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# International Journal of Reality Therapy

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The International Journal of Reality Therapy is directed to concepts of internal control psychology, with particular emphasis on research, theory, development, or special descriptions of the successful application of choice theory and reality therapy principles in field settings.

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Editor's Comments
Larry Litwack

This marks the end of the 23rd year of publication for the Journal. Unlike many previous issues, the majority of articles in this issue came from American contributors. It is hoped that more international authors will submit articles in the coming issues.

Of particular note are the first two articles which provide data-based research related to reality therapy and choice theory. This represents a continuing need for such studies in an effort to support the legitimacy of reality therapy and choice theory, particularly in the academic community. The timing of these articles is also appropriate with the plan for a program to be presented at the 2004 William Glasser Institute International Conference dealing with the need for ongoing research.

Regarding the Journal itself, I am happy to report the creation of a website for the Journal. Included in the web site are an overview of reality therapy, a listing of the article titles and authors in the latest issue, a listing of college and university libraries that subscribe to the Journal in the United States and abroad, a cross reference to other appropriate websites, and order information for subscriptions and back issues of the Journal, as well as order information for the Resource Guide. Since the creation of the website, there have been 18 new subscribers and orders related to the Journal.

The website may be accessed through journalofrealitytherapy.com
Getting Together and Staying Together: Testing the Compatibility of the Need-Strength Profile and the Basic Needs Inventory

Beverly C. Huffstetler, Sara H. Mims, Charles L. Thompson

All three authors are in the Educational Psychology and Counseling Department of the University of Tennessee in Knoxville, Tennessee

ABSTRACT

The purpose of the current research was to compare the Need-Strength Profile (Glasser & Glasser, 2000) in Getting Together and Staying Together: Solving the Mystery of Marriage with the Basic Needs Inventory (Thompson, 2003). Both instruments are designed to assess relational needs of Survival, Love & Belonging, Power, Freedom, and Fun. Spearman's r indicated a significant correlation between the two instruments in assessing Power, Freedom, and Fun. There was not a significant correlation between Survival and Love & Belonging. Possible explanations for the discrepancy, suggestions for improving each instrument, implications of the research, and suggestions for further research are included.

It is estimated that anywhere from 40% to 50% of marriages will end in divorce (Gallagher, 1999; Raskin, 2003; Stanley, 2001). The high divorce rate is so concerning that many states, including Arizona, Illinois, Iowa, Maryland, Michigan, Minnesota, Mississippi, Missouri, Oregon, and Washington, have proposed laws to mandate premarital counseling (Daw, 2003). A study of military marriages indicated that those who experienced a satisfactory premarital counseling experience later indicated a higher level of marital satisfaction (Schumm, Resnick, Silliman, & Bell, 1998) or were more likely to utilize marital counseling before conflicts escalated to an unsolvable level (Schumm, Silliman, & Bell, 2000). Glasser makes the point that most marriages fail because spouses have different levels of personal needs that are often in conflict. Therefore, it would follow that assessment of possible differences in the strength level of a couple's personal needs would be in order.

There is a plethora of premarital assessment instruments and programs, including The Couple Communication Program (CCP), Premarital Relationship Enhancement and Prevention (PREP), (Silliman & Schumm, 2000), Premarital Preparation and Relationship Enhancement (PREPARE), Facilitating Open Couple Communication, Understanding and Study (FOCCUS), and Relationship Evaluation (RELATE) (Larson, Newell, Topham, & Nichols, 2002). Despite the worthiness of each of these instruments, many are costly, time-consuming, require specialized training to administer, and fail to address differences in the strength levels of personal needs.

Given the positive impact of premarital counseling, it is imperative to make marital assessment instruments both accessible and relevant to the assessment of personal need strengths. The Need-Strength Profile proposed by Glasser & Glasser (2000) is an informal assessment instrument that is easy to use and understand, easy to score, economically reasonable, and relevant to couples' personal needs compatibility. The instrument, however, is highly subjective and this subjectivity has potential to create, rather than solve, conflict. In this paper, we propose a modified version of the Need-Strength Profile that retains the positive attributes of the original scale, such as ease of use, comprehension, and scoring, while making the instrument more objective for assessing need-strength compatibility.

Rationale for the Study

The reasons for marriage—and divorce—are numerous. Like social learning theory and social exchange theory (Jacobson, 1981), Glasser's Choice Theory purports people get married to satisfy some of their basic needs (Glasser, 1998; Smadi, 1991). This becomes problematic when partners have unrealistic or different expectations about how their needs will be met or when there are significantly different levels of need strength between them.

In Getting Together and Staying Together: Solving the Mystery of Marriage, Glasser & Glasser (2000) propose five basic needs—Survival, Love & Belonging, Power, Freedom, and Fun—that human beings attempt to meet. The husband-wife author team purports that marital difficulties may arise when the partners differ in their strength level of needs. Therefore, the purpose of the current research is to create a more objective instrument than the current five-point rating scale proposed by the Glassers to assess the five needs. Becoming and remaining aware of discrepancies in strength of needs between partners should be helpful in counseling couples considering marriage as well as those involved in troubled marital relationships.

Participants

Fifty-seven adults from North Carolina, South Carolina, and Tennessee were selected for the study. Sample sizes of 32 are sufficient to represent the population and to fulfill the
requirements for using parametric statistics (Salkind, 2000). Age range was 25 to 70 years of age and gender was approximately equally divided.

Procedure

The Need-Strength Profile (Glasser & Glasser, 2000) was revised so that it could be used for the purposes of this research. The revision was to have participants review each of the five needs and rank themselves on a five-point scale from low (1) to high (5) on the five needs—Survival, Love and Belonging, Power, Freedom, and Fun (see Figure 1).

We then created the Basic Needs Inventory by representing each need with a statement and pairing the statements. For example, the Survival need is represented by the statement, “Having a savings account equal to 5 months’ salary is important to me” and the Love and Belonging need is represented by the statement, “Having close friends is important to me.” These statements were paired with each other and participants were required to express their preference for one of the two statements. The participant received one point for each need preference (see Figure 2). The preference format dictated that participants compare one need with another rather than ranking themselves high or low on every need. For maximum usefulness as a screening tool, informal assessment instruments should be relatively short so that they can be easily administered (Douglass & Douglass, 1995). Our ten-item Basic Needs Inventory is both short and easily administered.

The researchers followed a script when working with participants to enhance purity of the data. Participants first completed the Need-Strength Profile then the Basic Needs Inventory. The purpose of giving the more subjective assessment first was to protect the purity of the data by not allowing the concreteness of the Basic Needs Inventory to affect participant’s rankings. Participants were referred to the books, Staying Together (Glasser, 1995) and Getting Together and Staying Together: Solving the Mystery of Marriage (Glasser & Glasser, 2000) if they had further questions about the issues raised by the study. The researchers were careful to maintain boundaries regarding their role as researchers and not to digress into counseling.

Following data collection, the numbers were entered into the Statistical Program for the Social Sciences (SPSS). Descriptive statistics were run to confirm the accuracy of the data entry. Spearman’s r was used to provide a comparison of two groups of data while not assuming normal distribution. Spearman’s correlation coefficient is an appropriate measure to compare data on ordinal scale of the type used in the current research (Anderson & Finn, 1996). Scores for each need, as measured by the Need-Strength Profile and the Basic Needs Inventory, were compared for similarity on the two instruments.

Results

Based on the results from the Spearman’s r analysis, Power, Freedom and Fun showed significant correlations between the Need-Strength Profile and the Basic Needs Inventory. The correlations were as follows: Power, .39; Freedom, .480; and Fun, .41, and each of these were significant at the .01 level (two-tailed test). The .10 correlation for Love and Belonging and the .17 correlation for Survival were not significant (see Table 1).

Discussion

The results seem to indicate that the Basic Needs Inventory and Need-Strength Profile give similar results on the Power, Freedom, and Fun needs. However, correlations between the Survival and Love & Belonging needs were not significant, indicating that the two instruments may have measured two different things in the area of these needs. However, we propose that having participants choose one need over another prevents the tendency to make generalized guesses about personal needs, thereby making the Basic Needs Inventory the more accurate assessment instrument of the two. An alternate explanation is that relatively high means of Survival and Love & Belonging as measured by the Need-Strength Profile (3.82 and 4.12 respectively) may account for the lack of a significant correlation. That is, there may be a correlation that was masked by the extreme means.

The information gained about oneself and one’s partners can deepen self-awareness and serve as an impetus for personal growth and relational growth. Mental health professionals can use the Basic Needs Inventory as a springboard for discussion in counseling as it simplifies and categorizes potential points of conflict. A manageable model of needs assessment provides couples with helpful data for resolving conflicts over competing levels of need satisfaction. As Dushman & O’Connor (1993) point out, “If the counselor can adequately take important but disjointed information and re-present it to the couple for their consideration, discussion, and agreement, then the movement toward a common goal can be better assured” (p. 352). In keeping with Glasser’s principles of Choice Theory, the common goal in this case is the marriage, not the individual needs of the spouses (Glasser, 2000).

Rather than being a predictor of successful marriages, the value of the Basic Needs Inventory is more likely to be an indicator of areas requiring some adjustment or conflict management work if the marriage is to have the quality the partners prefer.

While almost any marriage can work if both partners are willing to communicate and compromise, there are certain matches in need strength that are more suited for each other. For example, a compatible couple shares the same need strength on all needs except Power. Conflict could occur if both partners are high on the need for Power. Ideally, partners would have a low to moderate need for Freedom and a high need for Love and Belonging (Glasser, 1995; Glasser & Glasser, 2000).

Obviously bad candidates for a marriage partnership would be those people having sociopathic or psychopathic personality traits: low in Survival and Love & Belonging and high in Power, Freedom, and Fun. They would not be well-suited for...
long term relationships. In general, those with high needs for Love & Belonging and low needs for Power and Freedom are well suited for marriage (Glasser, 1995; Glasser & Glasser, 2000).

Glasser (1998) writes that our personalities are best defined by the way we relate to others. He also believes that part of our personality is determined by our genetic makeup and that differences in the strength of our basic needs determine differences in our personalities. Departing from the behavioral view, Glasser believes that strength of need is determined at birth. He posits five basic human needs that differ somewhat from Maslow’s (1970) list of the five human needs: physiological, safety, love & belonging, self-esteem, and self-actualization. Glasser’s list includes Survival, Fun, Freedom, Love & Belonging and Power. Maslow’s list was based on the assumption that each need is based on fulfillment of the previous level of need. Glasser, on the other hand, focuses on the strength of each need as it is manifested in one’s behavior.

In applying his need-strength theory to marriage, Glasser (1998) found that couples with similar personalities have the best chance for good marriages unless both individuals have a high need for power and compete for control of the relationship. Using the personal example of his parents, Glasser wrote that his father would have been a happier man had he married a woman with his high need for love and low need for power rather than his mother who had difficulty separating love from power. She could love a person only if she controlled that person. Of course, Glasser, as we know him, would not have written this had his father made the “better” choice. Mismatches on Glasser’s need-strength profile do not necessarily doom a marriage to failure if the couple is willing to use choice theory, give up trying to control each other, and negotiate ways to handle their differences.

Differences in the needs for survival and freedom can be sources of conflict between couples. The high-freedom need spouse will want more time alone than the partner who may want more time together. The high-survival need partner is likely to be a saver who wants a healthy bank balance and who would be shocked, chagrined, and appalled to find out he married a spender. Extremes of both needs in a couple may need some thorough negotiating if they are to find the happiness they want in their marriage. Regarding the need for love & belonging, the strength of this need is based on how much people are willing to give rather than how much they are trying to get—a real stumbling point in many marriages where love is based on the latter. Couples need to distinguish between falling in love and real love. They also should not confuse love and sex. Strong sex drives are more related to the need to survive than they are to giving and receiving love. Glasser believes the test for love & belonging is a continuing interest in sex and in pleasing one’s partner. In short, marriages have the best chance for success when both partners have low needs for freedom and power, high needs for love & belonging and fun, and an average need for survival. Assessment inventories such as the one we are researching are just beginnings to pre-marital counseling which would involve thorough examination of each partner’s quality world—those people, objects, activities, and values most dear to one’s life.

Validation of the Basic Needs Inventory could be strengthened by comparing compatibility of needs on the Basic Needs Inventory with marital satisfaction as measured by the Marital Satisfaction Inventory (MSI) by Snyder, Willis, & Keiser (1981), the Marital Adjustment Test (MAT) by Locke and Wallace (1959) or the Dyadic Adjustment Scale (DAS) by Spanier (1976). The MSI, MAT, and DAS are widely used and have established reliability (Douglass & Douglass, 1995). A comparison with more established instruments would help confirm the validity of the Basic Needs Inventory and would perhaps expose items that need revision. Finally, participants could be interviewed on which of the two instruments provided them with the most accurate assessment of their needs levels.

In order to facilitate ease of comparison, a helpful revision would be to score needs on the Need-Strength Profile on a 0 to 4 scale instead of a 1 to 5 scale. This would obviate that the Need-Strength Profile and the Basic Needs Inventory are both five-point scales thus making for easier comparisons between these two, informal assessment instruments.

REFERENCES
FIGURE 1: Needs-Strength Profile

You are helping me with a research project that I have chosen. I am studying about people's basic needs. I will describe these needs to you and tell you a bit about how they translate into our lives today.

Everything we do is directly related to our feelings, how we feel when we take action. Usually it is a good, positive feeling we are aiming for. For the most part, we know what doesn't feel good, and we try to avoid that.

According to Dr. William Glasser, upon whose theory this research is based, we have five basic needs, and we were born with them. The needs are survival, love and belonging, power, freedom, and fun. While there may be many ways to describe them, I will attempt to make it as simple and relevant as possible.

Part of the research is for you to assign a number that describes the extent to which you experience each need. Then, I have a questionnaire made up of pairs of statements. You are to mark the statement that is more like you. The goal of the assignment is to determine how well the results on these two instruments correlate with each other. The goal for you is to learn more about yourself and your partner in relation to these needs.

It is important to remember that each person feels these needs differently. In other words, your partner's level of need for freedom might be greater or less than yours. There is no right or wrong, better or worse level. I'd like to start by giving you a brief explanation of what each of these needs includes.

