

Intervention in School and Clinic

<http://isc.sagepub.com>

Teaching a Cognitive Behavioral Strategy to Manage Emotions Rational Emotive Behavior Therapy in an Educational Setting

Tachelle Banks and Paul Zions
Intervention in School and Clinic 2009; 44; 307
DOI: 10.1177/1053451208330893

The online version of this article can be found at:
<http://isc.sagepub.com>

Published by:
Hammill Institute on Disabilities



and



<http://www.sagepublications.com>

Additional services and information for *Intervention in School and Clinic* can be found at:

Email Alerts: <http://isc.sagepub.com/cgi/alerts>

Subscriptions: <http://isc.sagepub.com/subscriptions>

Reprints: <http://www.sagepub.com/journalsReprints.nav>

Permissions: <http://www.sagepub.com/journalsPermissions.nav>

Teaching a Cognitive Behavioral Strategy to Manage Emotions

Rational Emotive Behavior Therapy in an Educational Setting

TACHELLE BANKS AND PAUL ZIONTS

Keywords: *emotional and behavioral disorders (EBD); behavior, cognitive approaches; management; behavior, classroom; behavior, strategies; cognitive/cognition*

The academic and social challenges facing public schools are enormous. For example, the pressure to meet the demands of the current high-stakes testing environment and reach adequate yearly progress (AYP) goals has arguably never been greater (Luna & Turner, 2001; Sanders, 2003). The energy devoted to academics has supplanted the little time spent on the social, behavioral, and emotional needs of students. Yet, the need to create classroom environments that are safe for all students persists. Abelson and Taylor (2000) addressed this problem when they wrote that many students are not receiving the mental health programs that they desperately need:

Too many schools can't meet basic needs. Primary prevention is only a dream. The simple fact is that education support activity is *marginalized* at most schools, and thus the positive impact such activity could have for the entire school is sharply curtailed. (p. 50)

This article presents a classroom mental health program that can be integrated with an academic curriculum and is designed both to address the emotional and behavioral problems of students and, more important, to give them the tools necessary to be able to prevent and manage them.

It would be hard to argue that students who have emotional and behavioral problems do not seriously impact every aspect of the school day. These students, many of whom are not receiving special education services nor, perhaps, even qualifying for them, have serious negative effects on schools' goals—both short term (teaching lessons) and long term (teaching these students to manage

their lives). The school's responses to behaviors that deter short-term goals (teaching lessons) are often quick and intrusive (e.g., time-out, suspension, expulsion; Salend, 2008; Utley, Kozleski, Smith, & Draper, 2002). Simply put, one cannot learn the necessary, academic skills if one is excluded from the education process. Whereas the short-term approach clearly remedies the immediate problem, each action removes the child from the teaching-learning process but fails to teach long-term coping skills that would enable self-management in the future.

To address this dilemma, a mental health curriculum needs to be integral to any school (reform) curriculum. One such approach that has demonstrated promise in both therapeutic and classroom environments is rational emotive behavior therapy (REBT), which is a cognitive behavioral intervention (CBI) originally designed for use in clinical settings. The goal in those using REBT is to assist individuals to manage extreme emotions that may interfere with one's ability to achieve personal and professional goals. More recently, REBT has been introduced into classroom settings and has shown effectiveness in its use with children and adolescents (Banks, 2006; Ellis & Wilde, 2002; Knaus, 2001; LaConte, Shaw, & Dunn,

Authors' Note: Address correspondence to Tachelle Banks, Cleveland State University, 1338 Rhodes Tower, Cleveland, OH 44115; (e-mail: t.i.banks@csuohio.edu).

