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Editor's Column

Choice Theory and Global Well-Being
Jeffrey Tirengel, Psy.D., M.P.H.
Editor-in-Chief

The State of Global Well-Being 2007, published by Gallup Press, provides a data-based perspective from 130 countries representing more than 95% of the world’s population. The Gallup Organization describes its research, initiated in 2005, as “the first-ever attempt to assess the general well-being of humans on the planet.” The recently-published report has much to offer to Choice Theory practitioners and scholars.

Gallup’s Well-Being Index consists of six questions selected from the larger set of queries comprising the World Poll. The well-being questions assess the respondents’ general life satisfaction, their sense of progress toward a better life, and their current life experiences.

The items asking the respondents to evaluate their lives overall are framed as follows:

Please imagine a ladder with steps numbered from 0 at the bottom to 10 at the top. Suppose we say that the top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

If the top step is 10 and the bottom is 0, on which step of the ladder do you personally stand at the present time?

Just your best guess, on what step do you think you will stand in the future, say five years from now?

In addition to these two evaluative questions regarding general life satisfaction, there are four questions that focus on the individuals’ more immediate experiences. These inquiries are made as follows:

Please think about yesterday, from the morning until the end of the day. Think about where you were, what you were doing, who you were with, and how you felt.

The respondents are then asked a series of questions gauging positive and negative affect. Responses to the following four questions are then compiled for the Well-Being Index:

Were you treated with respect all day yesterday?
Did you smile or laugh a lot yesterday?
Did you learn or do something interesting yesterday?

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Did you experience the following feelings during a lot of the day yesterday? Enjoyment (Editor's note: Respondents are presented with a list of feelings; the responses to "enjoyment" are the only ones included in the Well-Being Index.)

There is a striking correspondence between the psychological needs identified in Choice Theory and the well-being issues assessed by the Gallup Organization in the latter four questions. Data related to individuals’ immediate experience of well-being can readily be mapped onto core Choice Theory tenets regarding the importance of respectful interpersonal relationships; feeling listened to; laughing and learning; and the ability to explore and be constructively creative. Given the links between the Gallup data and Choice Theory concepts, the survey results can help illuminate how individuals’ basic psychological needs are being met throughout the world. The data can also help shed light on other significant contributors to well-being.

Each of the four “yesterday” items listed above is designed to elicit a yes or no response set “to minimize contamination of data because of cultural differences in response styles, and facilitate cross-cultural comparisons.” Although it is not possible to go into detail here about how the sampling and methodological designs vary in different parts of the world, it is important to state that the survey design and implementation were designed to take into account issues of culture and language, among others. Nonetheless, the researchers acknowledge that some of the findings regarding differences across countries could result from language/culture factors rather than true differences. In addition, as the researchers observed, “in selected countries, because of extreme authoritarian governments, respondents may have been less than forthcoming in their assessments, leading to inflated outcomes in some areas.” Nonetheless, the ongoing nature of the Gallup survey will allow for long term trends to emerge, and that information may yet prove to be the most valuable.

For now, here is the bottom line from the report, as summarized in Gallup materials published in October 2007: “Gallup polling in more than 130 countries finds that people in Denmark, New Zealand, and Canada report the highest well-being in the world. The United States, Australia, Venezuela, and Brazil are among the countries that score nearly as high, but no country in mainland Asia or Africa makes the top 10.”

One noteworthy feature of this list is that the countries with the highest scores are almost exclusively those with high per-capita Gross Domestic Product (GDP). Economic security appears to be fundamental not just to survival but to thriving in a societal context. Interestingly, although the current GDP in Brazil and Venezuela is significantly lower than the others in the top tier, responses to the future “ladder” questions reflect an especially high degree of Brazilian and Venezuelan optimism about how quickly they will rise in the next five years. Overall, the data suggest that a country’s GDP tends to be more strongly correlated with the ladder questions (evaluation of general life satisfaction) than with the affect questions (assessment of more immediate life experiences).

On the other extreme, according to Gallup, low well-being is linked with low per-capita GDP. The research found “citizens from nations throughout Africa and in Central and South Asia, Eastern Europe, and the Caribbean reporting the lowest subjective well-being. Although the countries span many regions of the globe and may lack a common historical or cultural background, they do share similarities on key economic indicators.” All of these countries have a per capita GDP below $11,000, in contrast to the highest well-being group where all but Brazil and Venezuela have a per capita GDP of $26,000 or greater. Gallup adds the following: “When asked to rank where their lives stand today, the average response for citizens in the low well-being countries is in the fourth rung—three rungs below the median of the 12 highest well-being countries...When asked to predict where they might stand five years from now, the average response jumps to the sixth rung.” (By way of contrast, respondents in the United States, Ireland, and New Zealand—current high well-being countries—presently place themselves on the seventh rung.)

This sense of momentum reflects a remarkable level of optimism across the globe. As Glasser observes in Choice Theory, “The idea that a situation is hopeless, that you can do nothing about it, is what makes it so uncomfortable” (Glasser, 1998, p.77). Clearly, millions of people throughout the world who now place themselves low on the metaphorical ladder continue to be buoyed by a great sense of hope about what the future holds for themselves and their families.

Additional country-specific data and analyses, including correlations with other variables such as law and order, food and shelter, work, and health are included in The State of Global Well-Being 2007. Additional information is available at www.gallup.com.

The conceptual linkages between Choice Theory and the items used by Gallup to assess subjective well-being provide an empirically-based opportunity to deepen our own research, teaching, and service.

References
Counseling Addicts with Choice Theory

William Glasser, M.D.
Founder, The William Glasser Institute

There is some controversy over whether it is correct to consider addiction a disease. As a medical doctor I was taught not to diagnose a disease unless the major symptoms were confirmed by medical tests that revealed pathology. But that teaching no longer holds for addictive symptoms such as choosing to use drugs or gambling.

At the present time, I don't think this controversy is worth arguing about. If large numbers of experienced addiction counselors believe they are treating a disease, I believe we would be wise to take a closer look at the defining symptom of this disease. That symptom is clear and easy to understand: addicts experience great pleasure from their addiction. They crave this pleasure so much that they are willing to sacrifice marital partners, children, parents, family, friends, teachers, employers and workplace associates in search of it. Put simply, they will give up the whole world for this craving.

If we are to treat addicts successfully, we must figure out a way not only to relate to them but to use this relationship to teach them that, if they are vigilant enough, there are ways to come close to living a normal life. No one can say how long it will take to move from an active addictive life into what most addicts call a recovering life, literally, a life that provides them with enough pleasure to keep their addiction in check.

Also no one knows how much pleasure this will take; it will likely vary from addict to addict. Still, it is well accepted that attending AA meetings regularly is a well established way to provide a new life for millions of alcoholics. There are other addicts who are also involved in twelve step programs, but their success is not as well established as AA is for alcoholics.

But I also believe that there is another important factor that should be considered by people who work with addictions that is very different from twelve step programs. This has to do with the little known fact that all of us on earth live in societies which on the surface may seem quite different from each other. But beneath that surface, all of us are dominated by a world psychology that makes it difficult, often impossible, for huge numbers of us to get as long as well with each other as we would like.

This psychology which I have named external control is again practiced by huge numbers of us regardless of race, religion or economic class. Since it is accepted and practiced by almost all of our leaders, teachers and parents, and because so few of them even question the harmful effect this psychology has on their relationships, essentially it has become common sense.

For example, we tend to run into great difficulties when we engage in what we all believe are important relationships. Divorce is very common. Children and parents have trouble getting along at all ages but especially when they are very young and very old. Schools are filled with discipline problems and huge numbers of people are dissatisfied at work. Obviously there are more examples but for this short paper these will suffice.

Why external control is so common and how we can learn to deal with it is explained in great detail in ten books I have written since 1996. If you are interested, the ones I suggest you read to get started are Choice Theory, 1998; Counseling With Choice Theory, 2001; and Warning: Psychiatry Can Be Hazardous to Your Mental Health, 2003; these three and five others are published by HarperCollins. Two of them are published through The William Glasser Institute.

Because of external control, even if there were no addictions, we would still have great difficulty getting along, but if you add addiction problems to our relationships these problems spiral out of sight. Addicts not only wreck their own lives, they often destroy the lives of all around them. If we are ever to reduce addictions, it would make sense for those who counsel addicts to learn what Choice Theory is and how to teach it to the people they work with.

Addicts not only wreck their own lives, they often destroy the lives of all around them.

It is very fortunate that Choice Theory is both easily learned and can be taught in groups of ten to twenty people. The group sits in a circle with one or two teachers and, as they learn it, they also discuss how they can apply it to their relationships. The three books previously mentioned can be used as text books for the class. In fact, in the book, Warning: Psychiatry Can Be Hazardous to Your Mental Health, such a group is both formed and gets involved in a Choice Theory discussion.

In these learning discussions, group members are encouraged to suggest and then discuss topics that give them pleasure such as discussing movies, television shows and school subjects they enjoyed. From here they could go on to topics like family discussions, and all sorts of healthy recreational activities that have been slighted during the years they were addicted. As far as I'm concerned, I believe recovering addicts who attend AA would also gain an advantage by joining such a group even if their personal addiction problems were not the major component of the discussion.

The good part about Choice Theory is that it is both easy to learn and pleasant to teach. It also can do no harm. If taught effectively, group members can learn to use it to replace the external control they are using now which always destroys relationships.
More Searching for Mental Health

Abstract

Reality Therapy offers a practical delivery system for working with clients from the perspective of mental health rather than from pathology. The history of Choice Theory and Reality Therapy demonstrates that focusing on effective choices rather than on destructive symptoms has provided a sound and time tested method of therapeutic intervention. This article illustrates a dialogue between a therapist and a client who presents with serious anti-social behaviors. The therapist allies himself with the client without delving into a diagnosis or past harmful behaviors. This alliance serves as a basis for the replacement of ineffective choices with effective ones.

A theory is a set of principles operating uniformly which explain a sequence of events. Choice Theory explains human behavior as it relates to mental health and mental disorders. Wubbolding (2006a) outlined the effort of many authors to identify and define the principles of mental health. Seen from the perspective of Choice Theory, Glasser (2005a) recently described mental health as a distinct entity separate from mental disturbance. But even before he embraced and further developed the principles of control theory and later Choice Theory (1981, 1985, 1998), Glasser embraced mental health, or as it was then called mental hygiene, as a distinct entity. In lamenting the absence of mental health programs, Glasser stated in 1965:

"Unfortunately, under our present system there is no provision for helping people before they manifest serious irresponsibility. Increasing numbers of mental hospitals, correctional institutions, and psychiatric facilities are required because so many people have not been taught to fulfill their needs early in their lives. Planned programs for mental hygiene (the commonly accepted term for the prevention of irresponsibility) directed toward teaching children to fulfill their needs so that they do not need psychiatric treatment later in life are essentially nonexistent. Our departments of mental hygiene are really departments of psychiatric custody with varying degrees of treatment. True mental hygiene has not proceeded past the discussion phase in most states, in many not even that far" (pp. 154-155).

Choice Theory is a set of universally applicable principles. It is like a train track with Reality Therapy the train. The track points the way. The vehicle delivers the cargo and the product. In the case of mental health, Reality Therapy is the vehicle or the methodology for the counselor/client relationship as well as for specific therapeutic interventions.

Delivering Mental Health

In the Basic Concepts Chart (Glasser, 1986), unfortunately abandoned in much Choice Theory and Reality Therapy

See WUBBOLDING, page 7
WUBBOLDING, continued from page 6

instruction, but expanded by Wubbolding (1988, 2006b) (Figure I) ineffective and effective (mentally unhealthy behaviors and mentally healthy behaviors) are listed. While many ineffective choices, known as “Situation A Behaviors” (Glasser, 2005b), are further described in the DSM-IV (1994), as counselors and educators, practitioners of Reality Therapy place more emphasis on effective choices in their work. “I’ll do it” represents the person who is in the initial developmental stage of effective, healthy, need satisfying and contributing behavior. The positive symptom stage represents a further developmental stage at which a person habitually chooses mentally healthy actions regarding the needs for self-preservation, belonging, inner control or power, fun or enjoyment, and freedom or independence.

The dialogue below illustrates a discussion between a Reality Therapist and a 17 year old male diagnosed as conduct disordered or oppositional defiant. The practitioner of Reality Therapy attends very little to the presenting problems or diagnostic label but emphasizes mental health (Glasser, 2005a). The dialogue illustrates the principles of Choice Theory and operationalizes the delivery system of Reality Therapy formulated as the WDEP system by helping the client move from a sense of external control to a willingness to take responsibility and proceed along an effective road leading to better relationships. Moreover the therapist avoids the impossible task of establishing a relationship based on the clients’ unhealthy behaviors as described in his DSM diagnosis. The Reality Therapist finds a new basis for the therapeutic alliance without denying the validity of the standard professional practice of providing a diagnosis. He leads the client to the first stage of mental health and effective choices: “I want to change my life. I’ll do it.” He then helps Lanny take several steps in the developmental stage two, “Positive Symptoms,” such as reaching out to another student.

