

1. Statistically credible history for the client's culture or sub-culture. Additionally, mild forms of their problem will be common in the every-day lives of most "normal" people.

2. Display evidence of voluntary control over their behaviors and the degree of incapacity they cause.

3. Main presenting complaint usually is some form of self-defeating negative emotions.

4. Usually no history of hallucinations or delusions.

My Goals for Therapy

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1. **<u>Do this *more*</u>**

<u>Do this *less*</u> (or not at all)

2. **<u>Emotionally Feel this *more*</u>**
(Remember, feelings are one-word adjectives, like happy, sad, excited, anxious, etc...)

<u>Emotionally Feel this *less*</u> (or not at all)

3. **<u>Physically Feel This *More*</u>**

<u>Physically Feel This *Less*</u> (or not at all)

4. **Think this *more***

Think this *less* (or not at all)

5. **Know this *more***

Know this *less* (or not at all)

Life Goals

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On this page, write down what you want out of life – your long-term goals. In other words, how will your life be when you take a look around and you say, "I like my life because (1) I like where I live, (2) I like who I'm with, (3) I like how I generate income and how much money I have, and (4) I like how I spend my leisure time."

Remember to refuse to only write down what you think is possible. Go for it, and write what you really, really want!

What I want from life	Importance to Me Slightly / Moderately / Very Important
Example: To retire when I'm 50 y.o.	Moderately Important

To what age do you want to live?_______________

What I Want to Experience and Avoid

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On this page, write down what you want to experience as much as possible and avoid as much as possible. Spend some time with this and give it some thought as you can use this as a guide for having happy days.

What I want to experience as much as possible

Example: Time with my family, fishing trips, eating pasta

What I want to avoid as much as possible

Example: Work days longer than 8 hours, sinus headaches, late fees

Feelings and Behavior Pattern Form

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Instructions: If you feel or behave in a way that either you do not want or believe might be a problem for you, first, write down in the first column what was going on at the time, what happened, what you were doing, or what you were thinking about. Second, write down in the second column what was going through your mind about what was going on, and third, write down how you felt and what you did.

What happened / What was going on / What I was doing / What I was thinking About	What went through my mind about it	How I Felt / What I Did
Example: My boss told me that I'm fired.	"How could he do that to me. I've worked here for twenty years! He shouldn't do this! I'll never be able to support my family."	Angry & Depressed Went home and went to bed.

Conversational Hypnosis Techniques

1. **<u>Truism</u>**: A statement of fact that is difficult to refute. Creates a "yes-set".

   Everyone, sooner or later, gets so full that they must stop eating.

   Experience is a great teacher.

2. **<u>Embedded Command</u>**: A command that is a direct suggestion that is camouflaged within a larger sentence.

   A person can, <u>Cindy, relax deeply</u>.

   Most people do, <u>John, begin feeling better after five sessions</u>.

3. **<u>Implication</u>**: Statements or questions that imply that something is happening or will happen.

   Who do you think will be the first person to notice when no longer feel anxious?

   Where will be the first place you will go when you've conquered your fear of flying?

<u>Binds</u>

For binds to be effective, they must offer two or more comparable, desired alternatives.

4. **<u>Illusion of Choice Bind</u>**: Presenting two or more "options" that lead to the same desired outcome.

   Would you like to go into a state of hypnosis in this chair or that chair?

   How relaxed to you want to get, mildly, moderately, or deeply relaxed?

   Would you like to pay with cash, check, or credit card?

5. **<u>Positive Labeling Bind</u>**: Labeling a person to imply that their current behavior is contrary to how they "really are".

   You see, Billy. I know that your teachers, your parents, and the police think that you are mean and a bad kid. But you know what? I've seen a lot of kids that have gotten into trouble like you have, and who really are mean and bad. But you just don't seem that

way to me. I don't think that you are one of those kids. It just isn't like you to be this way, really, is it?

6. **Time Bind**: Indirectly suggesting a desired outcome within a time specific frame.

Everyone responds differently to therapy. It's difficult to predict when you will start to feel better. It could take four, or as many as five sessions before you start to feel better.

I know that your father and mother have been asking you, Jimmy, to quit biting your nails. They don't seem to know that you're just a six-year-old boy. And they don't seem to know that you will naturally quit biting your nails just before you're seven-years-old. So when they tell you to stop biting your nails, just ignore them.

– Milton Erickson

7. **Non-Sequitur Double Bind**: One part of the suggestion directly requests the desired response, while another part requests it indirectly.

DIRECT REQUEST + IMPLIED ALTERNATIVE

You could either learn rational self-counseling for yourself, or, you can learn the rational self-counseling skills so that you can help your wife.

You'll either get along better with your wife or at least stop arguing.

I know that you believe that what I'm showing you is complete nonsense, and you don't see any reason to learn it. So for the next session, read this chapter not so that you will learn it, but so that you can write down everything with which you disagree.

8. **Conscious-Unconscious Double Bind**: Either the conscious or "unconscious" mind will provide the desired results.

You may study your rational self-counseling skills and learn them gradually, or your understanding might just come to you all of a sudden.

While we have not done hypnosis yet, you have been in a hypnotic state many times.

As you are learning the wonderful information in this seminar, a part of you probably is thinking of ways in which you could apply it.

9. **<u>Apposition of Opposites</u>**: Suggests that two behaviors are moving in opposite directions.

The more tense you are in the beginning, the more you'll enjoy your relaxation.

I've found that the more upset and doubtful a person is, the more quickly they respond to therapy.

Some of my best workouts have come when I was tired and didn't think that I'd do well. Likewise, so of the best improvements I've seen in therapy have been from those people who thought that there was no hope for them.