Intervention in School and Clinic, Volume 44 Number 5, May 2009 307-313
DOI: 10.1177/1053451208330893 • © 2009 Hammill Institute on Disabilities
<http://isc.sagepub.com> hosted at <http://online.sagepub.com>

1993; Sapp & Farrell, 1994; Vernon, 2006; Zions, 1996). According to the theory supporting REBT, it is one's thought processes that drive positive or negative mental health. When students think in a clear, reality-based manner, they rarely experience significantly unhealthy emotions (Nichols, 1999). Consequently, extremely negative emotions are the result of distorted thinking that impairs the students' ability to achieve their goals, such as academic success or positive social interactions with teachers and peers (Bernard, 1990; DiGiuseppe, 1990; Vernon, 2006; Zions, 1996). This distorted thinking is a personalized, highly individualistic perception by the individuals of how others or the world should interact with them. For example, students who are experiencing anger may believe that others must treat them fairly at all times (although there is little evidence to suggest that is the way the world works). When individuals have such dogmatic, absolutistic perceptions, their thinking may lead them to extremely self-defeating emotions. The students are methodically taught a step-by-step process that allows them to view events in a more realistic or rational manner. By implementing the structured approach of REBT, individuals learn to moderate their thinking about disturbing events and therefore respond in more effective ways (e.g., by talking rather than yelling or by solving the problem rather than by perseverating on the perceived cause; Ellis, 1980, 1991; Ellis & Wilde, 2002; Walen, DiGiuseppe, & Dryden, 1992).

Rational emotive behavior therapy is considered a comprehensive intervention that incorporates cognitive restructuring with emotions and behavioral applications. The goals of REBT in the treatment of school-age populations are similar to those in adult treatment, although the means vary, depending on the cognitive-developmental status and intelligence level of the student (Bernard, 1990). Aimed at bringing about a decrease in the intensity of extreme, negative emotions of students, REBT is designed to help them solve particular problems, reducing extreme levels of anger, anxiety, and depression that may prevent the student from thinking clearly (Bernard, 1990). One of the primary tenets of REBT is that thoughts, feelings, and behavior interact and significantly affect one another (Ellis, 1980; Walen et al., 1992). Ellis (1974) developed a simple *ABCD* model to address emotional concerns. *A* was defined as an activating event, which is what students believe is causing their problems; and *B* was defined as students' belief systems or perceptions that they have about *A*. The *C* was defined as emotional and behavioral consequences that are the result of the students' perceptions. These consequences may be either (a) healthy as a result of rational or sensible

perceptions or (b) self-defeating as a result of irrational or distorted perceptions. The *D* stands for *disputation*, which is when the students are taught to challenge their irrational beliefs (Walen et al., 1992). Ellis (1991) asserted that thinking affects, and in some ways creates, individuals' feelings and behaviors; their emotions have an important impact on their thoughts and actions, and their actions distinctly influence their thoughts and feelings. Consequently, if one of these processes is somehow altered, the others are influenced as well.

Rational emotive behavior therapy postulates that differentiating between rational and irrational beliefs is important because irrational beliefs lead to disturbed emotions (depression, excessive anxiety, guilt extreme, and anger) and negative behavioral reactions (aggression, withdrawal, impulsivity; Bernard, 1990). As a result, irrational beliefs do not lead to goal attainment. Rational beliefs, on the other hand, generally result in moderate emotions that help achieve goals and satisfaction with life (Smith, 1982). Thus, helping children and adolescents change their irrational beliefs is a major focus of REBT. In the presence of bad events in a young person's life, rational beliefs will lead to appropriate negative emotions that may range from strong to mild, whereas irrational beliefs will lead to inappropriately strong negative emotions and disturbance.