Conceptualizing Reality Therapy

An effective way to understand Reality Therapy is to see it as the delivery system for Choice Theory and the way to operationalize it. A method for remembering the procedures for this practical system is the acronym WDEP. A Reality Therapist implementing W asks questions about the Quality World, i.e., what clients want from the world around them: parents, school, work, etc. Included in the W is exploring the clients’ perceptions or how they see the world, especially where they see their control – inside or outside of themselves. Do they see themselves acting, doing, choosing or do they see themselves as victims, acted upon and oppressed by the external world? Finally, the W of the WDEP system represents the investigation of clients’ level of commitment to change such as desiring no change in behavior, some effort to improve their lives, or a willingness to make meaningful alterations in actions aimed at the satisfaction of one or more human needs or motivators (Wubbolding, 2000). Making need satisfying choices enables clients to maintain effective mental health and to be habitually happy. D stands for direction and doing, i.e., total behavior. Users of Reality Therapy assist clients in describing their current actions as well as their core beliefs and feelings and even their physiology which often symptomizes their unmet wants and needs. The core of Reality Therapy (Wubbolding, 2000, 2003) consists of a searching and fearless self-evaluation (E) of the effectiveness of choices and self-talk, the attainability of wants, and the efficacy of clients’ perceptions regarding their ability to take charge of their actions. This detailed client focused judgment or assessment is followed by simple, attainable, measurable, immediate and controlled-by-the-client plans (P) for change.

Consequently, Reality Therapy makes Choice Theory practical and applicable to counseling, management, parenting, and other human relationships. Research has shown its effectiveness in corrections (Lojek, 1986), schools (Hinton & Warnke, 2006), as well as to specific issues such as self-esteem and perceived locus of control (Kim & Hwang, 2006).

The dialogue below is an illustration of how a Reality Therapist can establish a therapeutic alliance with a client diagnosed as “conduct disordered.” The therapist allies himself with the client not by validating anti-social behavior and not merely with empathic listening, but most importantly by implementing one major principle of mental health, i.e., effective human relationships (Glasser, 2005a).

Case Example

Lanny, male, 17, has been referred to a Reality Therapist by school authorities with the consent of his mother, the custodial parent. Both the mother and the school agree that Lanny is “out of control” and has exhibited many anti-social behaviors on a repetitive basis: fighting, bullying younger children, stealing items for which he has no use, setting fires in his neighborhood, breaking into cars, running away from home, and truancy. Wearing the label “conduct disorder,” Lanny was described by the referring school psychologist as “very difficult for school and home to deal with.” Lanny has occasionally seen other counselors and therapists, all of whom found his resistance insurmountable.

Th = Therapist  Cl = Lanny, client

Th: You came to me because you were sent. What do you think about being here?
Cl: I had to come. I don’t need to see you.
Th: So someone forced you to be here today?
Cl: That’s right. I’ve been to shrinks before. It’s all bull...
Th: I understand. So you’re evidently not happy about being here. You’ve got other things to do.
Cl: That’s right. I don’t have any problems.
Th: So you’re okay but other people think you have problems.
Cl: Yeah, that’s right.
Th: They think you have troubles?
Cl: Yeah, but they’re full of it.
Th: Can I ask you a really serious question, one you would think about before answering?
Cl: Go ahead. You’re going to ask it anyway.
Th: That’s right. You’ve got me figured out. Has anyone talked to you about trouble before, at home, school or anywhere else?

See WUBBOLDING, page 8
WUBBOLDING, continued from page 7

Th: Let me get this straight. You said
Cl: Man, I got a million of them.
Th: By the way, just a minute ago, you
Cl: It would put us right where I am and
Th: How many times a day does
Cl: I dunno. Maybe ten.
Th: And at home?
Cl: Another ten times.
Th: So let’s say 100 times a week if
Cl: I guess.
Th: So over a period of three months
Cl: That’s probably more than that.
Th: Could be! So if we talked one more
Cl: He’s a nerd. He answers questions, Th: Why not do what happy people do’!
Cl: Nothing, I guess. But what will
Th: What specifically did he do that your
Cl: It would put us right where I am and
Th: By the way, just a minute ago, you
Cl: Man, I got a million of them.
Th: Let me get this straight. You said
Cl: (squirms and long silence, says
Th: We’ll come back to this later. OK,
Cl: They never let up!!
Th: Day in and day out! Must be one
Th: You got that right.
Cl: You think? OK?
Cl: Yeah. Give it a try.
Th: First, a very important question. Is
Cl: Naw, go ahead ask me anything.
Th: Tell you what. If I ask you something
Th: OK.
Cl: It’s probably more than that.
Th: How did you know what I said?
Cl: I know you “could” do that. You
Cl: Yeah. Give it a try.
Cl: I just said, “The hell with you. I
Th: In that tone of voice?
Cl: No, I was more animated, and I
Th: Yes, that’s what I heard from the
Th: That’s my job. But let’s get back to
Cl: That’s right. What do you think?
Th: What do you have to lose by talking
Cl: I’m talking about the
Cl: I just said, “Nelson, the nerd.”
Th: What does Nelson do that’s different
Th: What specifically did he do that helps
Cl: He’s a nerd. He answers questions,
Th: Let’s see. He’s happy and you’re
Cl: Are you saying I should be a suck
Th: Believe me, there is little danger that
Cl: Yeah, I guess you got that right.
Th: Have you ever had a conversation
Cl: No. What do you think I am, a weirdo?
Th: That’s even further down the road
Cl: What for?
Th: Well, let’s put it this way. You’re
Cl: I just said, “The hell with you. I
Th: I know you “could” do that. You
Th: Is it a start. And what would it hurt?
Th: That’s my job. But let’s get back to
Th: Was he happy and you were unhappy.
Cl: I’d like that.
Th: Why not do what happy people do?
Cl: They think I’m a loser and I hang
Cl: They think I’m a loser and I hang
Th: They’re on your back constant y,
Th: Day in and day out! Must be one
Cl: It would put us right where I am and
Th: By the way, just a minute ago, you
Cl: Man, I got a million of them.
Th: Let me get this straight. You said
Cl: I donno. Maybe ten.
Th: Another ten times.
Th: Think about other things. What do you
Cl: Probable nothing!

See WUBBOLDING, page 9
WUBBOLDING, continued from page 8

Th: If you continue to go down that road, where will you be in six months?
Cl: Blamed even more and more miserable.
Th: In a year?
Cl: Out of school and into drugs.
Th: In two years?
Cl: Dunno.
Th: I know where. By then you’ll be over 18 and prison is possible.
Cl: I know a lot of guys in my neighborhood who’ve been in prison.
Th: Do you want to join them? You know what to do to get where they are.
Cl: Yeah, some think it’s cool but I don’t want what happens to them to happen to me.
Th: I know exactly what happens. I’m not saying you’ll end up there. Probably you won’t, but I am saying you have a major choice today as you sit here: To go down “Happiness Highway” or “Misery Boulevard.” You’re at the fork in the road. It’s up to you. One road means more people on your back and one road means being more in charge of your life. I’m not saying perfectly or completely in charge of your life but being in a lot more control than you are now.
Cl: What’s this “Happiness Highway”? It sounds weird.
Th: It means having friends who don’t get you in trouble and a lot of other things we can talk about.
Cl: I could go down that road.
Th: I know you could, but do you want to take the first step?
Cl: What would it be?
Th: What do you think? What would be a first step?
Cl: I know. I know. Talk to Nelson the nerd.
Th: That could be one. Maybe there are other first or second steps you could take between now and next week.
Cl: Like going to school every day and staying all day.
Th: Well, now that you mention it, that might help. Do you think it would help?
Cl: Yeah, probably would help.
Th: Could you talk to Nelson, show up every day for a week and ask a question in class?
Cl: Ask a question? Did we talk about that?
Th: Didn’t we mention it? What do you think? Could you handle things between now and next week?
Cl: I guess.
Th: Is that a “yes” or a “no”?
Cl: All right, all right. I’ll do it.
Th: And one more thing. Could you call me in three days and tell me how it’s going?
Cl: On Thursday?
Th: Yes, about 4:30 pm. Just leave a brief message if I’m not here. OK?
Cl: Yes, I will do that. Saying “I could” isn’t good enough, is it?
Th: What do you think?
Cl: No, it’s not.
Th: Oh yes, what about the “trouble” over there in the corner?
Cl: You can keep it.
Th: I’ll do my best. Sounds like we both have some work to do this week. I’ll wait for your call.

The above client/therapist interaction illustrates a mental health approach to a client clearly labeled with a DSM diagnosis. It shows how Reality Therapy operationalizes Choice Theory by applying the W and D of the WDEP system to one need – belonging. The therapist helps Lanny indirectly evaluate his own behavior by asking him to compare his actions to those of a student who is happier and better adjusted than Lanny. The client decides that his choices are ineffective (irresponsible, mentally unhealthy) and then makes effective choices that are mentally healthy. ♦

References


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A Reality Therapy Approach to the Treatment of Sexually Abused Children
Laura Ellsworth

Abstract
Choice Theory places responsibility on the person, not parents, society or others, for the choices they make in developing the behaviors to survive abuse. These behaviors may not initially seem the most effective or responsible, but they represent children’s best attempt to cope at that time. It is never the therapists’ job to criticize or judge coping skills. Counseling with Choice Theory involves teaching and providing information that helps children cope responsibly with abuse and discontinue self-defeating behaviors. Children who must cope with sexual abuse will choose the most effective behavior that meets or satisfies their basic needs. These behaviors may be influenced by prior learning, available resources, accidental discovery and by the degree that the new behaviors reduce emotional and physical pain. Choice Theory and Reality Therapy focus on teaching responsible behaviors -- those that satisfy basic needs without interfering with the basic needs of others.

The clinical definition of sexual abuse can vary from culture to culture or even within different research studies. In this article, sexual abuse is defined as the use of a child, in a sexual manner, by someone of greater power. Power may be a result of differences in age, size or mental status. It may be physical, verbal or emotional. It involves non-contact and contact behaviors by the offender. Non-contact sexual abuse may involve exhibitionism, voyeurism, sexual talk or exposure to pornography. Contact behaviors include fondling, oral sex, masturbation, intercourse or anal penetration. Other sexually abusive situations involve child prostitution, exploitation and involvement in pornography. Regardless of what type occurs, every case of child sexual abuse affects a child and should not be minimized.

The effects of sexual abuse on the survivor and the coping mechanisms they choose vary significantly from individual to individual. Victimization is an act by another person of greater power, using their position of authority or power to sexually abuse a child. Traumatization can occur when the victim has difficulty emotionally and behaviorally coping with the abusive situation. Traumatization is not experienced by every victim of sexual abuse but instead is based on the child’s perception of what is occurring and the presence of other factors. These include, but are not limited to:

1. Duration of the abuse: The probability of traumatization increases the longer the abuse goes on. Abusers often escalate from non-contact to contact behaviors as they become aware that a child is under their control and do not perceive the child will disclose.
2. Age of Child: Children from birth to age three may experience more separation anxiety and fearful reactions. Preschool and Elementary age children may display anger, regressive behaviors and sexual acting out. The range of behaviors for pre-adolescents and teenagers is more a result of life experiences and exposure to different behaviors.
3. Relationship/closeness to the offender: Greater confusion is created when the offender has a close relationship with the victim and a violation of trust occurred. One study (Finkelhor, 1994) found that 76 percent of female and 70 percent of male sexual abuse victims knew the offender and, in an overwhelming majority of child sexual offenses, the perpetrator was the father, stepfather, mother’s male partner, brother, uncle or grandfather of the victim.
4. Presence or absence of support: Following disclosure, it is important for children to be provided with a safe and caring environment in which to process their sexual abuse issues. Support by non-offending parents is especially critical to the recovery and healing process. Counselors can also be supportive by helping child sexual abuse victims and their caretakers learn how to cope effectively.
5. Belief or disbelief: It is crucial for people in the child’s Quality World to believe their allegations of abuse. Children who are not believed often will not attempt to disclose again. This increases the probability of children developing behavioral coping mechanisms that interfere with daily functioning and relationships.
6. Use of force or aggression: The perception of danger to children’s survival results in the possibility of traumatization. The longer the abuse occurs and as children enter adolescence, abusers are more likely to use force or threats of aggression to control children from disclosing. Older children may not respond as easily as younger children to emotional coercion.
7. Pleasurable experiences during the abuse: Feelings of shame and self-blame can increase when children experience pleasure during the sexual abuse. Children may believe that the abuse, since pleasurable, must have been wanted on some level. The confusion and shame created results in a lower probability of disclosure.

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8. The presence of other negative life experiences: When children are also experiencing other negative life factors such as lack of school success, poverty, divorce, racism or organic disabilities, they may have more difficulty coping with the sexual abuse.

Developing a foundation for treatment with Choice Theory also involves providing information about the five basic needs of Choice Theory: Survival, Love and Belonging, Power, Freedom, and Fun and how these are affected by the abuse experience.

Survival

Sexual abuse can result in: 1) a person’s perception that their life is in danger, and 2) a person’s choice of coping behaviors that are a threat to the basic need for survival.

Children may fear for their lives and choose not to disclose as a result of physically painful sexual abuse or threats to not report abuse. In an attempt to do the best they can at the time, children may choose behaviors that are dangerous to their survival such as self-mutilation, sex or drug abuse. The threat of suicide should always be immediately addressed and steps taken to protect children from intentional or accidental death. Also, children must be provided safety from revictimization; therefore, their environment needs to be assessed for the ability to provide safety. In many cases, despite legal involvement, children will continue to have contact with the offender or others who will attempt to have them recant the abuse. It is important in these cases to develop strong collaborative relationships with the social service agencies and court systems. This serves the purpose of protecting children by sharing information between the support services and reducing the likelihood of children “slipping through the cracks.”

