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Permissions: Copyright held by the International Journal of Reality Therapy. No part of any article appearing in this issue may be used or reproduced in any manner whatsoever without written permission of the editor - except in the case of brief quotations embodied in the article or review.
This issue marks a new ending and beginning as we start the 22nd year of publication for the Journal. It marks the last issue to be published on a co-sponsored basis with Northeastern University in Boston, Massachusetts. It also marks the beginning of a new home for the Journal in the Midwest – in some respects, full circle since the Journal was first published in Ohio. I am currently discussing co-sponsorship with a university in the greater Chicago area, and hope to announce a new partnership in the Spring 2003 issue.

As we start a new volume of publication, it is worth noting that the pattern of contributions is changing in several ways. First, we are beginning to receive submissions from individuals based on their certification week presentations. I have been trying to encourage this over the years. Second, we are continuing to receive articles from international contributors. This issue, for example, includes articles by contributors from New Brunswick, Canada; Seoul, Korea; Saskatchewan, Canada; and Anstruther, Scotland (transplanted from Queensland, Australia); in addition to articles from American writers.

A major concern for the Journal is its financial stability. I have been making every effort to keep the cost of the Journal as low as possible and still meet printing and increased mailing costs (particularly to international subscribers). Therefore, I am making two changes. First, all articles must be submitted either on disc (with rich text or word format) or by email. This will eliminate the cost of typesetting which has been the case in the past. Second, for individual subscribers (not members of WGI- Australia or WGI, the cost of subscriptions will remain the same EXCEPT for international subscribers, for whom the subscription cost will change to $20 for one year or $35 for two years. This is necessitated by the increased postal rates for international mailing.

I always welcome suggestions or comments from readers on ways to improve the Journal. Please feel free to contact me with questions, issues, etc. by email at llitwack@aol.com.
Student Self-reports of Countercontrol
Countercontrol: A preliminary investigation into the self-reports of students
Timothy A. Carey

ABSTRACT

Countercontrol was first mentioned by Skinner in 1953 as a possible interaction that might occur when one person's behavior is controlled by another. Since that time, little research has been conducted into the phenomenon of countercontrol, yet it is suggested that the consequences of countercontrol can range from noncompliance to physical aggression. The present study attempted to initiate the investigation of countercontrol in school settings by exploring whether or not school students would report behaviors that might fit within the category of countercontrol. Such behaviors would typically be chosen responses to attempts at external control by teachers. Results indicated that some students did report engaging in behaviors that resemble countercontrol. The results of the present study are discussed in terms of implications for future research in the area of teacher-student interactions.

Throughout the middle to the latter part of the twentieth century, B.F. Skinner has been an influential figure in psychology. Skinner researched and wrote extensively about principles of behavior in order to be able to better predict and control behavior. (Skinner, 1953). In pursuit of the scientific laws that would enable the prediction and control of behavior, Skinner extended the technology of operant conditioning. Within this technology, Skinner researched and refined such concepts as reinforcement, shaping, extinction, discrimination, and generalization.

While Skinner did much to improve the technology of behavioral prediction and control, he also recognized problems that might occur with this technology. Skinner (1953) coined the term "countercontrol" to describe what might happen when people sensed they were being controlled. The phenomenon of countercontrol should not be understated. Skinner (1953) claimed that an individual who engages in countercontrol “may show an emotional reaction of anger or frustration including operant behavior which injures or is otherwise aversive to the controller.” (p. 321). Countercontrol, then, may be thought of as an interaction that occurs when a person who is being controlled behaves systematically to alter the behavior of the person who is doing the controlling.

While much research has investigated the techniques and procedures that Skinner advocated, there has been very little research of any kind that has addressed the issue of countercontrol. Skinner (1953) claimed, however, that “Because of the aversive consequences of being controlled, the individual who undertakes to control other people is likely to be counter-controlled by all of them.” (p. 321). It is perhaps noteworthy, then, that such an imbalance exists between the amount of research conducted to improve our ability to predict and control behavior, and the amount of research conducted investigating the phenomenon of countercontrol. The present study attempted to begin to correct the imbalance.

Researchers have suggested that behaviors such as vandalism, acting out and physical aggression in schools may be instances of countercontrol (e.g., Gunter, Denny, Shores, Reed, Jack, & Nelson, 1994; Sidman, 1989). Whether or not these behaviors are instances of countercontrol however is still largely speculative. Clarifying the validity of this speculation seems justified given the extent of these school problems.

The present study was a preliminary investigation into the occurrence of countercontrol in schools. Of primary interest in this study was discovering whether or not school students would report instances of countercontrol. Determining the likelihood of students reporting countercontrol seemed to be a necessary task before more detailed investigations of countercontrol could be undertaken. Prior to describing the study, some of the problems occurring in schools today that have relevance for this study will be outlined. Additionally, the existing literature on countercontrol will be reviewed and some of the difficulties with what is currently known about countercontrol will be highlighted.

Social Problems in Schools

In 1997, the National Center for Education Statistics in the United States conducted a survey of 1,234 public schools to determine the extent to which violence and discipline problems occurred in their schools (U.S. Department of Education, 1997). The survey was conducted for the 1996-1997 school year. Fifty three percent of the sample indicated that at least one violent crime that had been reported to the police had been committed in their school during the year. One in ten schools reported at least one serious violent crime including rape, physical attacks, fights with weapons, or robbery. Even the 47% of schools indicating no serious violent crimes had occurred reported they had experienced one or more less violent crimes such as an attack or fight without a weapon, theft, or vandalism during the year.

In this survey, vandalism was reported by 38% of schools, theft by 31% of schools, and physical attacks or fights without a weapon by 28% of schools (U.S. Department of Education, 1997). Overall, about 1,000 crimes per 100,000 students were reported in the survey. More specifically, for every 100,000 students 56 attacks with a weapon occurred, 17 robberies and ten rapes. Less serious crimes occurred far more frequently. Attacks without a weapon occurred 444 times, 274 incidents of theft, and 234 incidents of vandalism per 100,000 students were reported.
It is left to speculation to judge how frequently the less serious incidents of misbehavior such as noncompliance, disruption, and harassment occurred, although it does not seem unreasonable to suggest that they would be far more frequent than the examples listed above. Schools, then, are places where problems from noncompliance and harassment to rape and robbery occur to varying degrees.

In Australia, statistics are more difficult to obtain. Prevalence rates for students with behavioral disorders range from 3.8% to 17% (Conway, 1998). The variation in prevalence rates has been attributed to a nonstandardization of definition of behavioral disorders by researchers, and also variations in samples surveyed. Of most concern to teachers are less serious but persistent behavior problems such as disobedience and bullying (Conway, 1998).

Sidman (1989) argued that students who are punished in school situations learn how to manage the situation through countercontrol. Illnesses, cheating, disruptions, vandalism, and general acting out are all possible indicators of attempts by students to negate the controlling influence of the teacher (Sidman, 1989). Lieberman (1993), however, suggested that it is not the aversiveness of the punishment that is important. According to Lieberman (1993), for some children, the aversiveness of being controlled is the key issue. In this way, both punishment and reinforcement could induce countercontrol if the student sensed that he or she was being controlled.

Given the occurrence of problematic behaviors in schools mentioned above, the importance of research into countercontrol may be apparent. If there is a proportion of the population who find being externally controlled particularly aversive as Lieberman (1993) suggested, then the way behavior problems are currently managed in schools may be as much part of the problem as it is a solution. When students exhibit behavior problems in schools, they typically experience more external controls than their rule-following peers do. If what they were opposing in the first instance was being controlled, then further external controls could be expected to only exacerbate the problem. Whether this actually occurs or not is currently unknown. Since from a countercontrol perspective, however, educators may be perpetuating rather than eliminating some of the most enduring problems in schools, the potential seriousness of the situation, however, justifies a more definitive answer to this issue.

**A Brief Review of the Countercontrol Literature**

Skinner (1953) first mentioned countercontrol as an explanation of what sometimes happens when an individual is controlled by another individual. Even though the concept of countercontrol has not been extensively discussed, the notion that adverse consequences can result when individuals are controlled seems widely accepted (Lieberman, 1993). These consequences can range from passive resistance to physical aggression. At best there is a disruption to interpersonal relationships and, at worse, destruction of property and physical injury can result. Since events such as property damage and physical injury occur from time to time in social settings, it seems important to consider how many of these occurrences can be attributed to countercontrol. If countercontrol is responsible for a significant percentage of these occurrences, then society might benefit from research exploring how countercontrol can be reduced.

In Sidman's (1989) discussion of countercontrol, he echoed many of the ideas of Skinner. Sidman (1989) accounted for countercontrol by saying that "If people cannot escape or avoid, they will find another way to deflect punishments and threats of punishment; they will learn how to control their controllers." (p. 190). In this explanation of countercontrol, Sidman (1989) seemed to be substantiating the two preconditions of countercontrol mentioned above: that one person is being controlled by another, and that the person being controlled finds the controlling contingencies aversive.

Seay, Suppa, Schoen, and Roberts (1984) discussed the situation where individuals who are participating in an intervention program engage in either passive or active behaviors that are in opposition to the program. Active countercontrol involves the controller inflicting some adversity on the controller whereas passive countercontrol involves resistance, withdrawal, and noncompliance. Apart from the distinction between passive and active countercontrol and the general statement that countercontrol is behavior in opposition to the intervention program, Seay et al. (1984) offer no other definition of countercontrol.

Mace (1994) argued that research is needed to study the phenomenon of countercontrol and to explore the nature of the process. Miller (1991) also suggested that people working in the field of applied behavior analysis have not yet learned how to avoid evoking countercontrol in programs they devise. According to Mace (1994), "When one organism controls the delivery of aversive consequences or restricts the positive reinforcement available to another organism... repertoires may emerge in the latter individual that may counter the controlling influence of the former. This phenomenon is know as countercontrol." (p. 537). Mace's (1994) definition is interesting since it is the first definition to explicitly implicate both aversive and positively reinforcing consequences in the manifestation of countercontrol.

**Summary**

Skinner (1953) first mentioned countercontrol as an explanation of what sometimes happens when an individual is controlled by another individual. Even though the concept of countercontrol has not been extensively discussed, the notion that adverse consequences can result when individuals are controlled seems widely accepted (Lieberman, 1993). These consequences can range from passive resistance to physical aggression. At best there is a disruption to interpersonal relationships and, at worse, destruction of property and physical injury can result. Since events such as property damage and physical injury occur from time to time in social settings, it seems important to consider how many of these occurrences can be attributed to countercontrol. If countercontrol is responsible for a significant percentage of these occurrences, then society might benefit from research exploring how countercontrol can be reduced.
In an attempt to reduce the problems that occur in schools today and to improve the interactions between teachers and students, many interesting questions are suggested by the phenomenon of countercontrol. For example, what are the conditions that promote countercontrol, is a particular teaching style more likely to elicit countercontrol than another, does countercontrol occur with reinforcing as well as punishing contingencies, and can anything be done to reduce the occurrence of countercontrol? Before any of these questions can be answered, however, it first seems necessary to determine whether or not school students would report instances of countercontrol using simple questionnaire measures. If some evidence of countercontrol is unable to be identified in this way, then a different methodological procedure will need to be employed at the outset of research designed to explore the questions mentioned above.

As a way of facilitating our understanding of countercontrol, therefore, the present study was designed to determine whether or not school students would report instances of behavior that might be classified as countercontrol. Fundamentally, answers to the following questions were sought: Will students report experiences of being controlled by teachers? When students report being controlled, will they also report taking action to control the behavior of their teachers? Although these were the focus questions of the study, it was also of some interest to note the ways in which students reported controlling the behavior of the teachers. Finally, where different rates of behaviors that might fit the category of countercontrol were reported between different class groups, some attempt was made to explore any possible differences between these groups.

The only purpose of this study was to determine if students would actually report instances of behavior that might be considered to be countercontrol attempts. Once this issue has been clarified, more rigorous research programs can be implemented to explore the phenomenon of countercontrol in more detail. Before this most basic question is answered, however, attempts at more sophisticated research seem pre-emptive.

**Method**

**Participants**. The participants were 92 students in years four, five, six, and seven from a state school on the northern outskirts of Brisbane, Queensland, Australia. The principal of the school obtained permission from the students' parents for the students to participate in the study.

The year four and five classes were combined with one full time teacher and two part time teachers. There were 48 students in this combined class. The year six class had 19 students. The year seven class had 25 students.

**Measures**. The only measure used in this study was a simple six-item questionnaire (see Appendix A). In the first four items, students were required to answer the questions according to a Likert type scale. On the last two items, students were able to write comments.

**Procedure**. The questionnaires were administered to the students during class time. All questionnaires were administered on the same day during the same teaching period. While the questionnaires were administered, the teacher left the room. It was explained to students that the purpose of the questionnaire was to find out the extent to which people in a school could make other people do things. The students were assured that their responses on the questionnaires would be anonymous and that their teachers would not see individual responses but may be told of group scores. The students were told that their participation was entirely voluntary and that they could withdraw at any time. After the questionnaires had been distributed, completed, and collected, the students were asked for their impressions of completing the questionnaire. The same procedure was repeated in each class.

**Results**. Overall, the data from the 92 participants indicated that a proportion of students did report that their behavior was, at times, controlled by teachers and to a lesser extent a proportion of students also reported controlling their teacher's behavior. When analyzed from a year level perspective, a clear pattern of results emerged. On every item, the year seven class recorded the highest scores, the year six class recorded the lowest scores and the year four/five class recorded scores that were in between both these extremes. A single factor Analysis of Variance (ANOVA) was used to analyze the differences between the mean scores for these three year levels. All mean differences were significant with items one to three being significant at p < 0.01 and item four being significant at p < 0.05.

Due to the significance levels obtained, the differences on these four items were further analyzed using Tukey's post hoc comparisons (Keppel, 1991; Tilley, 1990). On all four items, the differences between year four/five and year seven were nonsignificant. Similarly, the differences between year four/five and year six were nonsignificant. The differences between year six and year seven however were significant on every item (p < 0.05 for every item). Overall then, the students in year seven reported doing more things that they didn't want to do, having their behavior controlled more by the teacher, and controlling the teacher's behavior more than students in year six.

The qualitative data obtained in items five and six were analyzed informally by observation. The first observation made was that the year seven students made the most responses overall to items five and six. In year seven, 56% of students responded to item five and 52% responded to item six. In year six, 37% of students responded to item five and 37% of students responded to item six. In year four/five, 31% of students responded to item five and 27% of students responded to item six. Proportionally therefore, more students in year seven, than in either of the other three year levels, reported that they acted in ways to influence the behavior of their teacher.

Also of interest in items five and six were the types of responses made. In year seven, 13 of the 14 responses for item five (see Appendix A), were in opposition to the goal of maximizing student learning outcomes which is seen as the core business of classrooms in this school. Eight of these responses were somewhat neutral and involved themes of having the teacher talk about something other than the topic they were teaching (e.g., "go off track and talk about something else"). Five of the responses were somewhat negative and involved themes of making the teacher mad (e.g., "get upset and storm out of class"). A similar pattern...
followed for item six (see Appendix A) with seven responses being somewhat neutral and conveying themes to do with talking (e.g., “ask questions about what we want to talk about”) and five responses conveying themes of opposition such as “don’t do what I’m told”, “swear”, and “make a whole lot of noise”. Only one response in both items five and six involved promoting the core business of the classroom (“show us how to do sums or really hard things”).

In year six, five of the seven responses for item five were somewhat positive in content and involved themes of enjoyment such as having fun and playing games (e.g., “play games”). Two responses indicated promoting the core business of the classroom (e.g., “help us with art and homework”). For item six, four responses were somewhat ambiguous in terms of positivity or negativity such as “bug her” and “tell a joke” and five responses conveyed themes of cooperation such as “ask” and “be good”. Two responses had statements that fitted both these categories.

The year four/five responses were mixed. Seven of the fourteen responses for item five were somewhat negative and involved themes of evoking anger in the teacher (e.g., “yell and get angry”). Six responses were somewhat ambiguous and revolved around the theme of playing games (e.g., “play games”). One response was neutral but still controlling “make her say yes”. For item six, six responses were positive and involved themes of being good (e.g., “do the right thing”), four responses were oppositional (e.g., “don’t listen to the teacher”) and three responses were somewhat ambiguous with the use of terms such as “nag”.

Discussion

The present investigation sought to answer the questions “Will students report experiences of being controlled by teachers?” and “When students report being controlled will they report taking action to control the behavior of the teacher?” Both these answers can be answered affirmatively. A proportion of students in each class reported being controlled by their teacher and a smaller proportion also reported taking action to control their teacher’s behavior.

Perhaps it could be argued that even though the affirmative answers to the research questions were obtained, the responses were generally too low to be of significant interest in stimulating further research programs. Students on average reported that they were made to do things they didn’t want to do by the teacher “some of the time” and they made the teacher do things they wanted to see him or her do “hardly ever”.

Typically, however, most school problems concerning students seem to be generated by a small percentage of the total student population. Some researchers have reported that less than 5% of the student population are responsible for over 30% of all out of class referrals such as to the office or a withdrawal room (Bourbon, 1998; Schneider & Burgos, 1987). It may be useful in future research then to investigate whether countercontrol is more prevalent with the small percentage of students who access the schools disciplinary resources most frequently.

Despite the low rates at which students on average report they engage in activities that might fit a description of countercontrol, the types of behaviors these students reported engaging in is of perhaps more interest. In both the year seven and the year four/five classes, students reported engaging in antisocial activities. Students repeatedly reported making their teacher yell or get angry and reported achieving this result by engaging in such behaviors as swearing or making a lot of noise. These results seem to support the assertions made by Sidman (1989) that were mentioned in the introduction. Sidman (1989) claimed that behaviors resulting in disruption or noncompliance could be linked to countercontrol. The results of the present study appear to confirm these claims. Of interest in future research may be the investigation of other types of problem behaviors such as violence and vandalism in terms of the extent they may be accounted for by countercontrol. Perhaps again investigating the small percentage of students who are most responsible for these problems may be profitable.

Also, of interest from this study was the unexpected finding that students listed seemingly positive or prosocial behaviors within the countercontrolling category. Some students, for example, reported that they could make their teacher help them or show them how to do hard work. Students also demonstrated an awareness of how they would go about this with responses such as “ask her” and “be good”. In none of the research reviewed in earlier chapters was the possibility of countercontrol occurring in prosocial ways raised.

Initially, prosocial countercontrol might seem like a spurious and meaningless concept. With further analysis, however, it is possible to identify some reasons to suggest that prosocial countercontrol might be an area of interest for future research. It might be interesting to explore, for example, whether the same students countercontrol in both prosocial and antisocial ways or whether students tend to countercontrol in one way rather than another. Also, investigating whether or not students who engage in antisocial countercontrol can also find satisfaction by engaging in prosocial countercontrol could have important implications for intervention programs. Further investigations into both prosocial and antisocial countercontrol may have important implications for the development of a theoretical explanation of the phenomenon. Although the existence of prosocial countercontrol may seem counterintuitive, it has been demonstrated empirically and therefore seems to warrant further investigation.

Before the behaviors reported by students in the present study can be classified as countercontrol with more certainty, however, a temporal relation needs to be demonstrated. It was not the purpose of the present study to establish that students were controlling their teacher’s behavior at the time that they were experiencing being controlled by the teacher. This temporal link, however, needs to be established before the behavior of the students could be defined as countercontrol with any certainty. While the present study provides some tantalizing information about the potential problems possible within a countercontrol interaction, future research needs to establish the temporal link more definitively.