Rational emotive behavior therapy consciously recognizes the wide individual differences observed in the way students in school (and elsewhere) react to the same event (DiGiuseppe, 1990). Whether the event is teasing, academic failure, criticism, parental rejection, unfair treatment, or frustrating and difficult tasks, children and adolescents of the same age experience different degrees of adaptive and maladaptive emotions and behavior. An educational curriculum based on the principles of REBT provides a mental health prevention program that is particularly suited to a school-oriented approach (Vernon, 2006; Zions, 1996). This programming teaches problem-solving strategies that have been adapted from the principles of REBT (Knaus, 2001). The goal of REBT is to make students increasingly aware of their self-talk and internal dialogue so they will be able to think and behave more rationally, clearly, and logically (Ellis, 1991; Walen et al., 1992; Wilde, 1994; Zions & Zions, 1997). Practitioners of REBT try to teach individuals to evaluate the content of their beliefs in hopes of allowing students to experience fewer disturbed emotions. The purpose of REBT is not to eliminate all emotions but to manage the "hurtful" emotions, such as extreme anger, depression, guilt, and excessive anxiety, that interfere with productive behavior and goal attainment by minimizing their intensity (DiGiuseppe, 1990). Finally, REBT practitioners attempt

to help students gain skills using rational-emotive principles so they will act in a more appropriate manner and be better able to achieve their goals in life (Wilde, 1996).

Principles of REBT have been used with children and adolescents in schools and are amenable to classroom intervention and small group sessions (Patton, 1995; Rudish & Millice, 1997; Zions, 1996). As an educational model, REBT comprises a systematic scope and sequence of instructional tasks that can be integrated into a classroom curriculum or implemented as a pullout program. Because REBT is a teaching model, academic skills such as reading, writing, spelling, language arts, and problems-solving skills are imbedded to assist students with their learning or rational behaviors (Patton, 1995). REBT has also been found to be a practical complement to other social skills training programs because it teaches students how to monitor their self-talk before they make behavioral reactions (Patton, 1995).

Utilizing REBT in the Classroom

Banks (2006) recently implemented an REBT teaching sequence for adolescents with emotional disturbance in a day treatment setting. The students ranged in age from 11 to 14 years and had been in the setting for an average of 18 months. Fourteen students, 9 African American and 5 Caucasian, participated in the study. The intervention group met twice a week for twenty 30-minute sessions across a 24-week period. Students were taught REBT to help them manage severe emotions that may interfere with classroom goal attainment.

Subjective conclusions, due to a small sample size, drawn from Bank's (2006) study suggest that students who participated in the REBT sessions clearly learned the model, as indicated by their ability to use the model during group discussions. They recognized critical components of the model and applied the skills learned to talk through events that interfered with their ability to be successful in the educational environment. During group discussions, students were able to identify the *A*, *C*, and *B* of an event; rate the event; and discuss their thinking patterns. Results from the study suggest that this educational derivative of REBT may be helpful for other adolescents to (a) use a systematic approach to discussing events that result in emotional distress; (b) understand the relationship between feelings, thinking, and behavior; and (c) learn to question thinking patterns that may adversely impact classroom success. REBT strategy can be introduced in a small group or individual format and integrated into the current classroom curriculum.

Teachers played a minor role in teaching REBT in the Banks (2006) report. The researcher taught the curriculum and conducted the group sessions. When using this approach at other schools or clinics, we recommend that teachers play a more integral role in the instruction. By teaching and supporting the curriculum, content would be more greatly integrated into the classroom day, and students would be more likely to practice and use REBT skills daily, fostering automaticity and ownership of the strategy and increasing the chances to maintain and generalize skills. To assist teachers in the use of this REBT approach, an outline for the 14 sessions and four lesson plans is provided in this article. Sessions are organized into four phases that suggest developmental time periods for the students and their groups. Sessions all have stated purposes, objectives, and learning activities. Teachers and clinicians will find that different groups of students may take several teaching sessions to achieve mastery of any one lesson. The number of sessions depends on the individual student's learning abilities and time devoted to teaching rational skills. We recommend adding activities as necessary to each lesson so that students can master skills in the lesson. At the completion of these 14 sessions, students should be able to (a) identify the activating event, (b) identify and rate the emotional consequence, and (c) question the belief.