One behavior which children use to cope with their sexual abuse also conflicts with their need for survival. This is known as self-injury. It can involve cutting or burning the skin, picking sores and other behaviors that result in bodily harm. One treatment intervention that can be used to approach this issue has two components: 1) identification of psychological triggers which precede self-injury; and 2) learning relaxation techniques which target anxiety reduction of the physiological arousal that follows the trigger.

It is critical to help children learn new behaviors that do not conflict with their survival need. However, a trusting relationship must be established before children will be willing to take risks in learning and trying new behaviors.

Love and Belonging

From the time children are born they behave in ways to meet their basic needs. For example, a baby cries when hungry or soiled. If this behavior is met through loving caretakers, these individuals become a part of that child’s Quality World. For children, these relationships begin to establish an early behavioral pattern that meets the needs for survival, love and belonging. Bowlby (1990) postulates that there is a universal need to form close affectional bonds in his Attachment Theory approach to early childhood experiences and relationship building. If the needs of children are met and reciprocated by attachment behaviors such as holding, comforting or rocking, these behaviors strengthen the attachment bonds between children and caregivers.

Consider what occurs to children’s thought process after they have been sexually abused. Children may perceive the offender as a loving parent or caretaker and also as someone who violated them. They will have pictures of people in their Quality World that they expected to believe, support and protect them. When this doesn’t happen, conflict is created between what they want to occur and reality. Children may struggle with issues such as fear of intimate relationships, separation anxiety or poor boundaries with others. As a result, creative thinking and behavioral mechanisms to reduce the cognitive dissonance develop. A part of the therapeutic process will be to help children form healthy responses to cope with their sexual abuse.

William Glasser states that “the continuing goal of Reality Therapy is to create a Choice Theory environment between client and therapist” (Glasser, 2000). Therapists can best teach positive relationship skills by modeling them within the counseling environment. Some of the Choice Theory education that occurs includes use of the Seven Healthy Habits and avoidance of the Seven Deadly Habits.

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<thead>
<tr>
<th>Seven Caring Habits</th>
<th>Seven Deadly Habits</th>
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<td>Supporting</td>
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<td>Encouraging</td>
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<td>Negotiating Differences</td>
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When children are able to choose behaviors that increase chances of meeting their need for Love and Belonging, they have more resilience to coping with the stress of sexual abuse.

Power

An aspect of power is the need to feel inner control over one’s life. When people perceive they are overly regulated from the outside, they will frequently rebel through anti-social behavior, apathy or other negative symptoms (Wubbolding.)

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2000). When abuse occurs, children may experience feelings of worthlessness and anxiety that interfere with their ability to concentrate on their academics or other areas that previously provided them with effective ways of meeting their power need. The result of choosing to give up on academics, positive peer relationships and extra curricular activities only adds to their feelings of powerlessness. Because there is the need for power, child sexual abuse victims may attempt to meet it by choosing self-defeating behaviors such as shoplifting, arson, gang activities and sexual acting out on others.

Erwin (2004) distinguishes between Power Over, Power With-In, and Power With:

1. **Power Over**: exercising one’s influence over something or someone.
2. **Power With-In**: includes learning, achieving success, and enjoying the feeling of self-worth that comes with personal growth.
3. **Power With**: achieved when working cooperatively with others. It is the place where the need to belong and power intersect.

In therapeutic work with sexual abuse victims, power is an issue that frequently comes up. Typically, children and their caretakers want to know:

- "Why did the offender behave the way they did?" (Power Over)
- "Will I ever feel better about myself and my family since this happened to me?" (Power With-In)
- Will I be able to trust or develop loving relationships? (Power With)

Helping children regain their self-worth and personal power after being sexually abused is essential in the healing process. One area that impacts self-worth is the negative self-beliefs children develop following their sexual abuse.

- The abuse was my fault
- People will not like me if they know
- My body is disgusting/betrayed me
- I deserved this
- I must protect my family at all cost
- Trusting people is dangerous
- I am dirty/broken/used

Identification of these self-defeating beliefs and creation of healthy beliefs is a part of the therapeutic process. As children learn positive approaches to coping they can begin to feel empowered and hopeful.

Freedom

Freedom involves having choices. These choices involve people’s ability to choose what they say, do and think. It also includes the desire to have a choice in what others say or do to them. Choice Theory concepts teach that people cannot control anyone’s behavior but their own. However, people do have choices about how they process and behave in response to other people’s actions. Acceptance can then be made that while they were controlled physically, no one can control their thoughts. This often increases both their fulfillment of freedom and power needs.

The perception of freedom can also be affected by other choices made for them as a result of their status as minors. After a disclosure of abuse, many decisions are made by social service agencies that are not desirable by children or their caretakers. These include: removal from their home; placement in foster care or group homes; a change in their school district; or being asked to tell the abuse story repeatedly to Child Protective Services workers, prosecutors, and therapists with whom they have no relationship or connection.

Counseling can aid children by increasing their awareness that they always have choices about how to cope. This increases personal power. Therapeutic interventions can gently introduce children to this through choices they can make within counseling.

1. Ask them to choose where they sit in the office
2. Provide choices about games or activities.
3. Tell them they always have a choice about what they discuss (or don’t).

Children should be free from criticism, punishment or fear within therapy. Empowerment and a sense of freedom also occurs when children can develop safety plans which include learning how to vocalize boundaries with others and whom they can tell if their boundaries are violated.

Fun

Human beings have a need for fun or happiness-inducing activities. Fun includes laughing, discovering new things, learning and the simple joys of life. Children usually do not need to be told to have fun or how to meet their need for fun. For proof, just watch children on a school playground.

On the other hand, children who are experiencing and attempting to cope with abuse may have difficulty experiencing fun because of intrusive thoughts.

* Will the abuse happen again?
* When will the abuse happen again?
* What can I do to prevent the abuse from happening?
* Should I tell someone what is happening?
* What will happen to me/my family/offender if I tell?

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After children disclose, there can be additional energy consuming thoughts.

* Will I be taken away from my family?
* When will I see my family again?
* What will people say/think if they find out I was abused?
* Will there be enough money if dad has to go to jail?
* Will my offender retaliate?

These intrusive thoughts often drain children of the energy or desire to interact and be playful. This lack of fun-seeking behaviors may also affect their peer relationships (love and belonging) and feelings of self-worth (power).

Counseling should attempt to provide a need-fulfilling environment in which children can experience fun while healing from sexual abuse. Some possible avenues to achieve this goal are use of appropriate humor, games, activities and opportunities to fulfill their basic needs through efficient behaviors. There are many resources available that provide education about sexual abuse in a non-threatening approach. These include but are not limited to:

- *Kids Have Rights Too!* (Lenett, 1985).
- *Sometimes It's OK to Tell Secrets* (Bahr, 1988).
- *I Like You to Make Jokes with Me, But I Don't Want You to Touch Me* (Bass, 1993)
- *It's My Body* (Freeman, 1984)
- *Loving Touches* (Freeman & Deach, 1985)
- *A Better Safe Than Sorry Book* (Gordon et al., 1992)

Summary

The sexual abuse of children results in victimization. Numerous factors including the duration of the abuse, closeness to the offender, absence of support, disbelief, force and aggression, pleasure experienced during the abuse and other negative life factors all help a therapist assess the level of trauma children may be experiencing. It is important for child sexual abuse victims to develop a close and connected relationship with a therapist in order to share the pictures in their Quality World. These pictures and children’s perceptions of the sexual abuse experience all influence the behaviors they choose in controlling the balance between what they currently have and what they truly want.

Bibliography

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Laura Ellsworth, MA, LMHC, a Certified Reality Therapist, has a private counseling practice in Evansville, Indiana. She specializes in the treatment of child sexual abuse. For over 17 years she has helped children, adults and families cope with abuse, relationships, parenting and other life stressors through individual, group, family and education modalities of treatment. She provides training for therapists, foster parents, schools and community organizations in how to deal effectively with children who have been sexually abused. Laura may be contacted through her website, ChoosingtoHeal.com, or direct email: choosintohale@insightbb.com. Her book, Choosing to Heal: Using Reality Therapy in the Treatment of Sexually Abused Children is available on Amazon.com and can be linked to from her website.
Three (New) R’s to Inspire Quality in Your Classroom

Bob Sullo

The traditional 3 R’s (reading, writing, and arithmetic) remain essential academic cornerstones in a quality education. With No Child Left Behind and state mandated testing programs well established around the United States, there has never been more focused energy on the traditional 3 R’s. While we can demand academic excellence and “raise the bar,” it won’t make a significant difference if students are disengaged and refuse to “jump” over higher hurdles. To inspire the highest quality academic achievement, I offer 3 additional R’s which are equally important: Relevance, Relationships, and Reasonable expectations.

- Relevance. Students must appreciate the relevance of what they are being asked to do if we want them to work hard and learn as much as possible. Course objectives and academic standards are typically imposed upon students without their input. Given the universal drive to be autonomous, teachers may face considerable resistance from their students, especially those with a strong need for freedom. Once students see the relevance of what they are being asked to do, working hard to achieve course objectives may be perceived as need-satisfying. If you want maximum effort from your students, help them see how the work is relevant.

Jensen (1995, p.110) suggests that relevance enhances student retention of what you teach. Creating relevant work does not need to be time consuming. I worked with a math teacher who put her students’ names in the word problems she created. That simple strategy engaged the students significantly more than a generic problem taken from the text. That same teacher did an activity around the holidays where students were given a set amount of imaginary money and used advertising flyers to “buy” gifts. The objective of the activity was to spend as close to the allotted budget as possible. Students were given additional credit if they calculated the Massachusetts sales tax. The students improved their skills and enjoyed themselves because the lesson was meaningful to them.

“One of the best ways for students to deepen their learning about a particular concept or process is for them to see how it relates to their lives” (Erwin, 2004, p.90). As a former English teacher, I value writing and want students to express themselves clearly and with precision. Some of the best writing I saw from 5th grade students were essays about why we should bring back outdoor recess, extend lunchtime, and hold dances for the younger students. When students are given topics that are meaningful to them, they suddenly appreciate why it’s important to have a strong introduction, substantive arguments, supporting detail, and a strong conclusion. When they know their papers are going to be read by a school administrator, they want to have correct spelling, format, and mechanics so they will be taken more seriously.

As a school administrator, when I walked through classrooms I frequently asked the teacher how students could use what they were learning. I didn’t do it to put teachers “on the spot.” I was trying to ensure that students saw the learning as relevant because that increases academic achievement. When students know they can use something, they are more likely to commit time and energy to learn it well.

While we can demand academic excellence and raise the bar, it won’t make a significant difference if students are disengaged and refuse to jump over higher hurdles.

- Relationships. To inspire the highest academic achievement, teachers must create positive relationships with their students. When the school year begins, a diverse group of learners brings an array of quality world pictures into the classroom. Teachers who bring out the best in their students work collaboratively with them and forge a shared vision of what the class will be like.

The single most important variable in creating a shared vision is to develop a strong, positive relationship with students. There are a number of ways to do this. Simple gestures like greeting each student by name as they enter the class will begin this process. Since students have a need to belong, teachers can make the classroom a place where all students feel welcome and connected. Other strategies that make the classroom need-satisfying include helping all students feel important (not just those who are academically gifted), providing students with teacher sanctioned choices, and creating a joyful learning environment.

I frequently tell the story of Mrs. Watson, an elementary school teacher in Sandwich, Massachusetts, where I live. She is an effective teacher, in part because she creates positive relationships with her students. When my daughter Melanie was in Mrs. Watson’s class many years ago, she was given a homework assignment. When I asked Melanie if she thought it was important to know about fractions, the topic of the assignment, she assured me that is was very important “because Mrs. Watson said so!” While Melanie may not have been developmentally ready to appreciate that understanding fractions would be important later in her life, her total trust in Mrs. Watson led her to do the kind of work. See SULLO, page 15
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quality work we wish all students would do.

Fostering positive relationships in the classroom does more than create a "nice" atmosphere. Considerable research suggests the strong link between positive relationships and high academic achievement (Schaps, 2003, p. 31; Marzano, 2003, p. 6; Leachman and Victor, 2003, p. 67; Sullo, 2007, p. 28).

• Reasonable expectations. People will only put forth a concerted effort for extended periods when they believe that expectations are reasonable and goals are attainable. Our need for power and competence leads us to work hard when we have a chance to be successful and to give up when we believe that we will fail regardless of how hard we work.

While everyone craves high standards, expectations must be perceived by students as reasonable if we hope to inspire students to work hard. When our unbridled pursuit of high standards results in students believing they are doomed to failure, our intentions become our undoing. This is the greatest challenge for those who clamor for increasingly high standards in education.

The following story illustrates the harm that high standards do when students perceive themselves as incapable of experiencing success. I had known Tim for a couple of years. He was a special needs student in the eighth grade. When I met Tim he was in the sixth grade and he told me he had disliked school "from the day I started kindergarten." He knew what he wanted to do as an adult: to be a welder. Generally quiet and passive, Tim grew animated when talking about welding and proudly told me, "I'm good with my hands. I can take apart anything, fix it, and put it back together."