It is certainly plausible that the self-report measure used in this study may have been subjected to potential demand characteristics, such as requiring some ability to express oneself in the written form, that are typically found in survey research.
Nevertheless, the study did suggest that information could be obtained from students as controllers/countercontrollers through the use of surveys. Thus, the purpose of the present study was achieved. The results obtained indicated that students would indeed report instances of being controlled and of controlling the teacher.

**Singaporean survey administration.** While presenting a series of workshops to educators in Singapore, the principal of a secondary school inquired as to how she might begin to explore the idea of countercontrol in her school. The principal decided that the survey used in the present study (see Appendix A) would be a useful way of obtaining some data that might help raise the awareness of staff as to the possibility of this kind of interaction. The principal gave permission for the survey to be distributed in her school, and she organized a sample of students and obtained permission for them to participate following local protocols. This opportunity allowed preliminary information regarding the international applicability of the countercontrol construct to be obtained.

The secondary school was a private, Catholic, all-girls school of approximately 1,600 students from years 8 to 12. The principal selected a sample of 234 students from across the year levels. These students were the student leaders of the school. At this school, students from each year level were selected by both staff and students to be leaders of that particular year level. The principal assembled these students to complete the survey. While this sample of students included post-compulsory school age students which was an age group not being included in the countercontrol research project, the age group was included in this sample at the request of the principal.

The survey was explained to the students and confidentiality and anonymity was assured. They were advised they could withdraw at any time and they did not have to answer any question they didn't want to. A total of 202 students returned usable surveys.

Of the surveys that were completed, approximately 38.8% of students (n=78) indicated either the response of “some of the time”, or a more frequent response for item 4. A total of 43% of the students (n=87) replied to both item 5 (If yes, what can you make your teacher do?) and item 6 (How does this happen?). Of the 87 students who replied to item 5, 27.6% (n=24) indicated that they could make the teacher do positive things such as “explain things more”, and “help with work”, and “explain math problems”. A number of students (n=29, 33.3%), however, indicated that they could make the teacher do negative things such as “cry”, “get angry”, “run away”, and “give less homework”. For item 6, 42.5% (n=37) of students indicated that they could make the teacher do things by acting in prosocial ways such as “ask politely”, “negotiate”, and “earn their trust”. Some students (n=17, 19.5%), however, indicated that they acted in antisocial ways such as “irritate them”, “bug them”, “laugh at them”.

Many aspects of the Singaporean sample of students were different from the sample of students who participated in the present study. Contextually, the Singaporean education system is quite different administratively and operationally from the Queensland education system. At a school level, however, the differences were perhaps even more pronounced. The Singaporean students were from secondary school (including post-compulsory school age) and the students from the present study were from primary school. The Singaporean students were from a large, private, single sex school and the students in the present study were from a medium sized, state, co-educational school. The Singaporean students were the student leaders at their school and the students in the present study were not specifically selected according to any particular characteristic other than their year level.

Despite all these differences, the results from the Singaporean survey administration indicated that some Singaporean students reported that they engaged in countercontrol some of the time. The results of the Singaporean survey administration, therefore, seemed to endorse the results of the present study. As with the students in the present study, the Singaporean students indicated that they used both prosocial and antisocial methods when they established countercontrol interactions. Given that these results were obtained from a group of student leaders, it is left to speculation to wonder to what extent students who were not selected for leadership positions might engage in countercontrol.

**Concluding comments.** Skinner (1953) indicated that countercontrol was a phenomenon that could occur when someone’s behavior was being controlled by someone else. From the present study, it appeared that the consequences of countercontrol could range from pleasant to mildly annoying to dangerous. The results of administering the survey from the present study to a group of Singaporean secondary school students supported the findings of the present study.

Schools are environments where some people control the behavior of other people. Schools are also places where a variety of social problems are reported. Many research hours have been spent in perfecting the operant conditioning procedures recommended by Skinner. Perhaps devoting research time to the investigation of the phenomenon of countercontrol could provide a missing link that will allow us to have a greater impact on some of the most vexing social problems currently occurring in schools. Ultimately, research of this kind may help improve the nature of interactions between teachers and students.

**References**


Appendix A

The questionnaire designed to assess student's self reported levels of countercontrol.

<table>
<thead>
<tr>
<th>What happens in class?</th>
<th>All the time</th>
<th>A lot of the time</th>
<th>Some of the time</th>
<th>Hardly Ever</th>
<th>Never</th>
</tr>
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<tr>
<td>1. Sometimes in class, do you have to do things that you don’t want to do?</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>2. Does your teacher ever make you do things you don’t want to do?</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>3. Does the teacher ever tell you how to behave?</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>4. Can you ever make the teacher do things you want to see him or her do?</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>5. If yes, what can you make the teacher do?</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>6. How does this happen?</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

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Social Cognitive Theory and Choice Theory: A Compatibility Analysis

Yvonne Malone

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ABSTRACT

An analysis of similarities and differences between the social cognitive learning theory of Albert Bandura and the choice theory of William Glasser.

In some ways, Albert Bandura's social cognitive learning theory (SCT) provides an interactive, supportive environment for the application of William Glasser's choice theory (CT), but there are also striking differences, the biggest of which may be that the two theories describe behavior in different terms. Initially known as social learning theory, SCT was proposed by Bandura to explain how individuals learn. Later, when he realized that imitation and observation were insufficient in explaining human learning, Bandura expanded his theory to include cognitive processes such as thinking, memory, language, and evaluating and anticipating consequences. SCT is an eclectic blend of diverse points of views that has been described as the "merging of the clinically rich psychoanalytic concepts with the scientifically rigorous behavioral constructs" (Muuss, 1996, p. 281). The concurrent theme of SCT and CT is that individuals are active participants in their own development.

The major tenets of SCT include learning by vicarious reinforcement (modeling, imitation, and identification), symbolic activities (language and gestures), forethought activity (cognitive anticipation of consequences), self-regulatory capabilities (goal setting and self-direction), self-reflecting capability (self-evaluation), self-efficacy (confidence), and self-reinforcement (Bandura, 1977, 1986, 1989, 1994; Bandura & Kupers, 1964; Bandura & Mischel, 1965; Bandura & Whalen, 1966; Muuss, 1996).

One of the major premises of both theories is individual responsibility, but there are major differences between the terminology of SCT and CT. For example, Glasser eschews the notion of reinforcement because this language infers external control psychology and he stresses internal control by the individual. While SCT believes in rewarding oneself, CT enthusiasts would argue that rewarding oneself for "staying on the straight and narrow" is not the same as the CT principle of "getting what you want," and "feeling good about getting what you want."

The behaviorist notion of learning by reinforcement is extended in SCT to include learning by watching others' actions and the consequences of their actions. Bandura's research demonstrated the adoption of violent behaviors by children after they observed models strike a Bobo doll (Plotnik, 1999; Stipek, 1993). He also illustrated that children were less inclined to act aggressively after they watched models punished for violent behaviors, which illustrates the effectiveness of vicarious punishment. (Plotnik, 1999; Stipek, 1993).

Glasser's philosophical views on punishment differ greatly from Bandura's: He believes any type of punishment to be ineffective and unethical, a view that also extends to external reinforcement. He sees both punishment and rewards as a type of coercion, used to manipulate people into desired behavior (Davies, 2000; Glasser, 1998). Both Glasser and Alfie Kohn argue that manipulation of behavior can destroy internal motivation. They agree that it is a method which sees people (and especially children) as objects to do things to rather than seeing them as individuals to work with (Brandt, 1995). Kohn is convinced that when educators speak of motivation, what they are really interested in is compliance. Likewise, when "praise" refers to positive feedback for the purpose of information it can be helpful, but when it is in the form of a verbal reward, it is a controlling mechanism that can lower intrinsic interest in a task (Brandt, 1995).

There are four processes required to imitate behavior: attending to the model, retention of the behaviors that are to be imitated, capability of reproducing the observed behaviors, and motivation to reproduce them (Bandura, 1986). Social learning theorists make an important distinction between learning and performance, which other traditional reinforcement theorists do not make (Stipek, 1993). Although people may acquire (learn) a behavior, they may choose not to manifest (perform) it at that time, as when a young child hears a parent curse and stores the word in memory, but does not reproduce the behavior until a time when it will result in optimal effect (as when company is present). This is a point on which SCT and CT agree: Glasser's would ask, "What need is the person hoping to fulfill either by performing the behavior or by choosing not to?"

Symbolic activities help in all of these operations. "Symbolic activities serve as the vehicles of thoughts and help in the creation of images" (Muuss, 1996). These activities make it possible for people to read about an occupation, create an image in their mind of what it would entail to work in that capacity, and then to articulate that description. CT relies heavily on the creation of images because it explains how individuals create their personal "quality world." The CT therapist is interested in acquainting the client with his or her quality world because as Glasser says, "Throughout our lives, we will be in closer contact with our quality worlds than with anything else we know" (1998, p. 45). However, he also cautions that, "It is a paradox that all of us know what's in our quality worlds to the minutest detail, but few of us know that these worlds exist" (p. 46). The CT therapist would use symbolic images to help the client develop an awareness of his or her quality world.

Tied closely to symbolic activities is another form of thought that allows individuals to go beyond imagining an occupation to actually preparing for a career. Forethought activity involves cognitive anticipation of consequences. The
CT therapist would help clients use forethought activity to think about how current actions are not leading to desired outcomes and how they might change their actions so that their life is in harmony with their quality world.

The next step in planning future actions or changing behaviors requires the self-regulatory capabilities that are necessary for goal-setting and self-direction. Making the connection between current actions and future outcomes enables individuals to exhibit planful actions and exercise personal control over their lives. This involves the process known as future time orientation (or future time perspective – FTP). FTP requires knowledge about life-span development (i.e., at what age certain goals should be realized), as well as the cognitive development that allows for abstract thought (i.e., formal operations), and social and educational experiences that allow individuals to conceptualize the future. These capabilities permit individuals to compare their hopes and values with anticipated self-development, leading to the generation of life-goals (Nurmi, 1989a). With CT, the therapist encourages clients to set personal goals and to use self-regulatory behaviors to achieve them. Self-regulation can include such activities as monitoring progress, altering behavior that is not conducive to achieving the goal, and executing behaviors that expedite goal achievement. A distinction should be made here between the language used in SCT versus that used in CT. Technically, while SCT would speak in terms of "altering behavior," CT espouses that people alter pictures in their quality world and then act accordingly. It is imperative to first change the pictures in one’s quality world if we are to learn to make better choices (Glasser, 1998).

Another important aspect of SCT is self-reflecting capability or self-evaluation. Evaluation is a time when individuals examine goals and appraise existing plans for reaching them (Nurmi, 1989a). During this phase, people measure whether their goals, strategies, and the time frame for achieving the goal are realistic, and they make adjustments based on their evaluation. This is a significant concept in choice therapy because it is essential for clients to assess their situation and decide to either change what they want, change what they are doing, or change both (Glasser, 1998).

Social learning theorists often talk in terms of the self-efficacy of individuals. In an educational context, self-efficacy is “students’ beliefs concerning their capabilities to learn and to effectively employ the skills and knowledge necessary to attain the valued outcomes” (Schunk, 1991, p. 211). Self-efficacy refers to individuals’ confidence that they can control outcomes and it is an essential element of goal attainment. People will not be motivated to attempt the behaviors unless they believe they have the personal ability to execute the behaviors necessary for reaching the goal regardless how attractive the goal or how strong the belief that certain behaviors will lead to the attainment of that goal (Deci & Ryan, 1985).

Self-efficacy is an important regulator of human behavior through four processes. These include cognitive (thinking about goals), motivational (setting goals and working to actualize them), affective (perceived coping abilities), and selection (choosing and creating environments and activities) (Bandura, 1992).

In the cognitive phase, self-efficacy and visualization can interact in a reciprocal fashion. For example, individuals who have a high degree of self-efficacy are able to see themselves behaving in a competent manner. At the same time, visualizing effective personal actions can raise people’s confidence for coping and successfully handling situations or tasks. A second major function of thought is to enable people to anticipate future events and plan for the consequences of actions. Wood and Bandura (1989) demonstrated the importance of cognitive expectations in a study to assess the performance of business managers based on their beliefs about ability. Individuals who believed that ability is an acquired skill that can be perfected by learning and trial-and-error tended to judge themselves by gauging their personal improvement over past performance. They were able to take risks because they realized that mistakes are part of the learning process. With this belief system, individuals maintained a strong sense of competence and were able to persist and to continue to set challenging goals.

Conversely, managers who believed that ability is innate and fixed were highly sensitive to mistakes and deficient performances. Because they saw performance level as indicative of native ability, they lowered their organizational goals and preferred tasks that required little risk or exposure. As time progressed, they lost confidence in their abilities and passed up the same learning opportunities that their self-efficacious counterparts used to improve their performance (Bandura, 1989).

Self-efficacy is a concept that can be effectively used in CT, because one of the assumptions of CT is that feeling worthwhile to themselves and others is essential for mental health (Glasser, 1975). CT emphasizes the importance of human relationships, and, to have feelings of worth, individuals need to feel a sense of competence (self-efficacy). Even to experience feelings of being loved, it is essential for people to believe they are capable of giving and receiving love. It is essential for therapists to assess their clients’ self-efficacy beliefs when they are agreeing on goals so those goals will be compatible with what clients believe they can achieve.

Self-efficacy affects human behavior in a number of ways, including choice of behaviors, amount of effort individuals are willing to expend and amount of time they will persist in pursuing a goal, shaping of thought patterns, and emotional reactions to events and circumstances (Bandura, 1986). The ability to accurately appraise self capabilities is vital to functioning successfully (Bandura, 1986).

SCT asserts that the successful pursuit of goals requires the use of self-reinforcement. This is based on the premise that when individuals reward themselves for effective actions and successive approximations (behaviors that come closer and closer to the actual goal) it helps them to persist through difficulties and setbacks. If this is true, it would follow that it is important that people value social and intrinsic rewards (such as praise, and feelings of pride and satisfaction) because they can be meaningful motivators for performance.

Many of these concepts, however, are not compatible in CT because the two theories explain human behavior differently. For example, Glasser does not employ terms such
as self-reinforcement and rewarding oneself, nor would he use concepts such as intrinsic rewards and positive feedback. Praise would be something that would be suspect in CT unless it was used in a non-manipulative way, such as to improve a relationship, and, in any case, it is not a term that is addressed by Glasser. Glasser’s description of behavior is humanistic rather than behavioristic, and he uses five basic needs to describe why we behave as we do: survival, love and belonging, power, freedom and fun. It is the fulfillment (or frustration) of these basic needs that motivate us to act in certain ways (Glasser, 1998).

Setting goals is a concept that fits well with both theories, although Glasser often refers to it as setting a plan. Wlodkowski and Jaynes (1990) offer suggestions for goal setting that are equally applicable for teachers and therapists. When setting goals, the authors advise discussing the following issues with students or clients:

1. Achievability – Is there enough time to reach the goal? Does the individual have the prerequisite skills?
2. Believability – Is the individual confident in his ability to achieve the goal?
3. Measurability – How will the individual be able to gauge his progress?
4. Desirability – Is the goal something the individual wants to do?
5. Focusing – How will the individual be reminded of the goal?
6. Motivating – Is the process of reaching the goal stimulating, competence building, and reinforcing? Glasser (1975) would not use the term “reinforcing,” but would ask if the goal would likely lead to success identity, a state in which effective need-fulfilling behaviors are mastered.
7. Commitment – Has the individual made an informal or formal gesture to pledge his effort and responsibility? (Stipek, 1993)

These questions complement the direct approach and assumption of personal responsibility of CT and they could comfortably be incorporated into the first interview when the therapist and client are deciding on a plan for therapy. By asking questions of clients that reflect these issues, therapy is more likely to be realistic and effective.

When discussing goals and helping individuals clarify their intentions, CT encourage clients “… choose to behave in a way that gives [them] the most effective control over [their] lives.” In turn, this leads to behavior that “… reasonably satisfies the pictures in [their] quality world” (Glasser, 1998, p. 71).

Overall, the two theories have some major differences. First is the troublesome lingo of SCT that emphasizes the role of external reinforcement, and, for the most part, presents it as a positive factor in learning and human behavior. CT views external reinforcement, on the whole, as troublesome, manipulative, and, overall, a negative influence on the individual’s psychological well-being. To say that the views of SCT and CT are often diametrically opposed is not an overstatement, but there are a few contributions that SCT can make to CT. First, SCT breaks down and lists specific performance that takes place at various stages of planning and executing behaviors. The issues raised by Wlodkowski and Jaynes for goal setting (mentioned earlier) helps individuals give focus and direction to their goals and they provide a useful checklist to keep clients on track. SCT also offers more precise language than CT, which can help practitioners communicate with clarity to their clients. Terms used in SCT can be used to elucidate CT principles such as quality world pictures (visualization), planning changes in behavior (forethought activity), and evaluating whether current behavior is getting you what you want (self-reflection). Finally, SCT can contribute to CT in the way it defines some of the concepts Glasser uses, but without specifics, e.g., future time perspective, self-efficacy, and self-evaluation.

In terms of incompatibility, SCT retains much of the traditional language of reinforcement that is found in Bandura’s original version of social learning theory. This behaviorally charged rhetoric has no place in Glasser’s theory and it also leads to a view of explaining human behavior that is contradictory to CT.

In summary, social cognitive theory’s concepts have a limited contribution to make to the practitioner of choice theory. CT therapists may find some usefulness in the preciseness of the language of SCT, but they will no doubt be put off by the significance that this theory gives to outside reinforcement and the leading role of the therapist or teacher in assisting the individual in setting goals.

References


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Choice Theory, Virtue Ethics, and the Sixth Need

James W. Skeen

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ABSTRACT

To be a more complete theory of human nature and behavior, Choice Theory needs to expand both its metaphysical view of human nature and its ethical theory. The Aristotelian view of human nature and its virtue ethics can inform Choice Theory in these two areas. This author proposes that a sixth need be added to the five Choice Theory needs so that a more comprehensive view of human nature can emerge. This author also proposes the 'mean' way to encourage self-examination of our need-generated behaviors.

In this paper, I will attempt to unite William Glasser's Choice Theory (1998) with an ethical theory that is centuries old. Before I explain my attempt to include Choice Theory thinking in the ethics discussion, I need to precede it with introductory information.