Conversational Hypnosis Practice

1. Truism

2. Embedded Command

3. Implication

4. Illusion of Choice

5. Positive Label Bind

6. Time Bind

7. Non-Sequitur Double Bind

8. Conscious-Unconscious Double Bind

9. Apposition of Opposites

Tips for Homework Assignments

1. Explain why you are giving the assignment. Emphasize importance of it.

2. Make the assignment appropriate for the person. Adjust accordingly.

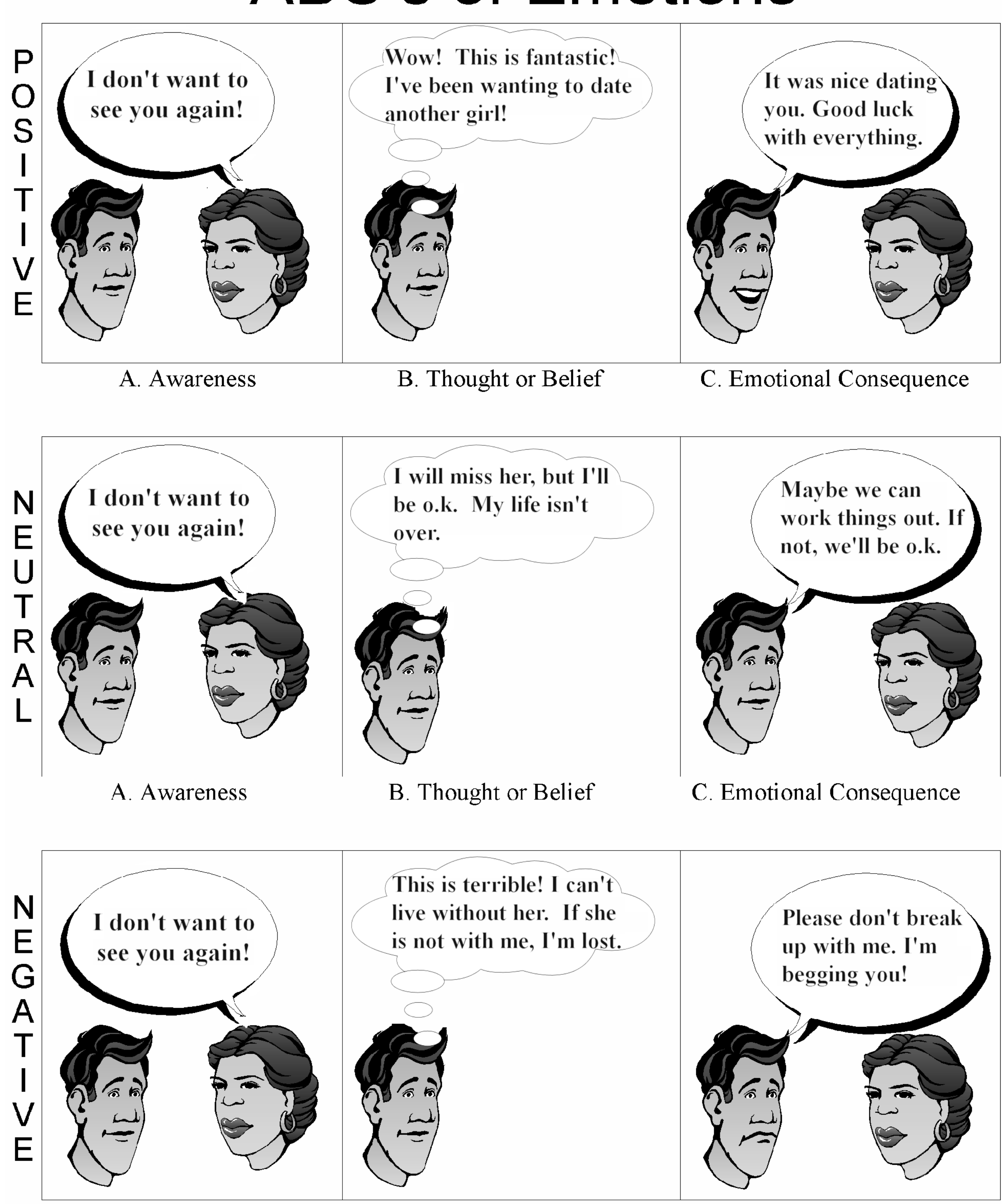
3. Suggest that the clients pick a certain time of the day to do homework.

4. Always review homework.

5. With reading assignments, have the client:

   mark anything with which he or she disagreed;
   mark anything about which he or she had questions;
   mark anything he or she believed to be particularly relevant or helpful.

6. Work on any reasons for lack of completion of homework.



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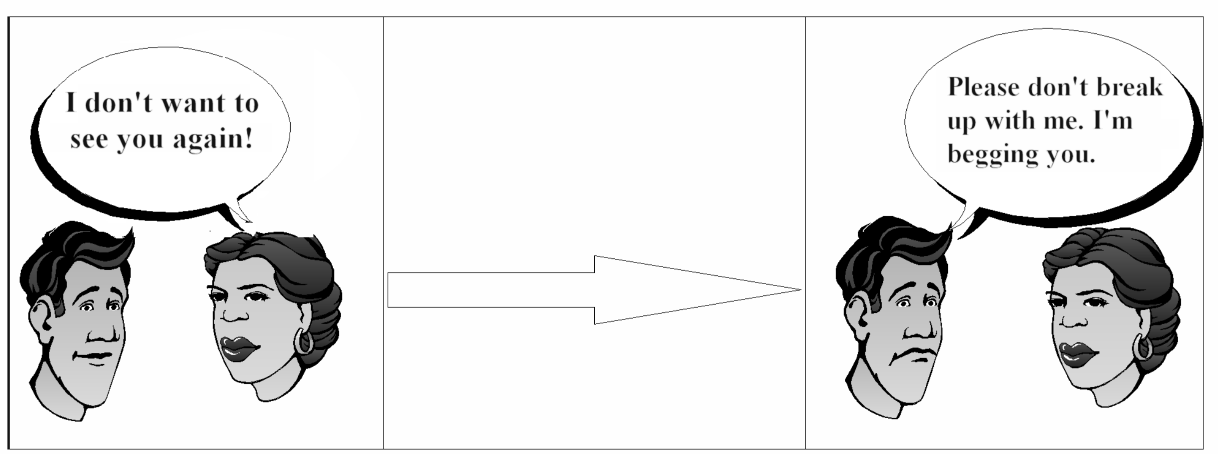
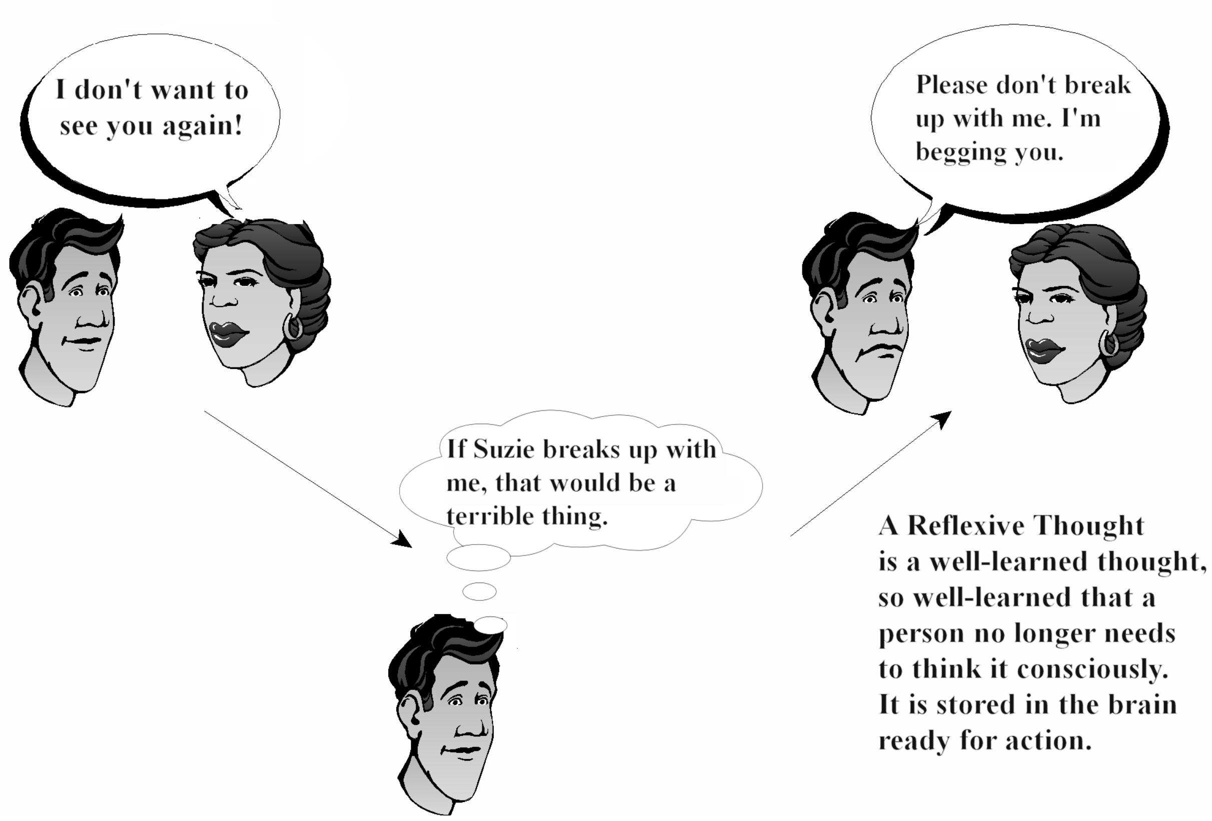
Reflexive Thoughts