Tim was required to take the Massachusetts state testing instrument that all students must pass in order to receive their high school diploma. When he was in the eighth grade, Tim said to me, "I might as well just quit now. There's no way I'll ever pass that test no matter how many times I take it." The expectations were beyond what Tim believed he could achieve. Tim was aware of his academic deficits and saw himself as a "loser," already stripped of his hopes as a 14-year-old eighth grade student. Give him a challenge where success was within his grasp with reasonable effort

and Tim worked as hard as anyone else. Reasonable expectations inspire students. Unrealistic expectations destroy. We can only imagine the results.

It would be bad enough if Tim's story were an isolated example of a student asked to do more than he thinks he can do. In today's high-stakes testing environment, however, Tim is representative of a growing number of students. Aware of their weaknesses, more of these students drop out of school and become lost souls and a burden to society. Aremain and Berliner (2003) cite the high drop-out rate in states with graduation tests. When students perceive expectations to be beyond their ability, they often opt out rather than have their failure affirmed.

Conclusion

Inspiring teachers show students the relevance of what they are asked to do. They actively and intentionally build positive relationships with students. And they develop reasonable expectations so that students will put forth a strong effort and experience academic success. There is no more professionally enriching pursuit than helping every student strive for the highest academic achievement in a safe, nurturing, need-satisfying environment. When we do that, we activate the inherent desire to learn that every student brings to the classroom. ♦

Bibliography


Bob Sullo (bob@internalmotivation.net) is a senior faculty member of The William Glasser Institute. He has worked with thousands of educators and parents, conducting staff development workshops and parent workshops that highlight the importance of internal motivation and how to inspire students to be academically productive in a joyful environment. Bob's books include Teach Them To Be Happy (New View Publications, 1993), Inspiring Quality in Your School: From Theory to Practice (NEA Professional Library, 1997), The Inspiring Teacher (NEA Professional Library, 1999), Activating the Desire to Learn (Association for Supervision and Curriculum Development, 2007), and Managing to Inspire: Bringing Out the Best in Those You Supervise (iUniverse, 2007). Additional information is available at www.internalmotivation.net.
Introduction:

This article is a summary of an extensive report on research in progress within the Social Services sector of the province of Québec. In the 1970’s, Québec realized the largest number of Reality Therapy Certified within Canada. Reality Therapy is still widely embraced but it is through the modelling and teaching of WGI instructors like Claude Marcotte that the Ministry of Social Services, in collaboration with the Institut universitaire (university link), granted permission for this research project to be undertaken. “Le Centre jeunesse de Québec” or Québec Youth Center is a grouping of public institutions which are mandated to provide specialized aid to children and their families who are experiencing serious difficulties. The focus is on rehabilitation and re-education rather than on detention. The aim is to support young people who wish to regain control of their lives and to improve relations with their family and community.

Research Project

One of the research projects currently in use at “Le Centre jeunesse de Québec – Institut universitaire” is to evaluate the impact of the use of Reality Therapy in four group homes that have been using this approach for the past five years and more.

This research project covers a two-year period and is carried out by people in the field (workers in the group homes concerned) in collaboration with “Le Centre jeunesse de Québec Scientific Research Team - Institut universitaire,” affiliated with Laval University.

Training in Reality Therapy, offered to the teams in the group homes, is given on four separate days spread over the entire year. It is, therefore, a continuing training formula adapted to the reality and needs of the group home.

Early Findings That Encouraged Further Interest

As the teams became more capable in using the approach, the need for physical restraint lessened. Data for 2002-2003 reported 396 cases of physical restraint applied within the ten group homes in the Québec city area. For 2006-2007, there were 23 cases of physical restraint in these same homes, only one of which was effected within a group home which had received Reality Therapy training in the past five years. It should be noted that the other group homes, not included in the research, have begun training in Reality Therapy within the last two years and, since then, workers are observing a rapid decline in the number of restraints overall. It should be noted that no child under twelve years has been sent to internal rehabilitation programs.

Other Observations

The mental and physical health of the teams is improving. Fewer sick days were taken, with fewer workers suffering “burnout.” In addition, larger numbers of personnel became interested in training to learn about activities and to experiment with the concepts. Many say they are having more success and being happier at work.

We find, in the group homes concerned, that the workers are engaged in a wider variety of creative ways for teams to manage youth. Energies are focused more on establishing an environment that is favourable to development and training. Therefore, staff moves forward by working on developing a good environment and establishing positive relationships rather than managing conflicts which have degenerated and which require great energy.

We find that disorganization and control issues are much less frequent. Collaboration with youth seems to be proportional to the staffs’ interpersonal skills.

From Testimonies and Perceptions to Scientific Explanation

From the outset, there was an unusually strong interest in the research project. This manifested itself, among other ways, by exceptional participation in polls and questionnaires, supplementary free time allowed by management to members associated to the research project, and numerous requests for the presentation of results obtained throughout the project.
Research Plan and Methodology

STEP 1. Qualification of teams

This step involves clearly establishing the teams’ make-up. Which members are trained according to the principles of the approach? Since when? Do they really adhere to the approach and how does this manifest itself? The goal is to determine if the observed results could reasonably be linked to the practice of Reality Therapy.

Methodology

A questionnaire was distributed to each member of the personnel of four group homes, regardless of their title or designation (residential, rehabilitation, adoption, detention). They were to answer the questionnaires, in writing, anonymously, and in sealed envelopes. Out of approximately thirty-five respondents, thirty questionnaires were completed and returned.

Summary of Results

As of autumn 2006, ninety-three percent (93%) of personnel polled had received one or more courses in Reality Therapy and more than forty-eight percent (48%) of these had been trained on an ongoing basis for five years. All of the respondents claim to be in agreement with the use of the Reality Therapy approach in the group homes where they work.

Ninety-seven percent (97%) of respondents claim to apply Reality Therapy:
- Seventy-five percent (75%) of those, many times a day (full-time personnel);
- Twenty-two percent (22%) many times per week (part-time personnel).

Briefly, to answer the question “Which principles, gestures, or attitudes advocated by this approach do you use most frequently?” the replies were as follows, in decreasing order, the first stated being the most commonly noted:

- Self-evaluation / Responding to needs / Using universal behaviour / Using a respectful and calm tone, attitude and vocabulary / Giving a choice / Ensuring a choice is made / Non-coercive intervention / Using strengths / Focusing on the positive / Teaching win-win relationships / Being mindful of reception and environment / making plans for success / encouraging learning

STEP 2. Ascertaining needs and expected results

This step involves establishing the needs that are relevant to each of the group homes and those directly concerned, e.g., getting the children’s perceptions on the way they are received and “welcomed” (orientation), that of their parents, social workers and referring professionals, as well as members of the group home teams, as to their wants concerning the service of the group home and the results expected following the use of said services.

Methodology

A group of one hundred twenty-four persons answered a poll done by four educators from the group homes taking part in the research: 31 children in group homes, 21 parents, 39 referents, and 33 members of the group homes’ personnel. The referents, the administrators and the clinical or group home personnel answered in writing, by telephone or in face-to-face interviews. A majority of the parents responded either by interview or telephone. The adolescents responded via interview or telephone, and youths from nine to twelve years answered orally (recorded answers) during animated role-playing interviews, with the child being the expert witness and the “journalist” serving as the pollster. Those presiding over the interviews knew neither the children nor the parents questioned.

Summary of results

The majority of needs identified by the respondents concerned problems with relationships, e.g., family, friends, and school, expressed through behavioural choices ranging from aggressive outbreaks and drug use to self-mutilation, suicidal acts and problems pertaining to mental health. However, the expectations of these children and parents are: better family relations, success at work or school, control of their impulsiveness, putting an end to tantrums and improving communication. All have positive goals and seek well-being and happiness.

Most use blame or complaints to excuse their choice of behaviour. Parents explain their children’s alienation as resulting from their lack of autonomy, lack of control, impoliteness or drug use. The children explain and excuse their behaviour on the alienation of their parents, mental health issues or alcohol abuse of the parents and occasionally blame them for not accepting their responsibilities.

The youths polled tell us they want to be listened to, be supervised but also trusted, that we, their group home staff workers, support and encourage them, that we reassure them and that we teach them to have better relationships and improved self-esteem. They want us to help them to return home or to “find a good place for them to stay.” They ask that we inform them, listen to them, involve their parents, and help parents to “be there more often to care for them.”

In general, parents claim that they want to be informed, be supported in order to better supervise and communicate with their children. They want to be respected and involved in decisions concerning their children; they fear being judged and solicit our support and our availability.

In the group homes using Reality Therapy, parents and children emphasized their particular appreciation for the way they are received or “welcomed” through a supportive orientation program, the good food, the warm atmosphere, the quality of relationships with the staff, their compassion, support and how members of the staff listen.

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The referents and participants observe that the involvement of the parents increases daily during the placement and that they develop a relationship built on trust with group home staff. They see more positive aspects in their children and, therefore, regain some confidence in their role as parents.

With help from the group home, children claim improvement on the following points: better family relationships, obtaining a job or apartment, keeping a budget, improvements at school, better anger management and decrease of drug use. Parents find their children are involved in more positive activities, are more active, are more helpful at home, better respect rules, decrease consumption of drugs and are less aggressive.

Research is now in phase three which aims to describe the group home program. Already we are in a position to state that numerous elements of the program are inspired by the philosophy of Reality Therapy and that these same elements answer to the needs of the children and parents as stated above.

Thus, our findings demonstrate that the changes observed through the use and application of Reality Therapy in rehabilitation activities, as well as the quality of relationships between the children, their parents and the personnel of the group homes, are remarkable and produce surprisingly positive results.

This project has piqued the interest of management and teams of group homes alike. They continue to study and interpret the findings and are beginning to realize that these findings are not “results by coincidence.” The research continues…

Claude Marcotte is a Senior Instructor in Reality Therapy – WGI and Sylvie Bilodeau serves as Research Project Administrator. The authors are seeking related empirical research and would greatly appreciate receiving feedback. Information can be sent to pep.cj03@ssss.gouv.qc.ca
Using Films to Teach Choice Theory

David R. Law

Teaching Choice Theory

A primary function of the William Glasser Institute (WGI) is to help increase awareness of the concepts of Choice Theory and its practical applications: Lead Management, Reality Therapy and Quality Schools. The WGI coordinates and monitors formal training in these elements, offered primarily through a five-step process: Basic Intensive Week, Basic Practicum, Advanced Intensive Week, Advanced Practicum, and, finally, Certification Week. Additionally, Dr. Glasser, WGI staff and WGI faculty offer seminars, workshops and presentations. Dr. Glasser has also developed the notion of Choice Theory focus groups as a community-based approach to share and discuss thoughts pertaining to Choice Theory (Glasser, 2003).

Viewing clips from films or discussing elements of selected films can serve as an effective way to teach Choice Theory in any of the above-mentioned teaching applications. It is now widely accepted that there are different learning styles and that different individuals have a preference for different styles. One approach identifies learners as being primarily one of three kinds of learner: visual, auditory or kinesthetic (Markova & Powell, 1992). Viewing of films and film clips offers an opportunity to reach learners whose modality is primarily visual. Even a discussion (auditory) that brings their attention around to something originally presented visually effectively reaches the visual learner. We should keep in mind that the associated music, sound effects and particularly dialogue also allow an auditory learner to be optimally stimulated when viewing a film. As such, the use of these kinds of visual materials can enhance the learning experienced by the participants.

This article includes a selected list of films which are recommended for use in teaching different concepts relating to Choice Theory, Reality Therapy and Lead Management. This is, of course, not by any means an exhaustive list. Note as well that some films are recommended because they provide meaningful examples of characters using internal control psychology, while others are valuable in their portrayal of characters that are involved in external control relationships and are choosing less-effective behaviors.

Annotated List of Recommended Films

A Beautiful Mind (2001, Drama, rated PG13). True-life story of John Nash, who managed his diagnosed schizophrenia without medication, and went on to win the Nobel Prize for Economics. Glasser (2003) used this film to illustrate that schizophrenia is not a mental illness, but rather a creative response to unhappiness. Nash ultimately overcame his unhappiness through meaningful work and a strong marriage.

As Good as It Gets (1997, Comedy/Drama, rated PG13). Jack Nicholson's lonely character chooses obsessive-compulsive behaviors, but gradually learns to make better choices after establishing supportive relationships with his neighbors.

Bridges of Madison County (1995, Drama/Romance, rated PG13). Glasser (1998) discusses at some length the book upon which the film was based. The lead character, Francesca (Meryl Streep), chooses to depress as a response to a life which substantially fails to meet any of her needs other than survival. A chance meeting with a visiting photographer (Clint Eastwood) opens her eyes to more needs-fulfilling alternatives.

Ferris Bueller's Day Off (1986, Comedy, rated PG13). Assorted elements of this comedy illustrate Choice Theory concepts. Ben Stein's lethargic, droning monotone ("Bueller?... Bueller?..."") is almost the stereotypical boring high school teacher. Alan Ruck plays Cameron, the ignored child of uncarimg, wealthy absentee parents, who typically chooses sicking and depressing as a way to cope with his failed relationship with his parents.

Gandhi (1982, Drama, rated PG). Gandhi is perhaps the finest example of a major political figure using Lead Management. This film reveals the quality of life experienced by a man whose relationships with even his opponents is characterized by internal control psychology, and the resulting influence which led his country to independence.