**Survival:** Beyond eating and breathing, survival includes feeling secure and safe. For some people, this may mean being prepared for unexpected events, not taking risks, taking care of your health, exchanging lots of love and affection, maintaining status quo, planning for the future, and working hard at a job.

**Love and belonging:** Personal love and intimacy, concern about the well-being of others, getting to know new people, closeness with friends or those you love, feeling comfortable at home, relating well with people and they with you, satisfying relationships are all aspects of love and belonging.

**Power:** Power takes many forms such as having wealth, prestige, respect and recognition from others, talking and being listened to, being taken seriously, enjoyment of competition and especially winning, and a fear of showing vulnerability. Achieving and being recognized for achievements is important to someone with a high need for power.

**Freedom:** This may include the freedom to pursue different interests and encouragement from your partner to do so, resistance to being told what to do, desire to live your life in your own way, willingness to take responsibility for your life, and open-mindedness.

**Fun:** The need for play, for pleasurable activity, learning new things, creative activity, enjoyment of a sense of humor, the ability to laugh at yourself, spontaneity, and a positive outlook on life are all a part of fun.
Scoring: 1 = weak; 2 = below average; 3 = average; 4 = above average; 5 = strong
Bracket the number that indicates the extent to which you feel each need.

<table>
<thead>
<tr>
<th>Need</th>
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<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Love and Belonging</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Power</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Freedom</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td></td>
</tr>
<tr>
<td>Fun</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
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</tbody>
</table>

**FIGURE 2: Basic Needs Inventory**

Directions: Ten pairs of activities are listed below. For each pair of activities, select the one that best describes you.

A. Having a saving account equal to 5 months’ salary is important to me.
B. Having a good time is very important to me.
C. Having a good time is very important to me.
D. Having close friends is important to me.
E. I like being the one who takes charge when I am in a group of people.
F. Having close friends is important to me.
G. I like being the one who takes charge when I am in a group of people.
H. Having a good time is very important to me.
I. Having a savings account equal to 5 months’ salary is important to me.
J. I like being the one who takes charge when I am in a group of people.
K. Having a saving account equal to 5 months’ salary is important to me.
L. Being able to do what I want when I want is important to me.
M. Being able to do what I want when I want is important to me.
N. I like being the one who takes charge when I am in a group of people.
O. Having close friends is important to me.
P. Being able to do what I want when I want is important to me.
Q. Having a savings account equal to 5 months’ salary is important to me.
R. Having close friends is important to me.
S. Being able to do what I want when I want is important to me.
T. Having a good time is very important to me.

Scoring: Your priority needs can be determined by finding your score for each of the following needs in William Glasser’s list of basic needs.

Score one point for each time you checked one of the needs.

Survival needs are items A, I, K, and Q.
Love and Belonging needs are items D, F, O, and R.
Power needs are items E, G, J, and N.
Freedom needs are items L, M, P, and S.
Fun needs are items B, C, H, and T.

Thank you so much for your participation. If you want to know more about these needs and how they relate to your relationship, refer to the following books by Dr. William Glasser: Getting Together and Staying Together: Solving the Mystery of Marriage and Staying Together. (This latter is older than the former, but different enough to be interesting.)

Table 1

<table>
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<th>Needs-Strength Profile</th>
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<td>.41*</td>
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<td>Fun</td>
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<td>.41*</td>
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</tbody>
</table>

*p≤.01

*Charles Thompson, the corresponding author, may be reached at cthomps5@utk.edu
The Effects of Reality Therapy Group Counseling on the Self-Determination of Persons with Developmental Disabilities.

Daniel H. Lawrence

The author is a licensed professional counselor and licensed school counselor in Michigan. He is currently employed as a high school counselor. This manuscript was adapted from his doctoral dissertation at Wayne State University.

ABSTRACT

The purpose of this study was to evaluate the effects of group counseling employing a reality therapy or a mutual support group model on the self-determination of adults with developmental disabilities. A two-group, pretest/posttest design was utilized. Participants (n=30) were randomly assigned to either the reality therapy group or the mutual support group. The group counseling consisted of six, one-hour sessions using methodologies created for this study. Results indicated a statistically significant difference for the reality therapy group when compared to the mutual support group at posttest. Statistically significant increases were observed within the reality therapy group from pretest to posttest. This study provides partial evidence that group counseling using a reality therapy framework can be helpful in increasing some factors associated with self-determination for persons with developmental disabilities.

Wehmeyer (1996) defined self-determination as acting "as the primary causal agent in one's life and making choices and decisions regarding one's quality of life free from undue external influence or interference" (p. 24). Self-determination according to this definition is composed of four essential characteristics: Autonomy, self-regulation, psychological empowerment, and self-realization. If individuals perceive or demonstrate high levels of these four variables, they may be considered self-determined.

The effects of group counseling, individual counseling, and counseling theories have yet to be fully explored empirically with respect to persons with developmental disabilities. Fagan and Jenkins (1989) postulated the poorly developed counseling and disability literature is a function of negative perceptions of this population. Pfadt (1991) proposed group counseling could be valuable for people with disabilities in identifying and selecting treatment goals. Furthermore, Brown (1997) stated "research supports the effectiveness of many theme-focused groups where members are homogeneous in type of disability" (p. 102).

Reality therapy may be effectively used in a variety of settings or with diverse groups (Corey, 2000). Wehmeyer, Sands, Doll, and Palmer (1997) reported self-determination, as an outcome, could be accomplished through teaching individuals how to meet their needs. Field and Hoffman (1994) proposed a model of self-determination that reflects the interplay between external and internal forces. Reality therapy has been explained using internal and external aspects of behavior (Wubbolding, 2000).

Choice theory is the underlying rationale that drives reality therapy (Wubbolding, 2000). If reality therapy is a model for psychotherapy, then choice theory is a psychology of personal freedom (Glasser, 1998). Glasser argued that all behavior results from choices. These choices are driven by basic needs. These needs are present in all people and are demanding to be satisfied in varying degrees. As Glasser indicated, whether people are willing to admit it or not, every action or inaction is a choice which can either satisfy a need or not. He suggested that all humans have needs for basic self-preservation and survival and psychological needs for belonging, power, freedom, and fun.

Reality therapy has been used on persons with disabilities as they attempted to attain competitive employment (Renna, Kimball, Brescia, & O'Connor, 1999). Qualitative results indicated that providing this population with the tools to solve their problems and meet their needs could reduce negative behaviors in a span of 30 years, human service professionals have changed the way they perceive and treat people with developmental disabilities. Persons with disabilities of any type are often considered to be marginalized and disenfranchised. Institutionalization once was considered the only viable choice; a myriad of supportive options within the community now exist. The service delivery system has witnessed the development of group homes and sheltered workshops which have evolved into supported independent living settings and supported community employment, respectively (Bradley & Knoll, 1995). A paradigm shift away from classification, segregation, and treatment to practices that increase choices and quality of life became important issues in helping this population (Schalock, Keith, Hoffman, & Karan, 1989).

Promoting self-determination among people with developmental disabilities developed in the climate of empowerment and normalization (Wehmeyer & Schwartz, 1998). Steere, Gregory, Heiny, and Butterworth (1995) identified a fundamental change for professionals as they shift away from treatment planning "for" individuals to life planning "with" individuals and their families. Disability rights advocates and researchers use the term "person-centered planning" to describe this type of service planning model (Snow, 1998). Critical to the process of person-centered planning is the need for finding best practices in teaching and supporting choice making skills and enhancing self-determination (Kearney & McKnight, 1997).
and increase the chances of stable employment. Basse & Slauter (1997) proposed the beneficial impact reality therapy may have on locus of control and self-concept variables for college students that have learning disabilities. This study examined group counseling using a reality therapy/choice theory framework and its impact on variables associated with self-determination.

Mutual support groups and self-help groups are terms that are frequently used interchangeably (Corey, 2000). Yalom (1995) described the basic structure and format of support groups. With support groups, a group leader organizes the members around one central topic (i.e., helping parents who have lost a child). The groups may be highly structured or unstructured depending on the focus and the need to impart information. An open structure follows groups that tend to offer emotional or mutual support between members. Group exercises are primarily designed to allow group members to share experiences and feelings with each other. The role of the group leader is more facilitative and less directive. Yalom (1995) wrote, “Self-help [support groups] exist for the explicit purpose of offering psychological support: they help members deal with a psychological problem, a physical illness, a significant external stress, or a stigmatized status in society [being disabled]” (p. 483). This study utilized a support group in conjunction with a group that utilized a reality therapy model as a comparison.

The following research questions were addressed in this study:

1. Is there a difference in self-determination as defined by autonomy, self-regulation, psychological empowerment and self-realization at posttest between people with developmental disabilities who participate in group counseling employing reality therapy or support group formats?

2. Is there a significant change in self-determination as defined by autonomy, self-regulation, psychological empowerment and self-realization from pretest to posttest for people with developmental disabilities who have participated in either the reality therapy group or the support group?

Method

Participants

Participation in this study was strictly voluntary and all necessary informed consent procedures were followed. The research protocols received full approval by a university human investigation committee. Permission was also obtained from the mental health agency that provided access to the volunteers. The primary criterion for inclusion in the study was to be an adult with mental retardation as a primary diagnosis as defined by the DSM-IV-TR (2000). The volunteer participants (n=30) were drawn from a vocational training program which serves adults in an urban setting. Initially, 32 subjects were recruited, but one volunteer withdrew after the pretest and one stopped attending session after the first session. Both of these participants were assigned to the mutual support group. The reality therapy group participants' (n=16) mean age was 39.56 and the mutual support group (n=14) mean age was 46.36. The reality therapy group and mutual support groups had equal numbers of males and females. Statistical analysis comparing the two groups found no significant differences between the two groups on the following demographic variables: age, gender, IQ, living arrangement, legal guardianship status, or the presence of social service support.

Materials

The Arc's Self-Determination Scale (Adult Version) (Wehmeyer and Bolding, 1999) was the one instrument used as a pretest and posttest. Permission to use the instrument in this study was obtained prior to beginning the research. The Arc's Self-Determination Scale (Adult Version) is an adaptation of a similar instrument developed for adolescents. Both versions are self-report and have domains classified by essential characteristics of self-determination—Autonomy, Self-Regulation, Psychological Empowerment, and Self-Realization.

The Autonomy domain (32 items) measures levels of autonomy by asking respondents to rate the level of opportunity they have in activities of daily living using a 4 point scale. The Self-Regulation domain is subdivided into two sections—Interpersonal cognitive problem solving (6 items) and goal setting and task performance (3 items). The Self-Regulation domain asks respondents to supply short answers in an open format. The interpersonal cognitive problem solving sub-domain supplies the beginning and ending of a problem situation; the respondent is asked to provide the middle of the story. Items are scored based upon relevant answers. The goal setting and task performance sub-domain ask open ended planning questions. Items are scored by the presence of a plan and the number of steps identified. The Psychological Empowerment domain (16 items) asks respondents to choose among dichotomist statements that relate to perceived efficacy. Lastly, the Self-Realization domain (15 items) uses an “agree”/“don’t agree” format for items that relate to self understanding.

The psychometric work on the Arc's Self-Determination Scale has primarily been completed on the adolescent version. A factor analysis using a sample of 273 people with mental retardation was completed on the adult version. Results supported the construct validity of self-determination domains (Wehmeyer and Bolding, 1999).

Design and Procedures

This study utilized a two-group, pretest and posttest design. Volunteers were assigned to either the reality therapy or the mutual support group prior to the pretest by drawing names out of a hat. The pretest was conducted one week before treatment using the Arc's Self-Determination Scale (Adult Version). The posttest was conducted one week after the treatment using the same measure. The researcher conducted both tests with each subject.

The group counseling was conducted in 4 groups of 8 or less volunteers-Two reality therapy groups and two mutual support groups. All groups were run sequentially in one-hour sessions. Counseling groups met once per week for 6 consecutive weeks.
Group counseling was conducted by the researcher. The group counseling methodologies were developed by the researcher for this study. Table 1 provides the basic outlines.

Results

At pretest, the researcher compared demographic variables and pretest scores on the Arc's Self-determination Scale (Adult Version) of the reality therapy and mutual support groups. Statistical analysis of the two groups prior to beginning the treatment showed no significant differences between the two groups.

After conducting the posttest, the researcher analyzed the data using the two research questions. The first research question compared the posttest scores on the Arc's Self-Determination Scale (Adult Version) for the two groups. The four domains of the scale measuring posttest scores on autonomy, self-regulation, psychological empowerment, and self-realization were used as the dependent variables in separate one-way analysis of covariance procedures. The posttest scores on the four subscales were used as covariates in these analyses. The group membership was used as the independent variables in these analyses. Table 2 presents results of the analyses for the domains.

One subscale, self-regulation, provided evidence of a statistically significant difference between members of the reality group and support group. The obtained F ratio of 32.35 was statistically significant at an alpha level of .05 with 1 and 27 degrees of freedom. This result indicated that members of the reality group (m=12.25, sd=3.30) had significantly higher posttest scores on self-regulation than members of the support group (m=4.43, sd=3.86). The covariate, pretest scores for self-regulation were not statistically significant, indicating that pretest scores did not make a substantial adjustment to the posttest scores F (1, 27) = 1.44, p=.244. The remaining subscales did not differ significantly between the two groups.

For the second research question, the pretest and posttest scores for autonomy, self-regulation, psychological empowerment, and self-realization were compared for each group using t-tests for dependent samples. Each group was compared separately. Results of the analyses are presented in Table 3.

The results of the t-tests for the two dependent samples provided evidence of two statistically significant results for reality group therapy. The change for self-regulation from pretest (m=5.44, sd=2.92) to posttest (m=12.25, sd=3.30) for members of the reality group therapy was statistically significant F (15) = 6.24, p<.001. The comparison of pretest scores (m=9.63, sd=3.28) for self-realization and posttest scores (m=11.13, sd=2.00) was statistically significant F (15) = 2.24, p=.041. No statistically significant differences were observed for the pretest and posttest scores for autonomy and psychological empowerment. The scores for the mutual support group from pretest to posttest provided no evidence of statistical significance.