A. Awareness

C. Emotional Consequence



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ABC Situations

A (What I'm Aware Of)	**B** (What I think about A)	**C** (How I Felt / What I did)

Seminar Practice of ABC Situations

A (What I'm Aware Of)	**B** (What I think about A)	**C** (How I Felt / What I did)

ABC Considerations

1. Awareness vs. “Activating Event”

2. I let it upset me.

3. You choose how you feel.

4. Happiness is a decision.

5. Take responsibility

6. Incomplete Thoughts

7. Feel that vs. Think That

8. Rhetorical Questions

The Three Rational Questions

A modification of Maultsby's Five Rational Questions.

1. Is my thinking based on fact?

2. Does my thinking help me achieve my goals?

3. Does my thinking help me feel the way I want to feel?

Three "Yes" Answers means that your thought is rational for you, and, therefore, it is in your best interest to keep it. One or more "No" answers means that your thought is irrational, and, therefore, it is in your best interest to replace it with a thought that is rational.

Seminar Practice of the Three Rational Questions

Thought #1:

Thought #2:

Thought #3:

Thought #4:

Thought to Practice

Goal:

Thought:

Desirability: Thinking this thought will help me to achieve my goal.

Repetition: I'll practice this thought _____ times a day for the next thirty days. I'll practice it at the following times:

Evidence (Look for evidence daily that supports the new thought):

Emotional Insight: The more I practice this thought, the sooner it will feel comfortable to me.

Visualize: Imagine yourself in the relevant scenario thinking the new way and feeling and acting the new way as a result.

Acting "As IF": For the next month, I'll act as if I believe this thought by doing the following:

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A What I am / was aware of	**B** What I think / thought about it	**1. Is my thinking based on fact? Which Mental Mistake(s) Might I be Making?*** All-or-None Thinking Jumping to Conclusions Catastrophizing Overgeneralization Mental Filter Discounting Positive Irrational Labeling Irrational Should Confusing Needs and Wants Can't Stand-it is Emotional Reasoning Magnification Too Much / Too Little Problem Personalization & Blame Confusing Choice and Force Magical Worry Irrational Definition Confusing Relying with Depending Confusing Inability with Unwillingness Confusing Possibility with Probability Projection Being Upset about the Idea of Something Rather than Consequences Irrational Hopelessness Nonsense Argument Ambivalent Belief Correlation Equals Causation	**New Thought**
	C How I Feel / Felt What I Did	**2. Does my thinking help me to achieve my goals?** **3. Does my thinking help me feel the way I want to feel?**	**New C** How I Will Feel and Act Thinking The New Thought

*** Refer to Chapter 7 in The Client's Guide to Cognitive-Behavioral Therapy by Dr. Aldo Pucci.**

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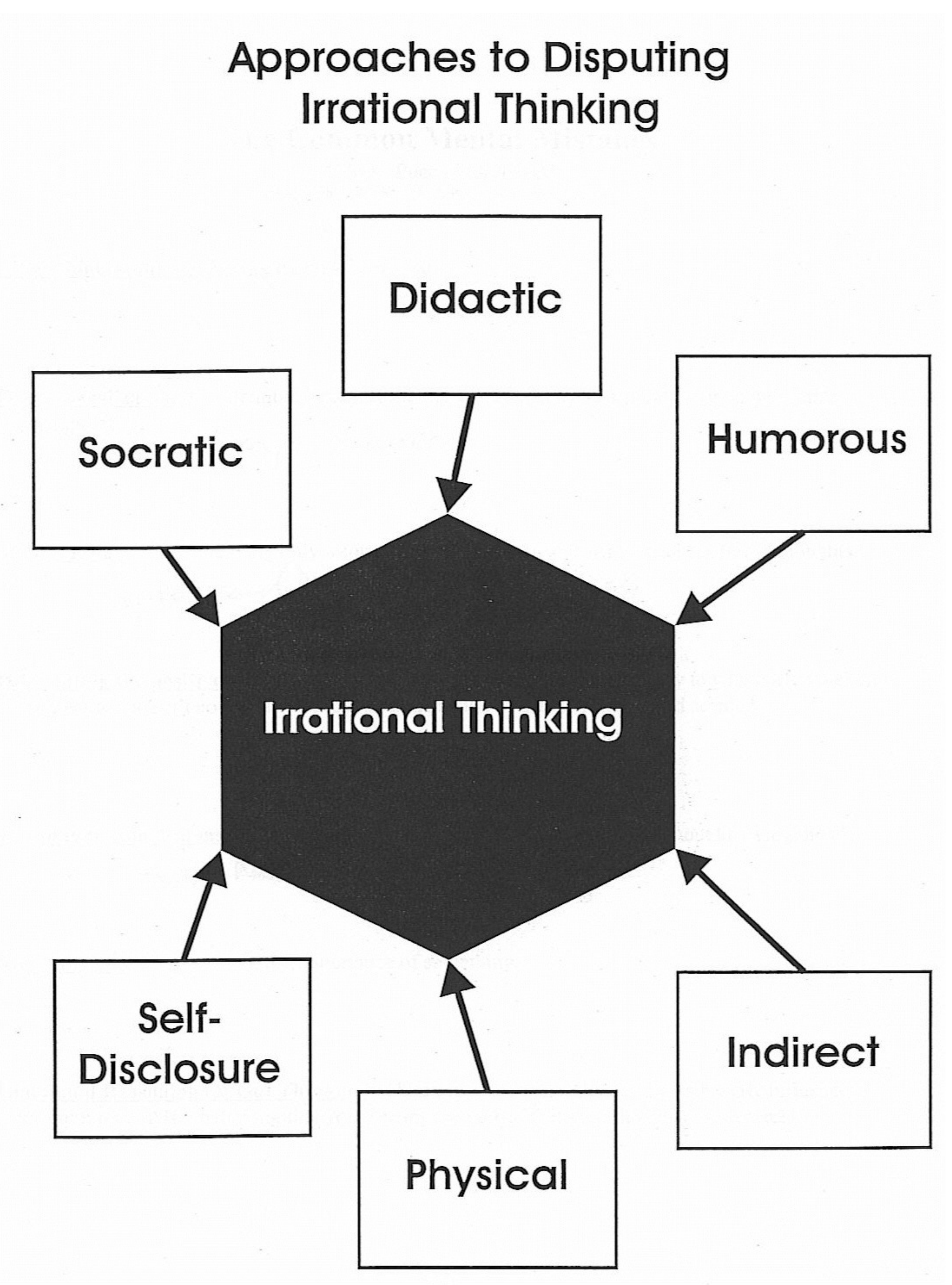

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The Common Mental Mistakes

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(1) **All or None Thinking**: Seeing no middle ground.