Phase I—Cognitive Preparation: REBT Readiness Skills

Sessions 1–2: Building rapport and expectations. The purpose of these sessions is to build a rapport with the students and to inform and motivate the students to participate in the activities and discussions. Students participate in discussions focusing on moral dilemmas taken from the *Defining Issues Test* (Rest, 1980). Students share their decisions and explain their rationale in a group discussion format. In addition, these sessions are used to explain what would be done and why it might be helpful to them. The purpose of the project is explained as well as when the group will meet, the time of day, and the location of the meeting room.

The group is asked to think about rules that might be helpful for their group to follow, and the following rules are put into a document, distributed amongst the group, and reviewed before each session. Rules may include (a) respect others, (b) no laughing or teasing, (c) raise hand to speak, (d) option to pass if deciding not to participate, and (e) keep information discussed in group confidential.

TABLE 1
Feelings Thermometers Lesson

Activity	Description and Examples
Create feelings thermometers	Using a poster board or construction paper, students can create their own feelings thermometers. The thermometers can express a range of emotions (pleasure to anger) or quantification (1-100).
Rate events	Ask the students to "rate" events on their thermometers. Sample Events: 1. Your sister wants to watch a different TV show. 2. You got an A (D?) on a math test. 3. You did (did not) meet your classroom goal this week.
Suggestions for classroom use	You may want to use real-life events from class or ask students to volunteer their own events. Do not place positive or negative values to response. Yet attempt to identify which emotions are negative or positive.

Sessions 3–5: Understanding feelings. The objective of the lessons and activities in this phase is to help the students understand, identify, measure, and connect feelings to thinking (Zionts, 1996). The activities include "Feelings Thermometers," which help students learn how to label feelings and associate a number to their feelings in an effort to better relate the intensity of feelings. The students are asked to (a) create their own feelings thermometers, (b) identify a feeling, and (c) express the intensity of the feeling using their feelings thermometer. This phase included three 30-minute sessions. This lesson follows:

Identifying Feelings

- *Purpose:* A prerequisite for students to be successful in managing harmful emotions is for them to identify those feelings that they are experiencing. The purpose of this activity is to not only help students identify but also expose them to the range of their own emotions.
- *Aim:* To help students understand that there is a continuum of feelings that one can learn to use when confronted with negative events.
- *Objective:* When given a situation students will adjust their feeling thermometers according to their emotions (reactions). Each student will share at least one emotion with the class (see Table 1).

Sessions 6–10: Fact versus opinion. The objective of the lessons and activities in this phase is to help the students define and determine the difference between fact and opinion. Thinking that is based on facts or events that can be proven may result in less irrationality and decreased emotional disturbance (Zionts, 1996). Thinking that is based on opinion or a perception of

events may result in an increased emotional disturbance and can result in goal-defeating behaviors (Zionts, 1996). Learning activities to reinforce the difference between fact and opinion are used to reinforce learning. The following lesson illustrates the process of differentiating facts from opinions:

Facts or Opinions?

- *Purpose:* The theory of REBT supports the belief that people distress themselves because of their inability to view a situation in a reality-based manner. That is, some people cannot distinguish between a fact (something that can be verified by others) and an opinion (something that might result in different evaluations from different people). The following exercises illustrate that many facts are indeed opinions.
- *Aim:* To help individuals understand the difference between facts and opinions.
- *Objective:* When given sentences, either orally or written, the student will be able to identify them as facts or opinions (see Table 2).