Discussion

The results of this study partially support the notion that reality therapy conducted in small groups may have some positive benefits for persons with developmental disabilities. Comparing the posttest scores of the two groups, the group that received counseling using a reality therapy format showed positive gains in self-regulation, a theorized component of self-determination. Over the course of the treatments, the reality therapy group showed statistically significant gains from pretest to posttest in self-regulation as well as on the self-realization variable. For comparison, the mutual support group model showed no statistically significant increases on any of the variables. Results on the other components of self-determination did not show statistically significant gains for either group.

Counselors and other human service professionals could use these results in their attempts to support persons with developmental disabilities. Increasing self-determination and teaching choice making skills in this population appears to be a salient issue. As the service system continues to move forward from deinstitutionalization, some states are mandating the practice of "Person-Centered Planning" in the development of community support plans. The results of this study offer a starting point for researchers attempting to develop best practices in the area of self-determination.

As human service budgets continue to be cut, this study provides partial support for the development of "brief" and cost-effective treatments. The group counseling conducted in this study was just six sessions in duration. Researchers could use the group session plans as a starting point in their attempts to develop programs that get quick results. Furthermore, the group session guidelines tested in this could be easily taught to staff members increasing their impact across systems.

Limitations of this study include factors related to the instrument selected and the manner in which the counseling was conducted. The Arc's Self-Determination Scale (Adult Version) was initially developed and standardized on adolescents. The psychometric work for the adult version was limited to a factor analysis. Reliability and validity information to an adult population is inferred based upon the favorable numbers for the adolescent version. The instrument also may be criticized for the structure of some of the items. The self-regulation domain has an "open" format in which the respondent supplies an answer. Though every effort was made on behalf of the researcher to follow the assessment guidelines, there is potential for unintentional bias in this area. The design of the study called for the researcher to be the sole group counselor. This decision was made to reduce concerns of training various group leaders with such a small sample; however, bias may have been present.

This study should be replicated using a larger sample size to support generalizing the results. A follow-up study could be conducted to determine if the reality therapy counseling had any long-term benefits. Future research should be conducted comparing the reality therapy methodology with other models of treatment. The numbers of sessions could be increased to see if positive benefits can be observed in the other dimensions of self-determination.
REFERENCES


<table>
<thead>
<tr>
<th>SESSION</th>
<th>OBJECTIVE</th>
<th>PROCEDURE</th>
</tr>
</thead>
</table>
| 1       | Introduce facilitator, participants, and group purpose. | • Discuss purpose of the group.  
• Discuss ground rules including the importance of maintaining confidentiality with in the group.  
• Group exercise: “Who am I?” Facilitator will ask participants to share something most people know about them. |
| 2       | Participants will become better acquainted with each other and will be able to state the “five basic needs”. | • Group exercise: “Get Better Acquainted Activity”. Facilitator will ask participants to share something about them that few people know, i.e. a favorite hobby.  
• Group exercise: Present and discuss five basic needs:  
  a. Survival,  
  b. Love/ belonging,  
  c. Power, d. Freedom,  
  e. Fun (Glasser, 1998). |
| 3       | Participants will be able to state the five basic needs, will be able to state four aspects of “Total Behavior”, and will understand how they are responsible for their behavior. | • Review previous sessions.  
• Introduce “Total Behavior Model”: Acting, Thinking, Feeling, and Physiology (Glasser, 1998).  
• Group Exercise: “Who is in Charge?” Facilitator will ask participants “who controls their life and what direction are they heading?”. |
| 4       | Participants will be able to state the five basic needs, will be able to state the four aspects of “Total Behavior”, will understand how they are responsible for their behavior, and will begin to vision their “Quality World”. | • Review previous sessions.  
• Introduce “Picture Book” exercise: Facilitator will ask participants to draw a picture or pictures of their “ideal” life, i.e. friends, a new job, etc.  
• Group exercise: Facilitator will ask participants to share their drawings. |
| 5       | Participants will be able to state the five basic needs, will be able to state the four aspects of “Total Behavior”, will understand how they are responsible for their behavior, will have a vision of their “Quality World”, and will use their “Quality World” to examine their current behavior. | • Review previous sessions.  
• Group exercise Part 1: “What are you doing?” Facilitator will ask participants to share what they do on a typical day.  
• Group exercise Part 2: Ask participants to determine if their present life is going to get them what they want (their vision of a Quality World).  
• Process Exercise: Ask participants to think of one activity they can do to get them closer to their vision of their “Quality World”. |
| 6       | Participants will be able to state the five basic needs, will be able to state the four aspects of “Total Behavior”, will understand how they are responsible for their behavior, will have a vision of their “Quality World”, will use their “Quality World” to examine their current behavior, and will have a plan to improve one aspect of life. | • Review all previous sessions.  
• Group exercise: Ask group members to select one aspect of their Quality World they would like to improve.  
• Process exercise: Help the members formulate the life aspect into a measurable and observable outcome. Write down the outcome and present it to the member.  
• Closing exercise: Ask participants what they thought of the group experience. |
Table 1 Continued  Description of Sessions

<table>
<thead>
<tr>
<th>SESSION</th>
<th>OBJECTIVE</th>
<th>PROCEDURE</th>
</tr>
</thead>
</table>
| 1       | Introduce facilitator, participants, and group purpose. | • Discuss purpose of the group  
• Discuss ground rules including the importance of maintaining confidentiality within the group.  
• Group exercise: “Who am I?” Facilitator will ask participants to share something most people know about them. |
| 2       | Increase group cohesion and begin to discuss problems. | • Review ground rules.  
• Ask participants to freely share their current concerns or problems. |
| 3       | Participants will share their current life problems. | • Review ground rules.  
• Invite participants to continue discussing current concerns or problems. |
| 4       | Participants will share their ideas for personal growth. | • Review ground rules.  
• Invite participants to begin to generate solutions to their problems. |
| 5       | Participants will give and receive support from their fellow members. | • Review previous sessions.  
• Review ground rules.  
• Continue to have group members generate solutions to their problems. |
| 6       | Participants will terminate from the group. | • Review all previous sessions.  
• Group exercise: Facilitator will ask members to share their group experience. |
Table 2
One-way Analysis of Covariance
Arc's Self-Determination Scale by Group Membership

<table>
<thead>
<tr>
<th>GROUP</th>
<th>Number</th>
<th>Mean</th>
<th>SD</th>
<th>DF</th>
<th>F Ratio</th>
<th>Sig of F</th>
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<td>17.09</td>
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<td>.087</td>
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<td>2.00</td>
<td>1,27</td>
<td>.62</td>
<td>.438</td>
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<td>10.71</td>
<td>1.54</td>
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Table 3
t-Tests for Dependent Samples
Arc's Self-Determination Scale by Group Membership

<table>
<thead>
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<th>GROUP</th>
<th>Pretest</th>
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<tr>
<td></td>
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<tr>
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<td>1.56</td>
</tr>
</tbody>
</table>

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AUTISM SPECTRUM DISORDERS
Learning to Listen as We Shape Behaviors
Blending Choice Theory with Applied Behavioral Analysis

Robert Renna

The author is the Director of Special Education for West Boylston Public Schools in Massachusetts and is a senior faculty member of WGI.

ABSTRACT

In this article, the author describes current trends in the treatment and education of students with autism in inclusive public school programs. The author describes how Choice Theory can play a major role in a more comprehensive student centered approach. He stresses the ethical necessity of learning to look and listen more closely at the interplay between behavior, environment and internal need satisfaction versus merely reducing behaviors we deem to be unacceptable.

The technology of behavior modification is ethically neutral. It can be used by villain or saint. There is nothing in a methodology that determines the values governing its use.

- B.F. Skinner, 1971

The field of education of students with autism spectrum disorder has, from the early years of specialized instruction, been dynamic. From coast to coast, the number of students diagnosed as having autism and the cost of educating them is increasing each year. The enrollment of autistic students in Massachusetts and California public and private schools has doubled over the past four years at a cost of up to $60,000 a student per year. In short, autism is clearly no longer associated with other low-incidence disability populations. The diagnosis continues to occur with greater frequency and the challenges to our public school systems are enormous.

Despite this, as we look at the literature, research current promising practices and exchange case experiences with colleagues, it becomes increasingly clearer that there is no “god in the box” when it comes to autism spectrum disorders. There is no best way to treat and educate students with this disability. The success stories seem to come from schools that incorporate a variety of interventions based on the presenting individual needs of the student. Currently, the field is at a dramatic crossroad where there is a need to integrate the best of a multitude of strategies into a more comprehensive student-centered design with well-trained staff that can not only implement new approaches, but most importantly, can collect empirical data that they and others can effectively evaluate.

It is clear that special education services for children on the autism spectrum has undergone rapid, dramatic change, yet this ever growing population of children remains a moving target in terms of effective practices. In order to better “hit” this targeted group, it is no doubt crucial that professionals be knowledgeable about behavioral, sensory, physical, and learning characteristics. It is also imperative that we better understand the major issues, contemporary practices, and demographic and cultural changes in the field. However, what is paramount, from my perspective, is that we paradoxically must begin to move away from our over reliance on these factors and, instead, move toward the internal needs of children with autism with a focus on building relationships versus collecting data to build compliance.

Children with autism spectrum disorders at varying ages and cognitive abilities present with pervasive disruptive behaviors. Many of these behaviors are extremely difficult to control or manage. Typically this includes self-stimulation, repetitive, stereotypic behaviors, aggression, tantrums, and property destruction. Behaviors range in terms of frequency, duration and intensity and often result in a level of disruption that excludes them from integrated school, home and community activities.

The Individuals with Disabilities Education Act of 1997 defines Autism as:

A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age 3, this adversely affects a child’s educational performance. Other characteristics include: engagement in repetitive activities and stereotyped movements; resistance to environmental change or changes in daily routines; unusual responses to sensory experiences. The diagnosis of autism spectrum disorders does not apply if the child’s performance is adversely affected primarily by emotional disturbance.

Today, I sat in an IEP meeting on an elementary school student with a diagnosis of Pervasive Developmental Disorder, Not Otherwise Specified (PDD, NOS). A diagnosis clearly on the autism spectrum; however, no more than a clinical wastebasket term for, “we don’t really know exactly what the problem is.”

I am new to the school district which has an outstanding special education program. The West Boylston Public Schools is particularly well known for its extensive quality delivery of applied behavioral analysis to a population of students with autism (preschool through high school) who present with a
wide range of cognitive, academic, language and social-behavioral skills.

As the district’s Special Education Administrator, I was struck by how many times the word “non-compliant” was used to describe the student’s behavior. Weiss (2001) points out that the term doesn’t even appear in the dictionary because it is not a word used outside of the disability field! If we don’t have “special needs”, we stand up for ourselves. We are assertive. Our non-disabled children are strong-willed or “have a mind of their own.” As Weiss states, “we as parents don’t brag that our children are masterful in their compliance.” There isn’t a big market for self-help books that teach skills in how to be more compliant. Only people with disabilities earn labels of “non-compliant” when, as Weiss points out, they attempt to forge their own destinies. In short, their behavior as Dr. Glasser says, “Is their best attempt to meet powerful needs.” Our attempt to “get them to comply” is our best attempt to use “power over them.”

This perception of “we know what is best for them” leads us to techniques that truly change the behavior of people we support, but fail to consider the potential ethical issues inherent in our work.

Herb Lovett (1996) spoke of the need to learn to listen to the behavior of people with challenges. Lovett pointed out the need for ‘positive approaches’ or understanding the meanings and purposes of the behavior from individuals’ point of view, from their internal world. Lovett believed that every approach that does not rely on aversive procedures is not by default a positive approach. He knew that positive approaches are those which meet the person’s needs, and thus enhance their lives by collaboration versus control, and illumination or understanding the origin or purpose of behavior rather than solely focusing on reducing or eliminating behavior that we, not the person, perceive and evaluates to be unacceptable.

Without question, as I sat in this meeting, I fully understood that this student, like many others with autism, displayed behavior that was seriously disruptive to self and all others in the environment. I also understood that in the room, there were a number of professionals highly skilled in applied behavioral analysis (ABA), and that the interventions that they were prescribing “for” the student would no doubt be “beneficial” to the extent that if carried out systematically, the behaviors would decrease. Despite this, I was still left with the question of whether in the end, students would get what they really wanted, or create new behaviors to continue to pursue their quest to meet some power need.

As I listened, I began to draw the Choice Theory chart and, through mapping and hypothesizing, began to look away from the behavior of screaming, running, hitting and task avoidance to what might be driving the behavior. In my experience with autism, intense behavior has intense meaning and extreme behavior, regardless of where the person lies on the autism spectrum, almost always comes from not being listened to and having the results of that behavior be further disconnection and a loss of belonging.

With good intentions, across the country and indeed in many other countries where good and talented people work with children with autism, the question is asked: “What is wrong with this student?” The answer, as it was this day, was a solid and very impressive ABA program that used many well defined “positive reinforcements.” Positive reinforcement as we all know is a clinical term used in applied behavioral analysis to mean “cheerfully reinforcing people to do what we expect them to do.” Those of us who have applied Choice Theory to our lives understand that the question: “What is wrong with this person?” can be applied to all of us because at any given point in time, when we don’t have what we want, there is something wrong with us! Following that logic, there is usually something wrong with everyone! The difference is that in our lives, we have relationships and effective behavior to tell people how we feel, what we need and how we want to be treated.

Prior to beginning my new position here, I directed a large educational collaborative where we did not use any ABA. The program utilized Choice Theory and was very successful with a wide range of students with disabilities, except for students with autism. This ever growing group of students began to present enormous challenges to the therapeutic and educational program model. These challenges remain unique to a Glasser Quality School. So challenging are the behaviors of many children with autism that the question of whether Choice Theory was at all applicable to their needs was an appropriate one (Renna, 1990) and remains so today. Early on in the process of integrating Choice Theory into the field of intensive special education, creative efforts were designed (Sansone, 1993, Barbieri, 1994) by special educators to incorporate strategies such as meditation and need hypothesizing to facilitate a better understanding of the Quality World pictures of students with developmental challenges, including autism.