Good Will Hunting (1997, Drama, rated R). Ignore the unrealistic cathartic moment in untapped-genius patient's (Matt Damon) therapy session with psychologist (Robin Williams), and focus instead on the relationship that is established between the two, and on the therapist's focus on what the other is doing.

It's a Wonderful Life (1946, Drama, rated Approved). An angel helps Jimmy Stewart's suicidal character recognize that he has a needs-fulfilling life of which he is unaware. A good example of how much of the quality in our lives lies in our relationships.

Mr. Holland's Opus (1995, Drama, rated PG). Richard Dreyfus's portrayal of the title character offers an example of a teacher who provides a needs-fulfilling environment for the students in his music classroom while struggling to relate in a meaningful way to his deaf son. Ultimately he replaces his frustrated Quality World picture of composing his own magnum opus with alternative pictures of himself as a good husband, father and teacher.

Of Mice and Men (1992, Drama, rated PG13). This offers useful examples of characters struggling to meet their needs for belonging, power and survival. One of the more clearly-worded statements of a Quality World picture is contained in George's descriptions of the dream he shares with Lennie to own their own farm, in response to Lennie's requests to "Tell me about the rabbits, George."

Outsiders, The (1983, Drama, rated PG13). A faithful adaptation of the S.E. Hinton novel, this material resonates particularly well with adolescents. Disenfranchised teens turn to gangs to meet their needs for belonging, and to violence for their needs for power. Johnny and Dally, the two characters who fail most to connect, meet tragic ends.

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_Patch Adams_ (1998, Comedy/Drama, rated PG13). Robin Williams plays true-life iconoclastic physician Dr. Patch Adams who believed that the doctor-patient relationship could be healing unto itself and not just clinical.

_Rain Man_ (1988, Drama, rated R). This film illustrates the extremely low need for belonging characteristic of autism, and the healing power of relationships, as Tom Cruise's character tries to connect with the autistic brother he never knew he had, played by Dustin Hoffman.

_Renaissance Man_ (1994, Comedy/Drama, rated PG13). Danny DeVito plays a fired advertising man who is hired to teach a group of low-achieving army recruits. He creates a quality classroom by involving his students in needs-fulfilling work and expecting quality results.

_Shawshank Redemption, The_ (1994, Drama, rated R). One scene involving the suicide of an elderly parolee who had spent his entire adult life in prison pointedly illustrates the situation of someone with no relationships and no power in his life. Inmates (Tim Robbins and Morgan Freeman) demonstrate that, even in a harsh prison environment, meaningful relationships can be built and, occasionally, self-worth can be achieved in a pro-social way. Only escape is able to satisfy Robbins' need for Freedom.

_Shine_ (1996, Drama, rated PG13). Glasser (1998, p. 193-194) refers to this film as an example of how a child can suffer for years at the hands of an emotionally abusive parent because of an inability to remove his father from his Quality World. As an adult, David Helfgott starts to reconstruct his life once he enters into a trusting, non-controlling relationship with his future wife.

_Stand and Deliver_ (1988, Drama, rated PG) This is the inspirational true story of Jaime Escalante, a dedicated teacher who was able to earn a place in his students' Quality Worlds by expecting that they produce quality work.

_Taxi Driver_ (1976, Drama, rated R). Robert DeNiro offers a brilliant portrayal of alienated taxi driver Travis Bickle who resorts to violence as a means to create meaning in his life. Bickle's inner monologue illustrates his acutely frustrated needs.

_Titanic_ (1997, Drama, rated PG13). The highest-grossing film of all time, this film can be used to have students compare Rose's relationship with Jack with the external-control relationships she has with her fiancé and her mother, as well as how she places new pictures in her Quality World which help her ultimately to make more effective choices in her life.

**Examples of Questions and Activities**

1. What Basic Need or needs do you feel were significantly frustrated for this character?
2. What pictures do you think are in their Quality Worlds?
3. At one point in the film, the character's actions were (specify). Predict what you think were the accompanying elements of their Total Behavior.
4. Do a role play, using one of the characters, at a particular point in the film, as a client.
5. What do you think are some effective behaviors the character is choosing?
6. What are some less-effective behaviors the character was choosing?
7. Suggest some more-effective behaviors the character could have chosen.
8. What positive relationships are evident for this character? Explain.
9. Is there a gang or delinquent subgroup in this movie? If so, discuss how the gang is needs-fulfilling.
10. As some of the characters changed through the movie, is there evidence that they may have put some new pictures into their Quality Worlds?
11. Explain how the school scenes represented (or failed to live up to the standards of) a Quality School.
12. In what way was this character a Boss Manager?
13. In what way was this character a Lead Manager?
14. Discuss or role-play how the spouse/parent could relate more effectively to the character.
15. Think about a particular character's actions at a certain point in the film, and explain those actions with direct references to the Choice Theory chart.
16. Identify a likely Needs Profile for a specified character. Explain and/or discuss.
17. Give an example from the film of two characters with incompatible Needs Profiles.
18. Give an example from the film showing how a character has two incompatible pictures in their Quality World.
19. Identify some of the more obvious elements of external control in the film.
20. Identify some of the more subtle elements of external control in the film.

**References**


Note: Movie ratings provided are specific to USA. They were obtained through the Internet Movie Database, at http://imdb.com.

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The Essence of Lead Management

Ken Pierce

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Only people who feel genuinely respected for their genius and values offer their employer energy, creativity and commitment. This energy, creativity and commitment are three essential ingredients in producing a high quality, profitable product or service.

The purpose of every business or organization is to create a high quality product or service. The purpose of the owner, manager, supervisor or team leader is to ensure that this occurs regularly by managing the workers hired to produce the product or service. Managers can only achieve this task by communicating to each worker respect for their innate genius and their personal values.

This was the primary premise that Dr. William Glasser started with when he first wrote The Control Theory Manager over fifteen years ago. Since then he has evolved his ideas and terminology, and that evolution is reflected in many of his later works—most notably Choice Theory: A New Psychology of Personal Freedom in 1998.

On a drive from Moncton, New Brunswick to Charlottetown, Prince Edward Island about four years ago, I queried Dr. Glasser on whether he had considered writing an updated edition of The Control Theory Manager to expand on his work in applying Lead Management to the business community. He said that he had considered it but that his current commitments precluded it. Then he challenged me to do it with his assistance. The result of that conversation is Using Lead Management on Purpose – Creating Quality Products and Services for a Global Economy.

The common understanding of a managing or supervisor relationship is that one person, the boss, tells the workers what he or she wants done with little or no input from the workers themselves. The manager also sets the standard for the work and evaluates the workers on how well they are doing it. If they are not performing well enough, the manager tries to motivate them with threats of discharge, loss of a promotion or pay cuts. Less common motivators are the offer of more pay or more interesting work.

However, the traditional “reward and punishment” approach ignores that humans are the only animal that thinks about thinking. In other words, they can disassociate or stand outside themselves and consider other perspectives. Lead Managers know that this ability enables them to operate in at least five unique levels or perspectives of awareness: Behavioral, Strategic, Belief, Identity and Spirit.

Because this is so, humans are not externally motivated but rather internally motivated by what they value about themselves and their world, their Quality World. Like all objects in the universe, every worker has a purpose; when they see how their work connects to their needs, values, and purpose, they will readily offer their energy, creativity, and commitment to the production of a high quality product or service. A satisfying relationship between the manager and those being managed which honors the values of both the worker and the manager is the most powerful driver to productivity. This relationship is the essence of a successful organization and especially so in the highly competitive global economy.

It is not that “reward and punishment” does not ever work. If the work takes little or no training and there is a large pool of workers desperate for a job, those with these jobs will work harder or make an effort to look like they are working harder. Nevertheless, even in hard times, workers who do not believe the manager cares about them, their needs and their values will resist authority by absenteeism, low quality work, and pilfering from the workplace. There are countless ways that employees who do not believe they are valued can hold onto a job and still do little more than the minimum.

There is little in traditional, coercive boss management that can lead to a satisfying relationship between the manager and the workers. The manager can get the hands of the worker but their brains and hearts will focus elsewhere. Instead, they are more likely to use their creativity and energy to get away with doing as little as they can. It is a rare worker who will apply creativity to enhance the work if he or she does not feel valued. The only thing that every worker is committed to is his or her own values. Caring managers, Lead Managers, know this and have developed the skills of inserting their values into that of the workers and thereby create greater productivity.

Of course, the same situation occurs in other domains of society. Almost all parents use boss managing in their attempt to rear successful, cooperative children. Warm, caring teachers also start to boss when their boss threatens them to get the scores up on mandated tests. Coaches stop teaching and begin to boss as they struggle to turn out winning teams. Even directors and producers will boss temperamental artists in an effort to turn out award-winning productions. In these instances, where money may not be the dominant factor, the limitation of the “reward and punishment” approach to manager-worker relationships is that it distracts from purposeful productivity and high levels of quality.

Despite threats and punishment, children defy their parents, students have no interest in their subjects, athletes pay little
attention to their coaches, and performers become difficult and temperamental. Eventually some coercive parents, teachers, coaches, and directors begin to sense that bossing does not work very well, but most of them are at a loss for what to do differently or afraid of losing control of the situation or both. Using Lead Management on Purpose addresses how managers can replace bossing with leading. When they do, they discover that a warm, respectful, and shared-values relationship between leaders and those they lead are the most effective human relationships.

There is an additional management problem that typically occurs in situations where the power between the managers and the managed either is close to equal or is thought to be close to equal by the person being managed. Typical examples of this situation are business partners, husbands and wives, parents with grown children, and middle-aged children struggling with elderly parents.

In these situations, one or both of the parties may try to boss the other based on the firm belief that he or she knows what is right for the other party better than the other party does. However, the people in the examples above, e.g., marital partners, often fight back against bossing by the other. In these situations, where money may be a factor but rarely a dominant factor, they refuse to meet expectations and reject the authority of their partner. Not recognizing and respecting each other's values in these situations is invariably a disaster. The relationship goes off balance, and improving it becomes an imperative. When partners realize the role that their spouse plays in their purposeful, values-based life, they begin to appreciate each other and all they have achieved together. Using Lead Management on Purpose provides new insights, concepts and tools to address these relationships and situations.

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Self-evaluation as a Teaching and Learning Tool for Adult Learners

Ksenija Napan, Ph.D.

Abstract
This paper focuses on incorporation of Choice Theory principles in teaching and assessment within the Bachelor of Social Practice programme, School of Community Development, Unitec New Zealand, and its relevance for students' future learning. Basics of Choice Theory are shared with students but, more importantly, principles and epistemological understandings of Choice Theory permeate the course. In this context, self-evaluation is applied as a teaching tool, as opposed to its common use as a counselling tool. As self-evaluation is usually a turning point in counselling, honest self-evaluation of skills, knowledge, values and attitudes in the teaching context usually marks the beginning of new learning.

Introduction
Social practitioners are often asked to peer-assess their colleagues' work, and learning how to peer-evaluate respectfully enables them to improve their practice and discuss complex social practice issues with their colleagues and supervisors. Incorporating self- and peer-evaluation in some courses of the Bachelor of Social Practice had a particular relevance to students' understanding of what effective practice entails and how principles of Choice Theory can be applied in a range of social practice settings. It also significantly contributed to students' motivation and willingness to do their best and not just a bare minimum.

Glasser (2000) states that we have made great technical progress, but we haven't improved much in ways we treat one another and our relationships. He suggests that the solution to this problem is teaching the world Choice Theory. I wholeheartedly agree with this idea and have been acting on it for the last twenty years. I also believe that Choice Theory is a worldview and an epistemology which needs to be modelled and lived. More specifically, teaching the world Choice Theory means teaching the world about cooperation, mutual respect and the importance of relationships by cooperating, respecting and relating through dialogue.

Choice and empowerment
Most students in the Bachelor of Social Practice programme are mature students with a wealth of experience and practical knowledge about coping in most difficult situations. Most of them remember their educational experiences as not too pleasant and as not providing them with many choices. When I introduced Choice Theory to them and informed them that using learning contracts (Knowles, 1990) will enable them to create individualised assignments of their choice, most of them were very keen to engage and instantly became motivated to apply their knowledge to the field of practice they were interested in. However, a small minority of students had difficulties defining what they wanted and expressed their belief that they had nothing to contribute. They appeared to be lost and confused and wanted me to tell them what to do to achieve a bare minimum for a pass. Careful explanation of the purpose of me wanting them to do their best and not just a bare minimum and building on prior knowledge as well as acknowledging the wealth of wisdom already existent in the class helped us to connect and, as a consequence, students started re-discovering what they really wanted and how it relates to their career plans. Patience and extra time for students who were not confident and who were not aware of what they really wanted was essential. Students shared their knowledge and experiences in small groups, identifying common interests that may help them become better social practitioners. Through that process, students became more aware of their skills and abilities and also how they could contribute to the course. At times, more confident students helped less confident ones, less confident ones shared their views (sometimes from the client's point of view), and that sharing created a learning community where various kinds of knowing were appreciated. Special attention was sometimes needed to help students personalise standard learning outcomes and to develop criteria for assessment. Working in small groups with a lecturer's support proved to be useful. We participated in a real paradigm shift. From consumers of knowledge, students were transformed into active participants who were able to identify clearly: 1) what they want; 2) what are they going to do to achieve it; 3) how to self-evaluate if this was working; and 4) how to create plans to do their best in order to realise their potential to become effective social practitioners. The focus was on relationships, mutual respect and choices, and we practiced these principles in everything we did together.

