

## INTRODUCTION

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The series in which this book is placed has as its theme the skills of practising different approaches to counselling and psychotherapy. In this particular volume I will focus on the skills involved in practising Rational Emotive Behaviour Therapy (REBT) effectively. In doing so, I have decided to place the skills that I am going to discuss within the context of the working alliance between REBT therapist and client. I have decided to take this particular tack for two reasons. First and foremost, I firmly believe that the good practice of any therapeutic approach is marked by the establishment and maintenance of a good working alliance between the therapist and her\* client. It is also marked by a suitably good ending. Second, critics of REBT and of other approaches within the CBT tradition argue that these approaches are overly technical and neglect the therapeutic relationship. While there are, of course, technical features of REBT, its skilful practice is carried out within a good working alliance and I have structured this book accordingly (see also Gilbert & Leahy, 2007).

In Chapters 1 and 2, I begin by outlining REBT's distinctive features within the realms of theory and practice. Grasping something of the theory and practice of REBT will help you to understand the skills that I am going to discuss and exemplify in Chapters 4–7. In Chapter 3, I discuss a four-part model of the working alliance that I will be using to frame the skills considered in the rest of the book. So Chapters 1, 2 and 3 provide the necessary frameworks to understand REBT skills within the specific context of this approach's core concepts and within the broader context of the working alliance.

When I exemplify the skills discussed in Chapters 4–7, I want to make clear that I will not use actual case material since I wish to protect client confidentiality. What I will do instead is use a case example similar to the clients found in the caseload of any REBT therapist and in doing so I will use constructed dialogues that are also very typical of therapist–client exchanges in REBT. When discussing the case I will do so in the context of each chapter's focus. Thus, the presentation of case material may not always be in temporal order. Please bear this in mind as you follow the case from chapter to chapter.

While I will contextualise the skills in the manner outlined above, I want to make it clear that this book does not seek to be comprehensive in its coverage of REBT skills, particularly the many skills that can be best placed in the task domain of the working alliance. Such a book would require far more space than I have at my disposal within the structure of the series. Nevertheless, this is the

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first book on REBT to place the working alliance at centre stage in the practice of this therapeutic approach. As such, I think it is a valuable contribution to the REBT literature and to the present series.

Before I begin, let me say something about REBT by way of an introduction. Rational Emotive Behaviour Therapy (henceforth called REBT in this book) was the first approach to be founded in what is now called the Cognitive-Behaviour Therapy (CBT) tradition. The origins of REBT go back to the mid-1950s and thus the approach has not long ago celebrated its fiftieth birthday. Initially, the founder of REBT, Dr Albert Ellis (1913–2007), received much criticism from a field that in those days was dominated by psychodynamic and client-centred practitioners, but he persisted in promulgating his ideas and, together with Aaron T. Beck, the founder of Cognitive Therapy (see Wills, 2008), Ellis (1962) helped to establish the CBT tradition. Ironically, as I write, CBT is again under severe critical attack from non-CBT practitioners in Britain because the National Institute for Clinical Excellence (NICE) is recommending the use of CBT in the National Health Service because of its evidence base and are not recommending the use of many other therapeutic approaches because, according to NICE, these approaches lack a similar evidence base. So 50 years later, CBT is still under attack but this time from an ascendant position (i.e. in being recommended as an empirically-supported treatment by a national body responsible for making such decisions).

The CBT tradition has now matured to the point that several approaches have emerged within this tradition. While these approaches have much in common, they all have their distinctive features. So in Chapters 1 and 2, I will outline the distinctive features of REBT (Dryden, 2008) so that you can see how it differs not only from other non-CBT approaches in this series (Joyce & Sills, 2001; Lister-Ford, 2002; Tolan, 2003) but also from the other CBT approach that appears in the 'Skills' series (Wills, 2008).

\*In this book, in the main case example, the therapist will be female and the client male. This was decided on the toss of a coin.

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