Over the past three years, I have come to realize that a different, more comprehensive approach was needed when working with students with autism. This view was solidified shortly after I arrived in my new position. I was immediately impressed with both the skills and the dedication of the staff working with students of all ages. Although their ABA programming was excellent, what immediately struck me was the intensity of their relationships with their students. It was then that I began to ask myself the question: “Why is this working?” Is it the techniques and ecological interventions: coaching/modeling interventions, data collection, discreet trials, precision teaching, incidental teaching strategies, reciprocity of exchange, communicative skills, social skills training, etc? Or, as I say in my teaching, “it’s the relationship.” In truth, with autism, it probably is a little bit of both, hence the need to blend the two approaches.

As we write our ABA plans, as we should, a better question to ask would be: “If I were in this person’s shoes: How would I feel? What would I need? How would I want to be treated?” I have come to learn that for many students with autism,
applied behavioral analysis is essential. If we are to truly help them gain control, we must operate within their behavioral sys-
tem, at least initially. However, people with autism that need
our help either in large or small ways should not have to pay for
it with their freedom, dignity and loss of control over their lives.

As Weiss (2001) indicates, many ethical issues remain in
the design of behavior programs utilizing ABA because in
focusing away from internal perceptions and on reinforcing
and shaping behavior, there is an inherent and often unavoidable
imbalance of power. Allowing students with autism opportuni-
ties to self-determine how they want their life in school, at
home and in the community to look like means that we have to
give up what Weiss terms “unreasonable amounts of control as
a matter of course.”

Our responsibility as special educators is to offer supports
and social strategies to students with autism who present with
intensely disruptive behavior in inclusive environments. This
responsibility extends to all students and staff in our schools as
the disruptive behavior of some children with autism can and
does interfere with others’ ability to achieve and enjoy school.
To accomplish this, we must find better ways to couple ABA
strategies with Choice Theory where we enhance our inclusion
of students with autism into identifying need-satisfying activi-
ties which could replace “reinforcers” which may not be
associated with the “purpose” of the behavior.

Glasser teaches us that all behavior is purposeful. The
behavior of many students on the autism spectrum requires the
use of quality applied behavioral analysis techniques. This
question is evident given the challenging behaviors displayed in an
inclusive environment. However, a better design presently
being implemented is a synthesizing of ABA with Choice
Theory concepts. Under this new approach, hypothesis driven
data of the student’s basic needs are formulated into “need sat-
fying activities” which are aligned with the presenting
behaviors.

For example, if a student likes to use the computer to draw,
this activity would be used as a “reinforcer” for compliant
behavior in a typical ABA program. Teaching socially accept-
able behavior as an alternative to the disruptive behavior would
also be an appropriate strategy. However, what if the student
displays (or chooses) disruptive behavior because she is lonely
and is afraid to approach peers at recess because she doesn’t
have the social interactive skills in her repertoire? In this case,
liking the computer for drawing may be a “reinforcer”, but by
no means is the computer “driving the behavior.” The behavior
is her best attempt to either make friends, reduce the anxiety
associated with the “thought” of making friends, or both. If this
hypothesis is correct, then the ABA program would incorporate
a “needs circle” which would identify need satisfying activities
associated with Belonging and help the child model new effec-
tive social strategies to match her picture of friends. In this
scenario, the computer although “reinforcing” would only be
successful if its use was coupled with facilitating a cooperative
learning session with peers who could become potential friends
(Belonging).

The questions remain from staff in all public schools who
work with the highly disruptive child with autism at all grade
levels. There is still a great deal of resistance to the principles
of positive behavioral supports and internal control psychology
even when integrated with applied behavioral analysis. Many
staff will say, “Are we just going to let him do what he wants?
Where are the consequences for his disruptive behavior? What
about the other children?” It is very difficult for all teachers
who have more and more of these challenging children in their
classroom to let go of the idea that we have to punish behavior
that interferes with their teaching. What may be illogical is to
respond to these children’s best attempt to meet some need in
an ineffective way with efforts to further our power differential
to impose greater amounts of power over them. The end result
is that we tend to increase the structure of their programs, iso-
late them more and add more controls. Children with autism
respond to these new “structured controls” with escalated
behavior. As Weiss states, “a natural response of feeling pow-
erless with few other options.” When this occurs, we again
begin to identify the behavior, isolate the components, measure
it across all environments, and design an ABA program to
hopefully reduce it. Weiss suggests, and Glasser would no
doubt agree, that instead, we should ask the basic questions we
would hope someone would seek to answer about us:

Who is this person?
What important needs are unmet for him?
Given the full range of options, what would he change
about his life?
What has changed in this person’s life that may not be
consistent with what he would have chosen?
With whom does this individual have meaningful
relationships?

If we had answers to these questions, we could begin an ABA
program that truly had need satisfying activities. More impor-
tantly, many of the behaviors would be given up by individuals
without intervention if we could help them in concrete day to day
ways to find more meaning in their lives. Children with autism
use extraordinary behaviors because they have no way to ask
these questions of themselves. It is up to the people in their lives
who know them best to ask the questions for them. We can only
do this by incorporating the student’s internal distress and con-
ict into our behavioral interventions. This important
intervention should be part of our best practice for students
with autism.

We will always need to apply systematic and empirical
responses to their challenging behavior. It is important to note
that emerging interventions for children with autism are incor-
porating effective individualized strategies and on-going
personnel preparation for all those who interact with the stu-
dent. To date, no one group of professionals have unlocked all
of the complex issues associated with helping these children
become more fully functioning. The key to future efforts is
pointing toward more involvement among varied schools of
thought in the formulation of an integrated approach, and less
controversy and disagreement where no one is ever completely heard or satisfied. A coordinated approach by all staff, including different synthesized behavioral interventions, can appreciably enhance all levels of the student's functioning. The often extreme variability in behaviors as well as the success of interventions associated with these different presentations require more individualized approaches. The following case vignette is an example of a blending strategy using ABA and CT in an inclusive public school:

James is a six year old boy with a diagnosis of autism. His cognitive ability is in the low average range with significantly higher scores in the performance versus verbal domains. His academic levels are approximately one year behind his grade placement. However, his social/behavioral skills are significantly developmentally delayed. James was placed in the regular first grade from kindergarten where he was integrated along with an instructional assistant for a half day program. In the afternoons, he received ABA discreet trials as well as a behavioral plan that was carried over into all environments. This year, he continues to have the support of an instructional assistant. His speech and occupational therapies are integrated within the classroom, and last year's ABA program was again being implemented. Within the first month of school, James began displaying some old interfering behavior as well as some new “creative” behavior that caused his teacher to rely on his assistant to do more instruction which naturally excluded him from many of the learning activities in which other typical classmates were engaged in. The presenting behavior included wandering in the room, throwing objects, screaming, running away during transitions, and toileting difficulties which began in the classroom and continued in the restroom. When James was redirected back to his individual activities, he would often throw his materials and hit or kick his teaching assistant. This required removal outside of the classroom to a quiet area for a “time out”. This intervention usually resulted in further escalation and/or withdrawal. The classroom teacher told the ABA coordinator that James was non-compliant most of the time. The behavioral plan was adjusted with a designing of a careful system of reinforcement to help James achieve the goals of compliance which were defined as staying in his seat, doing his work and diminishing his aggression. Additionally, he was to learn how to ask to use the restroom and to use it appropriately.

Typically, the Team's first step in the applied behavioral analysis modality would be to provide a functional assessment of the student's behavior. This would include a working hypothesis of the direct relationship between the behaviors targeted and the natural environment, and then a prescribed methodology that tests the hypothesis. This is done by observations and interviews with all those involved, hopefully including the student.

The Interview:

The staff working with James was interviewed, as were the parents, in an effort to gain information regarding what is termed “motivational functions of behavior”. Using Choice Theory, the interview looked at all five need areas, and ascertained what might be identified as need-satisfying to the student or what may be added to the Quality World as possible need-satisfying activities and relationships. In this way, we formulated a “needs circle” that showed areas of current perceptually positive pictures for belonging, achievement, self-determination, fun and safety, as well as potential pictures that the Team hypothesized that James would want which were logical, beneficial and obtainable. Part of the process helped the Team define these two sets of pictures while at the same time “putting aside” the behavior. This allowed the Team to view the behavior from a low or neutral level of perception which facilitated entering James' internal world. There would be plenty of time to get back to the behavior once this exercise was completed. James was also interviewed and gave the Team some interesting ideas. Some of the pictures added to the Needs Circle were:

- Playing with someone who was a friend
- Teaching a friend to draw
- Telling stories
- Doing gymnastics
- Making choices about what to wear and what to have for lunch
- Feeling less afraid of other children
- Not worrying about his parents
- Needing time to exercise during the day
- Helping the teachers
- Doing something nice for the school
- Being allowed to take care of the family dog
- Feeling ok to ask for help or to leave the room when feeling bad

The ABA design concurrently focused on James' behavior as a function of positive reinforcement by attention, positive reinforcement by access to activities or objects, negative reinforcement, and lastly, sensory reinforcement. This helped identify all antecedent and consequent activities that were directly “activating” the behaviors. The Team also gained information concerning the topography of the behavior, its context and efficiency, and whether or not behaviors were new or had a “go to” history.

Observations:

Members of the Team formally observed James in the classroom environment, the lunch room, the gym and recess. They used both an ABA rationale of recording data in terms of time, place and manner, but also used this opportunity to confirm Choice Theory needs satisfying activities as well as both “pure pleasure and pure pain signals” as a new element of antecedent behavior. Total behavior (actions, thoughts, feelings and body language and talk) were observed and evaluated in terms of prerequisite signals for both effective and ineffective behaviors chosen by Jim. From this direct association, Team members could begin to help James recognize these signals and use new effective behaviors to reduce his anxiety. Instead of throwing a
book, he could signal a staff person that he needed help or a break. The staff person also could use James’ body language to cue him, redirect him, support him or simply remind him of a need-satisfying activity in his schedule.

Observation using the A-B-C model was used along with these strategies. James’ behavior was observed and described coupled with the perceived antecedent events and any positive or negative ensuing consequences. Using these data, the Team formulated plans that changed environmental conditions that tended to maintain behavior. For example, although James wanted to make friends, he could not function in a large group, and did better in smaller ratios where there was built in cooperative hands on structure and limited verbal interaction as evidenced function versus a direct causal function or true functional relationships.

In Choice Theory terms, the behavior is his best attempt at the time, in that place, with those people, to get what he wants. It is from this internal perspective that we will be able to teach James autonomy and self-management by substituting new behaviors through social skills training that generalize across all environments.

In summary, what is most important is that these new collaborative approaches between internal control psychology and applied behavioral analysis be based upon research which measures the interactions with children with autism under all school and family circumstances as individually prescribed by self determining needs of the student. What is needed is a series of very small research designs where lifestyle implications (school, community and home) are measured longitudinally over a course of three to five years. Three control groups (Choice Theory, ABA and CT/ABA) could be formulated with ecological data collection having a joint philosophical frame of reference that centers on students’ abilities (effective social behaviors) rather than on their disabilities (off-task, disruptive behaviors). The need to present findings with thoroughly documented new and creative techniques will be the only way to support two premises: that children with autism, despite their many sensory, language, cognitive and social challenges, behave in creative and often misunderstood ways to meet their basic needs, and that much of the total behavior that is pervasive through all environments needs to have direct systematic interventions which don’t forget the child in the process.

In order to build a solid research foundation that could make meaningful educational advances, educators would need to consider ways to better increase their knowledge of how both children with autism and typical children define, develop and maintain the social skills associated with friendships. In short, the hypothesis that the relationship factor or belonging connection has as much to do with autistic behavior as do the sensory input factors (kinesthetic, auditory and visual) which are well documented in the literature. The question must be: Do these stereotypical behaviors which appear to serve no apparent purpose other than sensory stimulation (Joegel et al, 1989) actually, along with other more overt disruptive behaviors, represent relationship need-satisfying attempts? Again, the paradigm shift is from controlling and managing autistic specific behaviors to helping children with autism develop more need-satisfying activities which will internally decrease target behaviors. To date, many children with autism actively engage in “their autism” because their behaviors are in themselves reinforcing, or as we say in Choice Theory, their behaviors are in their Quality World. The first step in helping change these pictures is through meaningful, pragmatic research that defines all elements of friendship in terms of preferences, affect and social interactive styles. Secondly, we must create natural environments that strengthen staff’s ability to work effectively in inclusionary settings with children with autism that are psychologically sound and safe.

Connecting with others is a genetic instruction that is important for all individuals to meet, including those with autism. The absence of important relationships for children with autism must be improved upon and measured empirically with a greater emphasis on developing authentic relationships with peers. Children with autism need a different kind of assistance in developing these essential age appropriate relationships due to their behaviors. By designing, implementing and measuring an intervention program which utilizes both ABA and internal control psychology, the relationships that are possible will not just be limited to the development of social skills in isolation. More importantly, the false assumption that children with autism prefer to be left alone can be replaced with a reframing of what is truly “meaningful and quality” for them. A new definition of friendship that is not based on an adult value system but rather, a self-defining internally driven one which factors in relevant elements of progression, facilitation and purpose for children with autism is needed, is worthy of investigation, and is a topic whose time has come as a variable of study as we continue to struggle with their behaviors.

What are they truly trying to tell us? As Lovett says, “It is time to listen.”

You’ve got to have something to eat and
A little love in your life before you can
Hold still for anybody’s sermon on how to
Behave.

---- Billie Holiday
REFERENCES


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Reality Therapy and Christian belief - Can they be reconciled?

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ABSTRACT:

This article investigates the links between Reality Therapy / Choice Theory (RTCT) and Christian belief. RTCT has increased in Queensland State Schools over the last 5 years, to become one of the more commonly accepted philosophies for managing schools. This paper originated from circumstances in a conservative country school setting, where there was considerable hesitation from some members of the Christian community towards the use of RTCT as the foundation of a supportive school environment. Over time, the use of RTCT has expanded in this school to include Lead Management techniques. The paper argues that Reality Therapy is an excellent tool for Christians to use in both secular and non-secular counseling contexts.

Can a Christian counselor operate in a secular organization with any integrity, given a belief that the real solution to human suffering lies in redemption and sanctification, rather than amelioration? What are the practicalities of "being in the world, but not of the world" for a Christian counselor? Is it possible for Christians to use reality therapy as a technique that is consistent with their faith?