(2) **Overgeneralizaiton**: Unintentional exaggeration of the frequency of a situation or an inaccurate extrapolation.

(3) **Mental Filter**: Acknowledging only information that is consistent with already-believed thoughts.

(4) **Discounting the positive**: Believing that positive information (that is contrary to your current beliefs) somehow "doesn't count" as evidence that the situation is better than it had seemed.

(5) **Jumping to Conclusions**: Forming an opinion (on which you would act) without knowing the facts.

(6) **Magnification**: Exaggerating the importance of a shortcoming or minimizing the importance of a good quality.

(7) **Emotional Reasoning (& Gut Thinking)**: Thinking in a manner that is heavily influenced by your current mood. Also, believing that your feelings are proof that your thoughts are accurate.

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(8) **Irrational Labeling**: Assigning a name to someone or something and the name does not accurately reflect or describe the person or object.

(9) **Personalization & Blame**: Mistakenly assigning the cause of something to either yourself or someone else.

(10) **Irrational Should Statements**: (1) Rigid, unbending rules that often have no evidence to support them. (2) Imply belief in magic.

(11) **Confusing Needs with Wants**: Thinking that you "need" something when in fact you only "want" it.

(12) **Confusing "Choosing To" with "Having To"**: Not realizing that something is a choice rather than a necessity.

(13) **Can't Stand-itis**: Believing that you cannot withstand or tolerate something when you can.

(14) **Catastrophizing**: Thinking something to be terrible, horrible, and / or awful, rather than it being simply "bad".

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(15) **Magical Worry**: Believing that somehow your worry keeps the feared event from occurring.

(16) **Irrational Definitions**: Having a definition of something that usually is not based on fact and insisting that your definition is the only correct way to define it.

(17) **Confusing Relying with Depending**: Thinking that you need someone's assistance when in fact you only want it.

(18) **Confusing Inability with Unwillingness**: Thinking that you cannot do something when in fact you do not do it because you are reluctant.

(19) **Confusing Possibility with Probability**: Usually in the form of taking a remote possibility and making it a distinct probability.

(20) **Projection**: Assigning your own motives or thoughts to someone else, thinking that they must think like you do.

(21) **Being upset about an "Idea" rather then the Consequences of It**: Being upset about a circumstance despite the fact that it is the way you want it to be. You are upset because you think that you are supposed to be.

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(22) **Nonsense Arguments**: Distracting yourself with an obvious statement of fact.

(23) **Irrational Hopelessness / Helplessness**: Believing that your idea that there is no solution to your problem is accurate.

(24) **Too Much / Too Little Problem**: Believing that the amount of something (an attribute, for example) is responsible for some undesired condition / situation.

(25) **Ambivalent Beliefs**: Usually moralistic. Believing an idea strongly enough to feel badly that you are not acting on it, but not strongly enough to act on it.

(26) **Correlation Equals Causation**: Believing that if two things occur together, one must have caused the other.

Practice Identifying and Correcting Mental Mistakes

1. Susan will not go out with me, if I ask her out, so I'm not going to ask her.

If Susan turned me down, that would mean I'm a loser, and that would be terrible.

What mental mistakes?____

Rational Replacement Thought ____

____

____

2. “I’ll never play professional football because I’m too small, so why bother playing in high school?”

What mental mistakes?____

Rational Replacement Thought ____

____

____

3. “I’m too fat. I’ll never get married as long as I’m this big.”

“It would be terrible to never get married.”

What mental mistakes?____

Rational Replacement Thought ____

____

____

3. “My rotten wife shouldn’t nag me like she does. I can’t stand her nagging me!”

“My wife always nags me, and that’s horrible!”

“When my wife nags me, I can’t help but drink.”

What mental mistakes?____

Rational Replacement Thought ____

____

____

4. “When I have a question in class, I can’t ask it.”

“If I ask a question, people will think I’m stupid.”

“It would be terrible for people to think I’m stupid.”

What mental mistakes?____

Rational Replacement Thought ____

____

____

Rational Action Planner™

Old ABC's

1 **A** (What you are aware of)	2 **B** (Thoughts or Beliefs about it)	3 **C** (Emotional & Physical Reaction)
My girlfriend told me that she wants to break up with me, and I fell all to pieces.	1. *I need her because I'm nothing without her!* (*Irrational*)	*Very nervous* *Begged her to not break up with me*
	2. *It's terrible that she wants to break up with me.* (*Irrational*)	*Told her that I'd kill myself if she broke up with me*
	3. *I'll never be happy again, and that's terrible!* (*Irrational*)	

4 ***What were (are) your goals in this situation (Conscious or Implied)?***

	Achieved?
1. *Remain calm*	*No*
2. *Tell her what I really meant*	*No*
3. *Do things to encourage her to stay*	*No*
4.	

Camera Check of "A" Section
(What Would a Camera Show)

It would show her telling me that she wanted to break up with me, but it would not show me falling to pieces, like a pile of body parts!

6 **Rational Questions**

Apply the Rational Questions To Each of the Thoughts in the "B" Column and Write Down Whether or Not They Passed Them.

1. Is my thinking based on Fact?
2. Does my thinking help me achieve my goals?
3. Does my thinking help me feel the way I want to feel?

Keep any thoughts that pass the Rational Questions and replace any that do not.

Rational Action Planner™
Side 2

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New ABC's

A	B	C
(Camera Checked)	(New Thoughts to Practice)	***As a result of my new thinking, I'll feel and do this:***
Whenever I'm in this Situation:	***I'll think this:***	
I'm around her, think of her, or see her	*Anything that is physically present is "something." Therefore, it is impossible for me to be a "nothing." What I am is a human being. I need no one or nothing for me to be a human being. I was born with the same human worth as everyone else, and no one or nothing can take that away from anyone!* *I didn't need my ex-girlfriend — I only wanted her. Therefore, I'll feel appropriately sad as I think of losing her as a disappointment, not something that is terrible or that I can't stand. Certainly I can stand her breaking up with me, because I am!* *The sooner I calmly accept the fact that we ended this relationship, the sooner I will find happiness in another relationship or with something else.*	*Feel calm* *Treat her kindly*

Do these new thoughts pass the Rational Questions?

Practice imagining yourself in the "A" Section, Thinking the "B" Section, and Reacting like the "C" Section. Act "As If" you believe the new thoughts until they feel comfortable to you.

Rational Action Planner™

Old ABC's

A	B	C
(What you are aware of)	(Thoughts or Beliefs about it)	(Emotional & Physical Reaction)

What were (are) your goals in this situation (Conscious or Implied)?

Achieved?

Camera Check of "A" Section
(What Would a Camera Show)

Rational Questions
Apply the Rational Questions To Each of the Thoughts in the "B" Column and Write Down Whether or Not They Passed Them.

1. Is my thinking based on Fact?
2. Does my thinking help me achieve my goals?
3. Does my thinking help me feel the way I want to feel?

Keep any thoughts that pass the Rational Questions and replace any that do not.