Aristotelian moral philosophy teaches that humans need to pursue the middle way between excess and deficiency in all areas of life in order to be successful in their pursuit of happiness. Either extreme is damaging and dangerous - damaging to the self and dangerous to others. Aristotle recorded a table of virtue-vice behavior in Nicomachean Ethics (1107a33-1108b7):

<table>
<thead>
<tr>
<th>Aristotle's Table of Virtues and Vices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sphere of action or feeling</td>
</tr>
<tr>
<td>Fear and confidence</td>
</tr>
<tr>
<td>Pleasure and pain</td>
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<tr>
<td>Getting and spending (minor)</td>
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<tr>
<td>Getting and spending (major)</td>
</tr>
<tr>
<td>Honour and dishonour (major)</td>
</tr>
<tr>
<td>Honour and dishonour (minor)</td>
</tr>
<tr>
<td>Anger</td>
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<tr>
<td>Self-expression</td>
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<tr>
<td>Conversation</td>
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<td>Social conduct</td>
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<tr>
<td>Shame</td>
</tr>
<tr>
<td>Indignation</td>
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<tr>
<td>Excess</td>
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<tr>
<td>Rashness</td>
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<tr>
<td>Licentiousness</td>
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<td>Prodigality</td>
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<td>Vulgarity</td>
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<td>Vanity</td>
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<tr>
<td>Vanity</td>
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<tr>
<td>Insensibility</td>
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<tr>
<td>Il liberality</td>
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<tr>
<td>Magnificence</td>
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<td>Magnanimity</td>
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<tr>
<td>Ambition</td>
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<tr>
<td>Irrascibility</td>
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<tr>
<td>Boastfulness</td>
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<td>Buffonery</td>
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<tr>
<td>Obsequiousness</td>
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<tr>
<td>Shyness</td>
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<tr>
<td>Envy</td>
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<tr>
<td>Mean</td>
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<td>Courage</td>
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<td>Temperance</td>
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<tr>
<td>Liberty</td>
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<tr>
<td>Magnificence</td>
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<tr>
<td>Magnanimity</td>
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<tr>
<td>Proper ambition</td>
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<tr>
<td>Indignation</td>
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<tr>
<td>Patience</td>
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<tr>
<td>Truthfulness</td>
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<tr>
<td>Wittiness</td>
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<tr>
<td>Friendliness</td>
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<tr>
<td>Modesty</td>
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<tr>
<td>Righteous</td>
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<tr>
<td>Conceptuality</td>
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<tr>
<td>Self-injury</td>
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<tr>
<td>Understatement</td>
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<tr>
<td>Boorishness</td>
</tr>
<tr>
<td>Cantankerousness</td>
</tr>
<tr>
<td>Shamelessness</td>
</tr>
<tr>
<td>Malicious</td>
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<tr>
<td>Enjoyment</td>
</tr>
</tbody>
</table>

Notice that Aristotle's focus is on identifying the appropriate, or mean, emotional and behavioral characteristic for each corresponding social situation. Individuals who are prone to feel and act appropriately for all given situations are said to have a "mean disposition," a disposition characterized by mean responses, a noticeable lack of extremes, either of the excess or deficient variety.

Aristotle points out (NE 1109a30-b12) the necessity of knowing three things in order to behave virtuously: 1) the social situation, 2) what virtue pertains to the social situation, and 3) one's own tendencies, strengths, and weaknesses. "For this reason anyone who is aiming at the mean should (1) keep away from that extreme which is contrary to the mean, just as Calypso advises: 'Far from this surf and surge keep thou thy ship.' For one of the extremes is always more erroneous than the other; and since it is extremely difficult to hit the mean, we must take the next best course, as they say, and choose the lesser of the evils; and this will be most readily done in the way that we are suggesting. (2) We must notice the errors into which we ourselves are liable to fall (because we all have different natural tendencies - we shall find out what ours are from the pleasure and pain that they give us), and we must drag ourselves in the contrary direction; for we shall arrive at the mean by pressing well away from our failing - just like somebody straightening a warped piece of wood. (3) In every situation one must guard especially against pleasure and pleasant things, because we are not impartial judges of pleasure. So we should adopt the same attitude towards it as the Trojan elders did towards Helen, and constantly repeat their pronouncement; because if in this way we relieve ourselves of the attraction, we shall be less likely to go wrong." Aristotle recognized that individuals have natural tendencies that either facilitate the acquiring of certain virtuous traits or make their acquisition difficult.

William Glasser teaches that human behavior is internally motivated by impulses that are rooted in human genetic structure and that human happiness is largely dependent on how well the impulses are managed. This is a metaphysical statement about human nature. Briefly, to make a metaphysical statement about something is to say something about what it means to be a representative of some thing. It is, in essence, to make a statement about the reality of something. Glasser teaches that humankind has a determinate structure that constitutes its metaphysical reality. Successful living, therefore, requires both knowledge of what this structure is and an understanding of how to best manage the expression of this structure.

Glasser calls his view of human metaphysical structure Choice Theory. Choice Theory states that human behavior is motivated by five genetic impulses. These genetic impulses are called: survival, love-belonging, power, freedom, and fun. These impulses are internally generated. They push from within for outward expression. And, also importantly, all of humankind's cognitive and perceptual capacities are geared to the successful expression of these impulses. Because humans need to express these impulses in order to live and feel "good", Glasser calls them needs.
These needs require social interaction. Humans are therefore social by nature. This fact rules out private worlds of value. Even in the most self-centered of lives, others must be considered. No one is capable of doing whatever he or she wants to do. Other creatures (human and nonhuman) and the natural law of cause-and-effect will not allow total disregard for the impulses of others. There must be some cooperation. Choice Theory, therefore, calls for responsible, balanced, and effective need expression.

How one thinks of or defines the virtuous traits largely determines what one thinks are the extremes of the virtuous middle. Using the Choice Theory needs as a focal point, I constructed a table in which the virtues are seen in relation to the basic needs. Each virtuous trait occurs along a basic need (or impulse) dimension. Whether or not one resides in the virtuous middle depends on how the needs are expressed (or managed) in given situations. Each extreme is either characterized by an excessive expression of a specific metaphysical need or a deficiency of that same need. My table below shows that for any one need there can be many virtues and vices related to it.

### Choice Theory’s Needs and their Virtues and Vices

<table>
<thead>
<tr>
<th>Choice Theory Needs</th>
<th>Deficiency</th>
<th>Mean</th>
<th>Excess</th>
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</thead>
<tbody>
<tr>
<td>freedom</td>
<td>dependent</td>
<td>interdependent</td>
<td>autonomous</td>
</tr>
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<td>power</td>
<td>neglectfulness</td>
<td>helpful</td>
<td>paternal</td>
</tr>
<tr>
<td>freedom</td>
<td>gullible</td>
<td>cautious</td>
<td>suspicious</td>
</tr>
<tr>
<td>power</td>
<td>docile</td>
<td>tenacious</td>
<td>obstinate</td>
</tr>
<tr>
<td>belonging</td>
<td>unfeeling</td>
<td>fair</td>
<td>capricious</td>
</tr>
<tr>
<td>power</td>
<td>vacillating</td>
<td>firm</td>
<td>stubborn</td>
</tr>
<tr>
<td>belonging</td>
<td>restrictive</td>
<td>friendly</td>
<td>overfamiliar</td>
</tr>
<tr>
<td>power</td>
<td>careless</td>
<td>analytical</td>
<td>perfectionistic</td>
</tr>
<tr>
<td>fun</td>
<td>austere</td>
<td>sober</td>
<td>dissolve</td>
</tr>
<tr>
<td>power</td>
<td>easily distracted</td>
<td>diligent</td>
<td>obsessive</td>
</tr>
<tr>
<td>belonging</td>
<td>combative</td>
<td>cooperative</td>
<td>solicitous</td>
</tr>
<tr>
<td>power</td>
<td>pliable</td>
<td>resilient</td>
<td>inflexible</td>
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<td>self-indulgent</td>
<td>health-minded</td>
<td>body-minded</td>
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<td>wasteful</td>
<td>conservation-minded</td>
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<td>submissive</td>
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<td>optimistic</td>
<td>permissive</td>
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<td>self-confident</td>
<td>arrogant</td>
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<td>over-enduring</td>
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<td>modest</td>
<td>shy</td>
</tr>
</tbody>
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The metaphysical needs are not the only consideration in explaining our behavior. For example, the difference between an excess of power drive in the categories ambitious and tenacious and the mean response, the individual imposes himself or herself on the situation. Those characterized by a mean disposition attempt to influence the world toward the good. Those characterized by an extreme tendency of disposition attempt to control the world to suit themselves. And it is usually, not always, these individuals who come, or drive others to come, to psychologists, psychiatrists, and counselors for help.

With an eye on the Choice Theory table above, we can appreciate Maimonides’, an Aristotelian Jewish philosopher, observations that “the goal of psychotherapy is to attain the middle way” (Fox, 1995, p. 105), and “the middle way seeks one’s own perfection” (Fox, p. 134). Humans, like all of nature, work best when they avoid excess or deficiency. “Nature is always trying to counterbalance to overcome excess so that the mean can be achieved” (Fox, 1995, p. 102). Humans need to do the same thing.

Each extreme quality has at least one irrational belief, or self-statement attached to it. Extreme self-statements such as “I must be perfect,” “I must never fail,” “You can have it all,” “Look out for number one,” “Life should be easy,” “Life should always be fun,” “I must have everyone’s love and approval,” or “I can’t be happy unless I get what I want” will always lead to attitudes and behaviors that are outside the virtuous middle. For example, the self-statement, “I can’t be happy unless I get what I want,” will lead to ruthless and obstinate attitudes and behaviors. Which then means that this person cannot be properly ambitious or tenacious as he or she strives to achieve personal goals. What makes a person properly ambitious and tenacious in his or her goal achievement instead of ruthless and obstinate is that he or she can be halted from goal activities. This person can be halted if someone else can be unfairly or innocently injured by the
Aristotle’s moral philosophy saw the importance of considering a person’s inner feelings and desires when appraising the virtuousness or viciousness of an action or general disposition. Glasser’s Choice Theory psychology also focuses our attention on the inner person. Choice Theory helps to explain why a consideration of desire and feeling is an important focus for moral appraisal. Individual humans are born with different natural traits. These differences affect appearance, intelligence, health, and behavior. Glasser points out in his book, Staying Together, one of these differences. Each of us is born with unique need-strength profiles. My need for survival, love-belonging, power, freedom, and fun is metaphysically the same as other humans, generally, in that we all have them driving us toward behavior, but their strength may vary from person to person.

Glasser says this in Staying Together: “There is no way to predict how people will choose to satisfy their needs. What we can predict is that what they choose will fit their need-strength profile” (1995, p. 52). Staying Together is Glasser’s attempt to relate different need-strength profiles to marriage. He concludes that some profiles are good for marriage and others are bad for marriage. “Based on many years of experience working with a variety of people who were in pain and dissatisfied with their lives, I have concluded that some need-strength profiles are bad for marriage. The profile that always bodes badly for marriage is 11555 (low need for survival, low need for love, high need for power, high need for freedom, and a high need for fun). . . . It is the low, almost absent, need for love and the very high need for power that is the crucial antimarriage part of this configuration. This is because 11555 is the classic profile of the sociopath or psychopath, a person who cares only about his own satisfaction, even at the expense of risking his life as indicated by the low need for survival” (1995, p. 68-69). Glasser identifies other need-strength profiles that are also bad for marriage.

Glasser relates the importance of relating need strengths to marriage. Understanding the need-strength profile of self and one’s mate or prospective mate can help to develop realistic expectations and strategies for cooperation. I think it is also important to relate need-strength profiles to virtue-vice issues. We can identify the virtuous middle by referring to both the general definition of that particular virtue and its two extremes and the particular circumstance in question. But our individual ability to enact virtuous behavior or our tendency to enact vicious behavior is affected by our need-strength profile. Look at my table of virtues and vices. Notice all the possible excessive traits and behaviors that someone who has a high need for power is susceptible toward, depending on the environment he or she is in. To be virtuous, the high power person needs to be aware of his or her natural tendencies and pull away from them, often not following his or her feelings but a reasoned choice based on the needs of the situation. The same warning can be given concerning the other needs—know your tendencies and be cautious, what you want might not be good for the situation.

Joseph J. Kotva, Jr. in his book The Christian Case for Virtue Ethics, points out that a teleological (ends and means) virtue ethic must have a vision of human nature and its telos. He writes, “It is an ethic premised on the notion of a true human nature with a determinate human good or end or telos” (Kotva, 1996, p. 17).
Later, he continues: "To understand better the notion of a human telos, it is helpful to note the way many concepts, particularly functional and role concepts, yield evaluative criteria and judgments. Concepts such as 'watch,' 'knife,' 'farmer,' and 'father' yield such criteria and judgments. If we want to know what a 'good farmer' is, we look to the point, purpose, role, or function of a farmer – maximizing crop yield without devastating the land, for example. A good farmer is one who well fulfills the function, role, or purpose of a farmer. A bad or poor farmer is one who does not fulfill well the same function, role or purpose.

"Concepts like watch and farmer not only yield criteria based on their function, the concepts are themselves dependent on their function, point, or role. We would have no notion of a farmer if we could not appeal to crop yield and care of the land. We would have no concept of a watch without reference to time-keeping ability. Thus, in addition to providing evaluative criteria based on their function, the concepts themselves are tied to their function, purpose, or role . . .

"A teleological virtue ethic suggests that the concept 'human' is similar to these other functional or role concepts. That is, humans should be 'understood as having an essential nature and an essential purpose or function.' Thus, 'man' stands to 'good man' as 'watch' stands to 'good watch' or 'farmer' to 'good farmer' " (1996, p. 17-18). To understand 'good man' it is necessary to have a complete view of human nature.

Rather than viewing humans as made up of metaphysically different parts (body and spirit), Choice Theory views humans according to their innate needs or impulses. Choice Theory posits five such needs – survival, love-belonging, power, freedom, and fun.

Aristotle, however, saw more. "So if the intellect is divine compared with man, the life of intellect must be divine compared with the life of a human being. And we ought not to listen to those who warn us that 'man should think the thoughts of man,' or 'mortal thoughts fit mortal minds,' but we ought, so far as in us lies, to put on immortality, and do all we can to live in conformity with the highest that is in us; for even if it is small in bulk, in power and preciousness it far excels all the rest. Indeed it would seem that this is the true self of the individual, since it is the authoritative and better part of him; so it would be an odd thing if a man chose to live someone's life instead of his own. Moreover, what we said above will apply here too: that what is best and most pleasant for any given creature is that which is proper to it. Therefore for man, too, the best and most pleasant life is the life of the intellect, since the intellect is in the fullest sense the man. So this life will also be the happiest" (Aristotle, 1976, p. 330-331). Humans have the intellectual capacity to think about things beyond themselves – things eternal, things infinite, things highly complex, things concerning the Maker of it all.

Aristotle holds up this contemplative capacity as the divine in us. True happiness requires its dominating presence in our lives. "If happiness is an activity in accordance with virtue, it is reasonable to assume that it is in accordance with the highest virtue, and this will be the virtue of the best part of us. Whether this is the intellect or something else that we regard as naturally ruling and guiding us, and possessing insight into things noble and divine – either as being actually divine itself or as being more divine than any other part of us – it is the activity of this part, in accordance with the virtue proper to it, that will be perfect happiness" (1976, p. 328). Or as I might put it, " . . . that will perfect happiness." And later, he adds thoughts concerning a life that focuses only on social relations and their moral virtues: "Life in accordance with the other kind of virtue will be happy in a secondary degree, because activities in accordance with it are human. It is our dealings with one another that we act justly and bravely and display the other virtues, observing what is due to each person in all contracts and mutual services and actions of every kind, and in our feelings too; and all these are obviously human experiences" (1976, p. 331). As Brodie points out, Aristotle clearly believed that "a life untouched by contemplation is defective in a way that matters, however good in other ways" (Brodie, 1991, p. 377). Due to its lack of attention to this intellectual-spiritual dimension of human nature, I suggest a sixth need be added to Choice Theory.

Wendall Walker made a chart showing how the five needs can be exercised in daily life. I added a sixth need at the end of his chart – Blessedness. Using this word, I want to stress three things: 1) Human well-being requires attention to be given to things beyond self and human relationships as suggested by our expansive intellectual abilities. 2) Human well-being requires a sense of awe and wonderment in order to 'feel' attached to something beyond self. One characteristic of unhappy people is their self-absorption. 3) A sense of blessedness helps us recognize real priorities on which to build our lives. Mere money making and business loses their sense of importance to one who has cultivated blessedness. Unmodified capitalism corrupts both the sense and striving for the Blessed in our lives. The need for blessedness is common to humankind but absent from animals. Animals seem content when food abounds and their surroundings are peaceful. That is not true of humans.

Before I show you Walker's modified chart, I want the reader to understand more thoroughly why I see the intellectual-spiritual dimension as a unique human capacity that yields blessedness to our daily lives when it is expressed virtuously. I turn to Thomas Traherne, a 17th century pastor and philosopher, to find a verbal expression of what I want the reader to understand. "By humanity we search into the powers and faculties of the Soul, enquire into the excellencies of human nature, consider its wants, survey its inclinations, propensities and desires, ponder its principles, proposals, and ends, examine the causes and fitness of all, the worth of all, the excellency of all. Whereby we come to know what man is in this world, what his sovereign end and happiness, and what is the best means by which he may attain it. And by this we come to see what wisdom is: which namely is a knowledge exercised in finding out the way to perfect happiness, by discerning man's real wants and sovereign desires. We come moreover to know God's goodness, in seeing into the causes wherefore He implanted such faculties and inclinations in us, and the objects and ends prepared for them. This leadeth us to Divinity. For God gave man endless intellect, to see all things, and a proneness to covet them, because they are His treasures; and an infinite variety of apprehensions and affections, that he might have an all-sufficiency in himself to enjoy them; a
curiosity profound and unsatiable to stir him up to look into them; an ambition great and everlasting to carry him to the highest honors, thrones, and dignities: an emulation whereby he might be animated and quickened by all examples, a tenderness and compassion whereby he may be united to all persons, a sympathy and love to virtue; a tenderness of his credit in every soul, that he might delight to be honored in all persons; an eye to behold Eternity, and dwell within it; a power of admiring, loving, and prizing, that seeing the beauty and goodness of God, he might be united to it for evermore” (Traherne, 1985, p. 132). Everyone has this capacity, some more, some less, and when it is allowed to guide and inform our lives we are better off, we sense a central blessedness in our inner beings. Humans need a sense of blessedness to function as they were created and designed by their Creator.

When you study Walker’s modified chart, notice how each need can be fulfilled in a variety of ways. There is much room for individual expression. One mold does not fit all people in all places.

Six Basic Human Needs

(Instead of dividing humans into parts, it can be helpful to divide them into needs or capacities instead)

<table>
<thead>
<tr>
<th>SURVIVAL</th>
<th>LOVE/BELONGING</th>
<th>POWER</th>
<th>FREEDOM</th>
<th>FUN</th>
<th>BLESSEDNESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Air</td>
<td>• Cooperation</td>
<td>• Importance</td>
<td>• Choices</td>
<td>• Enjoyment</td>
<td>• Contemplation</td>
</tr>
<tr>
<td>• Body Functions</td>
<td>• Shelter</td>
<td>• Achievement</td>
<td>• Liberty</td>
<td>• Pleasure</td>
<td>• Imagination</td>
</tr>
<tr>
<td>• Exercise</td>
<td>• Food</td>
<td>• Respect</td>
<td>• Physical</td>
<td>• Relaxation</td>
<td>• Wonderment</td>
</tr>
<tr>
<td></td>
<td>• Water</td>
<td>• Impact</td>
<td>• Options</td>
<td></td>
<td>• Meditation</td>
</tr>
<tr>
<td></td>
<td>• Health</td>
<td>• Significance</td>
<td>• Psychological</td>
<td></td>
<td></td>
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</tbody>
</table>

Now I can add blessedness to my virtue chart based on the Choice Theory needs.

Blessedness

<table>
<thead>
<tr>
<th>Deficiency</th>
<th>Mean</th>
<th>Excess</th>
</tr>
</thead>
<tbody>
<tr>
<td>• bio-psycho-emotional Satiation</td>
<td>• Connectedness to God, Nature, and Creation</td>
<td></td>
</tr>
<tr>
<td>• Pride that strives for personal divinity and/or superiority.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Blessedness

<table>
<thead>
<tr>
<th>Deficiency</th>
<th>Mean</th>
<th>Excess</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Vulgar</td>
<td>• Awestruck</td>
<td>• Intellectualistic</td>
</tr>
</tbody>
</table>

We need something beyond human relationships. We need to exercise our intellectual-spiritual capacities toward God and the universe around us that our happiness might be perfected (although still fragile (Nussbaum, 1986)). Unlike other philosophers, Plato included, Aristotle does not look down on the social, moral virtues (Tessitore, 1995), but raises them to a place of importance in the overall picture of human well-being. Without the moral virtues, the capacity for full blessedness through contemplation is diminished. Without the calming and quieting effect that the virtues have on our passions and actions, there can be no real, soul-inspiring, soul-purifying contemplation (Tuozzo, 1995). For true contemplation has a reciprocal relationship with the social virtues. “Our love of [contemplation] is not a species of practical wisdom [as for the moral virtues], rather it is an evaluative attitude colouring deliberation and helping us hit the mean... It is, therefore, a virtue of character, and resembles the other virtues of character in that they, too, are aspects of a general willingness to let reason rule. The difference is that the love of [contemplation] refers to a rational activity which ‘rules’ only by being loved and sought, whereas the other virtues of character refer to practical wisdom, which most noticeably rules by prescription” (Brodie, p. 415).

