

Chapter 15

REBT and Parenting Interventions



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Albert Ellis pioneered the application of cognitive methods in parent education programs in the mid-1950s. Albert Ellis was interested in applying Rational-Emotive Behavior Therapy (REBT) with children, by working directly with children, or indirectly, by working with parents (Bernard, Ellis, & Terjesen, 2006). From the early 1960s with the publication of the book *'How to Raise an Emotionally Healthy, Happy Child'* (Ellis, Wolfe, & Moseley, 1966), REBT has become an important paradigm in parenting interventions, proposing that:

The worst care parents can provide their children is that of blaming them for their mistake making and wrongdoing. Parents or other early teachers usually help a child plummet down the toboggan slide towards disturbed feelings and behaviors by doing two things when he (child) does something that displeases them: (a) they tell him that he is wrong for acting in this displeasing manner, and (b) they strongly indicate to him that he is a worthless individual for being wrong, and that he therefore deserves to be damned and severely punished for his wrongdoing. (Ellis et al., 1966)

The aim of this chapter is to describe the advances in the application of REBT to parenting and to illustrate some of the key ingredients of the REBT approach to parent education. First, we make a general presentation of the REBT based parent education theory, after which we describe different REBT parenting programs, history, therapeutic tools and the evidence-based status of the field. In the last part of

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the chapter, we discuss new directions in REBT based parent education field, focusing on developing access, efficacy and effectiveness to these programs. The chapter will thus answer the following questions:

1. What are the aspects of REBT theory that apply to parenting?
2. Types of REBT parenting interventions
3. REBT parenting interventions for parents of children with special problems
4. New directions in REBT based parent education

Application of REBT Theory to Parenting

As we mentioned above, in its earliest days, REBT was applied to the field of parent education. The pioneer work in the field was the book “*How to Raise an Emotionally Healthy, Happy Child*” (Ellis et al., 1966), which describes some of the most common child misbehaviors, points out possible causes (both genetic and environmental factors) of these problems based on the research at that time, and also recommends solutions, using both cognitive and behavioral techniques. Ellis asserted that the propensity for parents to engage in irrational thinking is 80% biological and 20% environmental.

Another early REBT application to parent education is Paul Hauck’s irrational parenting styles classification (Hauck, 1967) who defined four main parenting styles based on different patterns of rational and irrational beliefs of the parents.

The irrational parenting style, *unkind and firm* implies high levels of demandingness beliefs, low frustration tolerance (e.g., “Children must always disobey to my rules”). This style has parents setting rigid rules and being excessively strict, focusing on the wrongdoing of their child and offering little praise, attacking the personality of their child. As a consequence, children will have the tendency to see themselves as worthless, experience anxiety, guilt and display avoidant or submissive behavior.

The irrational parenting styles, *kind and not firm* style, has parents who avoid frustrating their children who set very lax limits or they do not set them at all, but who are at the same time warm with children. This style is based on parent’s irrational beliefs concerning their child’s inability to tolerate frustration such as “My child should not be frustrated” or global self-rating (“I am a bad parent”). Children living with parents using this style may become dependent, with low frustration tolerance and low responsibility.

The irrational parenting style is the *unkind and not firm* characterized by inconsistent child rearing practices applied for misbehavior and the lack of affectionate behavior or praise for good behavior. Children experiencing this parenting style can become chronic rule breakers and display defiant behavior.

Hauck called the rational parenting style, *kind and firm*, referring to parents who show warmth based on unconditional child acceptance and who also setting firm rules for the behavior of their children. Thus, the most effective parenting

style and the one promoted in REBT parent education is the *kind and firm* style, which can lead to more functional emotions and adaptive behaviors in both parents and their children.

In the following decades, REBT has been used by many parent educators (counselors, psychologists) with parents having children identified with various problems or for prevention purposes. REBT parent interventions or education can be used in two ways; namely as an indirect service to parents to assist in their management of a child with problems of adjustment including emotional difficulties or as parent mental health consultation to help parents cope with the stresses of parenting. In the first case, the child is the client and the main beneficiary of the service, with REBT parent intervention having the goals of teaching parents self-control abilities as well as to teach them how to help children deal with adversity and resultant emotional problems. In the second case, the parent and his/her problems represent the main focus of the consultation, with the aim of improving parenting skills and decrease parent stress level.

REBT parent interventions target two major categories of parents' problems: emotional and practical problems (Joyce, 1994, 2006). The main theoretical assumption of REBT parent interventions is that parents' emotional problems (i.e., anger, anxiety, guilt) are largely determined by irrational/ dysfunctional beliefs (see Fig. 15.1). Practical problems are reflected in parents not knowing how to manage their child's behavior or solve developmental issues. Practical problems are tackled by teaching parents positive parenting skills, like positive discipline, communication, while for emotional problems, techniques are aimed at changing parents' beliefs about children behavior or their role.