Rational Action Planner™
Side 2

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New ABC's

A	B	C
(Camera Checked)	(New Thoughts to Practice)	***As a result of my new thinking, I'll feel and do this:***
Whenever I'm in this Situation:	***I'll think this:***	

Do these new thoughts pass the Rational Questions?

Practice imagining yourself in the "A" Section, Thinking the "B" Section, and Reacting like the "C" Section. Act "As If" you believe the new thoughts until they feel comfortable to you.

Stages of Emotional / Behavioral Re-Education

1. Intellectual Insight

2. Practice
   Cognitive-Emotive Dissonance

3. Emotional Insight

4. Personality / Trait Formation (Habit)

Practicing Techniques

1. Simple Script Rehearsal
   Visual, Auditory, Combination

2. Rational Visualization

3. Self-hypnosis

4. Covert Systematic Desensitization

5. Physical Practice
   a. Overt Systematic Desensitization
   b. Acting “As If”

Common Myths About
Hypnosis and Hypnotherapy

1. **Myth:** A person is asleep during hypnosis.

   Fact: A person is totally awake during hypnosis.

2. **Myth:** A person in a hypnotic state does not know what is going on around them. He / She has totally tuned out the surroundings.

   Fact: A person in a hypnotic state can hear every sound that they would ordinarily hear. He / She is aware of the surroundings. The person does have his / her eyes closed.

3. **Myth:** The hypnotist can make me do things I don't want to do, like rob a bank or take my clothes off.

   Fact: An ethical Hypnotherapist wouldn't ask a person to do these things to begin with. A person will reject any suggestion that is contrary to his or her morals or survival.

4. **Myth:** A person can get stuck in hypnosis.

   Fact: A person cannot get "stuck" in hypnosis. You go through a semi-hypnotic state every time you wake up and fall asleep. You simply open your eyes.

5. **Myth:** The hypnotist hypnotizes people.

   Fact: The client hypnotizes themselves. The hypnotist just guides them through it.

6. **Myth:** A person loses control of themselves when hypnotized.

   Fact: The person maintains total control of themselves.

7. **Myth:** I've never been in a hypnotic state.

   Fact: We experience hypnotic state, to some degree, every day.

8. **Myth:** Hypnosis is the work of the Devil. Hypnosis puts you in a vulnerable state to be possessed.

   Fact: No evidence of this whatsoever. Many ministers and priests use hypnotherapy

Four Questions to Ask When Ending Therapy

1. Has the client achieved his or her goals for therapy?

2. Has the client learned everything necessary to produce long-term results?

3. Has the client corrected his or her mistaken underlying assumptions?

4. Does the client know why he or she is doing well?

Part Two:

Helping Difficult Clients

How to Deal with Your Own Difficulty Dealing with Difficult Clients

Common Irrational Thoughts

1. "My client should not be as difficult as he or she is."

   – "They should always take my word for it."

2. "I have to be successful with all of my clients."

3. "I must be an outstanding therapist and better than the rest."

4. "I have to have the respect and love of all of my clients."

5. "My client should work as hard as I am."

6. "Therapy sessions must be especially enjoyable."

7. "My client's lack of progress means I'm a lousy therapist."

8. "My client will always be this way, and that's terrible."

Characteristics of Effective Therapists from a Cognitive-Behavioral Viewpoint

1. Interested (professionally) in helping their clients.

2. Unconditionally accept clients as people (separate their behavior from personhood).

3. Confident in own ability, and believe that their approach will work.

4. Open to learning new approaches.

5. Able to deal with their own disturbance.

6. Are patient and persistent.

7. Are interested in what they are doing.

8. Are encouraging, optimistic, and “motivating”

9. Know their limitations.

Common Forms of Resistance

1. Healthy and “Normal” Resistance

2. Resistance Due to Severe Disturbance

3. Usual Reasons for Non-Compliance / Resistance / Lack of Progress

    1. Fear of Discomfort

    2. Symptom Stress

    3. Fear of Disclosure and Shame

    4. Hopelessness

    5. Self-Punishment Motivation

    6. Fear of Change / Success

7. Reactance / Rebelliousness

8. Secondary Gain

9. Hidden Agendas

10. Client-Therapist Mismatching

11. Clients' / Therapists' Love-Hate Problems

12. Therapists' Relationship Problems

13. Unwillingness to Learn

14. Suppression

15. Cognitive-Emotive Dissonance / Gut Thinking

16. Attitudes, like, “I have a right to feel (or think, or behave) the way I do.”

17. Attitudes, like, “It’s easier said than done.”

18. Focusing on feelings rather than thinking as indication of progress.

19. Distracting arguments, like, “I’m so dumb for having this problem.”

20. Physical factors.

21. Do not want therapy.

Physical Factors

1. Stress: Body's Adaptation to Change. Maintain regular schedule, without being compulsive about it.

2. Vitamins / Herbs / Natural Substances

B-Complex

Antioxidants: Vitamins C and E

Omega-3 Fatty Acids

A. Depressive Symptoms

1. L-tyrosine

Amino Acid

Helps with SSRI side-effect of low energy. (Korf et al, 1983)

> Serotonin is the biochemical counterbalance to your brain's natural stimulants, the catecholamines. Raising serotonin levels via SSRIs can deplete levels of catecholamines by as much as 60%. Result: low energy, apathy, twitches, tics, and sexual dysfunction. L-tyrosine appears to restore the balance.

Recommended dosage: 500 - 1000 mg. taken morning to mid-afternoon (no later than 3:00 p.m.)

Precautions: Physician approval. Possible interaction with other MAO inhibitors.

2. St. John's Wort

Herb

Just as effective for mild-moderate symptoms of depression as Prozac (Shrader, 2000)

More effective for mild-moderate depressive symptoms than

Zoloft (Brenner et al, 2000)

Anti-viral properties.

Recommended dosage: 300 mg, three times per day (standardized at .3% Hypericum)

Precautions: Birth control pills, blood thinners. Sensitive to sunlight. Possible interaction with other antidepressants.

3. 5-HTP

Amino Acid

Raised serotonin levels 540% compared with Paxil's 450% and Prozac's 150-250% (Dreshfield-Ahmad et al, 2000)

Outperformed Luvox 68% to 62% (Poldinger et al, 1991)

Recommended dosage: Start with 50 mg. in mid-afternoon. Add another 50 mg. in an hour if did not receive much benefit. If needed, add a third 50 mg. for maximum effect one our later. Which ever level provided the desired result, repeat same dose at 9:30 p.m. (50-150 mg.)

Precautions: Physician approval. Possible interaction with other MAO inhibitors.

Safety and Speed

5-HTP is associated with 0% sexual dysfunction (Benkert, 1976, 1975)
SSRIs are associated with 50-70% sexual dysfunction

In several studies, St. John's Wort and 5-HTP had fewer side effects than the placebos.

B. Anxiety Symptoms

1. Calcium

Muscle relaxer. Tends to produce general relaxation

Recommended dosage: 500 - 1000 mg. daily.

Precautions: Physician approval. May interfere with absorption of medications, other nutrients

2. <u>GABA</u> (gamma-aminobutyric acid)

Amino Acid

Valium designed to mimic or amplify GABA's naturally calming effects.

Inhibitory neurotransmitter (decreases production of adrenaline)

Stress tends to deplete GABA

Recommended dosage: 500 - 1000 mg. one to three times a day.

Precautions: Physician approval.