Virtuous behavior is a worthy objective for all of us. No one is perfect, or capable of being perfect, but each of us has a need-strength profile that makes the acquisition of certain virtuous traits difficult and others relatively easy. Our need-strength profile also makes us susceptible to certain vicious traits and behaviors, whether of the omission or commission kind. Judging our desires and behaviors as outside the virtuous range is not an exact science. But just knowing that it is possible to err in two directions—excess and deficiency—is valuable information. The more we are aware of how our basic needs affect the quality of our behavior, the more we are likely to be dissatisfied with our own interpersonal viciousness.

Choice Theory, with the sixth need added, and virtue ethics seem to be congenial companions. They fit together with each filling out and enhancing the other. Since Choice Theory is a relatively recent formulation, and it is an accurate description of human nature, then it should be considered within any theory of ethics. How could an ethical theory not contain some sort of significant reference to human metaphysical function? Any ethical theory that fails to significantly address this issue is running the risk of being irrelevant to human beings. Aristotelian virtue ethics already sees the importance of considering human nature in its ethical formulations. Choice Theory can inform virtue ethics and virtue ethics can supply a much needed ethical framework to Choice Theory for its continued development.

References


Walker, W. Chart personally received from Wendall Walker during Choice Theory/Reality Therapy training.

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Choice Theory in Coerced Treatment
Using Choice Theory in Coerced Treatment for Substance Abuse

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The author is a staff member at the Central Texas Treatment Center in Georgetown, Texas.

ABSTRACT

This paper briefly suggests how Choice Theory (CT) may be used in coerced treatment for substance abuse (SA). A differentiation is made between the total behaviors of law breaking with using (LBU), and using as a form of law breaking (U). How alcohol and other illegal drugs (AOD) serve to fulfill needs is explored. Some benefits of coerced treatment are examined and ways to use CT within this framework are suggested. Observations were conducted at Central Texas Treatment Center, a residential treatment facility for felony offenders who were incarcerated for SA related crimes, i.e., LBU and U. Choice Theory may be used to help offenders identify basic psychological needs, plan how to meet those needs without law breaking and using, and how to evaluate their choices using the Procedures That Lead To Change (PLC).

The terms, Choice Theory (CT) and coerced treatment, are cursorily contradictory. It is a basic tenet of CT that external control is a false paradigm. It cannot make others do anything that it is not their choice to do. All behavior is, therefore, chosen. It is also a CT belief that all behavior is designed to fulfill the wants and meet the needs of the individual making the choice. All behavior is purposeful. Given these premises, it becomes necessary to define the term, coerced, in this context.

Coerced Treatment Defined

Observations for this paper were conducted at an intensive residential treatment facility in Georgetown, Texas, under the administration of Williamson County Community Supervision and Corrections Department. The facility operated as a modified therapeutic community for the treatment of substance abuse (SA). The residents in treatment at the facility were screened before entering the program. Those admitted to the program were non-violent felony offenders who were deemed by the court to have a SA problem. The terms, “resident,” “client” and “offender” are used to indicate the same population. For some residents, criminal behavior was evidenced in their life history prior to substance abuse. These residents are defined as engaging in the total behavior of law breaking without using (LBU). Those residents not identified as LBU, but who were engaged in substance abuse as their criminal behavior, are defined as using (U) segment. All program participants are court ordered to successfully complete the program offered by the facility. The court mandate to “successfully complete the program” as a condition of their probation sentence effectively defines their treatment experience as coerced. Residents are ordered by the court to receive and accept treatment for their SA.

Introducing Choice Theory

While the residents at the facility are technically incarcerated, the front door of the facility is unlocked and the residents are free to leave the facility at their discretion. If they choose to leave, residential treatment staff will not interfere with their going. Choosing to leave, however, would be viewed as absconding and is considered to be a felony offense which could carry a penalty of two years in state jail. While residents are therefore technically ordered by the court to remain at the facility, the choice to stay or leave is made by the residents. Staying at the center and in the treatment program is a choice which fulfills their needs better than the choice of absconding from the facility. Residents want to leave the center but they don’t want to receive a state jail felony charge in the process. The alternative is to remain in treatment and successfully complete the program. This particular situation can facilitate an introduction to CT and the Procedures That Lead To Change (PLC) by helping residents become aware of how their choices determine their behaviors and the consequences of their behaviors.

Benefits of Coerced Treatment

While coerced treatment isn’t the optimal setting for treatment of any kind, it does have some advantages. While resident at the facility, the time that clients are “clean,” i.e., without using alcohol and other illegal drugs (AOD), is increased. Upon entering the facility, residents consent to abide by The Five Agreements:

1. No physical violence or threats of physical violence
2. No drugs, chemicals or contraband
3. No implicit or explicit sexual behavior
4. No destruction of property
5. No absconding

If residents choose to break any of these agreements, they may lose the privilege of living at the center. The choice not to engage in using AOD is one that clients make on a daily basis. The temptation to use is increased in later phases of treatment when clients are exposed to AOD and other relapse triggers outside of the facility while performing Community Service Restitution (CSR) work and when on Off-Campus Activity Passes (OCAP). The choice to use or not to use is made by the residents. They consistently choose not to engage in “using” behavior. While the treatment is coerced, the choice to remain in the program fulfills their needs better than the choice to break The Five Agreements. Again, good choices, i.e., choices which get the residents closer to what they want and don’t hurt them or others, are used to illustrate the PLC and how they are in control of their lives, even while in a court ordered program.
Another benefit of coerced treatment is that residents’ ability to suffer, i.e., to tolerate frustration, is increased while they remain in the program. Upon entering the facility, the LBU and U behaviors that the clients have developed to get what they want and to meet their needs “on the outside,” i.e., outside of the center, functionally ceases. That isn’t to say that bad choices cease. Old behaviors of breaking the law and using AOD cease. To continue to use AOD or to break the law violates The Five Agreements and the conditions of the residents’ probation. If they engage in this old behavior, they may be sent back to the court and ordered to a more intensive level of treatment where even more freedom in decision making options is lost. Processing the options available to the residents by utilizing the evaluation step in the PLC is a significant way in which to help clients learn about CT and how the choices they make affect themselves and others. The particular population being treated, i.e., those who use LBU and U behaviors, has shown some difficulty in the ability to brainstorm responsible choices. The CT facilitator may be required to assist in brainstorming sessions and evaluating proposed behaviors using the Wants-Behavior-Evaluation-Planning (WBEP) cycle. Coerced treatment provides residents with the time to develop new behaviors that help create significant relationships in their lives and allow new pictures to develop in their quality worlds. As new behaviors become effective in meeting clients’ needs, their suffering decreases.

How Alcohol and Other Illegal Drugs Fulfill Needs

Substance abuse is not the problem. If SA were the problem, then residents would be effectively “cured” when they entered the center and chose to remain in treatment by abiding by the agreement not to use. The problem, as defined by CT, is the difference between what clients want in their lives and what clients have in their lives. This disparity between what one wants and what one has is the problem. Choice Theory suggests that all long-term problems, such as SA, are relationship problems. The wants are reflective of the four basic psychological needs that must be fulfilled for one to be happy. Using AOD fulfills needs in two ways:

1. AOD cover up the pain of not getting needs met.

When what I have in life doesn’t match the pictures in my quality world then I feel discomfort. This discomfort urges me to do something that will make me feel better. Among the endless variety of behavioral choices available to me, I may choose to use AOD or I may choose to develop satisfying relationships in my life. By developing relationships with other people, my needs can be met and I will feel comfortable. Unfortunately, relationships are very difficult to develop, while using AOD is very easy to do. By using AOD in this way, my needs aren’t fulfilled but the comfort I experience because they aren’t fulfilled is extinguished or muted until the “high” wears off. Because my needs haven’t been fulfilled but only “fooled” by using, the discomfort returns when the effects of AOD wear off and I am again faced with the choice of how to ameliorate the uncomfortable sensation of not having my needs met. Since using worked in the past, I repeat the using behavior to achieve the same results. This is how the cycle of abuse and addiction begins in AOD using behavior. As AOD serve to “fool” my brain into believing that my needs are being met by using, then the picture of AOD develops in my quality world. This is also why the addiction cycle is so difficult to break. Before I can replace the picture of AOD as a needs satisfier in my quality world, I must find something that meets those needs as well or better than AOD. This can be done through developing relationships, but relationships take time to develop and they aren’t always stable. Between the time that I stop using AOD and the time that I develop a need fulfilling relationship, I will experience a lot of discomfort, i.e., I will suffer. Since these feelings of discomfort were what may have led me to use in the first place, I have to learn how to suffer if I am going to break the cycle of addictive thinking. Coerced treatment facilities provide a safe place to learn the skill of suffering while developing the skill of cognitive self-change.

2. AOD fulfill needs through the total behavior of using.

The very actions that are associated with AOD use may serve to fulfill my needs. That is to say, my needs may be met through the behaviors associated with using AOD, e.g., going out to the bar and drinking, using at a party, using to increase sexual stamina, going to a hotel room and drinking while alone, etc. By going to a bar, I get to associate with friends and “have a good time.” this association may fulfill belonging and recognition needs. (I am reminded of the welcoming, “Norm!” used in the television sitcom, Cheers.) It may also fulfill the needs of fun and freedom by allowing me to get out of the house for a while and engage in enjoyable socialization. Use of AOD may increase my proclivity for socialization while I am at the bar and serve as a chemical substitute for more well developed social skills. By using at a party, I may fulfill needs for belonging. Since the type of drug use we are examining is illegal drug use, I have a sense of belonging to a group that is engaged in an illegal activity. Secrecy is important to us because if I “snitch” on you then you may snitch on me and we may both end up in legal difficulty. Because we share the “secret,” we have some sense of belonging. This same secret sharing gains us recognition as “one of the gang.” Using may be psychologically stimulating, as well as physically stimulating, because I am engaged in breaking the law and may derive a thrill from it. Those who engage in the LBU behavior seem to get such a thrill.

Needs Profiles

The game, “I need it not. I need it a lot” (Appendix) was used in small group sessions to examine what needs residents thought were the most significant. While the ability to recognize these needs will vary with the clients’ understanding of CT and their ability to fulfill their needs, it was observed that the individuals who use LBU and U behaviors tend to have needs profiles that are high in power/recognition, high in fun and low in freedom/choice. The need for love/belonging will vary. The belonging (receiving) aspect of the need is usually expressed more than the love (giving) aspect. Although the needs are all interrelated, examination may reveal that it is the need for recognition, rather than belonging, that is being felt by some clients. The significant amount of time spent in incarceration indicates that freedom is low on the needs scale. If one values freedom and independence, one doesn’t behave in ways that place him/her in restrictive environments. Of course, what we do is designed to get us what we want right now, regardless of later consequences. The inability to abstract cause and effect relationships was
observed to be prevalent in populations showing LBU and U total behaviors. However, LBU and U behaviors don’t necessarily get one any more freedom than one already has. It does however, provide the “thrill” of breaking the law and satisfy the need for fun and excitement. Total behaviors which involve using also provide the individual with power/recognition through the sense of being “ten feet tall and bulletproof.”

The high need for power in the lives of those who choose LBU and U behaviors may lead to significant relationship problems. Having to give up some power in order to continue with a relationship may be viewed as “weak” by those with high power needs. Rather than appear as “weak,” these individuals may try to fulfill their need at the expense of others’ needs, engaging in external control to gain recognition and a sense of power. Helping these individuals evaluate not only whether their behaviors are getting them what they want, but also how their behaviors may be hurting others is an important aspect of dealing with clients who use U and, especially, LBU behaviors. These individuals often show a pronounced inability to recognize how their behaviors harm other people. Helping them to recognize the ripple effect of their actions may assist them in developing their ability to behave in a more responsible manner. Using the PLC to help clients evaluate harm to themselves and others is a necessary and critical step in changing LBU and U behaviors.

Clients who choose LBU and U behaviors may not only be unaware of how their behaviors hurt others, they may also show no concern about it when they do become aware of the effects of their actions. If this is the case, the CT facilitator may spend more time focusing on how LBU and U behaviors hurt the clients rather than how their behaviors hurt others. One changes one’s behavior only when there is a recognizable advantage to doing so. The ability of offenders to recognize that it is in their best interests not to harm others may be a turning point for some. Working with clients to create a cost/benefit analysis may help them to assess harm to themselves and others and examine the possible consequences of their choices before they act on them.

Helping clients determine ways to meet the needs of power and fun without harming themselves or others is also central in the treatment of SA offenders. It is one of the most challenging tasks presented in coerced treatment within a correctional treatment facility. While intensive residential treatment does allow residents to go outside of the facility for CSR work and on OCAP’s, the residents’ exposure to relapse triggers is still limited. The knowledge that they will be returning to the facility and administered a urine analysis upon arrival also prevents behaviors that may otherwise prove overly tempting. While this somewhat limited exposure to relapse triggers may be viewed as a disadvantage of the program, the ability to leave the facility for any amount of time may be viewed as an advantage. Residents make the choice not to engage in LBU and U behaviors while on CSR and OCAP’s because they know that there is a good possibility that SA will be detected and that they may lose their placement at the facility. The continued ability to make the choice not to use may be pointed out to clients and used to strengthen clients’ confidence in their ability to make good choices once they leave the facility. This may serve to increase clients’ motivation by providing a sense of hopefulness which fulfills recognition needs. The use of progressively longer OCAP periods away from the treatment center may serve to increase the clients’ confidence in their ability to make good choices relating to LBU and U behaviors.

Finding Alternative Ways to Meet Needs

Perhaps the greatest difficulty faced by CT facilitators when working with incarcerated clients is to help them find new ways to meet their needs while living within the treatment facility. Choice Theory proposes both cognitive, i.e., thinking, and behavioral, i.e. doing, methods to accomplish this task.

Cognitive skills can be developed through training in cognitive restructuring and through such programs as Thinking For a Change, developed by the National Institute of Corrections, which teaches cognitive self change, social skills and problem solving. The goal of cognitive programs should be to help clients identify their thinking that leads them into risky behavior and to replace their risk thoughts with thinking that reduces the risk behavior. The thinking component of total behavior is utilized in this approach. This includes identifying thinking that leads to bad choices in forming relationships. In these cases, changes in thinking should aim at developing better behavioral coping skills and focus on relationship building. The advantage of the cognitive approach is that it can be practiced within the treatment center. Cognitive therapy, in general, teaches clients the skills required to successfully change their thinking and, therefore, their behavior. This fits with the oft cited analogy in CT that we can teach the skills of sailing to someone but they will spend a lifetime actually learning how to sail. Similarly, we can teach the skills of cognitive self-change to clients but they will spend the rest of their lives learning how successfully to integrate those skills into their lives.

Behavioral components may include extended OCAP’s in later phases of treatment, as has been mentioned, which allow clients to test their new cognitive abilities without the structured support of the facility. When residents return to the facility, their experiences may be processed and evaluated. Varied and creative experiential programs may be used to help clients find new ways of having fun in recovery and of gaining recognition. Participation at Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and Cocaine Anonymous (CA) meetings outside of the facility can serve to help clients identify how such support groups can help fulfill their needs. Twelve step groups such as AA, NA and CA help meet their members’ needs through education about addiction (learning), fellowship with others who suffer from the same behavioral problems (belonging), recognition for time spent in sobriety and by providing fun activities, e.g., dances, concerts, barbecues, fishing trips, etc., that allow members to enjoy themselves within a supportive group and without the use of AOD. The success of twelve step programs for some people may be evidence that such groups serve to fulfill the needs of their members.

Conclusion

Choice Theory offers an explanation of how AOD may work in the lives of individuals who choose LBU and U behaviors to cope with life stresses caused by the inability to
form significant relationships in their lives. Helping clients find behaviors other than LBU and U to help fulfill their needs is a task which the CT facilitator may find challenging. Once the picture of LBU and U behaviors develops in the clients’ quality worlds, it is very difficult to replace those pictures with ones of significant relationships due to the strong effect of AOD and the relative ease with which they can be obtained. Coerced treatment allows clients to live in a safe environment while experimenting with new thinking and behaviors that fulfill their needs as well or better than AOD. The PLC may be used to help clients evaluate their behaviors and determine if they are making good choices in getting what they want and meeting their needs without harming themselves or others. Clients’ abilities to make good choices while living within a coerced treatment structure can be used to provide hope for the clients’ continued success. Choice Theory may be integrated into coerced treatment and help clients realize that they are in control of their own lives, even though they are incarcerated.

Appendix

“I need it not. I need it a lot,” is a game to help individuals determine what psychological needs are most significant in their lives at the time of the game. Since our ability to meet our needs varies, the level of satisfaction that we feel related to the needs also varies. This simple game helps us determine what psychological needs are not being met as the game is played.

After a brief review of Choice Theory and a discussion about our psychological needs, each participant is given a paper which has the four needs listed on the page. The participants are then told that there has been a world catastrophe and in order to survive they must give up one of their psychological needs. Survival is not optional. It is not a need which can be disposed of for the purposes of this game. Each participant must make a decision about which psychological need they can live without. Once the decision has been made, they are to rip the need out of the paper and give it to the facilitator. It is gone and cannot be retrieved. They must live the rest of their game lives without that need. This scenario continues two more times until players are left with only one need. This is the need that they feel is the most important need in their lives at the time.

The facilitator should be careful to examine the reasoning behind participants’ motives for abandoning specific needs. Some participants give up one need because they think that they can get it fulfilled by retaining another need, e.g. a person may give up belonging and rationalize that if they have recognition then people will want to associate with them and they can get their belonging need met in that way. Another example is that a participant may give up fun, believing that they can get that need met through association with their family if they retain love/belonging. The facilitator should be clear in pointing out the rules of the game and that participants cannot get any need met once they choose to give it up. The facilitator may take such an opportunity, however, to ask the participant to re-evaluate the importance of the need originally chosen to be discarded. This can lead to further discussion about the importance of individual needs in participants’ lives.

Although this is a brief and simple game, it introduces the concept of the four psychological needs to participants and allows them to do an evaluation about what they believe to be their most and least important needs. Processing the game allows the facilitator to expand on CT and explain how our motivation is based on need fulfillment, i.e., the first need given up is the need which is being fulfilled the best. The last need given up is the need that we are having the most trouble satisfying at the present time. By helping participants examine and determine what needs are and are not being fulfilled in their lives, we may explore new and different ways of trying to meet those needs.

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Multiple Sclerosis and Choice Theory: 
It is a disease and Choice Theory works! 

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ABSTRACT

Multiple Sclerosis is a debilitating chronic progressive disease. Choice Theory/Reality Therapy is a proactive way of taking control of one’s life. While most people agree that Choice Theory/Reality Therapy is an approach that assists in the treatment of a mental illness, the premise in this article is that it can be used to gain control of an illness that is physiological, neurological, and psychological in its origination.

The day I was diagnosed with a chronic inflammatory demyelization disease of the central nervous system or Multiple Sclerosis (MS) was not the worst day of my life. I now had hope. I now had something I could conquer. I had a name for the disease and I knew how I wanted to treat it. Being trained as a counselor and psychologist may have helped. My faith definitely helped. The ideas of Choice Theory gave me a direction for my living or driving my life with this disease. My approach has been to look at the disease from a total behavior perspective using the analogy of the total behavior car. While my feelings and physiology are not under my direct control, I have a choice in my thoughts and actions.