Much of the literature on 'Christians and Psychology' or 'Christians and Counseling' appears to ignore these real life questions, and focuses on a world view that appears to limit counseling to discussions which are overtly aimed at redemption and sanctification. In the attempt to argue for the "correct approach" to Biblical/Christian counseling, the role of a Christian in a non-Christian society is often restricted to that of evangelist, with few, if any answers being given for Christians employed to counsel in secular contexts.

Indeed, some would even argue that they should either work for a Christian organization or change professions! It is however the strong sense of identity that comes as Christians grow in their faith which enables them to deal with human suffering in everyday life. What, then, is the Christian approach to counseling?

It has been suggested that Christians tend to fall into one of four "camps".

- First, Integrationists who believe that since all truth is God's truth, the integration of Scriptural truth with discovered "truth" is no big problem. As long as this discovered "truth" does not contradict the Bible, it can be trusted.
- Second, Nonintegrationists who believe that it is impossible to integrate God's Word with the psychological views of man. They insist that the Bible and psychology have no common ground.
- A third view would separate Biblical truth from psychological truth and make no attempt to reconcile the two. The idea behind this view is that the Scriptures deal with spiritual and theological problems, while psychology handles mental and psychological problems that are outside the scope of the Bible. If people have a spiritual problem, they should turn to the Bible; if they have a problem such as anxiety, guilt, self-acceptance, insecurity, etc., they should turn to psychology.
- Fourth, there are those who would claim to be Biblical counselors who simply borrow the best that psychology has to offer without actually integrating it with the Word of God.

It is mainly the second group that reject approaches such as Reality Therapy, yet proponents of Choice Theory/Reality Therapy share many of their responses to traditional psychology.

The following table attempts to re-interpret a non-integrationist's response to the failings of general psychological approaches in terms of Choice Theory, revealing significant common ground.
A man with a bad temper can blame his anger on his abusive father. Rooted deep in his "sub-conscience" is resentment and bitterness toward this father (which he may not even recognize) that is now being "acted out" in his own temper tantrums. Unfortunately, the man does not know this.

What he needs is a psychological expert to uncover the root forces behind his behavior. When he discovers that he is an angry man because of his father, he can blame his problems on dad, and feel better about himself. Once all of this happens (which could take years) he will begin behaving better, or so the theory goes.

The Biblical approach, however, is that our man is responsible for his own actions. While it is true that he may have copied bad behavior from his father, and while it is true that his past experiences will affect his present ability to choose better behaviors, nevertheless, this is no excuse for sinful actions.

It is not necessary for this man to understand all that has happened in his past, nor is it helpful for him to shift the blame. He must take responsibility for his own actions, confess his sins and seek to change according to Biblical principles.

The man is responsible for his own actions. While it is true that he may have copied bad behavior from his father, and while it is true that his past experiences will affect his present ability to choose better behaviors, nevertheless, this is no excuse for his actions. He chooses to behave to have his needs met. His range of choices is dependent on his life experiences and his creative ability to "re-organize behaviors.

It is not necessary for this man to understand all that has happened in his past, nor is it helpful for him to shift the blame. He must take responsibility for his own actions, choosing behaviors that respect others and build relationships. He seeks to improve by carefully evaluating the new behaviors with respect to how effectively they move him closer to others, rather than further away.
misconceptions described by Phillips. Although closer to the Biblical view than a "non-personal god [who can] make no claim on us", any God that we can fully imagine is far smaller than the infinite biblical Creator.

As pointed out by the Passantinos\(^2\), for all their good points, the view of non-Integrationists such as the Biblical Counseling Movement (BCM) has a number of inadequacies. They "fail to recognize varieties of God's communication to humans in natural theology and general revelation [and also..] wrongly assume that the Bible is the sole source of all values and prescriptions, when in reality God is, and the Bible is one of the ways God communicates the values and prescriptions He has ordained for human behavior... God uses other people, personal observation, rational discourse, experience [..], natural and general revelation, as well as the Bible. .... To reduce God's communicative power of His infinite principles of godly living to the exclusive domain of the Bible is to ignore the comprehensive nature of His governance and nurture of a world that reflects His nature." Both the Old and New Testaments repeatedly use examples from the natural world as a source for practical wisdom.

Another inadequacy of the BCM is that it presents a falsely restrictive and dichotomized view of science and faith, and consequently, of human nature and of the parameters of psychology as science. In Christianity and the Nature of Science, the philosopher J.P.Moreland\(^3\) argues that "it is not possible to separate science from other disciplines simply by declaring it so. Science occurs in a philosophical, historical, linguistic, and social milieu that integrally affects its nature and practice." Ironically, the dichotomized view of the BCM actually originates from a secular humanist philosophy (Enlightenment) that divorces material realities from immaterial realities.

Supporting this in a simple statement, the conservative evangelist Paul E. Little\(^6\) bluntly states ". . . the Bible always views man as a unity, both material and immaterial. [..] The notion that man is a soul imprisoned in a body is a Greek concept, not a Biblical one."

This compartmentalization is similar to some of the ways described by Phillips that people attempt to use to exclude God from the world around them. John Coe\(^7\) explains in more detail, "Until the Enlightenment, reality was seen as a unified whole, subject to God's design, creation, sustaining power, and governance. One expected to see evidence of the invisible god's existence and power in the material universe because He created and sustained that universe... This view of reality is straight from the principles of scripture, which affirm that God is Lord of all, not simply Lord of all spiritual realities. The BCM view actually limits God's supremacy by agreeing with the secular humanists that one can know reality apart from God."

As some early scientists perceived it, when we make a discovery in science, we are "thinking God's thoughts after Him". Only God knows all the laws of Physics, but as we develop models that more closely match our perception of reality, we come closer to understanding his creation. Likewise, it is reasonable then to argue that any psychological process that achieves significant "success", must by its very nature address some aspects of the human nature that God created. The greater the success, the closer the model is to the 'laws of humans', and hence the more likely to address the human condition i.e. "the values and prescriptions He has ordained for human behavior."

This is not to suggest that Reality Therapy is a Christian process, but rather that in so much as it is largely consistent with Biblical principles, it is a viable model for Christians to use in counselling.

Can a Christian counsellor operate in a secular organization with any integrity, given a belief that the real solution to human suffering lies in redemption and sanctification, rather than amelioration? - Yes!

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1 Redemption - God's way of re-establishing relationships with people through the death of Christ; Sanctification - becoming more Christ-like (following redemption).
3 Matthew 22.37-40
4 J.B.Phillips, "Your God is too small", (Epworth Press, 1952)
6 Paul E. Little, "Know What You Believe" (Anza Publishers 1973)
7 John Coe, "Educating the Church for Wisdom's sake or Why Biblical Counselling is Unbiblical", 1994 Conference paper
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Five Stages to Responsible Human Behavior

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Our present is the sum of past events
Our future will be the sum of present efforts

- Jack Powell
4-8-97

ABSTRACT:

Presents a five stage model leading to responsible human behavior. Based upon the author's work as a social worker.

INTRODUCTION

The purpose of this writing is to introduce and explain the Five Stages to Responsible Human Behavior. These five stages - Willingness, Responsibility, Knowledge, Application, Maintenance - contain a process for change one must experience in order for behavioral change to occur. The reason this is a process is because all stages must be completed in order for change to occur. If every stage is not addressed and experienced, behavioral change will not occur. This process rests in the belief that the power for change and reformation comes from within. It is the individual who possesses the power of lasting change, and not social sanctions, therapies or institutions. As long as a person waits and hopes or dreams that the power of change comes from without, it will never come from within.

The most powerful tool of social control is the tool of norm internalization. If we internalize the belief that someone or something outside ourselves will change us, we have painted ourselves into the corner of helplessness. If we internalize this belief to the extreme, we become painted into the corner of hopelessness. Some people I have encountered have painted themselves into both corners. They have internalized the great social myth that help is on the way, and have become paralyzed by their own inaction. The Five Stages to Responsible Human Behavior process will shed some light onto this great social myth. They will empower the individual and free the spirit to soar.

The next section of this article explains The Five Stages to Responsible Human Behavior. The five main ingredients for behavioral change to flourish will be presented.

Willingness

If you don't want to change your behavior
Don't worry - You won't

The first stage of behavioral change requires a personal willingness for behavioral change from within. There must be an acknowledgement from the individual that some type of behavior change is warranted. A person who does not want to change, won't. It is by willfulness that choice is made. Our present is the sum of past events and choices; our future will be the sum of present efforts and choices.

Do you remember the last time you changed something about yourself? Did that change occur out of the thin blue air? Did someone else will the change for you, or did you will the change yourself? If you had chosen not to change your behavior, would it have occurred?

It is by willpower that choice is made. To think something is to begin it. The first ingredient for change to occur is for a person to want the change. Willingness unlocks the door of behavioral paralysis. No matter what theory of behavior change we use, no matter what therapy a therapist prescribes, no matter what pill a doctor orders, it is individual willingness that unlocks the door. It is willingness that leads the way.

The first stage of responsible human behavior boils down to choice versus excuse. Do people excuse their behavior regarding people, places and things or choose which behavior to uphold? It is so much easier to let others choose one's course in life because it relieves one of all responsibility. It also takes away your power until you reach a point where you discover it has always been your choice all along.

Once we realize some behavior of ours needs changing, and become willing for change to happen, then the second stage of behavioral change can occur.
Responsibility

If you don’t do it
It won’t get done

The second stage to responsible human behavior requires individuals to accept responsibility to change an unwanted behavior themselves. Some people acknowledge they’ve got a problem and want to do something about it, but look for somebody else to give it to. Some prefer to blame others for past choices while seeking outside resources for a cure. As long as a person waits for an outside force to solve a personal problem, the longer it will take for that problem to be solved. Until we assume full responsibility for our own future courses of action, we are dependent upon others for our own personal results.

By the time stage two rolls around, the individual has made great strides toward personal enlightenment. First, recognition that some negative behavior needs to be changed has been discovered and, second, the person has taken his or her personal power back and begins a willful change. Individuals at this stage in the process want to change negative behaviors they possess.

Accepting responsibility for behavior change requires a confrontation between two opposing forces. Those forces are power versus dependence. If people want to empower themselves for future efforts, they should not surrender their power to others. If individuals do not assume responsibility for past and present actions, how can they assume responsibility for future efforts? If one waits for someone or something to give them solutions on a silver platter, it will be a long, long wait. There is an old saying that says, “Give individuals a fish and they will eat today, teach them to fish and they will eat a lifetime”.

In my office I have a mirror on the wall. On the top of the mirror in big bold letters is written, This is the problem. At the bottom of the mirror in big bold letters is written, This is the solution. The reflection in the mirror is the individual. Once people accept responsibility for their own behavioral change, they are ready to proceed to stage three. Stage three teaches a person to look in the mirror and fish.

Knowledge

When the student is willing
The teacher will appear

Once individuals have reached stage three, they have acknowledged a behavior needs to be changed, are willing to change it, and have accepted full responsibility for the change themselves. This is a lot of territory to cover, and for some individuals it may take years to reach stage three. Stage three rests on the assumption that a person must have the ability to change in order for behavioral change to occur. Ability is provided through knowledge and education.

If I am an addict and don’t know the true nature of addiction, or the steps to recovery, how can I possibly stay clean and sober? Once upon a time, there was a statistic floating around the corrections field that said seventy-percent (70%) of all inmates had a history of alcohol and/or drug abuse. They were either under the influence of drugs or alcohol when they committed their crimes, were committing crimes to get under the influence, or were in the drug dealing business to get free samples. It just so happened that a national average of forty-one-percent (41%) of released inmates returned to prison. Could education and knowledge have prevented such a recidivism rate? Was the medical problem of addiction being treated by society as a crime? Should it be treated instead with addiction education?

The third stage to responsible human behavior offers knowledge and education so the individual has the ability to change. A baker cannot bake bread without skill. An addict cannot stop using without knowledge. Once a person’s mind has expanded to a new reality, it can never go back to its former state. Once people know that two plus two equals four, they can’t think that two plus two equals five. Once knowledge has been provided to individuals, and they have the ability to address their problems, they have obtained the power of true choice.

If people are addicts but don’t know they have a medical condition, how can they change their condition? If people lack decision making skills, how can they make good choices? Teach people to plant and they will have the ability to reap what they sow.

Application

Seven birds are sitting on a fence

How many birds are left on the fence?

Answer: Seven – because three decided to fly but didn’t

In order for individuals to change some negative behavior, they must apply the knowledge learned in stage three. Once they have the knowledge about a problem they possess, and have acquired the skill needed to address the problem head on, they possess the power for personal transformation. Once this power is realized and applied, change will occur.

Stage four looks at two opposing forces. Those forces are action versus inaction. Some people will pass through the first three stages perfectly. They are willing to change a negative behavior they possess. They accept personal responsibility for the change. They even gain the knowledge and skill necessary for behavioral change to occur. They stand before the mirror and freeze. In this frozen state, the individual is actually choosing not to change, for inaction itself is a choice.

Let’s say you go to the beach on a hot sunny day in July. You know full well you will get sunburned without adequate UV protection. You buy sunscreen and place it in your beach...
Let's imagine you get to the beach at 7:00 a.m. and stay until 7:00 p.m., lying in the hot summer sun. The sun does its job and you get a giant red sunburn. You have failed to apply the knowledge you possessed. Application is a key that must be turned in order for behavioral change to happen.

**Maintenance**

*My car manual says my car needs an oil change every 10,000 miles.*

*I didn't get the oil changed and after 70,000 miles, my engine burned up.*

The last stage of responsible human behavior is maintenance. If behavioral change is to occur, that change must be maintained over time. Maintenance comes in many shapes and sizes. For addicts, it might mean regular attendance in a twelve-step program. For domestic violence batterers, it might mean a new relationship or support group. For those with mental health issues, it could mean medication or therapy. For others, it may just be the realization that they are responsible for their own behaviors and hold themselves accountable.

Once upon a time there was a man who wanted to take a bath and wanted the bath water to be exactly 100 degrees. He had a thermometer built into his tub, and when the water reached an adequate level, and was exactly 100 degrees, he took a bath. This person was willing to take a bath, when the temperature was exactly 100 degrees. He accepted responsibility in seeing that the water reached a certain level and temperature. He had the knowledge needed to perform the task and applied the knowledge with great skill.