REBT-based parenting intervention with individual parents often involve an assessment phase (Bernard, 2004) for determining: (a) child development and functioning; (b) how supportive the parent-child relationship is; (c) which style of parenting is used and if the parent use effective child behavior management strategies; and (d) are parent's emotional problems interfering with using effective parenting strategies. Thus, assessment conducted with the parent is focused both on identifying the problems for determining the services required (education, consultation, therapy), and evaluating and analyzing the problems based on the ABC model, parenting styles and practices for determining the mechanisms and main focus of the intervention. Thus, a beginning point for work with parents is to help them realize that their emotional and behavioral reactions may be contributing to their child's issues and is key factors for getting their child to change.

Parent Irrational and Rational Beliefs

According to REBT, parent's irrational beliefs are categorized in four main categories: (1) demandingness (e.g., "My child must be compliant all the time"); (2) awfulizing/catastrophizing (e.g., "It will be awful if my child does not obey to me"); (3) low frustration tolerance/frustration intolerance (e.g., "I cannot stand when my

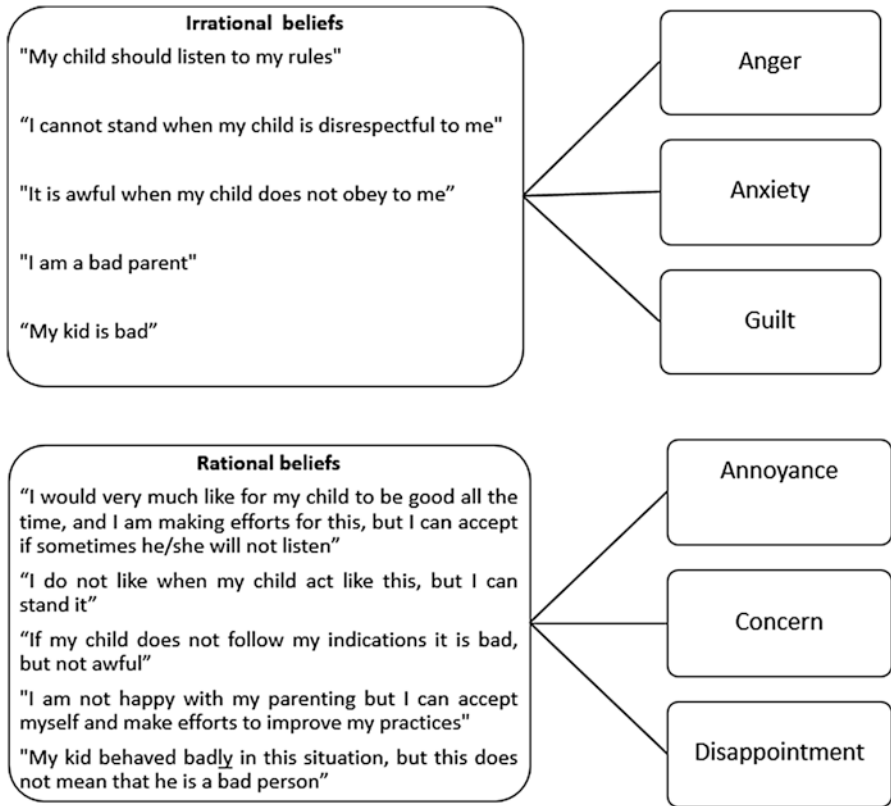


Fig. 15.1 The relationship between irrational/rational beliefs and dysfunctional/functional emotions

child is disrespectful to me”); (4) global evaluation of self, others, or world (e.g., “My kid is very bad”). There are four corresponding categories of rational beliefs, respectively: (1) preferences (e.g., “I would very much like for my child to be good all the time, and I am making efforts for this, but I can accept if sometimes he/she will not be good”); (2) realistic evaluation of badness (e.g., “If my child does not follow my indications it is bad, but not awful”); (3) high frustration tolerance (e.g., “I do not like when my child act like this, but I can stand it”); (4) unconditional acceptance (e.g., “My kid behaved badly in this situation, but this does not mean that he is a bad person”; see Fig. 15.1). It was found (Gavita, DiGiuseppe, & David, 2013) that the most frequent irrational beliefs involved in dysfunctional parent emotions and maladaptive parenting practices are low frustration tolerance and global evaluation, especially in the form of self-downing (e.g., “I am a bad parent”). Therefore, increasing the levels of frustration tolerance and unconditional self-acceptance of parent and other-acceptance regarding the child it is an essential step in REBT parent interventions.