3. <u>Valerian Root</u>

Herb

Excellent anti-anxiety agent. Decreases incidence of nightmares.

Non-physically addictive.

Recommended dosage: Dose-dependent effects. Begin with recommendations on label and increase gradually to desired relaxation effect.

Precautions: Physician approval.

4. <u>Chamomile</u>

Herb. Most often ingested in form of tea

Anti-anxiety agent, anti-spasmodic. Excellent for gastrointestinal discomfort.

Recommended dosage: Dose-dependent effects.

Precautions: Physician approval. Do not use if client has a ragweed allergy. Do not use for more than seven consecutive days

as a ragweed allergy may result.

3. Allergies

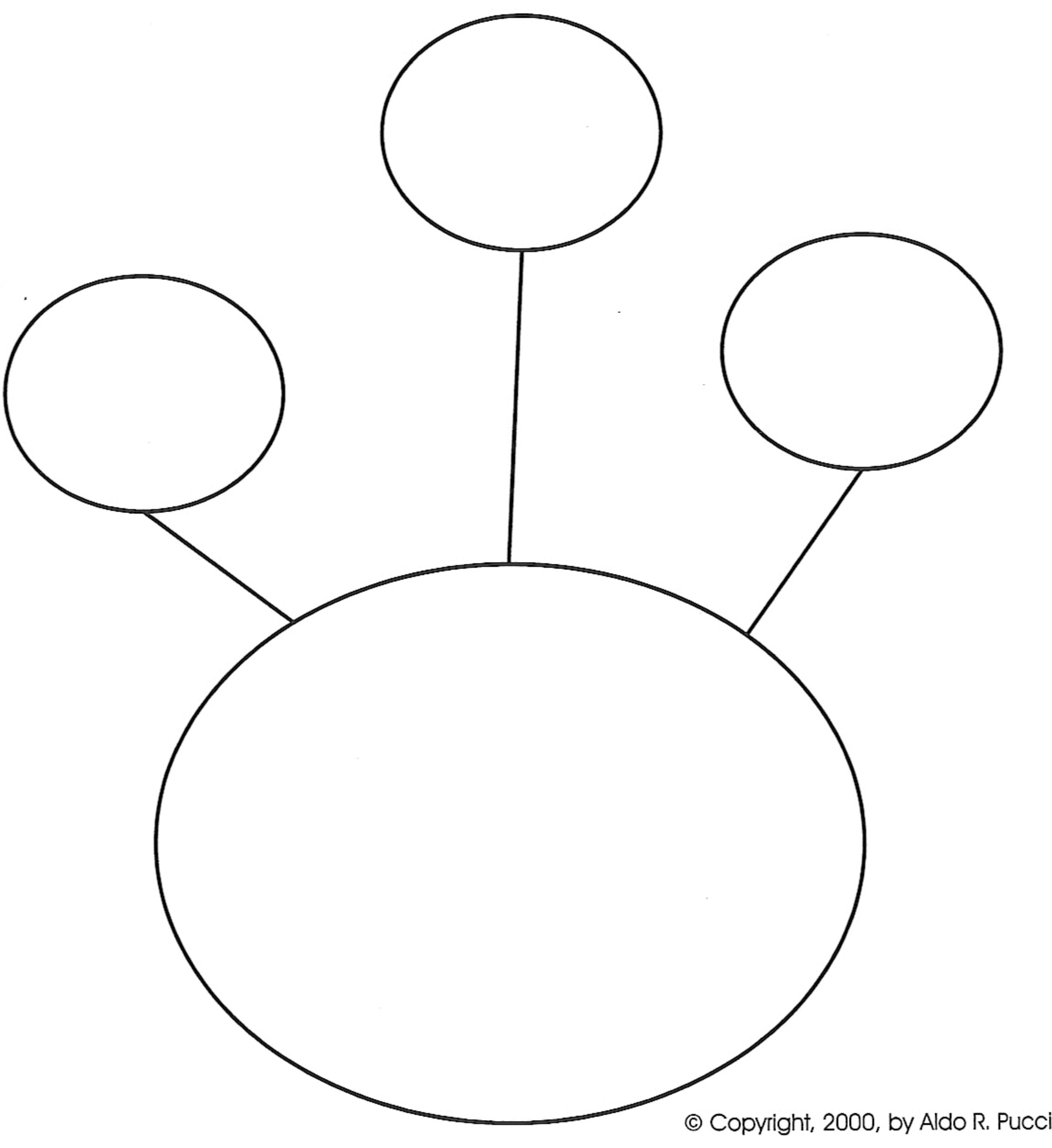
Cause symptoms of anxiety (psychomotor agitation, vertigo, nausea, confusion)

Cause symptoms of depression (fatigue, lethargy)

Can cause many physical problems, such as stomach ulcers (which are often attributed to anxiety)

Neurological Symptoms: Tourette's-like symptoms

Very helpful: Water and salt.