If that person gets in the tub and takes a bath for an hour, what happens? The water temperature will slowly cool below the desired 100-degree temperature. If the individual does not let cold water out, and add hot water, the 100-degree temperature cannot be maintained.

If the individual does not embrace the last stage of this behavioral change model, maintenance, behavioral change cannot occur. When every stage of the behavioral change process is activated, behavior change occurs.

**Five Stages to Responsible Human Behavior**

* A Brief Summary

**WILLINGNESS (Choice versus Excuse)**

Stage 1 – There must be an individual willingness to change. Lasting change comes from within. Imposed change comes from without, and will not last.

**RESPONSIBILITY (Power versus Dependence)**

Stage 2 - A person must accept responsibility for personal change. If you don’t do it, it won’t get done.

**KNOWLEDGE (Insight versus Ignorance)**

Stage 3 – A person must have the ability to change. Knowledge provides ability. Ability practiced provides skill.

**APPLICATION (Action versus Inaction)**

Stage 4 – A person must apply the knowledge learned.

**MAINTENANCE (Commitment versus Self-deception)**

Stage 5 – A person must maintain the new behavior, because practice makes perfect.

**Conclusion**

The Five Stages to Responsible Human Behavior can be broken down to a simple mathematical formula. In this formula, each stage represents twenty-percent (20%) of the total solution.

**Mathematical Formula for Behavior Change**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Willingness</td>
<td>20%</td>
</tr>
<tr>
<td>+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Responsibility</td>
<td>20%</td>
</tr>
<tr>
<td>+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Knowledge</td>
<td>20%</td>
</tr>
<tr>
<td>+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Application</td>
<td>20%</td>
</tr>
<tr>
<td>+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Maintenance</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>BEHAVIORAL CHANGE</td>
<td>100%</td>
</tr>
</tbody>
</table>

For this formula, each stage of responsible human behavior must be met or behavior change will not occur. It is a process because each element must exist for change to occur. Leave out any stage in the process and behavior change cannot occur.

When one looks at the mathematical formula it becomes apparent that the individual brings eighty-percent (80%) of the solution to the problem. It is the individual who must bring the willingness. Willingness is the key that unlocks the door to personal power and change. It is the individual who must accept responsibility for personal change to occur because change must come from within. If you wait for someone else to accept responsibility for your own personal change, it simply will not get done. It is the individual that must apply the knowledge that is provided. Knowledge is power only when the individual applies that knowledge in their personal lives. Only the indi-
individual can maintain a behavioral change. Maintenance is a life long process that an individual must adhere to, one day at a time.

So if we look at the mathematical formula for change we see that eighty-percent (80%) of the solution for negative behavioral conduct must come from the individual themselves. At best, programs, therapies, institutions and pills only provide twenty-percent (20%) of the solution for individual change. The true power for transformation and change lies within.

Dig deeper and you see an ironic twist of fate. Knowledge itself comes from the observed and quantitative behavioral traits of individuals. We gain knowledge on what an addict is by observing the individual behavioral traits addicts display. We gain knowledge on how to treat addicts by observing what works and what doesn't for the individual. Thus, even knowledge or education or potential ability comes from collective individual experiences. The trials and errors, hopes and dreams, successes and failures of large groups of individuals serve as the foundation of knowledge. The answers appear to lie within.

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Family Therapy in Transition: Connecting African Centered Family Therapy with a Multisystems Approach

Elijah Mickel and Shirley I. Wilson

The first author is a professor and the second author is assistant professor both at Delaware State University, Dover, Delaware.

ABSTRACT:

Connects the multisystems approach to family therapy with the new reality therapy, with specific application to African centered family therapy.

Introduction

The goal of this article is to explain the connection between the multisystems approach to family therapy and African centered family therapy based on the new reality therapy. The authors posit that both approaches have in common underlying theory and similar techniques which allow therapists who use family therapy to understand the connection. It is also suggested that the integration of the new reality therapy with the multisystems approach is not antithetical to either approach while combining them makes each stronger. As the goal of the new reality therapy is to teach the world choice theory (Glasser, 2003), connecting African centered family therapy (ACFT) provides another opportunity to integrate choice theory into an existing approach, while at the same time maintaining the integrity of the basic concepts of the new reality therapy. This article connects these state-of-the-art approaches. It is important for family therapists, committed to continuous improvement, to add to their practice frame of reference. Combining multisystems and African centered family therapy based on the new reality therapy adds to practice. Separate, each of these models has power. United, they transform our knowledge and practice of family therapy.

The behaviors that lead to the understanding of family therapy in transition are found in the practice with individuals, groups and communities. Family therapy is less than seventy years old (Mickel, 1998 and Nichols and Schwartz, 1998). Reality therapy is not quite forty years old (Glasser, 1965). Both are based upon principles as old as humanity (ben-Jochanan, 1999; Mickel, 1991). Family therapy under the aegis of choice theory (Glasser, 1998), united with social constructivism, is a therapeutic model that uses the basic concepts of reality therapy for intervention. According to Mickel (1990, p. 26), "The behavior of the family is determined by its perceptions." In this model, therapy is transformed by the perceptual interactions of the therapist with the family.

African Centered Family Therapy

African centered family therapy (ACFT) is a perspective that approaches human behavior as an interrelationship between the mind, body and spirit. It is a holistic approach that promotes interdependence in the family. The mission of those who practice ACFT is to liberate the family from the limits of the constricting traditional paradigm. The traditional paradigm has been defined by Schriver (1998, p. 59), as "The dominant paradigm places primary values on and reflects masculine attributes and patriarchal perspectives. The dominant paradigm evaluates persons’ worth and importance according to standards of whiteness. Relations with others are constructed with concern for maintaining high degrees of separateness and impersonality. Within the dominant paradigm, concepts and people tend to be placed in oppositional or competitive positions in relation to each other."

African centered family therapy provides the parameters within which therapists are able to increase family members' perceptual choices, while at the same time maintaining a harmonious relationship with their perceptual world. The family provides the nurturing environment where wellness is the outcome. Families move from the philosophical to the practical. The movement toward wellness is essentially seen in our relations with others and how we perceive ourselves in this relationship. In this move, the human personality must guide the practice. Family is an uplifting construct. It charges its members with making the family a better place in which to live. Family members share responsibility for themselves as well as for each member. This concept reaffirms our humanness.

African centered family therapy provides the foundation upon which one builds the involvement relationship. It is an approach that focuses upon the relationship system and works to modify or change those processes that detract from the strength needed for fulfilling quality processes. Family therapy, as an approach, must be used with at least two members. Primary intervention can occur with one member active and the other passive. That is, the therapeutic intervention must be planned with the concept of more than one.

The therapeutic process uses the two major components inherent to reality therapy. The counseling environment and the procedures that lead to change are essential to this process. It is incumbent upon the family therapist to weave together the environment and the procedures that lead to change. This occurs within the confines of an office but is also transferred to the home. (We have found in our practice that the most efficient and effective method to facilitate change in the home is to move our practice into the home. The therapeutic process is thus imbued with the in-situation components of the environment. The client system is empowered and the effects of the change effort are reality based.)
The therapeutic process proceeds through three basic phases. The first phase is preparation. In this phase, development of the overall purposes and goals of the family are mutually agreed upon. It is further determined at this point that to become "family" is a benefit to the membership and the wider community. This is the period of reintegration, introduction for some, to the basic values of the families. The therapist and family must address issues of diversity, race and gender. It is the period of acquaintance and indoctrination.

The second phase is integration and preparation for putting the processes inherent to family therapy to use. It is in this phase that one uses the specific techniques to facilitate change in the family relationship. This is the essence of the therapeutic process of ACFT. Reality therapy is used in training, educating and teaching the family to responsibly meet its needs. Family therapy is a process that occurs in a family-like environment. The therapeutic outputs are with the appropriate modification transferable to the real-world family situation.

The last phase is the transferring of change. The active family members work with those who chose not to participate (passive). They are affected by the changes in the active family members. During this phase, the active family members form family subgroups and navigate them through phases one and two. These are the phases in which the members are reinforced and supported by the trained family group and encouraged to form groups of their own. There is an interrelatedness of each group (family). The family is strengthened and grows as it traverses these phases. The structure, function and evolution of the family are component of these phases.

Overview of the Multisystems Approach

The Multisystems Approach was developed by Boyd-Franklin whose work was influenced by the structural family therapy model, along with components of Bowenian and Strategic Family Therapy, (Boyd-Franklin, 1989). This is an approach designed to enable the therapist to manage and organize complex data utilizing different theories and models for intervention. Aponte made the most significant contributions to the Multisystems Approach with the development of the "ecostructural" model for working with poor families and outside agencies. Another contributor was Hartman (1978), as cited in Boyd-Franklin (1989) for the "ecological approach to family assessment" which recognizes the connection between families and their environment, along with the introduction of the use of an ecomap. According to Boyd-Franklin & Shenouda (1990, p.186), "This multilevel focus allows the therapist to assess and restructure interactions among individuals, the nuclear family, the extended family and the outside systems." These systems included, but are not limited to, the church, the school, the courts, and/or social welfare agencies. This approach is flexible and adaptable to fit the needs of both the family and the therapist.

The flexibility of the Multisystems Approach allows therapists to draw from different family treatment models to enable them to develop a viable treatment plan best suited to the special needs of the family. Because emphasis is on self-examination and awareness on the part of therapists in clarifying their own values and beliefs, it is especially useful for helping therapists to understand and work more effectively with families whose racial and socioeconomic backgrounds are different from their own. A Multisystems Approach has as its primary focus working with Black families. Its secondary focus is to work with the poor and disadvantaged. The multisystems focus posits that what is good for one family is also good for many families. It also emphasizes that the therapist must be "flexible and willing to intervene at different levels" (Boyd-Franklin, 1989, p.135), whether working directly with the family or working indirectly with other systems.

Pertinent to the Multisystems Approach are two main axes. The first axis focuses on the therapeutic process. At this point joining, engaging, assessing, problem-solving and interventions take place. Any one of these phases may reoccur or be repeated at any time throughout treatment. Therefore, it is essential that the therapist possess the necessary skills to respond to each situation as deemed necessary. The second axis involves intervention at multiple systems levels which may involve working with the individual, subsystems, family households, extended family, nonblood kin and friends, church and community resources, social service agencies and other outside systems.

Key Constructs

Some of the key constructs of the Multisystems Approach are: Boundaries [Nichols & Schwartz (1998)] are invisible or emotional barriers that regulate a certain amount of contact with others, and serve to protect the autonomy of the individual, the family and its subsystems. An ecomap is a diagram introduced by Hartman (1978), and used by many helping professionals, to examine the relationships between family members as well as their interaction with the social environment. Enactment is a simulated situation set up by the therapist where members of a family role play a typical scenario that causes conflict in the family, so the therapist can observe their interactions to target areas for change.

Family Structure has been defined as an invisible set of demands or codes that suggest how families organize the way they interact with each other (Minuchin, 1971 as cited in Goldenberg & Goldenberg, 2004). It can also be viewed as the functional organization of families that determines how they interact with each other (Nichols & Schwartz, 1998), or a system whose structure is made up of predictable patterns that govern the interaction of family members (Franklin & Jordan, 1999). Joining is a concept in family therapy where the therapist uses various strategies, early in treatment, to establish trust and to build a relationship with the family.

Subsystem refers to smaller units of family members joined together to perform various functions as determined by generation, gender, or interests (Nichols & Schwartz, 1998).
From another perspective, [Goldenberg & Goldenberg (2004)] subsystems are components of a family structure that carry out various family tasks necessary for the functioning of the whole family.

Connecting Systems

The Multisystems Approach places emphasis on multiple problem poor families from all racial groups in general, and multiple problem Black families in particular. The aim of structural family therapy is to alter family structures that maintain problems, so families will be empowered to solve their own problems. Simply put, the goal is to achieve structural change that will result in problem solving. The goal of the Multisystems Approach is to alter family structure to change patterns of problematic behavior.

Connecting Multisystems and ACFT

<table>
<thead>
<tr>
<th>Multisystems</th>
<th>African Centered Family Therapy</th>
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<tbody>
<tr>
<td>Joining and Engaging</td>
<td>Building relationships (Friendship)</td>
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<tr>
<td>Initial Assessment</td>
<td>Self Evaluation</td>
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<tr>
<td>Information Gathering</td>
<td>Coding/Decoding</td>
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<tr>
<td>Family enactment, prescriptions and task</td>
<td>Role Playing</td>
</tr>
<tr>
<td>Problem Solving</td>
<td>Planning</td>
</tr>
<tr>
<td>Restructuring</td>
<td>Contracting</td>
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</tbody>
</table>

Joining and engaging new subsystems

This is a crucial first step for establishing a relationship and building trust with the family collectively and with each member of the family. It is a process of entering a family by engaging its members and subsystems to explore and modify aspects of the family (Goldenberg and Goldenberg, 1996).

Building Relationships

Building relationships is a process that is necessary for everyone and is the way we fulfill our needs. It is the establishment or reestablishment of a warm, intimate, emotional, need-fulfilling environment. Involvement leads to the development of an effective helping relationship.

Initial Assessment

The function of the therapist during the initial session is to observe family dynamics and begin to formulate hypotheses about the family structure. Observations may include how the family members seat themselves, who is present, the spokesperson, and overall interactions and nonverbal behavior. Presumed relationships between concepts are tested later during the encounter.

Self Evaluation

In order to move to a plan, one must get a value judgment from the family. This evaluation articulates the family's wish to move in a different direction or change behaviors. The family can make a decision that what they are currently doing is not working, is against the rules, or that it is not taking them in the direction they wish to go.

Problem solving

Relevant to working with multiple problem families, problem solving can be beneficial in helping them to clarify and prioritize their problems, and then focus on change. The benefits provide empowerment for the family and a sense of accomplishment once their problems are resolved. Actively working on problems and focusing on change enhances credibility and trust.

Planning

Once behaviors are evaluated, planning can take place. All plans should be success oriented and strength building. They should have built in milestones and checkpoints. Planning is an ongoing process. The final component of effective problem solving is commitment. The family must be invested in the plan for them to carry it forward. It should be remembered, if a plan is to work, there must be a payoff for the family. Therefore, one must make sure it is the client's plan and not the practitioners. This is easier said than done. It is always necessary to include within any success-oriented plan a commitment. Finally, there must also be an evaluation of the plan to determine if it is indeed working.