ABCs as Applied to Parenting

In REBT, parents are taught how their beliefs about their children, themselves and life determine how they feel and behave towards their child rather than being caused by their child and his/her behavior. That is, REBT techniques teach parents that their children's behavior is not the cause of their emotional states and behaviors, but the way in which they evaluate the behavior. One of the most used therapeutic tools in REBT for facilitating the awareness and analysis of rational and irrational cognitions as causal factors for parents' functional or dysfunctional emotions is the ABC model. In the parenting context, the ABC model explains that parents' emotions and behaviors (C- consequences) are not directly determined by child- related events (A- activating events), but rather by the way these events are cognitively processed and evaluated (B- beliefs, David, 2015; Ellis, 1994). Thus, one goal in REBT based parenting interventions is to guide parents on how to change their irrational beliefs related to their child's behavior into rational beliefs. Using specific REBT techniques, parents learn how to strengthen their rational beliefs and in this way generate a more adaptive response in different child related situations, and create a positive relationship with their children.

Ellis (Ellis et al., 1966) has underlined that parents can communicate, model and reinforce rational beliefs in their children. He discussed how rational beliefs can be taught by parents to their children:

- **Self- and other-Acceptance:** Parents need to teach children how to not rate themselves or others globally and judge their behaviors but not their self-worth. This way, they can teach children to accept responsibility for their traits and behavior without judging themselves as good or bad based on them. Parents can use instances when children or they make mistakes to teach them how we do not like all our behaviors or traits but we do not judge ourselves based on them. Children will learn that they and others are capable and likeable in their own unique ways, and their qualities and not lost when bad things happen.
- **High Frustration Tolerance:** Parents need to teach children that obstacles and frustrations are part of life and that they can stand them. Also, parents need to reinforce the fact that if children want to be successful they sometimes need to do tasks that are not pleasant or exciting in favor of activities that they like at that time.

Types of REBT Parenting Interventions

Based on REBT principles and research, different REBT parent intervention programs have been published and some have empirical data to support them. These programs have different names, but all of them have the goal to educate parents about how to deal with child-related problematic emotions and behavior and how to improve parental practices in order to raise happy and healthy children.

REBT-based parenting programs also focus on assisting parents to overcome their own emotional problems.

In the following section we will describe in detail REBT parent interventions in terms of structure, techniques used, main targets, and their results.

Rational-Emotive Family Therapy

Rational-Emotive Family Therapy (DiGiuseppe & Kelter, 2006; Huber & Baruth, 1989) involves direct intervention with the parents of children with psychopathology (e.g., who are in therapy). DiGiuseppe and Kelter (2006) show that involving parents in therapy is essential in order to generalize therapeutic gains in the ecological environment of the child. Therefore, restructuring parents' irrational beliefs and reducing distress are primary goals that can enable parents to engage in more efficient parenting practices and this way improve child functioning.

DiGiuseppe and Kelter (2006) proposed a general sequence of *Rational-Emotive Family Therapy* consisting of ten stages, each one involving different techniques and strategies, presented below:

1. Assessment: gathering information on the structure of the family, emotions, cognitions, and skills of each member, child behavioral analysis.
2. Engage parents in the therapeutic alliance: motivational interviewing or problem solving.
3. Planning of the behavioral intervention: setting a target behavior and establishing consequences plan to increase child positive behavior or to decrease maladaptive behaviors.
4. Evaluate parents' capacity to implement the intervention: assessment of parents' guilt, anger, anxiety, and underlying of irrational beliefs.
5. Conduct therapy with the parents: cognitive restructuring of the parents' irrational beliefs.
6. Predict resistance: problem-solving techniques.
7. Assess the parents' ability to implement the intervention: evaluation the emotions and the cognitions which can interfere with the results of therapy.
8. Conduct intervention with parents: disputing the irrational beliefs.
9. Assess how the child responds to the plan: repeating the assessment, problem-solving, cognitive restructuring.
10. Conduct individual therapy with the child or adolescent.

Rational-Emotive Behavior Parent Consultation

Rational-Emotive Behavior Parent Consultation (REBPC; Vernon, 1994) is conceptualized as a triadic process, an indirect intervention in which the client is the child but the specialist works with parents to develop specific abilities for dealing with

child behavior/problems (Vernon, 1994). The consultation process is characterizing by collaborative problem-solving framework.