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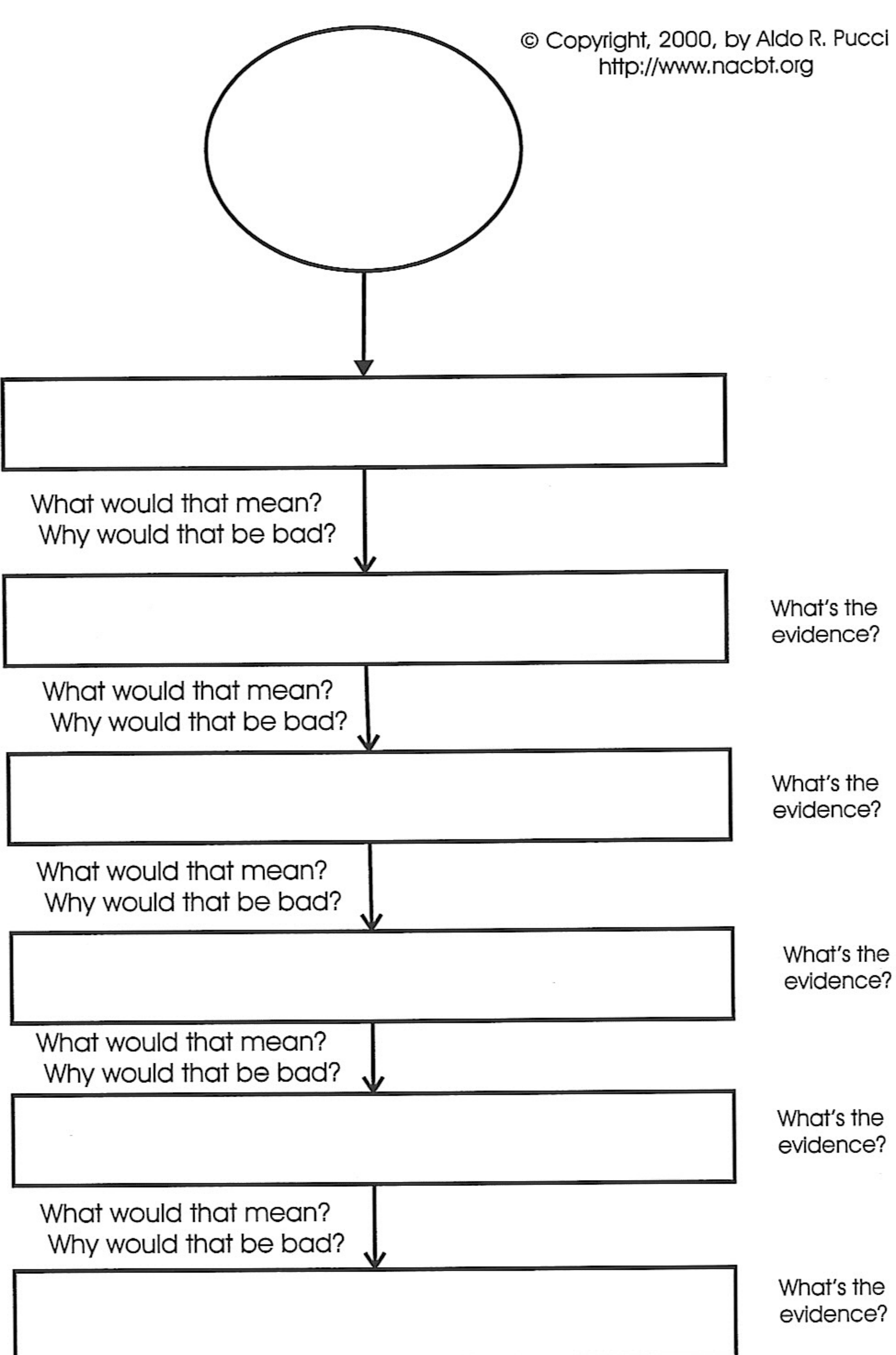
"Personality Disorder"	View of Others	View of Themselves	Core Assumptions	Resultant Behavior
Histrionic	Receptive, Awaiting Audience Admirers	Glamorous Impressive	People are there to serve or admire me. People should not deny me.	Dramatic behavior Charm Temper tantrums, crying Suicidal Gestures
Narcissistic	Inferior Admirers	Special Unique Superior Above the Rules	I'm special and deserve special treatment. I'm better than everyone and above the rules	Manipulate Transcend Rules
Avoidant	Critical Demeaning Superior	Vulnerable to rejection. Inferior Incompetent Socially inept	It's terrible to be rejected. I'm likely to be rejected, because there is something wrong with me.	Avoid evaluative situations.
Schizoid	Intrusive	Self-sufficient Loner	People are not interesting and rewarding. Relationships are a hassle.	Stay away from people.
Dependent	Competent Supportive Nurturant	Needy Incompetent Weak	I Need people to survive, be happy. I have to have support and encouragement. I can't make decisions on my own.	Seek and develop dependent relationships.
Passive-Aggressive	Demanding Controlling Dominating	Vulnerable to Control Inferior	Control by others is intolerable. I can't stand direct conflict.	Passive Resistance Apparent Submissiveness
Obsessive-Compulsive	Irresponsible Incompetent	Responsible Accountable	Details are crucial People should do better.	Perfectionism
Paranoid	Malicious Discriminatory	Innocent Vulnerable	Don't trust People are not on my side.	Look for hidden motives. Accuse Avoid People
Antisocial	Vulnerable	Autonomous Strong Loner	I'm entitled to break the rules. I'm smarter than they are. I can fool people.	Break rules / laws Deceive, Manipulate Present Charming Persona

Adapted from chart by Judith Beck, Ph.D., 1994.

Borderline Personality Disorder

Approach to Life	Problematic Thought
Guilty / To be Punished	"I'm bad. I should be punished."
Lacking in discipline	"I can't control myself."
Fear of losing emotional control	"Something bad will happen if I don't control my emotions." "I'm afraid that I can't."
Dependence	"I need someone on which to rely."
Concern with Abandonment	"No one will be there for me. I'll be alone, and that would be terrible."
Unlovability	"If people really knew me, they wouldn't like me." "I must have people like me."
Mistrust	"People will take advantage of me or hurt me in some way. I must protect myself." "People are either good or evil."
Over-emphasis on relationship and subjugating own desires.	"If I'm not exactly how others want me to be, they won't like me, and that would be terrible."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http://www.nacbt.org
What would that mean?
Why would that be bad?
What's the evidence?
What would that mean?
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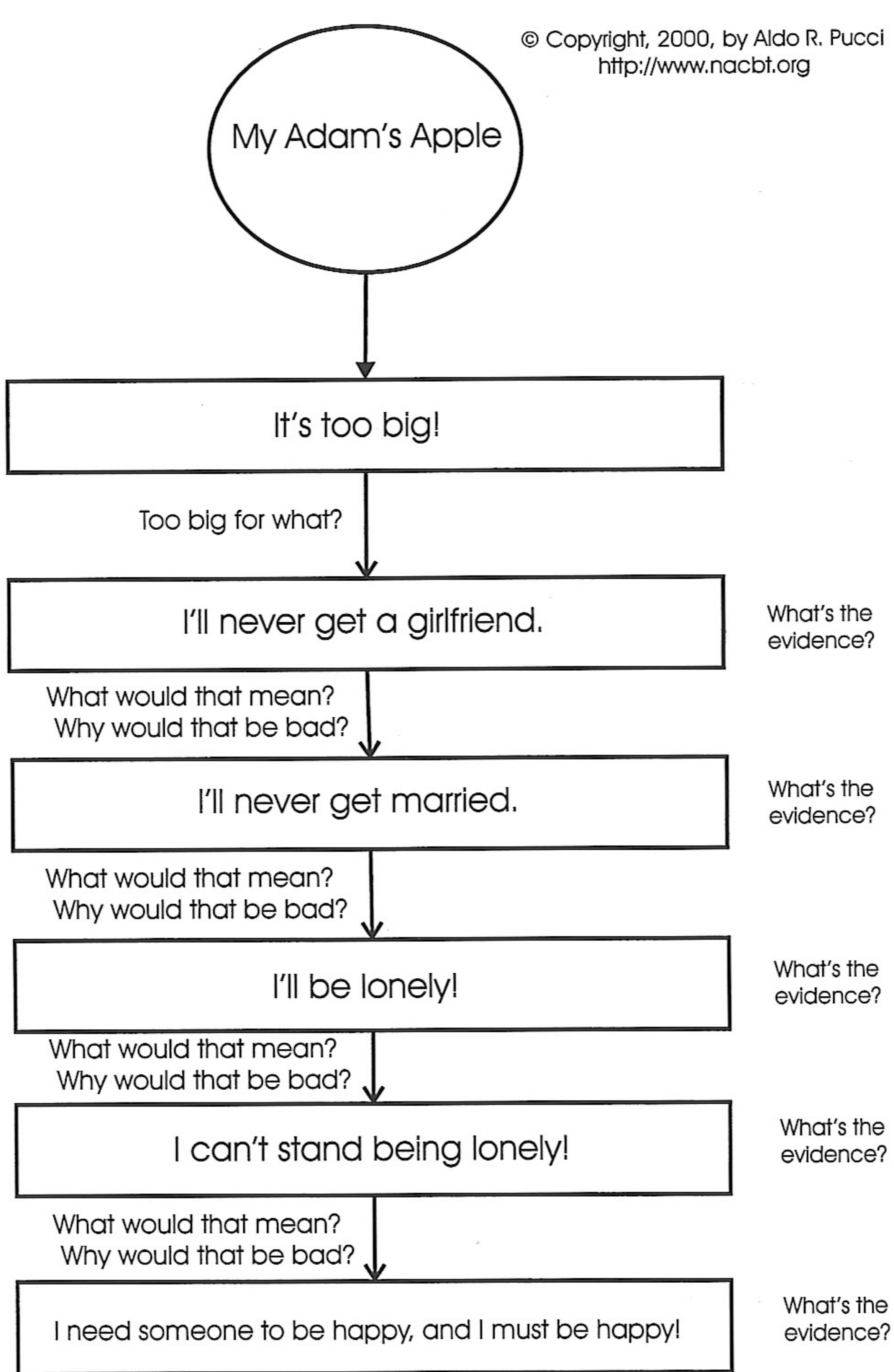
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http://www.nacbt.org
My Adam's Apple
It's too big!
Too big for what?
I'll never get a girlfriend.
What's the evidence?
What would that mean?
Why would that be bad?
I'll never get married.
What's the evidence?
What would that mean?
Why would that be bad?
I'll be lonely!
What's the evidence?
What would that mean?
Why would that be bad?
I can't stand being lonely!
What's the evidence?
What would that mean?
Why would that be bad?
I need someone to be happy, and I must be happy!
What's the evidence?