Total Behavior

Total behavior as defined by William Glasser (2001, 2000, 1998) indicates that the four components to all behavior are interrelated. The thinking and feeling of a behavior are under our direct control. The physical and emotional expression of behavior is under less direct control. But it is a fallacy to think that the components of total behavior can be separated from each other. Laughing is a physical, emotional, thoughtful action that is defined by the action of the emotion. MS and the discussion that follows are similar. Different aspects of the disease have been singled out by researchers, and these will be addressed to the extent necessary to complement the discussion of MS as a total behavior for the person with the disease. Research studies cited are not meant to be an exhaustive review of the literature of MS, rather a glimpse into some of the studies about MS. Finally, it should be noted that within the research articles, the division within the components of behavior is not as clearly delineated as will be presented below. So let’s go for a drive with MS.

Back Wheels

Let’s take a look at the disease from the medical and psychological model and see how it fits with Choice Theory thinking. Both of these models are back wheel approaches. The medical model clearly identifies the physiologizing and psychological models to the feelings.

Physiologizing

The disease is characterized by the physiology, which is an injustice for those of us suffering with this affliction. I am not just my physiology. There are other parts to my total behavior. But, as on a car, I need the back wheel, and if it is leaking air it can not be ignored. I knew my back wheel was in desperate need of attention. As a person who rarely saw a physician from childhood to early adulthood, I may have grasped a doctor’s office a total of eight times, including all immunizations. But in my mid twenties, I knew something was wrong. I became a physician visitor. I was tested and prodded and given all sorts of explanations for my fatigue, dizziness and distorted vision. When the doctors suspected a brain tumor, I was scared. Finding out I had MS was a relief. I knew I could live with MS.

So exactly what is going on in the back wheel with MS? MS is a disease that attacks the central nervous system, which is composed of the brain and spinal cord. It is the bundle of nerves from the brain and spinal cord that sends messages to the entire body. Specifically, it is a bundle of nerves that is affected by MS. The protective coating on the nerves allows the impulses to move efficiently and accurately to different organs throughout the body. MS attacks the myelin sheaths, the protective coating on the nerves with the result of impaired functions such as coordination, vision, and strength. One of the miracles of the body is the ability to repair the myelin sheaths. This explains the attacks or exacerbations of patients with MS and the periods of recovery and remissions (Rosner & Ross, 1992). MS is identified as three types: relapse-remitting, primary progressive, and secondary progressive with each one indicating a greater degree of disability (Gaudino, Chiaravalloti, DeLuca, & Diamond, 2001). The cause of MS has been under speculation since the first case in 1380. It was after WWII that retroactive research began to explore the cause and prevalence of this mysterious disease (Swiderski, 1998). It is suspected that MS is most likely an autoimmune disease where the immune system attacks the myelin sheaths. What is known is that MS is an acquired disease and is not contagious. (Rosner & Ross, 1992). With this mystifying disease, there are more questions than answers. The exact cause is not known. Not having an exact cause is a frustration for medical personnel since having a cause helps effective treatments to emerge. The current goal of MS therapies is to treat all aspects of the disease.

At this time, the most common type of physiology treatment, and the one most supported by research, is the use of prescription drugs that address the major symptoms of the disease: cognitive impairment, MRI lesions, and brain atrophy. Most familiar are the interferons such as Avonex and Betaseron, and other drugs include glatiramer ceteate, such as Copaxone, or mitoxantrone, such as Novantrone.
The most recent drug which has been used outside of the United States for years and recently is being investigated in studies in the United States is Rebif which is an interferon similar to Avonex. This drug has demonstrated “clinical superiority” over the other interferon drugs in a 24 week study. It has recently become available for use in the US market (Multiple Sclerosis, 2002; Multiple Sclerosis Society of Colorado Springs, 2002).

These are effective treatments, and in some cases have shown that improvements not merely relieve symptoms but eliminate some of the previous symptoms. My case is typical in that MS initially follows a relapse-remitting course, which usually develops into secondary progression where there is progressive deterioration without relapses or remissions. (Multiple Sclerosis Society of Colorado Springs, 2002). After ten years, I am still in the relapsing-remitting course, and I am choosing not to use medication at this point in my progression of the disease. Although this decision is not one that I can continue to use much longer, I am trusting in the brain’s ability to repair damage done to myelin sheaths, knowing that this ability decreases over time (Multiple Sclerosis Foundation Internet Newsletter, March, 2002). So for now, I am choosing to treat my physiologizing with exercise, rest, and a healthy diet (Rosner & Ross, 1992). Mild to moderate exercise can be attempted (cautiously to avoid overheating) and has shown improvement in physical fitness, ability to perform everyday tasks, reduce fatigue and increase muscle strength (MS newsletter, Feb, 2002). Exercise has the added benefit of improving health perception, activity level and tendency toward less fatigue (Mostert & Kesselring, 2002). Rest is simply that: resting the part of the body in which the attack is targeted . . . the eyes, arms, legs, whatever. Rest is often very effective in shortening an attack and can bring a person out of an attack within a few days (Rosner and Ross, 1992). While it sounds simple, it may be hard to do. I know it is for me! My husband can attest to that. There are conflicting reports regarding low fat diets, diets with vitamin supplements, low gluten diets, allergen free diets, diets with multivitamins, polyunsaturated fatty acids minerals, enzymes… and the list goes on. The studies show 100% effectiveness down to 0%. (Rosner & Ross, 1992). I choose to eat a balanced diet, assuring that all the minerals and vitamins are met or are supplemented with a multivitamin. The research has shown this is a healthy lifestyle for all people, including those of us with MS.

The issue for me and others who have opted not to medicate is how to live a quality life with Multiple Sclerosis. Thankfully, using the Choice Theory model, we are able to address the other components of total behavior.

Feeling

I had made a decision to switch primary care physicians. To complete this process smoothly since I had undergone a variety of tests, I wanted to hand carry my records to the new physician. Since the reports were about me, I decided to review them prior to my meeting with the new physician. I was struck by one of the later notations which read something like . . . “Patient is overly concerned about extreme fatigue and dizziness . . . patient is a counselor . . . patient is ignoring signs of depression, assuming that she can treat herself.” I was shocked and felt angry, misunderstood, betrayed, and depressed. After one test (MRI) occurring two months later, I was able to reflect on his comments and realized that insensitive statement was from a physician who failed to recognize that the fatigue and dizziness were the first signs of MS from a patient who had not previously complained of these symptoms.

It is not unusual for the emotional or feeling aspect of the disease to cause more suffering since the physical explanation may not be available. Depression is occasionally a direct result of MS, but more often it is the emotional reaction to the MS diagnosis and the subsequent difficulties coping. (Rosner & Ross, 1992). Complaints such as irritability and sadness should be treated since these complaints approach clinical levels if ignored, and can add significantly to the morbidity of the disease (Feinstein & Feinstein, 2001).

The large majority of the over 300,000 individuals with the diagnosis of MS are women (FDA consumer, March/February, 2001). As women, we have an added difficulty in the arena of feeling or the emotional portion of total behavior since this mysterious disease is often misdiagnosed by general practitioners in the helping profession who will attribute the mood disorders and the accompanying physiology of overwhelming fatigue to the female attempt to fit into the male dominated society while still fulfilling all the traditional female roles (Tavris, 1992).

The feeling components of total behavior are indicated in the disease of MS and are disturbances of mood and affect. Research during the 60’s and 70’s focused on these affective processes as the means of understanding the daily lives of those with MS and, despite technology to interpret the physiology and cognitive functioning, it is proposed that understanding the affect can be the method of understanding the person (Richardson, Robinson, & Robinson, 1997).

The important mood disorders are the major depressive disorder, dysthymic disorder, bipolar disorder, panic disorder and generalized anxiety disorder. Their relationship to MS is multi-factorial and complex, and the extent to which they are direct consequences of the disease process or psychological reaction to it remain unclear. For instance, symptoms of fatigue associated with MS can affect mood and limit recreational functioning which correspondingly affects mood (Voss, Arnett, Higginson, Randolph, Campos, Dyck, 2002). Treatment implications and approaches are no different from those without MS and the standard treatments are successful (Minden, 2000).

The disorders of affect are euphoria, pathological laughing and weeping and other frontal lobe syndromes. (Minden, 2000). These disorders resulting from demyelination are some of the most characteristic symptoms of MS and have the same implications for treatment as do other aspects of the disease. Standard forms of treatment have been successful to assist individuals with MS to talk about the difficulties and accept them. (Minden, 2000).

Treatment issues for the feeling component are, as identified above, standard approaches in psychotherapy. The interplay with mood and recreational activities and the positive effect of exercise does suggest that this remedy is readily available and may result in less fatigue and elevated mood. For the practitioner who espouses the use of Reality
suggesting that encoding, the process of preparing for long term memory, may be significantly more difficult for patients who are depressed with MS (Arnett, Higginson, Reuling, Lazeron, Ader, Polman, 2002). It appears that while processing speed for patients who are depressed with MS and my own thinking. A longitudinal study found about 24% of those with MS, tends to be a general slowing of disability within one to two years (Simon, et.al., 1999). The most common feature regarding changes in cognition, for about 24% of those with MS, tends to be a general slowing of processing speed, although there is not a significant difference in accuracy of processing (DeSonneville, Boringa, Reuling, Lazeron, Ader, Polman, 2002). It appears that while slowed speed of processing may occur early in the course of the disease, the deficits in working memory occur as the disease progresses. Also the front wheels are involved in that there is a higher incidence of cognitive difficulties, especially processing speed for patients who are depressed with MS (Arnett, Higginson, & Randolph, 2001).

There is also evidence indicating that executive processes of working episodic and procedural memories are impacted, suggesting that encoding, the process of preparing for long term memory, may be significantly more difficult for individuals with MS (Marie & Defer, 2001). Specifically, it is thought the acquisition of new information (as demonstrated on visual-spacial tests) to be the most common deficit of an individual with MS, including those with the relapse-remitting form (Gaudino, Chiaravalloti, DeLuca, & Diamond, 2001). So this could explain my driving difficulties. And to prove the point, it was found that individuals with MS are at a higher risk for accidents than those without the disease (Schultheis, Garay, & DeLuca, 2001).

The question remains regarding communication abilities as the expression of thinking. Since language difficulties tend to be associated with cerebral and cerebellar dysfunction (Hartelius & Buder, 1997), it is noteworthy to mention that short term memory, language and global intellectual efficiency are generally shown to be normal for persons with MS (Marie & Defer, 2001). It is supposed that the combination of changes in cognition, vision, mobility and susceptibility to fatigue may be the contributing causes to ineffective communication patterns experienced by some persons with MS (Yorkston, Klasner, & Swanson, 2001).

When considering treatment, it is important to recognize the importance of internal locus of control; meaning that those persons with MS that cope with the disease through acceptance, tend to maintain a positive self concept and make adjustments as necessary. Individuals who rely on others have a decreasing sense of self concept and develop less social-psychological resources for the MS lifestyle (Brooks & Matson, 1982). To enhance the internal locus of control involves the other components of total behavior, especially the physiology. Treatment addressing the thinking portion of behavior focuses on the use of metacognitive strategies (strategies of thinking about thinking) and memory strategies such as imagery, initial letter recall and all the other techniques used during high school and college as a means of assisting with the encoding of new information. In a practical sense, as a professor, I use tools such as PowerPoint as a visual cue for myself, which also gives the students time to begin their processing of the information. It is an aid in my processing information at a rate necessary for the classroom. The use of the palm pilot gives me all the information I may need quickly in many other life circumstances without having to encode and process some information. And, as I stated previously, the mobile phone is my technique for dealing with mishaps in directions while driving.

Front Wheels

The front wheels really do matter. I am ready to drive full speed ahead! Hold on!

Thinking

One of the most frustrating symptoms of MS on a daily basis is the change in my cognitive functioning. Not to the extent that others notice it, but if they do, it makes a funny story: to me it is not funny. If I am driving in an area with which I am familiar, but not accustomed, I get lost. I call my husband from my cell phone and relay where I am and then he directs me . . . then I call again because I am unable to follow those directions. I did this once with a passenger from the accrediting agency for our university whom I was taking to observe one of my students at her work site. I called my husband four times, and was thoroughly embarrassed as we passed the same landmark for the third time. My passenger was gracious enough, but I was humiliated. It became a joke for the rest of his visit: it is a bad memory for me.

So I was interested to explore cognitive functioning with MS and my own thinking. A longitudinal study found significant cerebral atrophy for those with mild to moderate disability within one to two years (Simon, et.al., 1999). The most common feature regarding changes in cognition, for about 24% of those with MS, tends to be a general slowing of processing speed, although there is not a significant difference in accuracy of processing (DeSonneville, Boringa, Reuling, Lazeron, Ader, Polman, 2002). It appears that while slowed speed of processing may occur early in the course of the disease, the deficits in working memory occur as the disease progresses. Also the front wheels are involved in that there is a higher incidence of cognitive difficulties, especially processing speed for patients who are depressed with MS (Arnett, Higginson, & Randolph, 2001).

Acting

This is the component of total behavior which we readily embark on since we often suggest that acting comprises all of behavior. It is the behavior we can most readily change of which we are most aware. Unfortunately, my involvement with some MS support groups tends to focus on what can not be done rather than focusing on what can be done. There are not life actions that are prohibitive. There are some acting behaviors that are more difficult for those with MS than persons without the disease.

I refuse to be identified as MS as stated at the outset of the article. I have only recently disclosed to persons in my work life that I have MS. I share the information when it is necessary for them to understand my behaviors. One colleague repeatedly tells me that she is amazed that I have
MS since I do not let it stop me, until I suddenly state that I am unable to do something or that I need to do it in an alternative way. My parents and siblings are continually frustrated that I do not behave differently because I have MS. This is perhaps another one of the frustrations, that to behave as others want may not be satisfying for the person with MS.

While many of the acting components of behavior have been addressed previously in regard to treatment alternatives, this section will address the acting components involved in daily life functioning with the focus on relationships at the personal and professional level. I choose these two areas since this is often how we describe ourselves. I am a married woman with a loving husband and an adorable 2.5 year old son. I am an assistant professor at a university and had worked for 15 years as a school counselor and psychologist in private practice. This is the “nutshell” of who I am when I meet people. It is all based on acting behaviors; but, as we know, there is more.

Interestingly, one study discovered that the divorce status of persons with MS did not change with the onset of the disease, but that 53% of those who were employed gave up their jobs, with the corresponding decline in the standard of living for 37% of these persons and their families (Hakim et al., 2000). So it appears that there is something unique about the marital relationship that is not present in the workplace. Let’s start with personal relationships.

I always focus originally on my primary relationships of wife and mother. It is well documented that supportive interpersonal relationships offer security in the face of unpredictability and change in the chronic progressive disease of MS (McKay et al., 1985 cited in Rogers & Calder, 1990). This is true, since there is a significant relationship between emotional adjustments to the disease and marital adjustment. Interestingly, this adjustment was not related to degree of disability, i.e. not to the pathology of the disease. While this sounds favorable, the results indicated that, overall, persons in the study rated their perceptions of marital quality less favorably than the normative sample. The authors explained that persons with MS who are feeling emotionally maladjusted may be less able to maintain a well-adjusted relationship with spouses. Dealing with marital issues would be an essential portion of managing MS (Rogers & Calder, 1990).

For families and couples, it is the uncertainties about the progression of the disease which impact family satisfaction. Interestingly, the person with MS perception of satisfaction with family life was based on individual perception of the certainty of the disease and its progress; whereas for the spouse, it is the congruence of the perception of disease progress that adds to family satisfaction (Wineman, O’Brien, Nealon, & Kaskel, 1993). Again, the interrelationship between thinking and acting is demonstrated in marital and family relationships. The tension in personal relationships due to the additional role of caretaking adds stress to relationships in general. More specifically, the availability of resources, social support and availability of friends and self-help groups increases the positive relationship between the spouses and was positively correlated with the caregiver’s level of commitment to the relationship (Good, Bower, & Einsporn, 1995).

The most significant life change that is documented with persons with MS is professional changes regarding careers and the need to give up jobs at 58.3% (deAndres & Guillem, 2000), or 65% according to Roper Starch interview, or the MS society surveys indicating 70%-80% unemployment (National Multiple Sclerosis Society, 1999). The numbers do not reflect favorably for persons with MS.

Looking closer at the issue of employability for a person with MS, predictive variables include: symptom persistence and severity, educational attainment and presence of cognitive limitations (Roessler, Fitzgerald, Rumrill, and Koch, 2001). Risk factors tend to be rigid work schedules, manual precision, frequent moves, and daily work duration over eight hours. (Verdier-Taillefer et al., 1995). The major barriers to job retention for those with MS are related to work site accessibility, performance and essential functions, job mastery, and job satisfaction (Roessler & Rumrill, 1995).

Since MS is significantly related to vocational disability among young and middle aged adults, this social complication of the disease impacts society as a whole, and the need for vocational training/re-training is necessary (Scheinberg, Holland, Larocca, Laitin, Bennett, & Hall, 1981). The knowledge of predictive factors for employability, as well as the barriers and risk factors, can assist persons with MS in making employment decisions and arranging the work environment. This information and the resources and legal support provided by the Americans with Disabilities Act (ADA) entitles persons with MS to a barrier free work site (Williams, 2000).

Treatment approaches dealing with the acting component would necessitate recognition of the significance of the marital/family relationship and the interrelationship with emotional adjustment in the treatment of the disease; it would be important to address these significant relationships. I believe the principles of Choice Theory/Reality Therapy are an effective manner of being able to meet the emotional needs of the person with MS and the spouse. Glasser’s awareness of the need for belonging that all persons have and the importance of having that need met in a significant relationship is supported by the research stated above. He recognized that this relationship must be met in order to have the other needs met (Glasser, 2001, 1998; Glasser & Glasser, 2000). It is just that simple . . . but harder in practice . . . but it can be done with amazing results.

The other acting behavior for treatment is employment. Employment contributes to emotional well-being of persons with MS (Larsen, 1990 cited in Roessler, Fitzgerald, Rumrill, and Koch, 2001), and it is not surprising that a significant percentage of unemployed persons with MS want to return to work (Gregory et al. 1993 cited in Roessler, Fitzgerald, Rumrill, and Koch, 2001). As indicated previously, there are supportive resources available to persons with MS under the Americans with Disabilities Act (ADA), which can assist in this move back to employment or to maintain employment. A critical acting behavior is to advocate and encourage interventions at the work site that focus on barrier removal so that the work environment is free of restricting factors for individuals with MS (Roessler & Rumrill, 1995). Specific accommodations can be arranged in response to the needs of the individual. Some examples regarding cognitive difficulties
may include flexible work hours, memory aids and reduced stress whereas fatigue and weakness are common symptoms, and reducing physical exertion and periodic breaks and work from home are some of the more common treatments. Also heat sensitivity may require a fan or air conditioner in the work station (Batiste & Loy, 2002). The earlier the intervention to remove barriers the more likely is job retention, job satisfaction, and self-perceived job mastery (Roessler & Rumill, 1995). So why not do it and take control of the disease and career?

Concluding words

This is the reason I found that Choice Theory/Reality therapy was an approach that assisted my husband and me in our acceptance of the disease. I (we) wanted to be in control of how the disease was managed. I knew that the priorities in my life were God, family and career. In Choice Theory terms, my quality world has large pictures of God, husband, children, extended family and career. There is no picture of a sick woman relying on sympathy from others. My task was to discover how I could behave to have the pictures. I had to decide how to act to get the pictures. I intuitively knew that quality of life for persons with MS is directly correlated with health domains of mental/emotional and sensory symptoms and intimacy and recreation (Gulick, 1997).