REBPC frequently incorporates the ABC model of REBT, teaching the nature of relationships between different beliefs, functional and dysfunctional emotions, and adaptive or maladaptive behaviors (Vernon, 1994, 2006). The sessions involve a directive role of the consultant in prescribing and teaching parenting techniques such as cognitive restructuring, behavioral management strategies, to address the specific concerns of the parent (Vernon, 1994, 2006). Most important topics that are incorporated are self-acceptance, problem-solving, decision-making, and positive discipline (Vernon, 1994, 2006).

Joyce (1990) has documented the positive effects of REBPC in two case studies presenting how to carry out these types of interventions either with individual parents, or in a group format, both for clinical or non-clinical problems. A REBT framework is used for all applications, a special focus being on the relationship between parent irrationality and parent emotional problems, and how the intervention could be applied in a school environment.

REBT-Based Parent Education Programs

Parent education programs based on the REBT framework are using comprehensive curriculums for working with parents in psycho-educational groups, in which parents having similar objectives and/or concerns are learning specific parenting skills in a structured sequence. Several REBT parenting programs have been developed and in the following section we briefly describe them.

Rational-Emotive Parent Education

The Rational-Emotive Parent Education is a non-therapeutic and preventive program which has three main goals (Joyce, 1995, 2006):

1. To teach parents new ways of thinking in order to tackle parenting-related distress;
2. To expose parents to a large range of rational beliefs;
3. To give parents effective strategies for disciplining children;
4. To teach rational-emotive methods for dealing with children's emotional problems.

The key mechanism of change proposed by *Rational-Emotive Parent Education* is the change of parents' irrational beliefs. The main strategies used in order to change irrational beliefs are increasing self-awareness regarding self-statements, identification of the irrational beliefs underlying these self-statements, disputing of irrational beliefs, changing them to rational beliefs, practicing the use of rational beliefs, and the reinforcement of rational beliefs.

Regarding the program's structure, the first step represents psycho-education about emotions and cognitions including the monitoring of levels of different types of emotions, both functional and dysfunctional. The next step is an introduction to *kind and firm* rational parenting styles, including enhancing parental communication with children about emotional processes and developing an emotional management plan for the child. The learning process ends with parents guiding the child through changing beliefs processes and reinforcing rational beliefs and adaptive behaviors.

The efficacy of *Rational-Emotive Parent Education* was demonstrated in a study (Joyce, 1995) with 48 non-clinical participants, randomized in two groups, one which received the intervention and one control group. Results showed that for the experimental group there was a statistically significant decrease in parent irrationality, parent guilt, and parent anger. A ten-month follow-up revealed the maintenance of these results, in addition to a decrease of perceived child behavior problems, and parental self-worth-related irrational beliefs.

The SOS Help for Parents Program

Another REBT-based parenting program is the *SOS Help for Parents* curricula (Clark, 2005). This video program has the goal to teach parents how to better manage their mood and improve their child's behavior; it is and makes use of video modeling vignettes, handouts and self-help books. The core of the program is based on three child-rearing rules recommended for parents and on four major errors that parents are taught how to avoid in the child-management process.

The three golden rules of the *SOS Help for Parents* programs are the following (Clark, 2005):

- (a) Reward good behavior;
- (b) Do not reward bad behavior;
- (c) Correct bad behavior.

In order to implement the first rule, parents are advised to use several positive parenting techniques, including rewards, effective instructions, and grandma's rule. For the second and the third rule, parents learn how to use disciplining techniques, like withholding the rewards, active ignoring, time-out, scolding and disapproval, natural consequences, logic consequences etc. Additional to these core rules, an important part of the program was devoted to help parents to identify the most common mistakes in managing child behaviors and how to avoid these errors. According to this approach, the most common mistakes in child behavior management refer to failing to reward good behavior, accidentally rewarding of bad behavior, accidentally punishing good behavior, or failing to correct bad behavior when mild corrections are needed. The program was recently tested and results document positive effects on both preschool and school age children for a short 6-week format (Khowaja et al., 2016) and a standard format of ten sessions.

The Rational Positive Parenting Program

The Rational Positive Parenting Program (rPPP, David, 2014; David, David, & Dobrea, 2014; David & DiGiuseppe, 2016; Gavița, 2011) is a recent REBT-based parenting program, developed based on the previously mentioned programs (Clark, 2005; Joyce, 1995), but also taking into account empirical and technological advancements in the field of parenting programs.

rPPP aims to help parents manage their emotions, improve their parenting practices and thus child adjustment. rPPP relies on two major principles (David & DiGiuseppe, 2016): (1) emotion-regulation skills of the parents represent a main target of the program, using techniques for changing irrational beliefs and building an unconditional self and child acceptance philosophy; (2) parents learn essential positive parenting strategies based on the “*kind and firm*” parenting style in order to build a healthy relationship with their children and effectively manage child behaviors.

rPPP differs from the standard cognitive-behavioral programs by its focus on helping parents first deal with their dysfunctional emotions and build rational thinking habits. The next sequence is focused on developing a positive parent-child relationship and in the end effective limits and positive discipline. Content of the rPPP is presented in Table 15.1 below together with the sessions focus.