Phase II—Skills Acquisition: Learning the Cognitive Model

Sessions 11–15: Learning the ACBs. The objective of these lessons is designed to teach students the following:

- *(Activating event):* Identify the activating event or situation. The A is essentially the problem as it is perceived by the student. The students are asked to describe what set off

TABLE 2
Facts Versus Opinions Lesson

Activity	Description and Examples
Define "fact"	Give students definitions of the term <i>fact</i> . Webster's defines <i>fact</i> as something that has actual existence; an actual occurrence and a piece of information having objective reality. In other words, people can see a fact and agree upon its presence.
Define "opinion"	Give students definitions of the term <i>opinion</i> . Webster defines <i>opinion</i> as a view, judgment, or appraisal formed in the mind about a particular matter. Other words that are similar in meaning are conviction, belief, and sentiment.
Facts or opinions	Discuss how some people perceive their beliefs to be facts, yet because of differences of thoughts by others, they are in actuality only opinions.
Suggestions for classroom use	Brainstorm facts and opinions. Remember that a fact must be observable. Therefore, such concepts as friendly, mean, and grouchy are only opinions; and such concepts as height, weight, points scored on a test, hair color, and names are facts.

their emotions. The A is frequently explained in observable terms: "Bob called me a dirty name!" or "I failed the test."

- *C(onsequence)*: The students next label and rate the level of intensity of their feelings and establish a goal for the purposes of reducing the intensity, duration, and frequency of disturbed emotions: "I was very angry when he called me that name!" "I hit him very hard" or "I cannot sleep at night since I failed that test."
- *B(elief system)*: The students are taught to analyze and identify their beliefs or thinking patterns that create emotional consequences (C) (Vernon, 1996; Zions, 1996). The question associated with deriving the B is, "What did you think about the situation?" Examples of statements that indicate the belief system of a student are "He shouldn't call me a name! Especially him! He must be nicer to me! I don't call him names! He shouldn't have said that to me!!" Group discussions were used to reinforce learning, practice skills, and check for understanding.

Learning the Cognitive Model

- *Purpose*: The theory of REBT supports the belief that people distress themselves because of their inability to view a situation in a reality-based manner. That is, some people cannot distinguish between a fact (something that can be verified by others) and an opinion (something that might result in different evaluations from different people). The following exercises illustrate that many of our "facts" are indeed "opinions."
- *Aim*: To help individuals learning the components of the cognitive behavioral strategy.
- *Objective*: When given a letter, either orally or written, the student will be able to identify the A, C, and B of the cognitive model (see Table 3).

TABLE 3
Learning the ACBs Lesson

Activity	Description and Examples
Teach the ACBs (Activating event, Consequence, and Belief system)	Directly instruct students on the rational emotive behavior therapy (REBT) A, B, and C. Explain to the students that the exercise will help them to think through problems and manage feelings.
Identify the ACBs	Give students a letter (A, C, or B) and have them give an example of each component. Remind them to describe the event in observable terms. Identify and rate feelings and provide a reasonable emotional rating as a goal. Finally, discuss their beliefs regarding the situation or event.
Suggestions for classroom use	The activating event is frequently explained in observable terms. The students should be able to describe what "set off" their emotions. The students should be able to label and rate the level of intensity of their feelings and establish a goal for the purposes of reducing the intensity, duration, and frequency of disturbed emotions. Access prior knowledge and remind students of skills learned in the feelings thermometers activity.

TABLE 4
Group Discussion Format

Activity	Description and Examples
Activating event (A)	Try to find out what happened. Sample Questions: 1. Does anyone have a feeling or problem that they would like to work on? 2. Did anything happen recently that made you feel out of control? 3. If a video was taken of the event, what would it show?
Consequence(s) (C)	Explore the emotional/behavioral consequence. Sample Questions: Feeling that way . . . how did you act? What did you do?
Beliefs (B)	Explore the thinking pattern. Sample Questions: What did you think about the situation? What were you saying to yourself when he said that to you? What were you thinking when you began to feel that way?
Suggestions for classroom use	Use the feelings thermometers to help students identify the range of their own emotions. Have students describe the event(s) that led to the feelings.