When the new epistemology of learning was developed, together with understanding of the basics of Choice Theory, enthusiasm grew incredibly fast. Ability to have a choice of what kind of assignment they wanted to produce, being group or individual, written or oral, an essay or a piece of art, and being able to utilise their learning styles, increased their creativity and also the See NAPAN, page 24
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amount of time they put into their assignments which resulted in very high quality and an extraordinary level of creativity.

Relationships, cooperation and internal motivation

Although learning contracts proved to be useful in terms of raising students' independence, self-directedness and motivation, they do not offer a strategy for peer-learning and collaboration. Combining learning contracts with self- and peer-evaluation encouraged students to improve their relationships and do their best.

Self- and peer-evaluation ask students to reflect on their own and on their colleague's academic work. They have learnt to identify strengths as well as gaps in knowledge and learning needs, that there are many ways of covering prescribed learning outcomes, and they have learnt experientially that "there is nothing more practical than a good theory" (Lewin, 1951).

I have experienced that whenever self- and peer-evaluations are required from students, they produce work of much higher quality. Whether this happens because "we are our own worst critics" or because students want to "save face" and only submit work which is of a very high standard to their peers remains unknown, but certainly the quality of work becomes considerably higher than when traditional unilateral methods of assessment are used.

Mutual respect, accountability and change

Continuous feedback from students and encouragement to give feedback about the content and the process of the course is highly valuable, especially when they see that their feedback is taken seriously and that it creates change. I use these evaluations to find out what they are really learning, what strategies they use and if teaching methods I use are effective. When students mention that they know a very good guest speaker, or a festival or a movie which relates to the topic we are focusing on, instead of sitting in the class we often take field trips and explore alternative ways of learning and knowing. Linking it back to learning outcomes is essential and it encourages students to become lifelong learners and passionate about their field of practice.

Self- and peer-evaluation can be done in two ways - as a homework (just another task to do to please a teacher), or as a reflective learning exercise (done with honesty and integrity). How students approach it remains their choice, but it is always related to the level of trust created in the classroom. In other words, if I receive a number of "homework" type self- and peer-evaluations, this signals me that I need to work more on development of trust and that power issues in the class need to be addressed.

Once the art and skill of self- and peer-evaluation are mastered, students find descriptive comments in peer-evaluation forms most empowering, especially answers to the questions "What have you learnt by peer evaluating your colleague’s work?" and "How is it relevant for your future practice?" Students also learn how to give relevant feedback respectfully and without criticising.

I had the opportunity to experiment with various modalities depending on the level at which the student is studying. For the first contact with self- and peer-evaluation, I ask students to choose a classmate to assess their work. It is usually their best friend in the class. Then they progress by presenting in small groups to the whole class with their contribution to the group presentation being evaluated by their peers with whom they presented, but also by the whole class of observing colleagues. On their third year, I expect them to choose two peer evaluators – one, whom they perceive as being very similar to them and another whom they perceive as very different from them - because of their age, world view, lifestyle, culture. These collaborations promote networking and encourage students to step out of their comfort zone and experience benefits when they do so.

Essential prerequisites for effective self- and peer-evaluation

1. Explaining the purpose of self- and peer-evaluation
2. Teaching students how to do it and modelling it
3. Helping students realise that self-evaluation is a life skill and helps people to improve the quality of their life
4. Exploring issues and problems students may have with it and taking these seriously
5. Developing an atmosphere of trust in the classroom
6. Eliminating fear by stating clearly what is expected from students in order to pass
7. Being aware of cultural issues which relate to self- and peer-evaluation
8. Modelling respectfulness and expecting students to be respectful but honest
9. Providing students with forms for self- and peer-evaluation to facilitate the process and keep them focussed
10. Taking students' feedback on self- and peer-evaluation seriously and continuously improving it

Alongside with receiving extensive feedback from their peers, students find it extremely important to get a thorough and relevant feedback from their lecturer. When I asked a group of 50 students to note if they would prefer an extensive feedback or only a mark, informing them that the ones who want only a mark will get their results sooner, only two reported that they would be happy with a mark without any feedback. As James (2000) noted when writing about his extensive research on student experience of assessment in higher education:

"Disappointment with the brevity and content of comments from some tutors was widespread (although not universal) in the first year and the early part of the second year of study: Maurice refers to the ‘six words you usually get’ while Theresa, Bruce, Mike and Sophia contrast full and useful feedback with ‘the sort of one-liner that tells you nothing’; ‘one sentence which will be illegible’; ‘just a ten word sentence’; or ‘just a couple of sentences’ respectively. For many, the focus of their disappointment was the lack of information on which to base decisions about what should they do differently if they wished to raise the level of their marks in assessed work. For others, the concern was in identifying what should they continue to do to achieve high marks’ (James, 2000, p.152).

The issue of giving relevant feedback to students relates to See NAPAN, page 25
the management of power in a learning organisation. It comes to
the power to control the knowledge market: the paradigm shifts
from lecturers being perceived as people who know and say who
has got a knowledge and who has not, to an organisation which
perceives learning as a two-way process where all participants
learn from the process and from one another. This paradigm
shift moves us from the “us and them” mentality to utilisation of
collaboration and collegiality to its maximum.

Feedback to students is in a letter form focussing on:

- Coverage of learning outcomes
- Demonstrated strengths and abilities
- Criteria as personalised and outlined by a student
- Ideas for improvement
- Reflection on self-assessment
- Reflection on peer-assessment
- Outline of learning points for the marker
- General comments on participation and presence in the class
- Final mark in percentages

This feedback is open for clarification through a dialogue.

Feedback from students is collected half way through the
course, at the end of the course and during the course by having
a box on the desk where students can put their anonymous
comments at anytime. These comments keep my teaching
practice current and help me to learn about the culture of each
individual class. Students’ feedback is a most valuable tool for
improving my teaching regardless of whether it relates to the
content or to the process of teaching

On becoming a self-directed lifelong learner

Combining learning contracts with self- and peer-evaluation
and writing letters as feedback to students proved to be
useful on many levels. To stay consistent with the message of
empowerment this paper carries, I prefer to include students’
voices to speak about it rather than having an academic
discourse about its effectiveness:

Usefulness of learning contracts

“Good idea, makes you think about the process and be
accountable to fulfil your obligations. Makes sense of dry
academically put learning outcomes – by personalising them I
made them real and relevant to my learning.”

“I think learning contracts are really valuable and call
students to take responsibility for their own learning, became
direct- and thus learn to their fullest potential.”

Learnings from self-assessment

“I could not get away with an average assignment. I
stretched myself to the maximum.”

“What a hard job, but an awesome learning process!”
“I’ve learnt to be honest with myself.”

Learnings from peer-assessing others’ work

“Enjoyed it as it gave me a new insight into other people’s
work and writings. However I found it difficult to evaluate one
piece of work yet not to hurt. I managed to do it by building on
the student’s strengths rather than weaknesses and by making
creative suggestions.”

“I’ve learnt that I can give a constructive feedback that is
useful and practical and how much I can appreciate somebody
else’s work.”

Learnings from being peer-assessed

“Good constructive feedback from a person I care about.”
“It picks up on things you may have not have grasped.”
“Insightful to read what others think of my work – quite
uplifting and good learning.”

General comments

“Good balance between content, process and creativity and
what needs to be covered.”

“I’ve learnt to consolidate theories with practice – it all
seems to have come together at last.”

“This course helped me to tie together my knowledge and
experience.”

It seems that teaching students Choice Theory, combined with
applying it through the use of learning contracts and self- and peer-
assessment in an empowering context, significantly contributed to
students becoming self-directed life long learners. I believe that
this skill, attitude and ability will help them to cope with the rapid
development in all areas of life that an unknown future will bring.

Forms used for learning contracts, self- and peer-evaluation
and feedback templates can be obtained from the author. The
author applies a similar method for Practicum supervision.

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Choice Theory, Risk and the Social Care Assessment Process

Jes East

Abstract
This article describes how specific Choice Theory principles can be incorporated into the assessment and planning process of any social care agency. Two cornerstones of Choice Theory – our inability to make anyone do what we want, and our consequent reliance on their self evaluation to get them to the same place, are incorporated in a simple matrix. This is then used as an aid to prioritising tasks in a plan, thus ensuring the most effective and efficient use of a practitioner’s time and resources.

Assessment
Assessment is a key component of the social care process. There are many tools and frameworks available to the practitioner, all capable of drawing large amounts of information from a client and their networks. Once the information is collected, the practitioner is faced with the challenge of producing a plan. A good plan should help the client get from where they are to where they (or others) would like them to be. The practitioner, client and others in their network will identify the tasks required to achieve each desired outcome, usually specifying target dates and who is responsible for doing what. In practice, however there are two additional factors that can make this more difficult.

Availability of Resources
Even if the practitioner has the necessary time and skills to help their client, they will often need to enlist the services of other agencies to tackle all the requirements of the plan. The practitioner can either engage these or they can’t.

Motivation of the Client
Assessment is a waste of time if the client doesn’t want to follow through with the plan. The client will either work on a task or they won’t.

These elements can usefully be incorporated into a simple matrix (Fig. 1).

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<tr>
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<tbody>
<tr>
<td>can</td>
<td>2</td>
<td>1</td>
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<tr>
<td>won’t</td>
<td>4</td>
<td>3</td>
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Fig. 1

‘Can’ & ‘Can’t’ are the ends of a scale reflecting a practitioner’s ability to carry out the task on the basis of available resources. ‘Will’ & ‘Won’t’ are the ends of a scale reflecting the level of motivation that a client has to follow through with the task. The five levels of commitment (Wubbolding & Brickell, p. 58) can usefully be incorporated into a task at this point. ‘Will’ represents ‘I’ll do whatever it takes’; ‘Won’t’ represents ‘I don’t want it’.

By mapping each task onto this matrix, the practitioner will get a clear sense of the likely overall success of a plan. The more tasks that fall into quadrant 1 (Can & Will), the better. The more tasks that fall into quadrant 4 (Can’t & Won’t), the more difficulty the practitioner is going to face in carrying them out.

Case Example
Danny (34) & Suzanne (30) live in a three bedroomed council house with their three children, Jamilla (14), Beccy (10) and Jason (7). Danny is unemployed and Suzanne works part-time at a local supermarket. Danny spends most of the day asleep or at the pub with his friends, and doesn’t always remember to fetch the children from school while Suzanne is at work. She has consequently been called at work by the school to fetch them on several occasions and her boss is losing patience. Jamilla and Beccy share a bedroom and Jason has a small room to himself. Jason’s room has a damp problem which is triggering frequent asthma attacks. Suzanne has phoned the housing department to ask for help but has been told that it is not a priority. Over the last few months, Jamilla has been having problems at school. She is being bullied about her weight by other girls and responds by hitting them. The school is not aware of the bullying and sees Jamilla as the instigator. Jamilla has recently started to cut her arms with Danny’s razors which she takes while he is asleep and Suzanne is at work. Suzanne has taken a morning off work to see a duty social worker about the pressures the family are under. The family is allocated to Dave, a social work assistant. He arranges a home visit and is able to see the children and the state of the house. Danny is verbally hostile to him on arrival and leaves immediately for the pub.

Having assessed the situation, Dave comes up with the following actions:

See EAST, page 27
1. Ask the family’s doctor (with the family’s permission) to write to the housing department about the effect of the damp bedroom on Jason’s asthma.

2. Talk to Danny about the risk to Suzanne’s job if he keeps forgetting to collect the children from school.

3. Approach the school as an advocate for JamiJla and raise the awareness of the bullying issue.

4. Refer Jamilla to a specialist counsellor to talk about her self-harming behaviours.

Which quadrants of the Can-Can’t, Will-Won’t matrix would the following scenarios fall into?

a. The family agree to Dave approaching their doctor, who is happy to write the letter. The housing department have said that when it comes, they will respond to it as a matter of urgency.

b. Dave is ‘Reality Therapy Certified’ and knows exactly how he would approach Danny. However, Danny refuses to see him.

c. Jamilla is happy for Dave to talk to the school but the head denies that they have a bullying problem. They insist that Jamilla will be excluded if she gets into another fight.

d. Dave has made a referral for specialist counseling, but there is a six month waiting list. Jamilla has told him that even if an appointment comes through that she will not talk to anyone about her self-harming.

<table>
<thead>
<tr>
<th>can</th>
<th>won't</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b)</td>
<td>(a)</td>
</tr>
<tr>
<td>will</td>
<td></td>
</tr>
<tr>
<td>(d)</td>
<td>(c)</td>
</tr>
<tr>
<td>can’t</td>
<td></td>
</tr>
</tbody>
</table>

Fig. 2

In this case (Fig. 2) we have an even spread across all four quadrants (although Dave appears to be lined up for only one guaranteed success).

In practice, however, not all tasks in a plan are likely to carry equal weight. The level of risk that a particular task is trying to reduce and the urgency with which it needs to be completed are typical variables. Practitioners will often consider these when deciding which tasks to prioritise. Without consideration of their place in the matrix, however, these variables can undermine the effective and efficient use of a practitioner’s time.

Case Example

John is a 17 year old young person brought up in local authority care and now living independently. He is also an intravenous heroin user with several associated ‘fund-raising’ convictions for burglary. In addition to putting his health at risk, the heroin use is undermining his ability to secure stable accommodation and employment.