Family enactment, prescriptions, and tasks

Enactment is a process whereby the therapist sets up a situation to get the family in motion and talking among themselves (Nichols and Schwartz, 1998). The therapist observes their interactions to pinpoint areas that need change. Homework, directives and specific small plans carried out in the office can be continued in the home. According to Boyd-Franklin (1989), enactment through the use of tasks is significant for the empowerment of families in treatment.

Integration and Preparation (Role Playing)

Role playing is used to practice ways of behaving in family situations. Role playing allows the family members to progress toward their goals in a risk free non coercive learning environment. Specificity is provided through accomplishing short term, simple objectives. It is here that the family continues to self evaluate and make choices that alter behavior of family members. This reinforces those forces supporting change while it weakens those forces resisting change.
Information Gathering: The genogram

This will provide information on the presence of significant events. According to Compton and Galaway (1999, p. 69), "An ecomap is a diagram of the family within its social context. The purpose of the ecomap is to organize and clarify data on the supports and stresses in the family environment." Genograms provide a mechanism for gathering information about the family by examining family history. The information provides a visual diagram of significant life events within the families.

Coding and Decoding

These are processes that furnish signals to the family about the environment (internal as well as external). Decoding informs the family about its own functioning/choices in relation to the environment. Coding is the general term for the selective filtering mechanism of a system by which to reject, accept or translate incoming information for the family. The family, under the auspices of society's ethnic and cultural variance, selectively filters its interpretations of the world. Selective interpretation occurs through the coding process. Coding and decoding is a function that helps to maintain a sense of balance within the family structure. The family therapist must understand, if one is to be effective, this selective filtering process as it applies to the family system.

Restructuring

This is the final step in the therapeutic process. Problem solving is the focus and family patterns are altered to bring about change in roles and relationships and overall family functioning, thereby restructuring the family system. A change in the family structure alters the family system.

Contracting

This is the process where planning and commitment join together in a formal inventory of what family members are willing to do to get their needs met. Here the family agrees to the plan and its options (if this is not working, I will....). The family focus, through a commitment to a contract, solidifies the process of change.

Conclusion

When one works with the African American family, the must use a frame of reference that appreciates the struggle for empowerment. Empowerment is defined as an increase in choices. That is, families that have more choices are more empowered. This is the vision inherent to Black families in therapy. Using this perspective, one senses that although there may be problems, solutions are near. Those who would promote hopelessness and failure are not in tune with the principles that uplift. All relationships work and those that seem to be less than perfect contain perfection. The family, supported by the therapist, has the wherewithal to move from a non need-fulfilling position to an empowering stage of development. It is at this stage that one uses the principles that demonstrate an empowering perspective and thereby enhance the need fulfilling relationship. The principle must also support the values of the African American family. These values are important to the African American community but may be at odds with those who perceive some families as valueless. The building of effective relationships is more important than immediate results. This is the axiom for developing effective relationships. In order to build effective relationships, one must be aware when significant events occur. The therapist must help to bring to awareness the significance of selected events. Each significant event can lend itself to the building or destruction of a relationship (a word, gesture, behavior affects outcomes). To develop effective relationships requires involvement. Involvement is the establishment or reestablishment of a warm, intimate, emotional, need fulfilling environment (Mickel and Mickel, 1999). It is therefore important that the therapist deal with the reality of external and internal environments. In order to be the most effective, the therapist must choose the appropriate time for intervention and prevention.

There are periods of readiness when the therapist must be in tune with the environment in order to assist the family in identifying the appropriate time(s) for intervention. When the family system is ready to receive information and act on it, members can restructure. There is always a time and a way to make change. It is imperative that the therapist moves to facilitate change when the family is ready. If the atmosphere within the family is not appropriate, change will be rejected. Families develop in time, in concert with communities, where they are free to choose the time of change. In any event, a change in one part brings about concomitant changes in all parts. The family and its members are, in the final analysis, the only viable change agents.

The use of new reality therapy connected with the Multisystems Approach is a way to strengthen family therapy. This connection is especially significant for those who choose to work with American families. Each method contains useful techniques which when properly used expand the knowledge and skill of the family therapist. In the final analysis, we must remember that all any of us can do is behave. ACFT and Multisystems Approach provide but one additional way to behave in our move to teach the world choice theory. It is the authors' hope that the reader will accept this article as a beginning discourse on the connecting of Multisystems Approach and ACRT. It clearly provides simply the first step in the process of connecting.
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**"IT'S THE PRINCIPLE OF THE THING"**

**The Essential Foundational Truths of Glasser's Marriage Counseling Outline**

Ernie Perkins

*The author has been the executive director of the Capitol Baptist Association in Oklahoma City since 1981*

**ABSTRACT**

Glasser's Marriage Counseling model is effective because he built it on principles that last. Methods built on principles have an enduring quality. This paper will identify the foundational principles upon which Glasser built his questions.

*Methods are many.*

*Principles are few.*

*Methods often change.*

*Principles seldom do.*

*Proverb*

A house and a marriage are similar. We build both one board at a time. Typically, a couple will destroy their marriage in the same manner, one board at a time. By the time the couple comes to the counselor with marriage problems, their marriage is already in trouble. Often it is not one big thing that brought the marriage to this condition, but a series of little things. The couple may be ready to talk about a big thing, but usually it did not come without a series of little things leading up to it. If a combination of little things has destroyed many marriages, it is reasonable that we can save them in the same manner. The marriage counseling outline Glasser (1998) gives uses the principle of little things to rebuild the marriage. Therefore, it is workable. However, we find other principles throughout the outline of five questions that strengthens it, making it the most useful and useable marriage counseling tool this counselor has found.

The questions as Glasser (1998) stated them are as follows:

1. Are you here because you really want help? Or are you here because you have already made up your mind to divorce but want to be able to say you tried to get help?
2. Very briefly, what do you believe is wrong with the marriage?
3. Whose behavior can you control?
4. Tell me one good thing about the marriage as it exists right now,
5. Think of it and then tell me something that you are willing to do this coming week that you believe will help your marriage. Whatever it is, it must be something you can do yourself. It must not depend, in any way, on what your partner should or should not do. (pp.179-180)

This paper will paraphrase the five questions of Glasser’s outline. Then I will explore each question to suggest the principles that make the question so effective.

**QUESTION ONE:** "Are you both committed to trying to save the marriage, or are you here just to be able to say you did see a counselor? In other words, where are you in the process?"

The principle that makes this question work so well is the principle of personal commitment. When a marriage couple comes before the counselor, that counselor usually sees him or herself as an advocate for the marriage. Ewell (2001) has defined advocacy as ‘those purposive efforts to change specific existing or proposed policies or practices on behalf of or with a specific client or group of clients’ (p. xx). Three components are in the room with the counselor. These are the husband, the wife, and the marriage. At the stage in which the husband and wife have come to the counselor, at least one, if not both, has ganged up on the marriage. Since the marriage cannot speak for itself, the counselor is the advocate for the marriage. Using skills and training, he or she will attempt to lead the situation to change specific existing policies and practices. Obviously the marriage is in trouble, thus, unless things change, they will only get worse. Whatever the couple has been doing has not been working. To keep doing the same thing and expect to get different results is foolish. Thus, change is necessary, but any kind of behavior change requires a great deal of time and effort. Behavior change is a painful and slow process. To get the couple to be willing to change is not easy and calls for a commitment (Cormier & Hackney, 1993). Glasser’s first question calls for this commitment.

But, what if one is not willing to make such a commitment? What if the answers are positive by one, but negative by the other? What can the counselor do in such a situation?

The counselor can do one of two things.

First, the counselor can end the session by vocalizing that unless both agree to try to save the marriage, he or she can do nothing. Time is too valuable to waste in hopeless enterprises, and, therefore, the session is over.

Or, the second choice is to ask the negative one if he or she would be willing to give one week to the effort to save the marriage. If after the one week, the determination to end the marriage is still there, what would the person have lost? One week is a small price to pay, a small commitment to make. Usually even the most negative partner will be willing to commit to one week. If the counselor can achieve even this commitment, there is hope. With this commitment and this
hope, the counselor is ready to move to the second of Glasser's questions.

**QUESTION TWO:** “Name one negative thing, action, attitude, etc., that you don’t appreciate about your mate?”

The question has greater validity when the counselor gives the couple time to think about their answer. It will have a greater benefit if he or she informs the couple that a thought-through answer is wanted instead of one flipantly given.

John Savage has pointed out that those who fail to meet the expectations of another operated from two positions. First, the one doing the disappointing most times does not do so on purpose. Second, the one doing the disappointing most times does not realize that he or she has disappointed another’s expectations. The principle addressed by this question, and continuing through the next three questions, is the principle of personal honesty. This question brings a disappointed expectation to the table and gives the offending party the information that may not have been available previously. Correcting an annoying habit or attitude is hard if one is not aware of having it. With this question, the habit or attitude is placed on the table for the offending party to become aware of it. While it may be true that in past arguments the offended party has brought this problem up, they gave it probably in the heat of an argument along with other dislikes. As one among many, they may not have given it the importance that it deserved. When we give the partner only one disappointment to name, that one disappointment becomes paramount in importance.

For this question to work, the participants must practice the principle of honesty.

While not guaranteeing it, this question does give an opportunity for the offending partner to practice the principles of personal accountability, consideration, and honesty.

**QUESTION THREE:** “Name one positive thing that you do appreciate about him or her?”

The question brings the principles of affirmation, encouragement, appreciation, approval, acceptance, and affection into the picture. In a doctorate of ministry program, I found the strength that comes from being affirmed. A student gave a digest of his or her life. After a student told his/her life story, the class mates would share with him/her something within the story that had impressed them about the student. It was a very satisfying experience to be affirmed in such a manner. If being affirmed by those with whom one has only a student relationship can bring such satisfaction, how much more can affirmations from one’s spouse bring satisfaction?

The couple at this stage has been too busy being negative with and to each other. This question moves them to being positive. Instead of finding fault and criticism, for this question at least, they have the opportunity to find strength and encouragement. Being angry with one who compliments you is hard.

**QUESTION FOUR:** “Whose action and attitude do you have responsibility for?”

Even if you think you don’t have control over your actions, you still have responsibility for those actions. The couple by all possibilities has not learned that one cannot make another do or feel anything. Thus, the offended one will believe “He or she makes me so mad. I cannot help feeling this way because of his or her actions.” Later, the counselor will help them see that no one makes another angry. Instead, the angry person has chosen to handle the situation in anger instead of choosing another way in which to deal with it. This question will help them apply the principle of personal responsibility. When one confesses to the truth that the only person whose actions I can control is myself, that person has then confessed that he or she is personally responsible for his or her actions.

**QUESTION FIVE:** “Tell me one thing you will do this next week that you think your mate will appreciate. I want it to be something that you can do every day, and something that you are willing to do despite the actions of your mate.”

When the counselor asks this question, he or she will want to listen very carefully to the answer. If the client says, “Well, I am going to try . . . .” interrupt. Share that by using the word “try” the client is expressing a goal that may be too hard for him or her to accomplish. It is important that the client commits to a little thing that can be done, rather than to some great thing that may never get done. When the other client answers the question by saying, “Well, if he is willing to do . . . .” again interrupt. Remind the client that her actions are not to be governed by the actions of her husband. It does not matter if he does or does not do what he has promised to do. The counselor is wanting a personal commitment from the wife that no matter the actions of her husband, she will do something that she feels and believes she will like for her to do every day throughout the week.

A tremendous principle here moves the marriage to its highest level. There were approximately thirty words in the ancient Greek language that could be translated “love.” Two are most familiar. These are phileo and eros. Phileo is the love between two friends or brothers, while eros is the romantic love between a man and woman. The Greek New Testament’s favorite word for love is agape. This love says, “I love you and there isn’t a cotton picking thing you can do about it. You may not deserve it. You may not want it. You may not respond to it. But, that does not matter. I love you because all of the action and emotion are from the lover and not the beloved, and, I chose to be the lover.” Agape love is the highest love possible. When a couple commits for one week to practice the fifth question’s requirements, it is moving the marriage’s love to the agape level.

In the New Testament, Jesus washed his disciples’ feet. Jesus told his disciples to follow this example of giving, serving, and loving. Because, he said, “happy are ye if ye do them,” (John 13:17). God has given no one else the responsibility of making a person happy. If there is no happiness in the marriage,
then the person needs to get busy and produce it. No one else can do it for him or her, no one, that is, except the person himself or herself.

The person who complains he or she is not happy in a marriage relationship could be confessing a lack of giving. There are occasions when, regardless what we give, acceptance is never there. However, the person who has given his or her best in trying to make the marriage work can walk away knowing he or she has done everything possible to keep it together.

Glasser’s outline brings the couple into the principle of involvement. It is not built on their listening to good advice. Many are ready to give that to them. It is built on their establishing a plan of action, and on their promising to carry through with their plan. Will the plan work? Yes, it will, if they will work it.

Will they work it? That is the question the counselor faces. Following Glasser’s model, the counselor sets up an appointment for one week later to follow up on their plan. During this second session, Glasser’s model gives the “solving circle” which is a continuation of the things promised in the first session. This second appointment, however, is necessary for more than the giving of information. It is necessary because it calls for the principle of personal accountability. Each of the couple has promised to do something for the other. Promising is easy and breaking that promise is even easier if there is no accountability. But, when the couple is faced with sharing with their counselor the faithfulness of their actions for the past week, it is an added incentive for them to carry through with their plan.

If they carry through with the plan, many will find that Glasser’s model works. Why? Because, it is “the principle of the thing.”

REFERENCES

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Quality World Awareness:
Placing People Into the Quality World

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ABSTRACT:

Working with students to help them understand Choice Theory concepts can be difficult at times. The following article outlines an effective method to teach the concept of Quality World and to assist students’ understanding about how the Seven Caring Habits and Seven Deadly Habits help to determine where to place people in their Quality World. This article will investigate placing people into the Quality World, using the method developed by the author.