Since the back wheels of exhaustion and fatigue were my first symptoms with the disease, I had to be creative in how I pursued my quality world. I decided to pursue education and accomplish that task so that I had options available to me as the disease progressed. The birth of our son 11 months after earning my doctoral degree was fulfillment of some of the quality world vision. I was able to be a mother and a professional in a career that would allow me the flexibility that my son and disease required. The 4 miscarriages and progression of the disease in the last fifteen months have been the hardest obstacles we have had to face as a married couple and I, as an individual. The principles of Choice Theory and Reality Therapy have again assisted me (us) in maintaining control of the risk, but choosing to be in control, has been the saving grace of this difficult time. It is my decision; I am not a victim of the disease. This is how I choose to live. It may not be what others would choose or what they want me to choose. But that is the reason Choice Theory has helped. It is my CHOICE, and I will live with it.

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The Effect of a Reality Therapy Program on the Responsibility for Elementary School Children in Korea

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ABSTRACT

The purpose of this study was to develop a Responsible Behavior Choice Program for children (RBCP), and to explore the effectiveness of this program. The Responsible Behavior Choice Program for children is based on the reality therapy developed by William Glasser. The main concepts of reality therapy are five basic needs, control, responsibility, total behavior and choice.

Subjects were an experimental group of 13 children and a control group of 12 children in an elementary school. They were 5th grade. The instruments used to measure the effectiveness of this 8 week program were Internal Locus of Control and Social Responsibility. The pretest-posttest design was used for both groups to measure the effectiveness of this program.

INTRODUCTION

Contemporary theories of juvenile delinquency postulate that juvenile delinquents are victims of social disorganization, family breakdown, and dubious societal influence (Bynum & Thompson, 1989). In Korea, the public also holds a sympathetic and forgiving attitude towards these juveniles. Local studies have found that they are unhappy children coming from broken families; suffering from poor family relationships, under undesirable peer group influence, with poor choice of free time activities as well as inadequate moral development. Accordingly, treatment of juveniles is designed to provide an appropriate opportunity to change and mature into responsible and productive citizens.

Carey and McAnany (1984) suggested that most delinquent acts are not irrational, unpredictable, nor senseless. That means adolescents did not learn social skills during childhood. The insufficiency of social competence correlated with psychological problems. Hence, we need a program dealing with child behavior problems for the prevention of delinquency.

According to William Glasser (1985), almost all clients come to counseling because they are not able to cope successfully with what is going on in their lives. In most cases, they believe that they are suffering because they are the victims of people or events over which they have no control. Control theory does not deny that many of us are treated badly and that we may, indeed, be victims of events that seem to us to be beyond our control. Almost all the people who come or are sent for counseling are not making the best possible choices regardless of the situations they are in. This is what makes control theory hopeful. If people choose what they are doing and feeling, with the help of a good counselor they can learn to make better choices.

Reality therapy, augmented by the insights of control theory, teaches that we need not be victims of our past or our present unless we choose to be so. Whether we do well or badly, we have much more control over our lives than most of us believe, and the more effectively we exercise this control, the more fulfilled our lives will be.

According to William Glasser (1965, 1981), Reality Therapy is based on the premise that individuals need to face the circumstances of their life and take responsibility for it. The issue of right and wrong is faced, and individuals are encouraged to evaluate their current behaviors and learn new ways to fulfill their needs. Glasser (1981) contends that the essential human needs include the following: the need to love and to be loved, the need to feel a sense of worthiness, the need to have fun and enjoy life, the need to be free and in control of one’s destiny. If these essential needs are satisfied, individuals would possess a success identity and see themselves as being able to give and accept love, feel that they are significant to others, experience a sense of self-worth, and become involved with others in a caring and responsible way.

RESPONSIBLE BEHAVIOR CHOICE PROGRAM

I. Basic Principles

Reality Therapy has provided a very useful conceptual framework for understanding the behavior of children. The Responsible Behavior Choice Program for children needed to focus on their free behaviors, and on helping them to take responsibility for those behaviors as a basis for taking effective control of their destiny in the future. In addition, there are certain basic principles that are used as part of the Control theory/Reality therapy process (Chung, 1994). These are:

1. Children are responsible for their behaviors.
2. Children create a relationship.
3. All behavior is chosen to meet basic needs.
4. Children invite friends to evaluate their behavior.
5. The emphasis is placed on the here and now.
6. The helper accepts no excuses for action/inaction.
7. The helper refuses to use punishment.
8. The helper helps children develop an action plan.
9. The helper gets a commitment.
10. The emphasis is placed on wellness, strength, and positive – what can be done.
11. The Quality World of an individual represents a world where all basic needs are met.

12. The helper works to assist an individual to reduce the discrepancy between the real world and the Quality World.

During the program sessions, these principles would be applied in a progressive manner, with each phase building on the previous one. Applying Reality Therapy can provide members with many psychological benefits, such as social support; self-esteem can be derived through relationships, interactions and problem solving with others in the group. Also, the program is in the form of a time-limited group counseling format.

II. Sessions

The Responsible Behavior Choice Program for children includes the following contents.

First session’s topic is want – The drawing paper.

This session is for us to talk about what we like or want to do and what we are really good at with our desire. This session needs some papers to try my activities. I hand out papers and explain about the drawing.

“On the paper there are three circles. On the first circle, write anything that you like in your house and on the second circle, anything around in class or school. For the last circle, anything like by yourself. Please write what you had on your mind at this moment, don’t think too long. Every one finished? Please make a group for three people. Then talk to people in your group about what you wrote.” I will send out another paper for each group. For each group, one person writes what they have in common from the paper with three circles. “If your group doesn’t have anything in common, then write anything that you think that has little in common. If we have enough time, then we will put the paper on the wall after each group is done, and make a presentation for each group.”

Second session’s topic is quality world – The product.

This session’s topic is also want, but this session’s want is a little different from first session. First session’s want is more close to something that can be defined as a thing, but the second session is much more like the real meaning of a want of your own. Questions can be “what do you want to be?” “What do you want from your friends, parents and teacher?” In this activity, I use papers, colored papers, clays and glues to express what they have in their mind. Like the first session, I have discussion and presentation time.

Third session is about total behavior – Fishing sheet.

Using little yellow toy cars, I illustrate choice theory. Each car’s wheels represent acting, thinking, feeling and physiology. I also want to try one activity on this session. “Let’s start. This time we will search for what you need to do to get what you want. Please make groups for two people and talk to your group member. After you are done, organize what you have told or heard with your group. When you finish with organizing, write on the paper. Every one finished? Then please stand up and stand in front of anyone you want, and tell the person in front of you what you wrote. Also tell him or her how does it help you to get what you want. I will give you five minutes. After talking please come back to your seat. Now please choose one thing that you can do after you can go home. Everyone choose it? Then write on the paper how many times you are willing to do it for a week.” This session’s activities continue until 6 sessions have elapsed.

Fourth session is about differences between individuals – The animal face’s drawing.

“Next there are animal face drawings. I will hand one out for each one in this room. When you get this drawing, think about what unique thing that this animal has. Everyone thought about it? Please stand up and then put this drawing on your face and tell what you had in your mind about this animal’s unique thing. Because we don’t have enough time, just tell three things. Who wants to start? Okay, please start.”

From this activity we can realize individual differences.

Fifth session is finding happiness – The unfinished sentences sheets.

From this work I send out papers with unfinished sentences and participants complete the sentences. As an example,

“If I were . . . . I will be happy”
“When I do . . . . I am happy”
“Because I want to be happy . . . . .”

After completing sentences, participants make presentations.

Sixth session is about troubles – role-play.

“Think about one thing that your parents or teachers told you not to do. If you are in this situation, how do you feel?” For an example, you want to play a computer game but your parents told you that you couldn’t play a computer game over 30 minutes. Then how do you feel? How are you going to act? What do you think? Talk to the person next to you about your trouble situation. If you are still in your trouble, then you could try to find new behavior.”

And have participants role-play.

Seventh session’s topic is the master of behavior choice – the magic lamp, behavior list sheet.

Make a wish in this magic lamp. Then make a plan to get what you wished and make a behavior list.

Last session is about responsibility – certification, assessment.

From this activity, I use cases that caused problems up to this week. For an example, somebody didn’t bring homework or somebody’s late. And help them to realize the responsibility for how they have chosen to act. After sessions finish, I give participants a certificate of responsibility. And they check the assessment sentences.

1. What did you learn from this program?
2. In what way have you been changed after this program?
3. What do you like most from this activity?
4. Do you want to recommend this program to somebody else?
5. Does the leader lead the right way?
6. Did you find anything different from this program?
7. What was your favorite in these 8 sessions?

RESEARCH METHOD

In order to test the effectiveness of Responsible Behavior Choice Program, a classical experimental design with control groups was built into the treatment program. The control group was used to guard against the effect of treatment. Moreover, to achieve the comparability of experimental and control groups, participants for the two groups were randomized. Pre-test and post-testing was employed to reflect the influence of treatment on the group. For both experimental and control groups, randomization was exercised in the selection of sample subjects.

Subjects were an experimental group of 13 children and a control group of 12 children in an elementary school. They were fifth grade. The instruments used to measure the effectiveness of this 8 weeks Responsible Behavior Choice Program were Internal Locus of Control and Social Responsibility. The pretest-posttest design was used for both groups to measure the effectiveness of this program. Data on internal locus of control and responsibility were collected before and after the responsible behavior choice program respectively, utilizing the following instruments 1) Rotter’s Control scale and 2) Kang’s responsibility scale. During the data collection process, subjects and their family’s cooperation and the staff’s support were seen as contributing factors to the success of the research study. The personnel involved in the data collection included the researcher (who is a group counselor), and two research assistants who were graduate students with rich practice experience in group counseling.

RESULT

The Responsible Behavior Choice Program for children is positively effective to increase the Internal Locus of Control and Social Responsibility in experimental group (Table 1-4).

Table 1. Pretest Score of Experimental and Control Subjects

<table>
<thead>
<tr>
<th>Scale</th>
<th>Experimental</th>
<th>Control</th>
<th>T</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Locus of Control</td>
<td>26.04(1.43)</td>
<td>25.71(1.47)</td>
<td>.56</td>
</tr>
<tr>
<td>Responsibility</td>
<td>29.74(3.84)</td>
<td>32.29(2.85)</td>
<td>-1.87</td>
</tr>
</tbody>
</table>

No significant differences were found between the two groups on the pre-test in locus of control and responsibility; therefore, these two groups are similar. (Table 1)

Table 2. Pre and Post-test of Experimental Group

<table>
<thead>
<tr>
<th>Scale</th>
<th>Pre-test</th>
<th>Post-test</th>
<th>T</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Locus of Control</td>
<td>26.04(1.43)</td>
<td>36.79(1.47)</td>
<td>-18.91 ***</td>
</tr>
<tr>
<td>Responsibility</td>
<td>29.74(3.84)</td>
<td>33.96(2.57)</td>
<td>-3.29 **</td>
</tr>
</tbody>
</table>

***p<.001   **p<.01

There was a significant difference at the pre-test and the post-test in locus of control and responsibility for the experimental group (Table 2).

Table 3. Pre and Post-test of Control Group

<table>
<thead>
<tr>
<th>Scale</th>
<th>Pre-test</th>
<th>Post-test</th>
<th>T</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Locus of Control</td>
<td>25.71(1.47)</td>
<td>25.83(1.48)</td>
<td>-.12</td>
</tr>
<tr>
<td>Responsibility</td>
<td>32.29(2.85)</td>
<td>30.50(3.31)</td>
<td>1.45</td>
</tr>
</tbody>
</table>

There was no significant difference between the pre and the post-test for the control group (Table 3).

Table 4. Post-test Score of Experimental and Control Group

<table>
<thead>
<tr>
<th>Scale</th>
<th>Experimental</th>
<th>Control</th>
<th>T</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Locus of Control</td>
<td>36.79(1.47)</td>
<td>25.83(1.48)</td>
<td>15.84 ***</td>
</tr>
<tr>
<td>Responsibility</td>
<td>33.96(2.57)</td>
<td>30.50(3.31)</td>
<td>2.96 **</td>
</tr>
</tbody>
</table>

***p<.001   **p<.01

There was a significant difference between the control group and the experimental group on locus of control and responsibility on the post-test (Table 4).

It supported a reality program to develop locus of control and responsibility for the children in the group.

CONCLUSION

The purpose of this research was to develop RBCP (Responsibility Behavior Choice Program), consisting of play. Participants spent most of time for play during group activities. Children fulfilled five basic needs through this program and found quality world in them. The Responsibility Behavior Choice Program was focused on responsibility. Children learned responsibility through freedom. It was proved by results of this research (Tables 1-4).

We could say juvenile delinquents don’t know how to be responsible for their behavior. Also, they have learned non-effective behaviors to satisfy their desire. This research’s participants were normal children, not juvenile delinquents, but if we do this research with juvenile delinquents, it may be equally effective.

The Responsibility Behavior Choice Program was effective on developing children’s internal control, and also was effective on increasing responsibility’s score. Therefore, if children participate in this program, they will increase their internal control and responsibility so that they will develop the ability of controlling themselves. If we teach reality therapy and choice theory to children and use the play for this research, even infants will be able to learn how to satisfy their needs. We will need more study on the play using reality therapy and choice theory. We will need to develop the play using reality therapy choice theory for the infants.
References


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Family Therapy in Transition: African Centered Family Healing

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ABSTRACT

Choice theory operationalized through reality therapy is inherently healing. The drive to fulfill our basic needs results in need fulfillment which is a drive toward wellness. It is a natural inclination of all living beings to move toward need fulfillment. We have no control over the fact that we have needs and must attempt to fulfill them. What we do have control over is the way we fulfill our needs; we have choices. African centered family healing assists families in their move from perception of powerlessness to one of powerfulness.

Family Wellness Systems

When a family attempts to meet its needs, it must have available to it the means to meet those needs, or its behavioral system will create need fulfilling behaviors. This behavior in the final analysis is need fulfilling and nothing else. That is, if the behavior is socially acceptable - fine. If the behavior is constricted (unhealthy) by the environment (discrimination, racism, sexism or other isms), then the family, not having wellness options, will continue to behave in an attempt to perceive that it has met or is meeting its needs. The system - thoughts, ideas - will continue to create until the system presents an acceptable need fulfilling behavioral pattern (Glasser, 1984). It is important that the healer recognizes that within the process, a change in one part of the family structure causes a reaction in the total family.

Individuals influence families, families influence communities, and communities nations. Therefore, it is not remote nor presumptuous to posit that what the healer does with a family (or a member of a family) is significant, important and impacts on the world’s future. Thus, it is incumbent upon those who would counsel to attempt to ascertain the picture of the client system’s what I know and what I want worlds. Vincent Harding (1974) writes in the Vocation of the Black Scholar that systems are not apart from the people of which they are composed. The authors posit that people are not apart from the system of which they are comprised.

It is important to clarify, reveal if you will, that people as systems interface with their perception of the “real world.” What the family system understands of the world (real) environment affects what it does, and what it does affects what it understands. All behavior in the family system is focused around control of certain quantities with respect to specific perceptions in the “real world.” The family attempts to gain and maintain control over what it perceives as need fulfilling in its real world. We posit families tend toward wellness. The variation between families is not the process, but the specific quantities (people, places, and things of the real world) in their sphere of influence.

All families have the same basic needs and the same total behavior with which to attempt to fulfill them. The differences come in the genetically endowed amount of the particular need (Glasser, 1998). Does one family group have a greater need for love, power, fun, freedom or spirituality? The question is never do you have the need, but how much, to what extent must you behave to perceive that you have fulfilled that need? The needs, genetically based, exist. When an assessment is made of the levels of need that exist, families may be found to possess the need for loving, caring and sharing to a greater extent than any other group.

African Centered Paradigm

The African centered paradigm (Mickel, 1991, 1994, 1995, 2000, Mickel and Liddie-Hamilton, 1998) explicates interdependence as the essential principle which must be correlated with the basic needs. Healing is a change process involving a number of change systems. The first system is comprised of the consumer(s); the second system is the healer, and the third is the environment where the change (healing) occurs. The consumer(s) and the healers bring their cultural and ethnic uniqueness to the healing environment. For example, those who would work in the African American community need to recognize the dual perspective. This perspective has posited that Africans in America are both African and “American.” As we began to heal, truth in definitions is a requisite. Effective intervention requires the development of a need fulfilling environment. The need fulfilling environment provides the loci where restructuring of the intervention process occurs. There is a continuum of proximal - distal cause effect relationships. Community based treatment by nature includes a focus on social conditions as significant causes of disorders. The traditional research approaches focus on looking for proximal causes. The more holistic approach focuses upon distal causes. Proximal causes exist within the distal causes. From this frame of reference, both empirical and axiological questions must be addressed. Modern epidemiology and its concomitant axiology focuses attention on proximate, individually-based risk factors, and away from social conditions as causes of disease. (Link and Phelan, 1995). This paradigm guides our understanding of an African worldview which is essential when working from an African centered paradigm. Two concepts that must be addressed are reciprocity and the dual perspective.

Reciprocity

Reciprocity is especially significant for African centered family healers. According to Karenga (1990, p. 91) “The law of reciprocity . . . insures that what is done to others will be done to you; thus, . . . the robber will end up being robbed and the conspirator entrapped by his/her own means.” The establishment of an interdependent, interpersonal relationship
requires that one seek harmony, truth as well as social and economic justice. Relationships are based on natural laws which include justice, truth and reciprocity. It is best expressed in the historic search for Maat. Karenga (1990, p. 93), states, “Maat above all is truth, justice, righteousness. Justice, then, starts at the heart of what it means to follow MAAT and create a Maatian moral community. And justice begins with respecting the human person and giving her (him) her (his) due. In African ethics, shared social wealth is essential.” An ethical foundation is required in order to promote reconciliation of opposing parties. We must move to wholism of perspectives.

Dual Perspective

Healing behaviors occur on two levels - the obvious (known) and the unknown. These components reflect the concept of a dual perspective. The Black Family lives in two worlds. It has a double consciousness (DuBois, 1989). Effective intervention requires an understanding of duality as a foundation for using the process of African Centered family mental health. This duality may reflect the communities’ definition and treatment of mental disorders. According to DuBois (1989, p. 3), “It is a peculiar sensation, this double-consciousness, this sense of always looking at one’s self through the eyes of others, of measuring one’s soul by the type of a world that looks on in amused contempt and pity. One ever feels his twoness, --an American, a Negro; two souls, two thoughts, two unreconciled strivings, two warring ideals in one dark body, whose dogged strength alone keeps it from being torn asunder.” This double consciousness influences the treatment of illness and wellness. To be well is a reconciliation of disparity and bringing life into balance. Balance requires a shift to an emphasis upon healing. This shift, in order to be effective, requires a process. This process leads to healing.

African centered family healing

African centered family health (healing) requires a culturally competent approach (Barnes, 1994; Barsky, Este, and Collins, 1996, and McKnight, 1997). The African-centered world view (Mickel, 1991,1994,1995) approaches human behavior as an interdependent relationship between the mind, body and spirit. It is a holistic approach which recognizes and supports interdependence. The primary objective of African-centered family healing is to liberate the individual from the limits of the confining individualistic environment.