The rPPP can be delivered in three formats: full-length, short version and an online format. The full-length (10 sessions) and short versions (4 sessions) of rPPP are held using a group format. The program is divided in two modules, the first focusing on parent emotion-regulation strategies and the second one on positive parenting, using experiential strategies, forms, video vignettes and monitoring forms. The program uses diverse tools like play, joint activities, coaching regarding the development of emotional and social skills of the child, with the aim to promote a positive relationship between parents and children. Parents are taught how to promote child positive behaviors, how to nurture a secure and positive parent-child relationship, how to effectively set family rules, how to establish a reward and consequences plan, and develop problem-solving abilities. In addition to face-to-face meetings, parents are requested to accomplish specific tasks with the children and family in order to ensure the generalization of the gains outside the program.

An important advantage that is brought by the online version of the rPPP (David, 2014; David, Capris, & Jarda, 2017) is the easy accessibility and the addition of innovative methods. Some examples of such methods are attention bias modification training (Amir, Elias, Klumpp, & Przeworski, 2003) and “psychological pills” (Gavita et al., 2013). Attention bias modification represents a computerized technique which is used to train parents to allocate their attention preferentially to stimuli related to positive emotions and behaviors of children and disengage from allocating attention to the negative behaviors (David & Podină, 2014). In order to change maladaptive emotions of the parents, online rPPP uses several techniques which have the goal to change parents’ irrational beliefs and strengthen rational

Table 15.1 *Content of the rPPP program*

Sessions 1–3	Introduction and psycho-education. Managing dysfunctional emotional and behavioral reactions to child misbehavior. Building parent and child unconditional acceptance.
Sessions 4–5	Building positive relationship with the child. Using rewards-based tools and setting effective family rules.
Sessions 6–7	Effective strategies for managing unwanted behavior.
Sessions 7–10	Effective communication and problem-solving skills. Coping with difficult situations. Assessment, maintenance of gains and termination issues.

beliefs in (David, 2012, 2015). These coping statements are called “psychological pills” (e.g., “I can tolerate my feelings, even if they are not pleasant”) and are delivered to the parents based on functionality and type of emotion, the cause of emotion, the type of dysfunctional cognition, and the theme of cognitions.

Several studies (David et al., 2017; Gavița & Călin, 2013; Gavița, David, Bujoreanu, Tiba, & Ionuțiu, 2012; Gavita, David, & DiGiuseppe, 2014), investigated all three formats of rPPP and revealed that these are effective in significantly reducing child externalizing behavior problems and emotional problems. Moreover, follow-up assessments showed even superior results in the favor of rPPP, compared with standard parenting programs. Three randomized clinical trials (David et al., 2017; Gavița et al., 2012; Gavița & Călin, 2013) with samples of parents with children from all age categories between 2 and 18 years represent a testament for the high efficacy of this program. Also, these trials investigated the mechanism of change of rPPP, suggesting that the most important mediators of the program efficacy were parental distress and parenting behaviors (David, 2014; Gavita et al., 2014).

REBT Parenting Interventions for Parents of Children with Special Problems

An important application of REBT parent education is in the case of children with special problems, even if these problems represent that the child is gifted (McInerney, 1983; McInerney & McInerney, 2006) or if there is a severe disorder involved (Greaves, 1997).

McInerney and McInerney’s (2006) approach for working with parents of exceptional children emphasize the role of establishing a strong therapeutic relationship, in which parent could share their emotions and thoughts. It is very important to tackle the misconceptions that most of these parents have about therapy, and to take into account that many of them will be very defensive at the beginning due to their previous negative experience with other professionals from the field. Also, additional to the usual techniques, it is recommended to focus more on encouraging verbal disclosure, using modeling self-disclosure, reinforcing, active listening, or

empathetic restatements of parents' emotions and thoughts, in an environment characterized by unconditional acceptance. Moreover, a good and constant communication between parents and school specialist and integration of REBT principles into school-based programs are considered necessary in order to maximize the results of parent education interventions in the case of specially challenged children.