His key worker in the leaving care team has assessed John’s needs and the heroin use is coming out high as a risk factor in terms of health, accommodation, employment, and offending behaviour. The key task for the plan seems simple – ‘stop the heroin use’.

The difficulty for this practitioner is that John has no interest in giving it up. At this stage he feels no one can offer him anything better. The heroin is firmly in his Quality World as the best way of meeting his needs at this time. At best, this places the task in the quadrant ‘Can & Won’t’.

However, even if John wants to give up the heroin, there are problems with local resources. The only treatment option available is a de-tox unit located in an adult mental health ward. The waiting list for a bed is six months. So, for this practitioner, the situation is actually in the quadrant ‘Can’t & Won’t’.

This is a more extreme but by no means atypical example. Any task that the service user does not want to follow through with, and/or the resources are not available to assist with, presents the practitioner with a dilemma. As practitioners are accountable for the outcomes of their cases, there is tremendous pressure to focus on the highest risk factors first. But if they hit blocks such as those above, what should they spend their time doing?

Planning the Plan

The suggested approach frees the practitioner from the pressure to work defensively, but unproductively, which tends to focus effort on high risk issues regardless of the practitioner’s ability to do much about them. Choice Theory teaches us that we can’t make anyone do anything and this applies to service users and colleagues alike. The stress that normally comes with this can be reduced by adopting the philosophy of U.S. baseball legend Mickey Rivers

“'Ain't no sense worrying: If you have no control over something, ain't no sense worrying about it -you have no control over it anyway. If you do have control, why worry? So either way, there ain't no sense worrying.'”

Although working defensively is not always in the best interests of the service users, recording defensively certainly is, for both service users and practitioners. Inquiries into the conduct of high risk cases that have gone wrong will focus on the acts and omissions of practitioners. Regardless of the part played by parents,

See EAST, page 28

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1You may wish to mentally role play this conversation later – how would you move Danny from here using Choice Theory?
EAST, continued from page 27

carers, strangers or the client themselves in a serious incident, it is for the professionals to prove that they could not have done anything more to prevent it. If a practitioner has not recorded what they did (or tried to do), it effectively hasn't happened.

This means keeping accurate, contemporary case notes (especially details of contacts planned but missed by the client), and nothing official sent by post without an electronic or photocopy kept. This approach was endorsed in a judicial review of the poor provision of services to a young person leaving custody in the UK. Addressing the issue of 'the uncooperative child', Lord Justice Manby stated that:

'if the local authority is hindered in carrying out its duties....by the child's lack of engagement then that should be documented, clearly, and in detail in the assessment and....plan.' (para 57)

R (J) v Caerphilly County Borough Council (2005)

Using the matrix, we can therefore identify four broad areas of activity (Fig 3.). The practitioner should always describe what tasks they feel are required and then record what blocks they face in trying to implement them. In this way the practitioner both protects themselves, and directs their energies towards the realistic rather than the (currently) unachievable.

![Fig. 3]

1. ‘Quick Win’ (Can & Will)

Here we have both the resources and the willingness to proceed with the task. The suggestion is that these are the tasks tackled first, regardless of the level of seriousness reflected in the underlying assessment. There are two benefits of going for a ‘quick win’. Firstly, a shared success will help the relationship between practitioner and client. As we know from much of the research on comparative counselling, a good relationship is fundamental to the success of an intervention. If we accept the proposition of internal control psychology, that we cannot make anyone do anything, the strength of this relationship may also be the most powerful tool for change that we possess. Secondly, a ‘quick win’ provides information to the client that they can be successful. A good self-evaluation should boost their confidence enough to tackle a more difficult issue.

In the first case study above, the family are motivated to get the GP involved (Will) and both the GP and Housing are happy to co-operate (Can).

The practitioner should still make the effort to record the fact that motivation to complete the task was high. This enables the practitioner (and the team as a whole) to investigate both the impact of positive levels of motivation and learn what factors contribute to it. For example, is the level of motivation affected by the personality of the particular worker? What could be learned from this in terms of recruitment and training? Wubbolding’s ‘WDEP' system can thus be applied at this meta-level to the effectiveness of the team as a whole in addition to that of the client’s behaviour, i.e.,

1. What outcomes are we trying to achieve as a team?
2. What are we doing to try to achieve these? (assessments, planning, engagement)
3. Is what we are doing currently achieving these outcomes? (Re-assessment)
4. What could we do differently?

2. ‘Lobby’ (Can’t & Will)

Here the client is willing but there are issues with resources. It may be that a specialist resource is not available, a partner agency has a full waiting list, or that another team is ‘gatekeeping’ a resource. Just as our clients cannot make the people around them change their behaviour, nor can practitioners force other agencies to accept referrals. What they can do is collect information about the problem and bring it to the attention of their manager. Rather than see this as unwanted upward delegation of a problem, ‘lead’ managers would embrace the opportunity to help the staff that they have carefully recruited and whom they can trust to know what quality work is. Instead of remonstrating with their staff for lack of progress in the plan, they will devote considerable effort to removing the barriers to quality work that are in the way. The carefully documented consequences of lack of access to, or premature discharge from, a particular resource is very powerful ‘information’ for the lead manager willing to work on the system on their team’s behalf.

The practitioner themselves should record that they have made a referral (ideally to a named person in the receiving organisation) and its outcome - for example ‘not accepted or ‘on waiting list’.

In the example above, Jamilla is happy for Dave to talk to the school (Will) but the school is unwilling to discuss the issue (Can’t).

3. Self-evaluate (Can & Won’t)

This is the key quadrant for a cognitive methodology such as Choice Theory. The practitioner has the resources available to help their client, but the client themselves is reluctant to address the problem. Should resources become available in John, the (heroin user’s) case above, the focus could change to

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firm and persistent encouragement to self-evaluate the impact of continued heroin use on himself and others together with the exploration of alternative, healthier, need satisfying Quality World pictures. This quadrant could just as easily contain a refusal to attend school, to negotiate with parents over coming-in-late times, or simply to take more exercise.

In the first case study, Dave is RTC’d and able to tackle the issue (Can), but Danny does not want to have the conversation (Won’t).

The practitioner should record the level of motivation that is undermining completion of the particular task and adjust it as level of commitment increases with the skilled use of Choice Theory and Reality Therapy.

4. Back-Burner (Can’t & Won’t)

It is suggested that tasks falling into this quadrant are left alone for the time being. It is crucial that the practitioner records what they wanted to do and why they are unable to do it. It does not, however, make sense to spend much time and effort in this area when there is at least some possibility of progress in the other three. This applies even if the tasks here relate to areas of higher risk emerging in the assessment. In the case study above, tackling John’s heroin use is initially a non-starter, but both his lack of willingness to address it and that of other agencies is undermining completion of the particular task and adjust it as level of commitment increases with the skilled use of Choice Theory and Reality Therapy.

Here we also have Jamilla unwilling to discuss her self-harming (Won’t) and a waiting list for a key resource (Can’t).

Implementation of the ideas

The first step is making sure that a culture of defensive recording is introduced and understood. If you are using a paper-based system, then in addition to recording what you did, remember to write down what you tried to do but couldn’t. For those using electronic management information systems, there is the potential to do this in more detail. The example below (Fig 4.) is from a management information system used by youth crime prevention teams across England and Wales. We can see how Dave, the social worker, records the part of his plan dealing with Jamilla’s reluctance to work on her self-harming behaviours. This task is clearly linked to an assessment (ONSET®), and in the ‘Motivation’ field, Dave has selected “Not Want” from the drop down menu of Wubbolding’s five levels of commitment. You will also see the full drop down list of the ‘Constraint’ field where Dave is about to record the waiting list problem he has with the “mental health” team.

Having recorded what, in his professional judgement, needs to be done, Dave is able to add information about his ability to carry the task through.

The added advantage of electronic recording is that it is easy to analyse the incidence of these issues across the entire client group very quickly. For example, Dave’s manager can query the system for all plans including tasks which are ‘constrained by waiting list’ and see whether there is a problem with particular agencies. As a lead manager, she then has good information to take the issue further.

Conclusion

This article has aimed to show how Choice Theory concepts can aid assessment and planning processes in any social care or related agency. It has introduced a simple matrix to assist in predicting the likely success of a plan and to suggest an effective way of prioritising tasks when there are blocks to putting it into practice. Finally, it has shown the importance of defensive recording in high risk work and provided an example of best practice in electronic recording of these issues.

References


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Fig 4. Design and content © Social Software Limited

ONSET is an assessment tool developed for the Youth Justice Board of England & Wales. See http://tinyurl.com/2h4g64
Choice Theory Training: Effects on Locus of Control and Self-esteem in Adult Community Employment Workers

Marcella Finnerty

Abstract
A repeated measures within-subjects experiment was conducted to examine the effects of a 30-hour Choice Theory training programme on Locus of Control and Self-Esteem scores in a sample of Adult Community Employment workers, age range 25-44, (N=30). Volunteers collectively completed the Levenson (1974) multidimensional I.P.C., Locus of Control Scale and Messer & Harter’s (1986) multidimensional Adult Self-Perception Profile, presented in a counterbalanced fashion, pre- and post-training. Analysis of the data, p<.0005, supported the hypotheses predicting an increase in Internal LOC and Global Self-Worth scores and a decrease in the Chance LOC scores. Observation of the data on the 11 sub-domains of the Adult Self-Perception Profile revealed an increase in all means scores post-training and a decrease in standard deviation scores. While further comparative studies are necessary, in general the results of this study are interpreted as offering support for the effectiveness of Choice Theory training in increasing internality of locus of control scores and enhancing self-esteem scores in this population.

Introduction
The purpose of this study is to determine the effects of a 30 hour training programme in Choice Theory on adults’ perceptions of their self-esteem and their perceived locus of control. The ever-increasing importance and availability of training and development courses is apparent and well-documented (Deming, 1993; Thurow, 1992; Rae, 1991; Ryan & Oestreich, 1991; Wege & Moller, 1995). Those courses which foster an internal locus of control and increase in self-esteem are viewed as of special significance (Wanberg, 1997; Deming, 1993; Neave, 1990) and engender substantial interest as research in these areas has shown that, in general, individuals with higher self-esteem and higher perceived internal locus of control have higher levels of mental health and cope more effectively with stressful life events (Armstrong-Stassen, 1994; Aspinwall & Taylor, 1992; Frost & Clayson, 1991). They also tend to have more flexible behavioural repertoires (Paulhus & Martin, 1988) and engage in more beneficial problem-focused coping behaviours (Jerusal & Schwarzer, 1989). People differ in self-perceptions of internal versus external control as well as levels of self-esteem, and these self-perceptions have important consequences for various aspects of their lives.

Review of the Literature
Locus of Control
Locus of Control is defined as:
“A general term in social psychology used to refer to the perceived source of control over ones’ behaviour. It is measured along a dimension running from high internal to high external, with an internal person being one who tends to take responsibility for his own actions and who views himself as having control over his own ‘destiny’, and an external as one who tends to see control as residing elsewhere and to attribute success or failure to outside forces. Note that reality is not being measured here; the question is not whether true control derives from endogenous or exogenous sources but how the individual perceives it” (Reber, 1985, p. 407).

There is a vast amount of research demonstrating the relationship between locus of control and behaviour in many situations (e.g., Rotter, 1990; Phares, 1976; Burger, 1985, 1992; Findley and Cooper, 1983; Lefcourt, 1976, 1981, 1982, 1984, Strickland, 1979, 1989). Locus of control is related to social influence, information-seeking, achievement, health, coping with stress, creativity and many other variables. A longitudinal investigation of a representative national sample in the United States of nearly 3,000 adult men found that locus of control was significantly related to indices of occupational success (Andrisani & Nestel, 1976). In the same investigation, there was also evidence that success in the world of work itself enhances the expectancy of internal control. It seems fair to state that the generality of this construct is so great that the challenge is to find variables to which it is not related. Research on the locus of control construct reveals it to be one of the 10 most investigated constructs cited in articles in the Psychological Bulletin (Lefcourt, 1992).

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Self-Esteem

Self-esteem is defined as:

"The degree to which one values oneself. Note that although the word esteem carries the connotation of high worth or value, the combined form, self-esteem, refers to the full dimension and the degree of self-esteem (high or low) is usually specified” (Reber, 1985, p. 678).

Numerous studies have documented an association between coping behaviour and self-esteem (Jorgensen & Dusek, 1990). For example, people with low self-esteem (LSE) tend to withdraw from, or be readily resigned to, a difficult situation. This kind of thinking is linked strongly to defensive coping strategies such as denial or repression (Marsh, 1986). People with LSE also are more likely to view their behaviour as dependent on the situation. Conversely, people with high self-esteem (HSE) tend to have more flexible behavioural repertoires (Paulhus & Martin, 1988). People with HSE tend to engage in more beneficial problem-focussed coping behaviours (Jerusalem & Schwarzer, 1989) and to prefer more active coping strategies, such as seeking social support or advice and information (Seiffge-Krenke, 1990; Smith, Wethington & Zhan, 1996) than people with LSE.

The term self-esteem has been used in two ways. Global self-esteem refers to a general positive or negative orientation toward the self. HSE is characterised by a strong generalised liking and regards for oneself while LSE is characterised by mildly positive, mixed or ambivalent feelings toward oneself or, in extreme cases, by dislike for oneself (Baumeister, Tice & Hutton, 1989).