According to Minuchin and Nichols (1993):

Ours is a society that celebrates the uniqueness of the individual and the search for the autonomous self. Differences among generations and genders are painted in polarities: parents exploit their children; adolescents struggle against their parents; women speak in a different voice, and men have strange ways of communicating. Child abuse, sexual abuse, family violence, battered women, the abandonment of the aged – these are the symptoms of relationships gone bad. But the way we characterize and address these problems rests on our tendency to perceive relationships as one sided. Blaming family traditions on one person’s cruelty and neglect is the over simplification of a society preoccupied with individuality – and of professionals wearing blinders. I see connections and possibilities. I help families search for alternatives. I encourage tolerance of differences and acceptance of limitations. Instead of emphasizing power and weakness – villain and victim – I focus on complementarity and the construction of partnership (p. 285).

African-centered family healing expands the parameters within which families are able to increase perceptual choices, while at the same time maintaining harmonious relationships with their perceptual world. According to Thurman (1986, p. 5), “In the human society, the experience of community, in realized potential, is rooted in life itself because the intuitive human urge for community reflects a characteristic of all life.” This is the logic of wellness.

The logic of wellness from an African centered perspective involves the union of opposites (McMahon, 1990). This logic posits that all sets are interrelated through mental, physical and spiritual networks and the highest value is in interpersonal spiritual relationships. A goal of healing-health intervention is to promote reconciliation, settlement, compromise, or understanding. African centered family wellness must include reciprocity as an outcome. According to Armah (1973, p. 17), “Reciprocity. Not merely taking, not merely offering. Giving, but only to those from whom we receive in equal measure. Receiving, but only from those to whom we give in reciprocal measure.”

The Healing Process

The African centered healing environment is a non-coercive need fulfilling arena where each participant is assisted to responsibly meet his or her needs. The environment is in part defined by difference. The myopic practitioner fails to recognize that difference as an important part of the healing process that underlies the practice (Logan, Freeman and McRoy, 1990). It is within this environment that issues of culture and diversity are addressed. The reality to be addressed is that culturally shaped behaviors exist. The culture is comprised of the factors that shape values, knowledge and skills. According to Thurman (1986, p. 16), “There is a spirit in man and in the world working always against the thing that destroys and lays waste. Always he must know that the limitations of life are not final or ultimate, he must distinguish between failure and a many-sided-awareness so that he will not mistake conformity for harmony, uniformity for synthesis.” These factors must be evaluated, and culturally competent healing practices developed to address them. Practitioners will reflect their learning environment (Mickel and Mickel, 1999). The African Centered Family healer’s practice, when it is holistic, reflects service to the whole family. African centered family mental health is concerned with developing the physical, spiritual and mental environment. According to McMahon (1990, p. 4), “Professionals and paraprofessionals in human services are growing in the use of a holistic conceptualization of the persons receiving services. The client/patient/consumer is seen holistically when focus is on the whole person – body, spirit, and mind – and on the interdependence of each of the major dimensions of person.” It is during the change process that one reinforces the necessity for wholeness. Therapy prepares the family to work with those who are similar as well as different from themselves. Healers are trained to perceive differences as acceptable and not aberrant.
Family healing requires involvement. According to Mickel (1993, p. 36), discussing the parameters of involvement, “It is an approach which focuses upon the relationship system, works to modify or change those processes which detract from the strength need fulfilling quality processes.” Within this environment, persons learn best through need fulfilling involvement. Need fulfillment occurs on a level playing field (Mickel and Mickel, 1999). It is required that noncoercive, safe space be provided in healing sessions. The African centered family healer uses an understanding of the environments and relationships to discern the development of the communal perception of “disorders.” Healing mandates a recognition of the person in the environment as well as the environment in the person.

In the involvement stage, the families are encouraged to move to a focus on the future and not the past. The past is used as a foundation for the development of strength building behaviors. In this stage, we complete the picture. Families are assisted in distinguishing wants from needs. Those needs are legitimized. All families have the same basic needs (Glasser, 1986). It is the role of the healer to reframe our wants into our common needs. According to Mickel (1993, p. 36), “The process begins by asking the client what (s)he wants. Empowered persons know in what direction they wish to go. Once the worker understands what the client wants, then it becomes necessary (for the worker’s planning) to translate that want into a basic need.” There is a set of common needs. When “wants” are translated into one or more of these common needs, families experience the reasonableness of want. Reasonableness can then be transformed into action behaviors which are possible.

In the next stage, the issues move to future problem solving. African centered family healers encourage belief in future success. According to Thurman (1986, p. 3), “It is not an overstatement that the purpose of all of the arrangements and conversations that make up the formal and informal agreements under which men live in society is to nourish one another with one another.” Finally, we clarify post mental disorder healing tasks. The focus is not only the presenting problem, but life task and goals. Planning requires addressing the here and now as well as how to engage in maintenance as well as preventive work.

Conclusion

The healing process reflects the environment that is perceived as the real world. African Centered Family Healing presents a realistic view of the history of the family, focusing on the strengths of the family, especially noting the central role of interdependence and spirituality. The process between family and healers occur in a socially constructed environment (Mickel and Liddie-Hamilton, 1997). The participants must be aware that the results are all developed for the real world where the family is required to be the locus for problem solving.

The art of healing is essentially the management of the healer, consumer and the environment. The critical function of the healer, therefore, is to therapeutically create a need fulfilling environment where the families can learn to make healing choices.

References

The search for common ground, Richmond, Virginia: Friends United Press.

Comments on the article may be addressed to the first author at 414 Nicholson Street, N.W., Washington, DC 20011.
ABSTRACT

I am grateful to those who have shared so much. Without their knowledge, support and friendship, I would not have known about the Journey Here and Beyond.

This is a story that has magic and charm. It involves a being, just like you and me, and a wizard. One has magic and the other has charm.

"The road of life seems so rough. I'm not sure of where I'm going or why? I just don't know. It's like I'm thirsty or something. I don't feel good. I don't feel right," I say as I start another same, old, day.

"Perhaps I should go see the Wizard for he has all the answers and can make things happen."

Thinking back, it seemed I was thirsty, so very thirsty. I was thirsty for a change. Or maybe, what I was really really thirsting for was a Need.

Props are needed here. Those being a pitcher of water and four glasses. The pitcher is to be labeled Survival Need, and each glass has a label of: Love & Belonging, Power, Freedom, and Fun. As you pour water from the pitcher into the glasses, explain that we all have these genetic needs.

We're all born with genetic needs. Survival (show pitcher) was humankind's first genetic need. This need includes food, clothing, shelter, safety and procreation. So, the water of life, the Survival Need, can be poured into four glasses. These glasses represent the four basic psychological needs, (Pour water into glasses) those being:

Love and belonging need – we all need to feel loved and cared about;

Power – having the power over our own life;

Freedom – free to make choices and express ourselves; and

Fun – a real incentive for learning. Each person's set of water glasses, or level of Needs are different. My glass for Power was a pretty tall one! (Pour water into the Power glass and take a drink.)

I needed a drink from the other glasses too, but my greatest thirst was for Power. At one time, my glass, or Need for Love and Belonging, was pretty big. And I know my friend has a real thirst for Fun right now, but at that time, my throat, body and soul thirsted for Power.

Let's go back to the story.

I went on my search for the wonderful wizard, the wonderful wizard of . . . Oh, I don't know what he was the wizard of really. I just knew he was the Wizard!

Well, after a long time, just a minute now, how old am I? Well after some time, I finally came to the wizard place.

It was a strange kind of place. I'm not sure how many questions I asked or even how I asked them. Perhaps there was more listening than asking. I'm not even sure if I ever really saw the Wizard but here's some of what happened.

"Oh, wise Wizard," I said, "One who makes things happen. I'm so stuck and don't feel right. What can I do?"

"Well," he said in a wise and caring voice, "Do you know where you want to go? Do you know what you want?"

"To want?" I said with a puzzled look on my face. I thought a minute and then replied, "Well, I just kinda, sorta go along with whatever."

"Oh . . . , interesting," he said, "Then that's where you'll end up."

Things were quiet for a while.

I started to think that this was a strange answer, but okay, since I was asked, where do I want to go? What do I want to be?

I must have had a puzzled look on my face because the Wizard said, "You know what you want. Look within. We all have pictures within us. Some pictures are created solely by ourselves. Some we've borrowed from others, and some are so dim and unclear that we can not make out what they are."

His hand was quick through a puff of smoke. I was given some magic markers.

"Make your own pictures", he encouragingly said. "Make as many as you want, anytime, anywhere. Change them as you wish. Let those pictures be strong, so clear, so vivid, so exciting that you can not wait to have them. Let the new outshine the old."

I got busy and did some pretty fancy drawing. Magic was definitely happening.

After much thinking and some drawing I asked, "Now that I have some pictures, how can I be sure to get there?"

"That's such an important questions. You tell me, what would help you to 'get there' on your journey?"

"I think I want a map."
“Then a map is what you have. Remember, this is your map. You need to make the roads.”

“Wow,” I exclaimed, “First, I get to make my own pictures. Now I get to make my own map, or maps, if I want. It doesn’t have to be the same old roads. I can have new roads. I can have short roads. I can have long roads!”

I was getting enthused and the Wizard just smiled.

“How do I travel this journey? Maybe I need a car?”

“Oh, very perceptive. Then a car is what you have. This car of course is magic. Yes, you guessed it, you are the driver. Can you feel the steering wheel in your hands?”

Yes, I could feel the steering wheel. I liked the feeling. I liked the magic.

The Wizard continued. “Now in your ‘magic car’ you have the most control over the front wheels. They really are the ‘doing and thinking’ part of you and the back wheels just follow right along. Those being your feelings and how your body reacts.”

That’s the thing with the Wizard. He only told me so much and it seemed I was to figure out the rest for myself. I was catching on though, and I was starting to realize that I have direct control over what I do and what I think about which in turn controls how I feel and how my body reacts. With those thoughts, I continued, “But what if the car goes off the road? What will I do then?”

“On one’s life journey, there are times when we go ‘off the road’ as you say. Listen to yourself. Look at your pictures. Are you getting closer? You’ll know when you’re off course or taking the long way around.”

I was really getting brave with what I wanted now and said, “Now in this car, I would like a 3D windshield, to help me see more clearly what and where I want to be.”

“Then that is what you have. Seeing and knowing clearly what you want is very important as we talked about before.”

I could hardly believe all the magic that was happening, but there was still more to come.

I said, “I think I would like to look back, to see where I’ve been. How could I do that?”

“What would work for you?”

“Well, with a rear view window, I could glance back to see where I’ve come from, but not too big though, because it would be hard to go forward if I keep looking back.”

The Wizard smiled even more and said, “Very perceptive of you. Then a mirror is what you have. It is good from time to time to see what we have overcome, and to reflect back on the good and positive that was there.”

I took this in but had some doubts. Was I brave enough for all this? Was I to do this all alone? I needed to ask, “Are there others along the way, to help me or to fix things, in case there’s some sort of breakdown?”

The Wizard, so kindly and gently said, “We all are on our own journey. And from time to time, we can help each other, so yes, there are many that can assist you on your way. But most importantly, know that you are responsible for the direction, the road, the journey that you choose. When in doubt about the path chosen, ask yourself these questions: What is it that I really want? What am I doing, thinking, feeling? Is what I’m doing working? Is it getting me what I want? And then listen. Listen with your heart.”

With this, I paused for some time again. This was amazing and wonderful information but I had one last question before I started on my journey here and beyond.

“What really runs this car of mine? What makes it go?”

“That is such a good question. Tell me, have you ever been thirsty?”

“Oh, yes”, I said, “My thirst is what started this whole process.”

“Your thirst is the fuel.”

It seemed I had everything that I needed. I was ready and also very excited for the journey ahead.

I started to leave and raised my hand to wave goodbye. The Wizard knew it was time. He closed his eyes.

As he quietly faded away, I heard a whisper in my ear:

“You now have the key.”

The key to your life, is now in your hand
Start right now and go real far
Reach, and stretch, and be that star . . .
A new way to do, and new way to see,
A new way to feel, a new way to be.
So much to learn, so much to grow
The magic in you and me is starting to show!
I look in the mirror
The mirror will see
A wonderful wizard
And that wizard is . . . . . .

(Show mirror to your audience,
so each can see who’s in the mirror)

Sample Discussion Questions
These are intended for group discussion questions.

- Who do you think the Wizard is?
- When do you think is a good time to make any change?
- What was the person’s world like before the Wizard experience?
- What was the person’s world like after the Wizard experience?
- It seemed the person had more energy near the end of the story. What are your thoughts about that?
Sample Reflective Questions

These are to be answered privately for self exploration and evaluation. The presenter would assist when asked.

• What’s the “key” mean to you?
• Who’s driving your “car”?
• Think of three things you do well now.
• Think of three things you’ve done in the past that you were proud of.
• Think of three things you are grateful for.
• Think of one area of your life (example: marriage, work, children, friendship). What would be the perfect picture of that area. Be specific. Think of some things that you say, think, and how you behave in that area. In what way do these behaviors help the relationship?
• Think of one thing about you you’d like to be different. Keep it simple. Imagine yourself with that change. Feel the change. Now think of one thing you can do today, this week, this month to get what you want. Be realistic. Remember to have the things dependent upon you only.
• Remember the end of the story. Describe what you saw when you looked in the mirror.

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The mission of The William Glasser Institute is to teach all people Choice Theory, Reality Therapy, and Lead Management (2000). The Institute has long designated the certification process as the primary institute sponsored vehicle for accomplishing this goal.

Noting the recent decrease in intensive week attendance, the advisory board of The William Glasser Institute recently discussed ways to promote Intensive Weeks and methods for increasing attendance.

Brief presentations to school faculties, agencies, and case workers as well as civic groups provide excellent opportunities for creating a pool of interested people and potential intensive week participants. To assist RTC's and faculty in making such presentations, the advisory board in March 2001 asked me to create an outline of a one to one and a half hour presentation on Choice Theory. Below are several suggestions which I have found useful in making brief presentations.

I. In discussions prior to the actual presentation, emphasize the immediate useability of the ideas. Repeat this at the very start of the presentation: The principles will be useful, down-to-earth, and instantly implementable on the job or in the home.

2. Clearly define desired outcomes of learning objectives. I suggest the following: Participants will learn:
   a. the five motivators of human behavior.
   b. hindrances (don’ts) to human relationships and communication.
   c. helps (do’s) for enhancing human relationships and communication.

3. Structure a brief role play before beginning the presentation. Suggest that the simulation be reasonable and not an impossible situation, the kind I refer to as “the chain saw massacre.”

4. Just as TV talk shows get right to the point in order to hold the audience, I suggest make a point in the first 60 seconds of the presentation. No warm ups, no long histories, no detailed “involvement” activities. Such groups are either already “involved” or get involved before the talk begins.

5. My preference for an attention getting starter consists of three questions.
   a. Does traffic cause you aggravation?
   b. Can weather cause anxiety?
   c. Does your job cause stress?

Invariably, the vast majority of persons answer “yes” to each question. Then inform them that you will teach that the correct answer is “No” because the key word in the questions was cause.

6. Do not attempt to explain the entire control system, or Choice Theory loop. “KIS” is the motto. Keep it simple. For a brief presentation, the rule “less is more” applies. Below is an outline of a brief presentation. The reader should feel free to use it as it is or to adapt it.

**Outline**

I. Introduction - 3 questions as above

II. Body

A. Explain the 5 needs as motivators of all behavior, emphasizing belonging, achievement (power), freedom (choices), and fun (enjoyment). Belonging means getting along with people. Power means a sense of satisfaction or achievement with activities. Freedom is the art of making choices. Fun can be intense or to a lesser degree, enjoyment.

B. Explain that there are helps and hindrances, Do’s and Don’ts that enhance effective communication, helping people fulfill their needs, and that assist them in contributing to the organization.

1. I prefer to teach the don’ts as an easily remembered system: A, B, C, D, E, F, G, H. Audiences love the question, “Have you ever won an argument with a 15 year old?” arguing serves to stiffen resistance. Blaming projects responsibility outward, while criticizing damages self-esteem (power, achievement). Demeaning people and asking for excuses block communication and drive wedges between people. Instilling fear has a paralyzing effect on children, students, or employees. Giving up, taking people for granted, and holding grudges demonstrate a lack of self-confidence, and mistrust for the student, worker, etc.

2. The Do’s can be formulated in many ways. Because people want to satisfy their five needs, I teach audiences to ask their children, students, employees, “What do you want from me, from yourself, and from your job, school, etc.” Then, “How hard do you want to work at getting what you want?” “What do you believe you can
control? &quot;List the factors you can control and what is beyond your ability to regulate?&quot; Then &quot;What are you doing to get what you want?&quot; followed by the most important principle: &quot;Is what you are doing helping you, bringing you closer to people, getting you what you want, contributing to the goals of the organization, etc?&quot; (Wubbolding, 2000).

The fourth practical idea is the question, &quot;What's your plan?&quot; Explain that this simple question cuts through excuses, complaining, whining, procrastinating, and other ineffective behavior. It is also an alternative to the Don'ts, the ABC's.

A well known acronym, WDEP, assists learners to retain these ideas. Tell them they are not steps. Rather, they comprise a system from which they extract useful ideas depending on specific situations. Though not labeled as such, this system is clearly evident in Unhappy Teenagers, especially chapter 6 (Glasser, 2002).

3. Role play demonstration is introduced by stating that it will illustrate the do's. It will be brief and is not intended to illustrate the entire process, only part of it. Stop the role play before it is completed but at a point where you can point out a valuable learning.

C. Conclusion: The final segment could consist of a short, one to one participant discussion of how each person will use one idea.

In summary, we, as an Institute, are continually searching for ways to market intensive weeks and fulfill the mission to teach choice theory / reality therapy / lead management. Brief presentations focusing on a segment of the theory and process are one way to build a data base of interested people. As I say in all my presentations, &quot;Take what is useful and leave aside what is not.&quot;

References


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Competence-Based Staff Training and Evaluation in a Family Literacy Program

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ABSTRACT

This certification week presentation highlights the process of developing Competence-Based Training and Evaluation within the Family Learning and Health Pilot Project, an initiative of the Saint John Learning Exchange. The article gives a brief background of the organization, discusses old thinking in terms of training and appraising employees, and ultimately the process of training and evaluation, using Choice Theory. The initial results of this change were very positive and the author outlines the next steps.

Organizational Background

The Saint John Learning Exchange, established in 1984, is a non-profit organization that offers a wide range of programs to adults, youth and families. The Learning Exchange’s current range of programs include: adult upgrading (Community Academic Services Program - CASP), employment preparation for youth and adults (Basic Education & Skills Training - BEST), homework school for elementary and middle school children, workplace literacy and family literacy initiatives (Parent - Child Mother Goose, Family Learning & Health).

Choice Theory (Glasser, 1998) is a crucial part of the Learning Exchange philosophy. We use Choice Theory as a tool to build relationships with learners and staff, and to help learners self-evaluate and become self-directed. We use the process of reality therapy in goal meetings with learners when we ask “What do you want”, “What are you doing to get what you want?”, “Is it working?”, & “What could you do differently, if it’s not working?” We also use this process when meeting with learners in crisis, although on-going counseling is beyond the scope of our literacy programs. Managers strive to be Lead Managers, and the organization has made a commitment to supporting the first two components of Choice Theory training for all staff. It was within the context of this environment and the Family Learning & Health Pilot Project that I was able to engage in the process of changing how I train and evaluate new employees in my program area.

In developing the training aspect of the Family Learning & Health program, I reflected on my past experiences with staff training. When I first assumed responsibility for employee training and performance appraisal in 1995, I was uncomfortable with the process of training I was using and with the way I talked with employees about their performance. Initially, I was unsure of what exactly it was that bothered me; I was very much on my “back wheels”. In time, as I learned more about choice theory, I realized my discomfort had to do with the external control character of the processes I was using. What I wanted, instead, was a more connecting process based in choice theory. Having identified the gap, I got off my back wheels by shifting my thinking and, later, my actions, piloting a training and appraisal process that would set new employees up for success.