Another example of using REBT parent education for parents of children with special problems is the case of the parents of children with Down syndrome (Greaves, 1997). In this study, 54 mothers were randomly allocated to one of the three groups, Rational-Emotive Parent Education group, Applied Behavior Analysis group, or a control, which did not receive any intervention. Both interventions consisted on 8 sessions. The Rational-Emotive Parent Education intervention focused on core irrationality, and the primary outcome measured was parental distress. Results showed that Rational-Emotive Parent Education was significantly more effective in reducing parental distress than both control groups, revealing that this intervention are useful also in the case of parents of children with more severe disorders.

New Directions in REBT Based Parent Education

In the previous sections of this chapter, we presented how REBT based parenting interventions can successfully improve psychological health of parents, children and adolescents, and can efficiently address youth's misbehaviors. Even though there are studies showing the effectiveness of the programs mentioned above, there are certain aspects that can be improved. After reviewing the state of the art theory and practices in the field of REBT parent education paradigm, it would be helpful to identify strategies in order to facilitate the access to these programs for more parents, to engage parents and prevent drop-out, respectively to maximize intervention efficacy and cost-effectiveness, and to increase evidence-based practices.

Despite the documented success of the newly developed REBT-based parenting programs, at least three significant and interrelated issues remain. First, although there are studies comparing REBT-based parenting programs to standard ones (David, David, & Dobrea, 2014) it is unclear what the relative contributions are of different cognitive and behavioral components commonly included in the REBT packages for parents. Further investigation of significant causative factors among REBT techniques administered into a parent education program could facilitate our knowledge about the mechanisms of REBT-induced change and could thus contribute to further improving the efficacy of the parenting programs. Second, we know very little about how REBT-based parenting programs can be used to successfully address specific risk factors for parenting. A recent qualitative synthesis (Klahr & Burt, 2014) that analyzed the individual differences that can impact the efficacy of parent education programs confirmed that parenting behaviors are multi-determined. Understanding how to develop specific components for REBT-based parenting programs in order to make them suitable for spe-

cific vulnerable populations (e.g., parents experiencing couple difficulties etc.) is important if we want to increase their efficacy and to determine the adequate dose-effect relationship between the active ingredients needed and the best outcomes.

Third, even if the efficacy of some REBT based parent programs, like rPPP (Gavița, 2011), is established in terms of both outcomes and REBT based mechanisms (David, 2014; David et al., 2017; Gavița et al., 2012, 2014; Gavița & Călin, 2013), more well-conducted studies are needed to show their efficacy on various parenting and child adjustment outcomes. Until now, we know that rPPP is effective in reducing child externalizing behavior problems and emotional problems, with better results at follow-up than standard cognitive-behavioral parenting programs. Regarding mechanisms of change, studies revealed that parental distress and parenting behaviors are mediating the effects of the intervention on child externalizing symptoms (David, 2014; Gavita et al., 2014). Although these data demonstrate that the rPPP is the most comprehensive and evidence-based REBT parenting program to date, more replication studies are necessary that can offer consistent support in order to consider it a reference parenting intervention.

Another important aspect that must be taken into account in this field is the cost-effectiveness of REBT based parenting programs. To develop people's access to parenting interventions, the cost of such interventions becomes an essential factor. One promising solution for increasing access to evidence-based parenting programs and to decrease the costs of delivering these programs is the use of technology, like web-sites, smartphone-based apps, or therapeutic video games (Luxton, McCann, Bush, Mishkind, & Reger, 2011). The internet has the capacity to increase the access to parenting programs by overcoming barriers common to face-to-face services, de-stigmatizing parenting assistance, and harnessing the power of video-based modeling, interactivity and personalization (Sanders, Baker, & Turner, 2012). The fact that REBT has clear, valid and structured intervention packages for parenting programs is one of the possible reasons why technology can be easily integrated into this paradigm. There are a limited number of studies up to date aiming to investigate the efficacy of online parent education programs. For example, rPPP was developed also as a program that can be accessed online. The online version (David, 2014; David et al., 2017) uses some innovative techniques such as attention bias modification procedures and 'psychological pills' (Gavita et al., 2013). Another REBT e-learning parenting program is the online You Can Do It! Program for Parents (e.g., Bernard, 2004). The aim of the program is (1) to teach parents to help their children to develop positive attitudes, and social and emotional skills, and (2) to help parents to exert a positive influence on the achievement and wellbeing of their children (<https://youcandoitparents.com.au>).

An increasingly popular option for online interventions is represented by therapeutic computer games (Kearns, 2015), which could be adapted to be used by parents together with their children. Therapeutic computer games capitalize on the general fascination that children and teenagers have for computer games, in order to facilitate the implementation of prevention or intervention programs that address their mental health. Video therapeutic games can be a very suitable media support

that can be used as a therapeutic technique by which parents interact with children/adolescents in order to have a common pleasant and educational activity. A new video therapeutic game for children and adolescents, recently developed and tested, is the *REThink* game (www.rethink.info.ro), developed to promote psychological resilience in children and adolescents. The *REThink* game can be used for teaching emotional skills in both parents and their children and future studies will need to test its effects on parenting, parent and child adjustment.