Since this paper is focused on the global self-worth or direct measure of self-esteem, analysis will be conducted on the GSW domain only. Observation of the data on the other 11 sub-domains will be examined by means of discussion of descriptive statistics.

William Glasser’s Choice Theory

The 30-hour training programme in Choice Theory is based on the belief that all behaviour is internally motivated; all behaviour is chosen; and people will allow themselves to be controlled by external events only as long as that behaviour is fulfilling a particular need or want. Thus, through CT training, people are taught to develop a sense of internal control, self-direction, independence, and high self-esteem by taking responsibility for their chosen behaviours (Glasser, 1998b).

Hypotheses

The following one-tailed hypotheses are examined in this study:

1. There will be a statistically significant increase in post-training internal locus-of-control scores.
2. There will be a statistically significant decrease in post-training powerful others locus-of-control scores.
3. There will be a statistically significant decrease in post-training chance locus-of-control scores.
4. There will be a statistically significant increase in post-training global self-worth scores.

Method

Overview

The experiment took place at a Government-funded Community Employment Project in Dublin City. The Project is designed to provide employment and work experience for the jobless and socially excluded. Training in Choice Theory is offered to all employees, although participation is on a voluntary basis. Prior to the scheduled training course, permission was granted by the Centre’s Director to conduct this experiment.

Design

This study employed a repeated measures, within-subjects design.

There were two independent variables:

A. The first was Locus of Control as measured by the Levenson (1974) I.P.C. scale. This was manipulated at three levels, i.e., Internal, Powerful Others and Chance.

The dependent variable in this case was the Likert Scale numbered +3 to -3, with +3 being the answer the participant most agreed with and -3 being the one least agreed with. Zero was taken as the mid-point where the participant neither agreed nor disagreed. A constant of 24 was added to the total to eliminate negative values.

B. The second independent variable was self-esteem as measured by the Global Self-Worth domain on the Messer & Harter (1986) Adult Self-Perception Profile, tested on a population.

The dependent variable was a forced-choice format on a 1-4 scale, with 4 being the most adequate answer and 1 the least adequate. The second dependent variable was a forced-choice importance rating scale, again with 4 being most important and 1 being least important.

In an effort to control confounding variables, the following system was employed:

1. Confidentiality and anonymity were assured to encourage candid and genuine answers.
2. Anonymity was established by each participant drawing a number from a bag which they used as a code for each of the two conditions of the experiment.
3. The participants completed the questionnaires simultaneously to ensure standardisation of presentation conditions.

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FINNERTY, continued from page 31

4. Pre-testing took place in the Project training room at 10:00 a.m. on the morning of commencement of the training programme and post-testing took place at 10:00 a.m. on the morning following the completion of the training programme, at the same venue, to ensure time of day and location were controlled for.

5. The presentation of the components between condition one and condition two was alternated to eliminate any possible order effects.

Participants

30 participants, 24 female and 6 male, employed on the Project were offered the opportunity to participate in the training. Participation was voluntary and there was a 100% response rate. Age distribution ranged from 25 – 44 years. The highest educational standard was Intermediate Certificate and all participants had been unemployed for at least one year prior to commencement on the Project.

Locus of Control

A three-dimensional instrument developed by Levenson (1974) was used to measure perceptions of internal locus of control (I), control by powerful others (P) and fate or chance control (C). The I, P, and C scales comprise three 8-item subscales with a 7-point Likert format (+3 to –3), which are presented to the subject as a unified scale of 24 items.

Four of the 8-items were “reversed”, for example, items include “When I make plans, I am almost certain to make them work” (internal); “I feel like what happens in my life is mostly determined by powerful people” (powerful others); and “Often there is no chance of protecting my personal interest from bad luck happening” (chance). High scores on each subscale are interpreted as indicating high expectations of control by the source designated. Lower scores reflect tendencies not to believe in that locus of control. This scale has been shown to have Kuder-Richardson reliabilities, $r = .67$ for the I scale, .82 for the P scale and .79 for the C scale. Split-half reliabilities for a one-week period were: $r_s = .64, .74$ and .78 (Levenson, 1974). Lee (1976) found comparable correlations with a seven-week test-retest interval (.66, .62 and .73).

Self Esteem

This was measured using the Messer & Harter (1986) Self-Esteem Profile for Adults, labelled “What I am Like.” This contains one domain and six items, Global Self-Worth and 11 domains of four items: Sociability; Job Competence; Nurturance; Athletic Abilities; Physical Appearance; Adequate Provider; Morality; Household Management; Intimate Relationships; Intelligence and Sense of Humour. The question format is forced-choice on a four-point scale, using structured alternatives which are designed to offset the tendency to give socially desirable responses. For each item, the participant chooses which one of two alternative statements is “sort of true” or “really true” of herself. For example, an item on the global self-worth subscale states: “Some adults like the way they are leading their lives” BUT “Other adults don’t like the way they are leading their lives.” Items are scored, either 4, 3, 2, or 1, where 4 represents the most adequate self-judgement and 1 represents the least adequate self-judgement. Items within each domain are counter-balanced such that half of the items begin with a statement reflecting high competence or adequacy. Reliability estimates for this instrument on the global self-worth scale, using coefficient alpha, is .86 (Masciuch, McRae & Young, 1990).

Results

This results section will be divided into two segments. The first will present the findings from statistical analysis conducted on internal, powerful others and chance locus of control scales (Levenson, 1974) and self-esteem as measured by the global self-worth domain of the Adult Self-Perception Profile (Messer & Harter, 1986). Descriptive statistics will be presented followed by presentation of inferential analysis.

The second segment will present findings from descriptive analysis of the 11 sub-domains on the Adult Self-Perception Profile (Messer & Harter, 1986).

Segment 1.

A number of descriptive statistics were performed to establish the distinctions in these scores pre- and post-training. Observation of this data revealed a significant increase post-training on internal locus of control and global self-worth scores and a significant decrease in the powerful others and chance locus of control scales. Descriptive statistics and results of the $t$-tests relating to this segment of the study are presented in Table 1.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Pre-training M</th>
<th>Post-training M</th>
<th>$t$ *</th>
</tr>
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<tbody>
<tr>
<td>Internal</td>
<td>22.59</td>
<td>38.96</td>
<td>11.08</td>
</tr>
<tr>
<td>SD</td>
<td>7.50</td>
<td>5.00</td>
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<tr>
<td>Powerful</td>
<td>34.96</td>
<td>7.22</td>
<td>30.45</td>
</tr>
<tr>
<td>Others</td>
<td>5.80</td>
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<tr>
<td>Chance</td>
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<td>12.16</td>
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<td>SD</td>
<td>8.08</td>
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<tr>
<td>Global</td>
<td>12.58</td>
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<tr>
<td>SD</td>
<td>4.14</td>
<td>2.25</td>
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</tbody>
</table>

See FINNERTY, page 33
(1) A related t-test was conducted to determine if post-training internal locus of control scores were statistically significantly higher than internal locus of control scores obtained prior to training. The result \((t=11.08, df=26, p<.0005,\) one-tailed) supports this hypothesis. Observation of the means scores revealed a pre-training score of \((M=22.59, SD=7.50)\) and a post-training score of \((M=38.96, SD=5.00)\) which was significantly higher (i.e., more internally oriented).

(2) A second related t-test was performed to determine if post-training powerful others scores indicated a statistically significant decrease compared to pre-training powerful others scores. The result \((t=30.45, df=26, p<.0005,\) one-tailed) supports this hypothesis. The mean post-training score \((M=7.22)\) was significantly lower than the pre-training score \((M=34.96)\).

(3) To establish if post-training chance scores showed a statistically significant decrease compared to pre-training chance scores, a third related t-test was undertaken. The result \((t=12.16, df=26, p<.005,\) one-tailed) supports this hypothesis. Examination of the means scores post-training \((M=8.55)\) found a significantly lower score, i.e., more internally oriented than pre-training scores \((M=30.07)\).

(4) In an effort to examine the effects of CT training on self-esteem scores, the groups' pre- and post-training scores on the global self-worth domain of the Self Perception Profile for Adults were compared by means of a related t-test. The results \((t=9.68, df=26, p<.0005,\) one-tailed) lend support to this hypothesis. Observation of the means score post-training \((M=21.33)\) shows a significant increase in scores compared to pre-training \((M=12.58)\). Post-training scores of self-esteem were found to be significantly higher than pre-training scores at the .0005 level.

The group differed significantly between all pre- and post-training scores. Analysis of the I, P, and C locus of control scales revealed that post-training scores were found to be significantly higher than pre-training scores at the .0005 level on the I subscale, and scores on the P and C subscales were found to be significantly lower post-training than pre-training at the .0005 level. Analysis of the GSW scores found that post-training scores were significantly higher post-training than pre-training at the .0005 level.

**Segment 2**

This segment will present findings from descriptive analysis of the eleven sub-domains on the Self Perception Profile for Adults (Messer & Harter, 1986). The results of the Means, Standard Deviations, and importance ratings are presented in Table 2.

<table>
<thead>
<tr>
<th>Table 2</th>
<th>Means, Standard Deviations and Importance Ratings</th>
<th>Pre/Post-Training on Adult Self-Perception Profile Sub-domain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-Training</td>
<td>Post-Training</td>
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<tr>
<td>Sociability</td>
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<td>Job</td>
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<td>8.96</td>
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<tr>
<td>SD</td>
<td>2.88</td>
<td>2.68</td>
</tr>
<tr>
<td>Appearance</td>
<td>M 9.22</td>
<td>12.15</td>
</tr>
<tr>
<td>SD</td>
<td>2.64</td>
<td>2.29</td>
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<tr>
<td>Provider</td>
<td>M 8.92</td>
<td>13.59</td>
</tr>
<tr>
<td>SD</td>
<td>3.62</td>
<td>2.15</td>
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<tr>
<td>Morality</td>
<td>M 10.78</td>
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<tr>
<td>SD</td>
<td>3.49</td>
<td>2.41</td>
</tr>
<tr>
<td>Household</td>
<td>M 8.22</td>
<td>9.15</td>
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<tr>
<td>Management</td>
<td>SD 2.4</td>
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<td>Intimate</td>
<td>M 9.55</td>
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<td>Relationship</td>
<td>SD 3.27</td>
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<tr>
<td>Intelligence</td>
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</tr>
<tr>
<td>SD</td>
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<tr>
<td>Humour</td>
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<td>13.33</td>
</tr>
<tr>
<td>SD</td>
<td>3.46</td>
<td>2.63</td>
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</table>

Descriptive statistics relating to standard deviation scores are reported in Table 2. Examination of the data revealed the highest standard deviation score prior to training was observed on the job competence sub-domain \((SD = 4.15)\). The lowest score pre-training

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was located on the nurturance sub-domain (SD=2.34). Post-training, the highest standard deviation score was found on the athletic ability sub-domain (SD=2.68) and the lowest score was located on the intelligence sub-domain (SD=1.87). These results indicate a decrease in variation of the scores post-training.

Discussion

The results of this study provide support for the hypotheses being tested. The objective of the study was to assess the effects of Choice Theory training on locus of control orientation scores and self-esteem scores. The hypotheses that there would be a statistically significant increase in internal locus of control scores and global self-worth scores and a statistically significant decrease in powerful others and chance scores were all supported.

Observation of the data on the Adult Self-Perception Profile sub-domains revealed a trend towards increased means scores on the sub-domains, suggesting that the increase in internality and GSW scores is reflected in this upward trend. There was a downward pattern observed in the standard deviation scores, suggesting that the training programme may have influenced the participants' responses resulting in a move towards more standardisation and less variation.

Conclusion

In summary, while this study involved an homogeneous group, is not longitudinal, and measures are self-report in the here and now and not in real life and long-term situations, the findings of this study do contribute to the area of research into the effectiveness of CT training on the variables locus of control and self-esteem. The study supported previous research that showed success of the training programme in an academic setting with students and teachers (Parish, 1988 a,b,c, 1990; Kim & Hwang, 2006) and extended this into a population outside of an academic environment, i.e., Community Employment Project workers. It indicated the high level of importance which participants gave to job competence and how their perceptions of their adequacies in this domain increased post-training as reflected in the increased means scores. Future research might examine the stability of both locus of control and self-esteem scores over time. The general findings are consistent with the view that Choice Theory training has a positive effect (i.e., greater internality) on the locus of control scores and self-esteem scores of participants.

References


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The William Glasser Institute

The Institute for Reality Therapy was founded in 1967 by Dr. William Glasser, lecturer, author and board-certified psychiatrist, as a response to the requests by professionals for formal training in Dr. Glasser's counseling method, Reality Therapy. In 1994, The Institute was renamed The Institute for Control Theory, Reality Therapy and Quality Management to reflect the scope of The Institute's teachings. Two years later it became The William Glasser Institute with Dr. Glasser renaming his theory, Choice Theory.

Initially, The Institute was active only in the United States and Canada, but under Dr. Glasser's direction his teachings have now spread to many countries: Australia, Albania, Bosnia, China, Colombia, Croatia, England, Germany, Herzegovina, India, Ireland, Israel, Italy, Japan, Korea, Kuwait, Malaysia, New Zealand, Norway, Russia, Scotland, Singapore, Slovenia, South Africa, and Sweden, among others. His books have now been translated into several languages and he is still active as a lecturer with his energy focused on mental health as applied to counseling, education, management, mental health and marital relationships.

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