Phase III—Application Training: Practicing the Cognitive Model

Sessions 16–20: Discussing AC and questioning the Bs. The objectives of the activities in this phase are designed for students to apply skills learned by participating in discussions that focused on a problematic situation or event. Students are responsible for identifying the activating event (A), the consequence (C), and the belief (B). The students engage in supervised and facilitated conversations that include a questioning component to assist in identifying the ACBs of the specified event. For example, students are asked to prove that their perceptions were empirically true (e.g., Is there evidence supporting your self-talk?). Zions (1996) suggested that interactions between groups should be supervised by the teacher. Group problem solving should be guided in such a fashion that encourages communication, listening, and expressing oneself in a safe environment. The teacher's role when implementing REBT in an educational setting is to ensure that irrational beliefs are being questioned and that group members are applying the cognitive model. Group rules should be established, and regular REBT sessions should be scheduled. Ideally, REBT sessions could be integrated as part of the classroom curriculum. Also, teachers should keep a regular account of what happens during the group sessions (Zions, 1996). The format serves as a guide for group discussions in Table 4.

The time it takes to master the goals per session is determined by the students' ability to understand the skills. Because the content of each session is prerequisite to the content of the next session, it is imperative that students demonstrate mastery of each session before proceeding to the next. In some cases, practitioners of REBT may choose to modify or redefine REBT in terms that can be easily understood by participants. It is important that professionals consider the characteristics of their students and introduce strategies that reinforce skills learned, teach students new skills, and allow students the opportunity to master the skill to promote the use of skills in various settings (Banks, 2006). Students will collaborate with their teachers, who then allow for time to practice cognitive strategy, increasing the probability of mastering skills and generalization of skills. Practicing cognitive strategies can be presented as class homework. Previous research has indicated that cognitive strategies that include a homework component reinforce skill attainment and generalizability of skills, suggesting that the individual may be more prone to use the skills in different settings (DiGiuseppe & Bernard, 1990). Thus, integrating REBT as part of a current affective curriculum may prove to be more beneficial for students and for detecting significant changes regarding content attainment and be more efficient for the teachers.

Conclusion

Public schools need to take responsibility for teaching students the skills necessary to control themselves. The consequences of not preparing students in both the academic and affective domains affect every aspect of the school and community culture. One cannot demand skill performance without first teaching the skill. Punishing and excluding students who do not possess self-control only exacerbates their problems. This article has presented an introduction to REBT and provided examples of how it may be taught to troubled students. REBT can be implemented in a variety of settings and can be used individually or in small groups. Ideally, REBT will be an integral part of the educational curriculum. It teaches two fundamental aspects of learning that generalize to a wide variety of academic subjects: analyzing and questioning. Furthermore, it allows all students to better understand their feelings and emotions so that they can be better learners.

About the Authors

Tachelle Banks, PhD, is an assistant professor of special education at Cleveland State University. She has been a special education teacher working with students with emotional behavior disorders in an urban alternative educational setting. Her current research interests include emotional behavioral disorders, classroom management and cognitive behavioral interventions in educational settings, specifically rational-emotive behavior therapy in classroom environments. **Paul Zions** is the dean of education at the University of Michigan–Dearborn. He is a past president of the International Council for Children with Behavior Disorders. He has been a teacher in a reform school and in an inner-city high school, a program director, a consultant, and a teacher trainer. His areas of interest include issues in behavioral disorders, classroom management, and various aspects of rational-emotive behavior therapy. He has authored numerous articles, books, and book chapters.