Additional Persuasive Techniques

(1) Create a “Mind Set”

(2) Change the Person’s Physiology (and Help Him / Her to Act “As If”)

(3) Reciprocal Persuasion

(4) Provide a Two-Sided Argument

(5) Get Person to Believe It’s His / Her Idea

(6) Change the Parameters of the Behavior

Part Three:

Application of RLT to Specific Disorders

Introduction to Common Problems and A Rational Approach to Them

(1) Anxiety & Panic

(2) Depression / Suicide

(3) Anger

(4) Guilt

(5) Substance Abuse

(6) Schizophrenia

(7) Bipolar Disorder

Additional Cognitive-Behavioral Techniques

1. Breaking Response Chains

2. Contingent Reinforcement

3. Classical Conditioning

4. Reinforcement of Incompatible Behavior

5. Rational Reminders

6. Time Distancing

7. Negative & Positive Imagery

8. Referenting

9. Tour-through-the-future

10. Reverse Role Play

11. Rational Distraction

12. Activity Scheduling

13. Environmental Manipulation

RLT Group Therapy

(1) Therapist's Role

A. Instruct the group in the theory and techniques of rational self-counseling

B. Monitor group members as they apply the rational self-counseling skills to their personal problems

C. Facilitate continuous therapeutic group interactions

Effective RLT Group Therapists:

1. Encourage all group members to talk by helping the members see how the topic at hand relates to them.

   Ask group members to describe the similarities and differences they see between their problems and the one being discussed.

2. Stay in control of the group maintaining its focus (without obviously controlling it)

3. Open and give closure to all group sessions.

(2) Selecting Group Members

Have three characteristics

1. Want to improve their emotional health

2. Capable of learning healthy behaviors

3. Are willing to do what's necessary to learn health behaviors

Group Size: 5-10 Ideal. 20 Maximum

Group Composition: Usually no need to have diagnostically homogeneous groups unless the clients have an emotionally-charged behavioral problem, like urge to rape, sexual deviance, child abuse, etc...

(3) Ground Rules

A. Confidentiality a must.

B. Socializing among group members outside of the group is not encouraged.

C. Members are expected to attend regularly and willing to present a Rational Action Planner (or similar technique).

(4) Process

Volunteers present their personal problems by way of a Rational Action Planner (or similar technique). Group members are asked to give comment in terms of the rationality of the thoughts expressed by applying those thoughts to the Rational Questions. If thoughts are found to be irrational, the group helps develop a new, rational alternative thought for the presenter to practice.

Appendix A

Resources

Additional Training in Rational Living Therapy

If you would like additional training in Rational Living Therapy, please contact Dr. Aldo Pucci at the Rational Living Therapy Institute at:

Rational Living Therapy Institute
203 Three Springs Drive, Suite 4
Weirton, WV 26062
1-304-723-3980

http://www.rational-living-therapy.org

Certification in Cognitive-Behavioral Therapy

If you would like to become certified in cognitive-behavioral psychotherapy, please contact the National Association of Cognitive-Behavioral Therapists at:

NACBT
P.O. Box 2195
Weirton, WV 26062
1-800-853-1135

Web Site: http://www.nacbt.org

Email: nacbt@nacbt.org

The NACBT offers a host of certifications in cognitive-behavioral therapy, including the Certified Cognitive-Behavioral Therapist (CCBT) and the Diplomate in Cognitive-Behavioral Therapy (DCBT) credentials.

The Rational Living Therapy Approach
Therapy Sequence

1. Assessment (1 or Two Sessions)

2. ABC's of Emotions (1 Session)

   - OR - Rational Hypnotherapy (Two Sessions)

3. Rational Questions (Several Sessions)

4. Rational Action Planner (1 Session)

5. Importance of Practice, Practicing Techniques,
   Thought Growth (1 Session)

6. Rational Hypnotherapy if Needed (At least 2 Sessions)

7. Remainder of sessions spent reviewing RAP's
   (Could take several sessions)

The Client's Guide to Cognitive-Behavioral Therapy

How to Live a Healthy, Happy Life…No Matter What!

Dr. Aldo R. Pucci, President
National Association of Cognitive-Behavioral Therapists

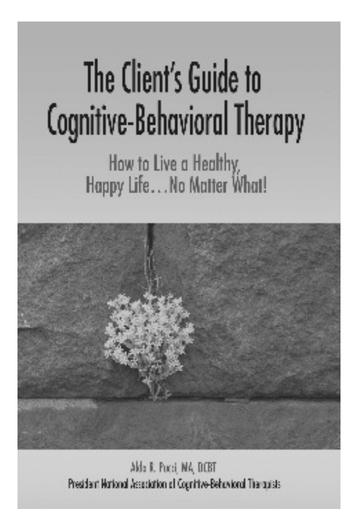
For those participating in CBT, *The Client's Guide to Cognitive-Behavioral Therapy* is an invaluable resource. Author Aldo R. Pucci guides you step-by-step through the therapy process, reinforcing what the cognitive-behavioral therapist teaches during therapy sessions.

Written in an easy-to-understand style, this comprehensive guide includes information on the following topics:

* Identifying and overcoming factors that affect progress in therapy
* Setting and achieving goals
* The actual cause of emotional distress and behavioral problems
* Identifying and refuting problem thoughts
* Reflexive Thoughts: Why Sometimes it *Seems* that "Things" Cause our Feelings
* Importance of Focusing on Underlying Assumptions
* Twenty-six common mental mistakes that cause emotional distress and behavioral problems
* Developing new, healthy thoughts and behaviors
* Practicing new, healthy thoughts and behaviors so that they become automatic
* Obtaining long-term results.

Available for purchase during seminar breaks.
$20.95

Although The Client's Guide to Cognitive-Behavioral Therapy is designed for people receiving counseling, it is also helpful for those seeking a self-help approach to their personal problems and concerns.



To order, Call 1-800-853-1135

Or Order Online Using Our Secure Server at

http://www.nacbt.org

Want to Make It Available to Your Clients?

5% Discount for orders over $300 or
10% Discount for orders over $500

"I am sure that your book will help every one who is willing to make their current, trouble-causing thinking more rational." -- *Maxie C. Maultsby, Jr., M.D.*