Training and Appraisal Process “Gap”

On-going training has always been viewed as crucial at the Learning Exchange (Wells, 1992). Our philosophy and methods have reflected the very best in Adult Learning Theory, and our employees are also seen as learners. Regular performance appraisals are viewed as key tools for helping employees evaluate their performance on the job, affirming areas of strength and identifying areas for future learning and improvement.

Historically, the training process I used would begin with introductions and a review of the employee contract. Then, the new employee and I would sit down with written information, and go over the organization’s philosophy and methods verbally. We would discuss everything from the mission statement and core values right down to concrete strategies for the classroom. Observation of other facilitators at work was also part of the training, and, of course, the employee was invited to ask questions. While this process could take up to two weeks, there was a period of time where, due to funding reductions, two days was often the maximum time I could schedule initial training.

The first performance appraisal would come, usually, after three or six months on the job. By that time, the employee would have taken part in 3 or more monthly professional development days. As well, the employee and I would have met once a week to talk about any challenges or learnings.

So long as this training met the learning needs of the new employees and they were able to acquire an understanding of how to apply the organization’s philosophy in the classroom, this process was perceived as adequate, and I experienced no disconnection in the performance appraisal. A difficulty arose when this training did not meet the learning needs of new employees, and failed to assist them in their understanding or application of the philosophy.

Difficulties arose in the form of “constructive” criticism. Of course, this criticism harmed my relationship with the employees and their relationship with the organization. Their perception of their performance, necessarily based on personal standards, was that it was fine; my perception of their performance, based on organizational standards, was that it needed improvement: predictably, this led to a disconnection. That is how a Choice Theorist would read it. Initially, all I knew was that the employee and I weren’t getting along, my perception of the training was that it was ineffective, and I was feeling increasingly frustrated and uncomfortable.
In retrospect, I can see that I did not give new employees enough information about the philosophy and its application in the initial training. I was not asking new employees how they wanted to learn this information, and I was not providing enough time to connect with new employees to build a good relationship before they received their performance appraisal.

So, when the performance appraisal came, all I had to offer them was my perceptions of their strengths, and my criticisms of their work. This was expressed through a form that we use in performance appraisal where we check off “high”, “average” or “needs improvement” beside various categories or aspects of the job. Theoretically, I could have check marks in all three columns. Employees, with insufficient prior information about where they were in regard to the organization’s standards, could check off “high” in each category. The difference in our perceptions would result in a disconnection. However, the real point is that by now it was too late to help employees meet their learning needs and find success in their first performance appraisal.

**New Thinking**

In order to align our training and performance appraisal process with our stated philosophy and with the principles of Choice Theory, I began developing a process to facilitate Competence Based Training and Evaluation. It was my hope that this new process would assist new employees in their training in the organization’s philosophy and methods and would also assist more experienced employees continue their journey of improvement, which, according to Glasser, is the condition of quality.

During this time, I was reading more about choice theory. In particular, I read a booklet called *Creating the Competence Based Classroom*. This booklet described a place where the students are set up for success, and where everything was based on the idea of competence. I read *The Quality School*, as well as *The Quality School Teacher*, and I began thinking about a process where employees, like students, could be set up for success in regard to their training and assessment.

During the Advanced Week of our Choice Theory training, we were given “training outcomes”, specific learning objectives to be reached before moving to the next level of our training. This added to my reflections, and I began thinking about training outcomes for new employees: outcomes like “have read Glasser’s ‘Choice Theory’” or “can demonstrate how to set up a learner-centered classroom”.

As a result of my readings and reflections, I came to believe that if I could set individuals up for success through their initial training, then I could eliminate much of the disconnection around performance appraisal. For example, if the process employees used in goal meetings did not fit within the organization’s philosophical framework, this would be identified and addressed long before their next appraisal. In this way, the appraisal becomes an opportunity for co-verification. Because the employee has already met the organizational standard for competence, there is no disconnection and no perceived failure.

**New Behavior**

As part of the development of the Family Learning & Health Project, co-developer Wendell Dryden and myself developed training outcomes for each program position and questions for self-evaluation. Then, we began training with 2 weeks of observation in the classroom/playroom. During this time, we answered questions and gave new employees any information they requested. After the 2 weeks, we talked about the training outcomes and asked all employees how they wanted to learn this information.

We tried this with two adult facilitators. One asked to read the information. He/she was given a manual detailing our philosophy and methods, and we answered any questions that arose. The second facilitator wanted to learn through role-play. We developed scenarios to use along with the written information. In the case of another employee, and at his/her request, training was provided verbally and with use of videos.

As a trainer and manager, I was more satisfied with this initial training process. In it, I was not simply talking to the new employee, giving, no doubt, too much information in too short a time. Now, the employees were telling me how they wanted to get the information, as well as how they wanted me to give them feedback. This gave me a better chance of hitting their learning style, and gave them full responsibility for their own learning; which fit with what I understood about Adult Learning Principles, and what I was learning about Choice Theory and Lead Management.

At the same time, the organization’s standards and expectations were made as plain as possible. I took time to talk about quality with new employees: identifying what “quality” means in the context of the program and organizational philosophy, and finding out their vision of “quality”. I spent time building a relationship, explaining who I was, what I stood for, what I would ask them to do, what I would not ask them to do, what I would do with them and for them, and what I would not do for them. I asked “What do you want – for training, for feedback, for resources and support, for quality – within this framework, and what are you willing to do to achieve this?” was crucial for helping each employee get into the mode of constant self-evaluation.

Senior family literacy staff that engaged in this process found it very beneficial. They were able to write their own training plan, mixing external and in-house training. But even the new employees, as soon as they began self-evaluating, were able to tell their manager, in some form, what they wanted for training. In my perception, that’s the point of quality.

There are two key differences between the revised process and my traditional approach to performance appraisal. Though the employee evaluation is basically the same, I now perceive that it is my job to help the employee reflect on and acquire competence in identified areas before we do a performance appraisal. The performance appraisal itself will then be an affirmation of professional growth and success: a coverification. To reach this goal, I need to commit time and energy in observing in the classroom, talking with employees regularly, and giving information and asking questions to help them self-evaluate regularly.
The second major change involves the language we use in performance appraisals. The form I have used in performance appraisal offers the headings “high”, “average” and “needs improvement”. A competence-based evaluation might have “competence” as the minimum that someone could check off. This is still an area of exploration.

In looking at using language on the self-evaluation form to reflect Choice Theory language, we looked at some possibilities. For example, the form asks if employees “greets learners warmly.” It seems less subjective to ask if they “arrive before learners, smile and say ‘good morning’, and take a minute to chat”. Or, where it asks if a facilitator “interacts well with learners”, it could be changed to say, “uses connecting behaviors to maintain relationships (supporting, encouraging... etc.)”. The goal here is to be clear about the behaviors against which program employees are to assess their job performance. For example:

**Old language:** Example: Relationship building

- Needs improvement
- Average
- High

**New language:**

1. Interacts well with learners.
2. Creates a ‘safe’ atmosphere
3. Averts clashes
4. Assists the class to bond.

**Old language:** Example: Relationship building
Further info needed

**New language:**

1. Chooses connecting behaviors with learners
   (accepting, supporting, listening, etc.)
2. Builds environment
3. Always negotiates disagreements
4. Facilitates group activities that build group relationships

**Reflections**

This was not an effortless process. It required a large investment of time and effort on the part of all family literacy staff in a period in which they continued to deliver a pilot program. While it is my perception that this is the kind of training needed for quality in my program area, the cost in staff hours and resources is significant, and often unsupported by funding agencies.

At this time, we are still in the process of talking to other staff and refining the piloted training and appraisal process. We are looking at how it can be further improved in terms of language and clarity. There is more work to do. Yet, the initial promise of this approach is clear. With this approach we can equip new employees for consistent self-evaluation and performance improvement. We can build connecting relationships around job training and assessment. And at the end of three months, new employees can have a basic understanding of choice theory, of the philosophy and methods and how we apply these within a family literacy program, and find themselves on their way to success – success we can document and celebrate at each performance appraisal.

**Family Learning & Health Facilitator Training**

**Training Outcomes**

- Know the guidelines and policies outlined in the Saint John Learning Exchange Employee Handbook
- Meet with the Executive Director to discuss Employee Contract
- Name Learning Exchange employees and how they fit into the organization
- Be familiar with: Choice Theory (William Glasser); Adult Learning Principles (Knowles, MacKeracher); Emergent Learning (Frank Smith); Developmentally Appropriate Practice (SCIL - Frontier College).
- Identify the difference between external control psychology and choice theory
- Identify the difference between ‘teacher-centered’ and ‘learner-centered’ curriculum (one example of learner centered curriculum)
- Give examples of respecting/listening behaviors
- Give examples of resources that are ‘learner-centered’
- Identify the difference between ‘whole language’ and ‘phonics based’ instruction and explain why the Learning Exchange emphasizes the former.
- Describe the formal and informal assessments used
- Describe the orientation process for new learners
- Describe the goal setting process leading to self-directed learning
- Describe the 4 learning styles/identify your own learning style
- Describe the four miscues and the approach for instruction according to Canadian Adult Reading Assessment
- Be familiar with Foundational Family Literacy Training Modules
- Record your accomplishments during this training
Training Questions

What questions do you have about the point of your job?
Or about the Philosophy of your job?
Or about the details of your job?

Self Assessment:
What are your strengths . . . or what do you feel confident doing/
What could you show someone else how to do?
Think about . . .
What are you good at in this field?
What parts of your job are you good at?
What would you be able to help someone else learn to do?
What are you comfortable with that you could contribute to

group training?

What do you need to work on? Think about . . .
What training would you like to have?
What skills, knowledge or qualifications would you like to
have acquired by (anniversary date? End of program?)

How are you going to build on your strengths to reach
your goal? Think about . . .
How would you like to improve how you do your job, and
what kind of training could help you with that?
How would you like to improve your area of the program,
staying within the philosophy, to better reach our goals and
what training would help you with that?

What would a quality literacy program (or job program or
family literacy program) look like to you, and what training
would help with that?

What training would you like to be involved in with the
whole group?

What training would help you reach your personal or
employment goals?

What would be your absolute training dream-come-true?

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Serving Student Teachers with CTRT

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ABSTRACT

Due to the author's interest in Choice Theory/Reality Therapy (CTRT) and due to the need for preservice elementary education students to be introduced to classroom behavior management techniques, a pilot program of introducing CTRT to the Albion College Preservice education Program was scheduled for Spring Semester 2002 with education course number 230 “Developing Effective Schools and Effective Instruction.” Albion College has embraced an educational-theory-into-practice approach with preservice learning, and therefore, each education course has a field placement component. This course was chosen as this class is the first in the program plan which includes an intensive teaching component. The objectives of the pilot program were the following: recognizing the benefits of CTRT to behavior management in the classroom; the benefit to students; the benefit to teachers; the benefit to the classroom community; the benefit to the school community. Albion College undergraduate students received a pre-test regarding classroom behavior management (N=15), then an introduction to CTRT; and finally the same post-test to determine student learning. The results of the surveys (N=14) indicate the objectives of the introduction to CTRT were met: students learned, recognized, and embraced the benefits of incorporating the principles of CTRT.

Introduction

The Albion College Preservice Education Program serves approximately 150 undergraduate students per year. The average size for an Ed 230 course is 15 (approximately 10% of the education program student population). Students are required, as part of the program plan, to complete an intensive teaching component as part of the field placement requirement for this course. In preparation for the intensive instruction, students had been taught the “Assertive Discipline” model. This semester, the CTRT model for management in the classroom was chosen to be introduced to the students. At this point in the program plan, undergraduate students have participated in at least three (3) education program-related courses and have heard of various types of classroom behavior management. However, students had not learned about CTRT, although it was introduced as a learning theory in the Developmental Psychology courses.

Benefits of CTRT to Ed 230 Class

As previously mentioned, of typical interest to undergraduate preservice education students is the topic of behavior management. Prior to beginning intensive teaching in Ed 230, Albion College undergraduate students do participate in weekly observations in the elementary classroom in which they will be teaching, and are encouraged to engage in discussions with their cooperating teacher regarding their management strategies. During their field placement, students are to keep a journal regarding their observation time and to record if “rules”/expectations are stated, written, posted, etc. and also how “infractions” to the “rules” are handled. In these confidential journals, common themes arose of most students being “well-behaved” and that quite strict “order” is kept in the classes. Students observed common “rules” posted in each classroom and during class time of sharing in Ed 230, noted this similarity. Students postulated that the school district had adopted common “rules” for posting, which was the case, for the four (4) operating elementary school buildings in the Albion Public School System: Caldwell; Crowell; Harrington; Open. Specific information regarding Albion Public Schools can be found on the website at http://www.albion.k12.mi.us. The students established their field placements in January 2002, and were scheduled to begin their observations no later than the first week of February 2002. Students then, on average, were able to visit their field placement elementary classrooms a couple times prior to taking their pre-test. In terms of classroom management, students most frequently reported on the pre-test that successful behavior management could be observed as having a “quiet classroom”, having “order”, “organization”, and “clear set of ‘rules’/expectations”.

The assessment of these pre-tests was that students had listened intently in their Foundations and Psychology courses, and understood the daily challenges of being a teacher in terms of keeping the classroom “managed”. In fact, I believe these education students were actually slightly ahead of the curve in that they were very receptive and understanding of the definitions of ‘discipline’ and ‘management’; however, most were still viewing classroom management from an external control lens. The students believe that discipline is critical to keeping the classroom safe and secure in an elementary setting.

During the introduction to CTRT, students were able to explore their own external control lens and use this knowledge during their classroom observations. By the time of the post-test, following their first intensive unit, students were cognizant of the benefits of CTRT and had begun to employ it in their teaching. The most frequently reported statements following their teaching was “It really worked . . . I was nervous and concerned about not being able to ‘enforce the rules’; however, having that personal connection made the difference!” and “I am proud about what I have learned and can do in the classroom . . . I feel that much closer to being a teacher!” The most frequent changes in statements on the same question on the post-test regarding successful behavior management were “Children safe and happy”, “Respect”, “Open communication”, “Patient interaction with students”
and “Cooperation”. Students have learned about CTRT and are beginning to internalize and use the language of choice.

**Benefits of CTRT to Undergraduates**

Students in Education 230 were exposed to the actual needs and thoughts of elementary students in a different approach than what they had received in the past, as this course, as previously mentioned, is the real introduction for students to intensive teaching. With this practical component, students had a more hands-on approach to teaching than what most had experienced, and therefore, had a closer relationship with elementary students than what most had before in their prior observations. Given this proximity, students were again very interested in how to best approach the elementary students, as this was a different role for them: they could not be their friends, nor their counselors, nor the babysitters. They were expected to enter the classrooms as preservice teachers and indeed, they wanted to connect with the students on that level; however, they were not equipped to do so. CTRT was just what the undergraduate students needed and were looking for in order to better understand the Albion Public Schools elementary students. In the pre-test, the undergraduate students most frequently reported that successful student behavior was observed by noting the following: “listens”; “follows directions”; “knows the rules... when to work and when to play”. “Respectful” also cropped up as an answer.

During the introduction to CTRT, students were pleased to learn that their needs of fun, freedom, survival, power, and love were the same needs that the elementary students shared when pared down to the “roots”. This provided a common starting place, although from a socio-economic demographic, the undergraduate students, mostly white middle-class females, came from a different perspective. Following the introduction to CTRT and the first intensive teaching period, students most frequently changed their statements on the post-test to reflect that successful student behavior was shown as: “Respectful”; “Working and learning on task for understanding”; “Pride in self and self-confidence”. Again, a greater use of CTRT terminology (not necessarily exact replication of the terms ‘freedom’ or ‘fun’ or ‘power’) suggests an internalizing of the concepts and a recognition of the benefits of employing CTRT with students to have a better connection with them.

**Benefits to (Preservice) Teachers**

Most students in Ed 230 were already familiar with the idea that teaching is indeed stressful, and that it is advantageous to utilize tools of teaching in the classroom instead of plodding through with techniques that are not reaching the students and in essence, making more work for the teacher. This receptiveness is characteristic of preservice teachers and not necessarily of inservice teachers, and one of the reasons that a preservice program was chosen for this pilot program. On the pre-test, however, students did still demonstrate their external control lens in answering the questions about how they would handle potentially stressful situations as a teacher. In answer to the questions regarding teachers and ‘handling a situation’, students most frequently responded the following: “Reminder of the rules”; “Explain consequence”; “Take something away”; “Time out”. I was pleased the undergraduate students did not immediately respond to “send the students out into the hall”. I believe this is in part due to the observations the students had already made in their classrooms in the Albion Public Schools, and the theme in the Albion College program of working with students instead of sending them into the hallway. Again, preservice teaching students were very interested in learning what would make their job easier and less stressful, and realized the benefits immediately through role plays of how much better situations went with communication. The introduction of CTRT was almost effortless to this end. In the post-test, students more frequently changed their responses to reflect CTRT terminology as in the following examples: “Talk with the students and ask them why they did that . . .what they wanted”; “Find out the reasons and have the students write out a plan”; “Talk to the individuals”.

**Benefits to the Community**

Continuing on the same vein as the “Teachers” section, students were interested in having the same benefits for their classroom community as for themselves: they immediately recognized the benefits of having synergism and a collective consciousness of respect. Again, this is not necessarily the case with inservice teachers who have been teaching for a number of years and who might think they do not need to be taught another fad that is just a flash in the pan . . . This characteristic, then, was able to be well-utilized as the undergraduate students were able to discuss and share their view of how a successful classroom should run. At the time of the pre-test, students responded that a successful classroom unit would be formed by: “Having the students feel welcome”; “Involving them”; “Grouping them”. During discussions on CTRT, students again internalized the concepts of freedom, fun, survival, power, and love and realized that the daily struggle for these can be lessened if needs are met in the classroom. This, in turn, provides for a needs-satisfying atmosphere not only for individual students, but for the class as a community. With recent school violence accounts even within elementary schools and with the events of 9-11, preservice teachers are interested more than in the past about having a safe, secure, non-violent-nor-bullying environment for students. Ed 230 students concluded that if their students were ‘happy’, then they as teachers were more likely to be ‘happy’. They also realized that this in turn, feeds the school district. If the entire district supports CTRT, then the education in communication and connections a student receives in elementary classes does not end at middle school nor high school, it is internalized and reinforced for life. In the post-test, students most commonly reported the following: “Getting to know them”; “Open communication”; “Smiling and being friendly”.

**Conclusion**

I heartily endorse CTRT and encourage Albion College to continue teaching about CTRT in education courses with a certified trainer from the Glasser Institute. As previously mentioned, this pilot program was initiated due to the author’s interest in Choice Theory/Reality Therapy as the preservice elementary education students were scheduled to be introduced to classroom behavior management techniques, and is a compilation of my observations and evaluations based upon discussions with the undergraduate students and
their surveys. With Albion College's forward-thinking approach to Education, CTRT clearly fits within the need for understanding and practicing classroom behavior management in Ed 230. Teachers should be taught these techniques from the start, so it does become natural behavior. Given this pilot program and the accompanying results, although not scientific and although conducted in a course of limited number, the objectives were met of recognizing the benefits of CTRT to behavior management in the classroom; the benefit to students; the benefit to teachers; the benefit to the classroom community; the benefit to the school community. Albion College undergraduate students overwhelmingly reported in their confidential year-end reflections that they learned, recognized, and embraced the benefits of incorporating the principles of CTRT into their field practicums and eventually their own classrooms.

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