In conclusion, based on the state of the art in the field of REBT based parenting interventions we can say that these programs are effective and can be successfully used for both treatment and prevention purposes. For their further development, research in the field must take into account the following directions: (1) The investigation of significant causative ingredients among REBT techniques administered into a parent education program could facilitate our knowledge about the mechanisms of REBT-induced change; (2) There is a need to customize REBT parenting programs based on individual risk factors that can disrupt parenting practices; (3) To develop REBT based parenting interventions as evidence-based programs, there is a need for more studies to show their efficacy on different parents' and children's outcomes; (4) One promising solution for increasing access to evidence-based REBT parenting programs and to decrease the costs of delivering these programs is the use of technology, like online platforms.

References

- Amir, N., Elias, J., Klumpp, H., & Przeworski, A. (2003). Attentional bias to threat in social phobia: Facilitated processing of threat or difficulty disengaging attention from threat? *Behaviour Research and Therapy*, *41*(11), 1325–1335.
- Bernard, M. E. (2004). *The REBT Therapist's pocket companion for working with children and adolescents* (p. 245). New York, NY: Albert Ellis Institute.
- Bernard, M. E., Ellis, A., & Terjesen, M. (2006). Rational-emotive behavioral approaches to childhood disorders: History, theory, practice and research. In A. Ellis & M.E. Bernard (Eds.), *Rational emotive behavioral approaches to childhood disorders*. New York: Springer. (18) (PDF) Albert Ellis and the World of Children.
- Clark, L. (Ed.). (2005). *SOS help for parents: A practical guide for handling common everyday behavior problems*. Bowling Green, KY: SOS Programs & Parents Press.
- David, D. (2012). *Tratat de psihoterapie cognitive și comportamentale [handbook of cognitive and behavioral psychotherapies]*. Iași, Romania: Polirom.
- David, D. (2015). Rational emotive behavior therapy (REBT). In R. L. Cautin & S. O. Lilienfeld (Eds.), *Encyclopedia of clinical psychology*. New Jersey: Wiley-Blackwell.
- David, O. A. (2014). The rational positive parenting program for child externalizing behavior: Mechanisms of change analysis. *Journal of Evidence-Based Psychotherapies*, *14*(1), 21–38.
- David, O. A., Capris, D., & Jarda, A. (2017). Online coaching of emotion-regulation strategies for parents: Efficacy of the online rational positive parenting program and attention Bias modification procedures. *Frontiers in Psychology*, *8*, 500. <https://doi.org/10.3389/fpsyg.2017.00500>
- David, O. A., David, D., & Dobrean, A. (2014). Efficacy of the Rational Positive Parenting program for child externalizing behavior: can an emotion-regulation enhanced cognitive-behavioral parent program be more effective than a standard one?. *Journal of Evidence-Based Psychotherapies*, *14*(2), 21–38.