References

- Abelson, H. S., & Taylor, L. (2000). Shaping the future of mental health in schools. *Psychology in the Schools, 37*, 49–60.
- Banks, T. I. (2006). Teaching rational emotive behavior therapy to adolescents in an alternative urban educational setting. *Dissertation Abstracts International, 67* (07), 2528. (UMI No. 3227412)
- Bernard, M. E. (1990). Rational-emotive therapy with children and adolescents: Treatment strategies. *School Psychology Review, 19*, 294–303.
- DiGiuseppe, R. (1990). Rational-emotive assessment of school-aged children. *School Psychology Review, 19*, 287–293.
- DiGiuseppe, R., & Bernard, M. E. (1990). The application of rational-emotive theory and therapy to school-aged children. *School Psychology Review, 19*, 268–287.
- Ellis, A. E. (1974). Experience and rationality: The making of a rational-emotive therapist. *Psychotherapy: Theory, Research and Practice, 11*(3), 194–198.
- Ellis, A. (1980). Rational-emotive therapy and cognitive-behavior therapy: Similarities and differences. *Cognitive Therapy and Research, 4*, 325–340.
- Ellis, A. (1991). The ABC's of RET. *The Humanist, 3*, 11–12.
- Ellis, A., & Wilde, J. (2002). *Case studies in rational emotive behavior therapy with children and adolescents*. New Jersey: Upper Saddle River.
- Knaus, W. (2001). Rational emotive education. *Theory in Practice, 16*, 251–255.
- LaConte, M. A., Shaw, D., & Dunn, I. (1993). The effects of a rational-emotive education program for high-risk middle school students. *Psychology in the Schools, 30*, 274–281.
- Luna, C., & Turner, C. L. (2001). The impact of the MCAS: Teachers talk about high-stakes testing. *English Journal, 91*, 79–87.
- Nichols, P. (1999). *Clear thinking: Talking back to whispering shadows*. Iowa City, IA: River Lights.
- Patton, P. L. (1995). Rational behavior skills: A teaching sequence for students with emotional disabilities. *The School Counselor, 43*, 133–141.
- Rest, J. R. (1980). Moral judgment research and the cognitive-developmental approach to moral education. *Personnel and Guidance Journal, 602*–605.

- Rudish, D., & Millice, N. (1997). From dark to clear thinking: Cognitive restructuring in the classroom. *Reclaiming Children and Youth, 6*, 82–86.
- Salend, S. J. (2008). *Creating inclusive classrooms: Effective and reflective practices* (6th ed.). Upper Saddle River, NJ: Pearson Merrill Prentice Hall.
- Sanders, W. L. (2003, April). *Leaving No Child Behind: Value-added approaches to school accountability: Results and lessons from an evaluation*. Paper presented at the 2003 annual meeting of the American Educational Research Association, Chicago.
- Sapp, M., & Farrell, W. (1994). Cognitive-behavioral interventions: Applications for academically at-risk and special education students. *Preventing School Failure, 38*, 19–25.
- Smith, T. (1982). Irrational beliefs in the cause and treatment of emotional distress: A critical review of the rational-emotive model. *Clinical Psychology Review, 2*, 505–522.
- Utley, C. A., Kozleski, E., Smith, A., & Draper, I. L. (2002). Positive behavior support: A proactive strategy for minimizing behavior support problems in urban multicultural youth. *Journal of Positive Behavior Interventions, 4*, 196–207.
- Vernon, A. (1996). Counseling children and adolescents: Rational. *Journal of Humanistic Education & Development, 35*, 120–128.
- Vernon, A. (2006). *Thinking, feeling, and behaving: An emotional education curriculum for children*. Champaign, IL: Research Press.
- Walen, S. R., DiGiuseppe, R., & Dryden, W. (1992). *A practitioner's guide to rational-emotive therapy* (2nd ed.). New York: Oxford University Press.
- Wilde, J. (1994). The effects of the let's get rational board game on rational thinking, depression, and self-acceptance in adolescents. *Journal of Rational-Emotive & Cognitive Behavior Therapy, 12*(3), 189–196.
- Wilde, J. (1996). The efficacy of short-term rational-emotive education with fourth-grade students. *Elementary School Guidance & Counseling, 31*(2), 131–139.
- Zions, P. (1996). *Teaching disturbed and disturbing students: An integrative approach*. Austin, TX: Pro-Ed.
- Zions, P., & Zions, L. (1997). Rational emotive behavior therapy with troubled students. *Reclaiming Children and Youth, 6*, 103–108.