- David, O. A., & DiGiuseppe, R. (2016). *The rational positive parenting program*. New-York, NY: Springer International Publishing.
- David, O. A., & Podină, I. (2014). Positive attentional bias as a resilience factor in parenting. Implications for attention bias modification online parenting interventions. In S. Ionescu, M. Tomita, S. Cace (Eds.), *Volume of the 2nd World Congress on Resilience "From person to society"* (pp. 425–428). Bologna: Medimond International Proceedings.
- DiGiuseppe, R., & Kelter, J. (2006). Treating aggressive children: A rational-emotive behavior systems approach. In A. Ellis & M. E. Bernard (Eds.), *Rational emotive behavioral approaches to childhood disorders* (pp. 257–280). New-York, NY: Springer Science & Business Media.
- Ellis, A. (Ed.). (1994). *Reason and emotion in psychotherapy*. New-Jersey: Carol Publishing Group.
- Ellis, A., Wolfe, J. L., & Moseley, S. (Eds.). (1966). *How to raise an emotionally healthy, happy child*. Carlsbad, CA: Borden Publishing Company.
- Gavița, O. (2011). *Evidence-Based Parent Programs for Reducing Disruptive Behavior in Children* (Doctoral dissertation). Koln, Germany: Lap Lambert Academic Publishing.
- Gavița, O. A., & Călin, A. (2013). Retman rational stories versus rational parenting program for the treatment of child psychopathology: Efficacy of two formats of rational-emotive behavior therapy. *Journal of Cognitive & Behavioral Psychotherapies*, 13(1), 33–56.
- Gavița, O. A., David, D., Bujoreanu, S., Tiba, A., & Ionuțiu, D. R. (2012). The efficacy of a short cognitive-behavioral parent program in the treatment of externalizing behavior disorders in Romanian foster care children: Building parental emotion-regulation through unconditional self- and child-acceptance strategies. *Children and Youth Services Review*, 34(7), 1290–1297. <https://doi.org/10.1016/j.childyouth.2012.03.001>
- Gavita, O. A., David, D., & DiGiuseppe, R. (2014). You are such a bad child! Appraisals as mechanisms of parental negative and positive affect. *The Journal of General Psychology*, 141(2), 113–129. <https://doi.org/10.1080/00221309.2013.874971>
- Gavita, O. A., DiGiuseppe, R., & David, D. (2013). Self-acceptance and the parenting of child. In M. E. Bernard (Ed.), *The Strength of Self-Acceptance* (pp. 193–214). New-York, NY: Springer Science + Business Media.
- Greaves, D. (1997). The effect of rational-emotive parent education on the stress of mothers of young children with down syndrome. *Journal of Rational-Emotive and Cognitive-Behavior Therapy*, 15(4), 249–267. <https://doi.org/10.1023/A:1025063425172>
- Hauck, P. A. (1967). *The rational management of children*. New York, NY: Libra Publishers.
- Huber, C. H., & Baruth, L. G. (1989). *Rational-emotive family therapy: A systems perspective*. New York, NY: Springer Publishing Company.
- Joyce, M. (1994). Rational-emotive parent consultation. In M. E. Bernard & R. DiGiuseppe (Eds.), *Rational emotive consultation in applied settings* (pp. 91–104). New York, NY: Lawrence Erlbaum Associates Publishers.
- Joyce, M. R. (1990). Rational-emotive parent consultation. *School Psychology Review*, 19(3), 304–314.
- Joyce, M. R. (1995). Emotional relief for parents: Is rational-emotive parent education effective? *Journal of Rational-Emotive and Cognitive-Behavior Therapy*, 13(1), 55–75. <https://doi.org/10.1007/BF02354557>
- Joyce, M. R. (2006). A developmental, rational-emotive behavioral approach for working with parents. In A. Ellis & M. E. Bernard (Eds.), *Rational emotive behavioral approaches to childhood disorders* (pp. 177–211). New York, NY: Springer Science & Business Media.
- Kearns, C. (2015). Prescription play: A primer on innovative use of video games technology in healthcare. *Journal of Visual Communication in Medicine*, 38(3–4), 152–163. <https://doi.org/10.3109/17453054.2015.1100981>
- Khowaja, Y., Karmaliani, R., Hirani, S. A., Khowaja, A. R., Rafique, G., & McFarlane, J. (2016). A pilot study of a 6-week parenting program for mothers of pre-school children attending family health centers in Karachi. *Pakistan.. International Journal of Health Policy and Management*, 5(2), 91–97.

- Klahr, A. M., & Burt, S. A. (2014). Elucidating the etiology of individual differences in parenting: A meta-analysis of behavioral genetic research. *Psychological Bulletin, 140*(2), 544–586. <https://doi.org/10.1037/a0034205>
- Luxton, D. D., McCann, R. A., Bush, N. E., Mishkind, M. C., & Reger, G. M. (2011). mHealth for mental health: Integrating smartphone technology in behavioral healthcare. *Professional Psychology: Research and Practice, 42*(6), 505.
- McInerney, J. F. (1983). A rational-emotive approach to counseling of parents of exceptional pre-school children. *New Jersey Journal of School Psychology, 2*, 63–75.
- McInerney, J. F., & McInerney, B. C. M. (2006). Working with the parents and teachers of exceptional children. In A. Ellis & M. E. Bernard (Eds.), *Rational emotive behavioral approaches to childhood disorders* (pp. 369–384). New York, NY: Springer Science & Business Media.
- Sanders, M. R., Baker, S., & Turner, K. M. (2012). A randomized controlled trial evaluating the efficacy of triple P online with parents of children with early-onset conduct problems. *Behaviour Research and Therapy, 50*(11), 675–684.
- Vernon, A. (1994). Rational-emotive consultation: A model for implementing rational emotive education. In M. E. Bernard & R. DiGiuseppe (Eds.), *Rational emotive consultation in applied settings* (pp. 129–147). New York, NY: Lawrence Erlbaum Associates Publishers.
- Vernon, A. (2006). *Thinking, feeling, behaving: An emotional education curriculum for children. Grades 1–6*. Champaign, IL: Research Press.