Quality World:

When introducing the concept of Quality World, I ask students what special items they have that are really important to them. Many times, students will talk about souvenirs they got on vacation, pictures of friends, letters from friends, etc. I next question them on where they keep these items. Some responses include keeping them in a box, a special drawer they have in a desk, under their bed, and so on. The discussion continues as to why they keep these things. Quality World characteristics are brought to the students’ attention. In other words, we look as the positive attributes and meanings these items have for them.

Quality World is made up of perceptions of people, situations, and things that are positive. These have been found to be very need-satisfying to a person. (The five basic needs have already been presented in previous sessions with the student, but they can be reviewed here just to refresh the student’s memory). Often our needs are represented as pictures, and these pictures represent the need satisfying lives that we would like to live. Often, individuals will work very hard to place people or things in their Quality World. The reverse is also true, where a person will not put much effort into things that are not considered need satisfying. We often attempt to meet our needs by getting what we want. In getting what we want, we can change our picture of what we want. We go out and behave in ways that satisfy our pictures. Behavior isn’t changed until the picture in our Quality World is changed, and replaced with a positive picture. With this quick tour of the Quality World, our next task is to look at and discuss the seven habits, as I have found these to be excellent concepts to assist students in determining how they will place people in their Quality World.

The Seven Habits:

When working with students to help them understand how people are placed in their Quality World, it’s vital to discuss and learn the Seven Habits. It helps students gain an understanding of not only why they place people in their Quality Worlds, but also how to consciously choose the Seven Caring Habits to improve their own lives. Thus, they indirectly learn to change their behavior so they are placed in other people’s Quality Worlds. Now it becomes a “two way street,” where not only do they learn how to place people in their Quality World, but also how they can be placed into other people’s Quality worlds.

Seven Deadly Habits

- **Criticalizing:** Judging, evaluating, and analyzing. Finding fault with another’s intentions.
- **Blaming:** Finding fault with others and determining they deserve punishment. Rebuking, reprimanding, and denouncing.
- **Complaining:** Making allegations, expressing discontent with others. Griping and whining about them.
- **Nagging:** Persistent source of annoyance and irritation.
- **Threatening:** Expressions of intention to harm physically or emotionally.
- **Punishing:** Inflicting suffering and pain on another in order to control by creating hurt or harm.
- **Rewarding:** Effort to control another by creating a relationship based on dependency instead of respect and the basic needs.

Seven Caring Habits

- **Listening:** Helping people to help themselves. Hearing total behavior without using any of the Seven Deadly Habits.
- **Supporting:** Believing in, thinking the best, to build on one’s strengths, to validate and uphold.
- **Encouraging:** Tapping into one’s strengths and confidence to make greater efforts and success in meeting one’s needs through one’s pictures.
- **Respecting:** A high and special regard for others by seeing and believing in their worth and dignity.

- **Trusting:** A reliance on the character, ability, and strength of another. One in which confidence is placed and believing that one is here to help and not to hurt.

- **Accepting:** To believe in, to value, and see the worth of others, just as they are, while supporting their efforts of continuous improvement.

- **Negotiating Disagreements:** Working towards win-win solutions. Believing that in everything we say and do, we want to be drawn closer to each other and not driven further apart. To find solutions that are needs satisfying to the relationship we want with others.

(Taken from Basic Week Practicum Handbook, by Kenna L. Rose, At Risk Specialist, Campbell County School District #1, Gillette, WY)

**Quality World Awareness Airport (QWAA):**

Now, we come to the part where a person can use the QWAA method to help students understand the concept of Quality World, and also to foster their understanding of how people are placed into their Quality World. To begin, we first have to picture in our minds the operation of an airport. Airport areas to consider in relation to the Quality world are:

- People who have arrived at the airport (Arrivals on the ground)
- People who are arriving at the airport (Arrivals in the air)
- People departing the airport (departures)
- Undecided people (Stand-bys)

What the QWAA becomes is a dynamic and ever changing process. It is not static but open to change. This helps students conceptualize the people who are currently in their Quality World (Arrivals on the ground), people who are entering their Quality World (Arrivals in the air), people leaving their Quality World (Departures), and people undecided as to Quality World inclusion (Stand-bys).

**Method:**

The following is how the QWAA is presented to students. For students in grades four through six, I use a flannel board to visually display and present the QWAA. Specific, suggested colors are as follow:

- Blue airplanes for arrivals in the air
- Green airplanes for arrivals on the ground
- Red airplanes for departures
- Yellow circles as people for stand-bys

For students in grades seven and above, I use handouts and worksheets that I have developed. I also use these handouts and worksheets in grades four through six to record students’ current QWAA. The flannel board can be used with any grade level, however, as it appears to be a positive learning device to which students relate well.

For all students I use the following procedure. First, we discuss an airport. If a student has flown on a plane or been to an airport, this is an advantage. If not, we allow as much time as needed to understand the workings of an airport. We then discuss the concept of the QWAA. First, we discuss arrivals on the ground; next, arrivals in the air; then stand-bys; and last, departures. It is very important that the QWAA is presented in this sequence so that the first item presented examines people already in their Quality World (Arrivals on the ground). We next learn and emphasize the Seven Habits to learn how these help individuals choose how people are placed in their Quality World. This is studied in depth as it will provide a vital link to understanding people who are “in” or “out” of the Quality World. Next, specific people are listed on the worksheets as members of their Quality World. The specific people can be either names of people, or categories, like mom, dad, teacher, and so on. Then, we follow the process of looking at the remaining groups, people that are ready to enter their Quality World (Arrivals in the air), stand-bys (Undecided people), and departures (People leaving their Quality World). While looking at these different groups, we emphasize how the Seven Habits help shape our decisions. It is also important to emphasize the dynamic nature of the QWAA, that it constantly changes, and that this is a normal process.

**Summary:**

The QWAA is an extremely effective technique to help students understand the concept of the Quality World. In addition, it helps students to gain skills in knowing where people are in relation to being placed in their Quality World, by learning and understanding the Seven Habits. Through the concept of an airport, students learn their Quality world is a dynamic process, and that change is not only acceptable but also expected. A student’s overall ability to understand and deal with interpersonal relationships is enhanced by working through the process of the Quality World Awareness Airport.

One final thought. Teaching the concept of the Quality World and using the QWAA method will take several sessions. Be patient and allow time for a student to fully understand the Quality World. Plan on at least three to four sessions to have a student understand the Quality World and the people that may be in various stages of inclusion in it.

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Role Play and the Art of Teaching Choice Theory, Reality Therapy, and Lead Management

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ABSTRACT

Central to the art of teaching choice theory, reality therapy, and lead management is the use of instructor simulated demonstrations and participant practice. Explaining to participants clear guidelines, advantages, and limitations of this valuable tool enhances its effectiveness in skill building.

The William Glasser Institute has enshrined this tool in its official documents and publications used for teaching. However, participants need to understand that role plays do not imply that reality therapy is "a quick fix" and that healing and better relationships occur as a result of brief interventions. Role plays teach the process of reality therapy and lead management. They are not intended to demonstrate an immediate and permanent outcome. Rather, they teach the concepts of choice theory, the skills and techniques used in implementation, relationship building ideas, resulting in participant self-confidence, increased skill, and a sense of spontaneity.

Role play, practice sessions, simulations, and demonstrations are phrases used to describe the art of implementing or operationalizing choice theory in training students. According to the Programs, Policies & Procedures Manual of The William Glasser Institute (2003), a major portion of time is spent "practicing the reality therapy process in a variety of settings, with opportunity to role play as both the helper and helpee" (p. 11).

Justifying the "how to" and explaining the delivery system, choice theory, underlies the practice of reality therapy in counseling and psychotherapy, lead management in business, the quality school in education (Glasser 1996) as well as the interplay of these various applications. It explains how the mind works as an internal control system by generating behavior for two purposes: to impact the outer world for want and need satisfaction and to send a message or communicate with it (Wubbolding 2000): two purposes essential for building healthy relationships.

Below are described suggested guidelines, purposes, limitations and what observers can look for in order to derive maximum benefit from the experience.

Suggested guidelines for role play practice sessions:

1. Do not play yourself. In training weeks endorsed by the William Glasser Institute, participants simulate situations and issues with which they need help. They attend our programs for training, not for personal therapy. Experience has shown that they feel pressure to self-disclose if initially some participants bring into the open their personal problems. Based on the ethical principle of informed consent, trainees do not attend programs expecting to self-disclose in the presence of a group. Wubbolding (1995) states, "Participants expect to use procedures. They are told that they will role play, practice skills, and hear lectures. They come with the expectation of receiving training, not personal therapy" (p. 84).

2. Start with a real person or a composite. Counselors/therapists often choose to role play their clients. Educators role play their students, and business people their employees. An important guideline is that confidentiality is maintained. Instructors need to inform participants and make explicit the fact that even though role plays might include considerable humor about ineffective client or student behavior, still the purpose of the simulation is to provide help for the client/student, not to demean them. If the "real person" role played by the participant is identifiable, the details and process of the session remain in the training group.

3. No violence. In one intensive week, a participant played a very disruptive third grader by swinging her sweater at the helper hitting him in the face with a stinging blow. This simulation is unhelpful for learning CT/RT/LM/QS.

4. Play it as you feel it. Effective role plays can illustrate movement from "Situation A" to "Situation B" (The William Glasser Institute, 2002). If the helpee in the role play feels the urge to change his/her manner of communication from resistant to cooperative, the session can embody a valuable pedagogical lesson.

5. Stay in the role. Participants, on occasion, "run out of gas." The role of the instructor or helper is to help them stay in the role of client/student by leading the sessions and at times prompting the participant.

6. Facts are mutually agreed on. An effective guideline is "Whoever makes it up first, it's true." For example, if the helper says, "I talked to your mother last night", the helpee should not respond, "She died 5 years ago!!" Research has shown the effectiveness of reality therapy (Wubbolding 2000), but it does not enable us to communicate with the dead!!

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7. Don't entertain the audience as a jokester. While humor helps people learn, participants who are exclusively concerned with their comedy routine in the role often detract from the value of the experience.

After briefly explaining these guidelines to audiences at intensive weeks, role plays take on added value for participants. They frequently express their appreciation for structuring the session and providing for informed consent.

**Purposes of Instructor Demonstrations**

Because all behaviors serve a purpose, it is useful to unambiguously instruct trainees about the purpose of both role play demonstrations by the instructor and practice sessions by participants.

The authors have found it useful to include in the first several hours, a demonstration session with a difficult, school-flunking, drug taking, behaviorally problematic (to others), resistant, alienated 15 or 16 year old student. In a systematic way, the helper discusses: belonging and its lack of effective satisfaction, i.e., how the student has chosen loneliness and alienation as well as occasions when the student chose more effective behaviors; power or achievement - by asking about the last time the person did something he/she felt pride; fun - by asking such questions as, "When was the last time you had a belly laugh?", "When was the last time you had fun without getting in trouble?"; freedom - by inquiring about recent contributing or altruistic choices made by the student.

This conversation, thorough or hurried, has several purposes, one of which is to demonstrate that it is possible to deal with highly negativistic and destructive behaviors indirectly by discussing their opposites. Even more instructive is the purpose of teaching the needs and quality world concepts to both a role playing "client" and the workshop participants in a graphic and active manner. Thus, this role play has a different purpose than other demonstrations.

More obvious purposes of subsequent instructor demonstrations include illustrating that the principles are applicable to any situation, showing the differences between environment and procedures, and emphasizing one or other of the components, e.g., exploration of quality world, discussion of current behavior, assistance in self-evaluating or plan making, teaching choice theory directly or indirectly, and dealing with unhappiness.

**Participants' Practice Sessions**

Students learn skills by using them in simulations using the above guidelines. However, they learn more than skills by role play practice. They deepen their skill level, gain confidence, and increase spontaneity. Moreover, if behavior or experience controls perceptions, i.e., enriches the perceived world (Glasser 1985), then practice impacts our world view, imprints skills in the mind of the behavioral vehicle operator, increases the credibility of the CT/RT system, and provides opportunities for self-confidence building choices by participants.

**Limitations of Role Plays**

While role play demonstrations and practice sessions have many pluses, there are limitations of which participants should be aware.

- People are not quickly cured. Participants attending training sessions drive their car more on "happiness highway" than on "misery lane", i.e., more in Situation B than in Situation A. Consequently, they often respond quickly to the effective use of reality therapy due to the fact that their skill in resisting is less developed than the real people they role play. It is unrealistic to conclude, for example, that married couples with long term problems, or a person grieving the loss of a spouse will easily choose ongoing relationship building behaviors in 2 or 3 contacts with even an empathic and highly skilled practitioner.

- Participants often ask how the helpee "felt" during the session - a fair but not always relevant question. Because the purpose of role play is to teach and learn skills, they sometimes occur with less effective timing than they would in a real-time conference. In other words, at times the ordinary relationship building conversation is omitted. Thus, the feelings of the "client" or "student" are not necessarily an accurate gauge for evaluating the helper's effectiveness.

**Processing Role Plays**

It is useful to explain that role plays are like a videotape or DVD played at fast speed. They might seem to move faster than is possible with real clients or students. The helper can often demonstrate more ideas, skills, and techniques in a 10 minute role play than in 30 or 40 minutes with "real" people.

Observers are instructed to look for relationship building behaviors such as the ABC's or relationship tonics: attending, being present to the client/student, connecting with the person as a potential or actual success. These are the opposite of the toxic ABC's such as arguing, blaming, and criticizing which have created the presenting problems of the client or student (Wubbolding 2002).

More characteristic of reality therapy are observations and feedback focusing on whether the helper facilitated a discussion of the quality world, level of commitment, and locus of control (W), total behavior (D), most significantly self-evaluation (E), and effective planning (P).

As REW circulates to various groups at certification weeks conducting role play demonstrations, he has developed a more advanced schema for observers in certification weeks. These can also be helpful in basic or advanced training programs.

1. Look for the unexpected. Is there any statement especially surprising to the helpee or to the observer? Look especially for non-verbal behaviors such as facial expressions or other body language.

2. Is there a pivotal point, a pivotal question resulting in a
shift? Often, but not always, there are several points at which the client or student discovers that, "I am truly responsible for my behavior," "my excuses are getting me nowhere," "maybe this person does care about me and can help me."

3. Are there examples of indirect self-evaluation? Indirect self-evaluation techniques include story telling, often initiated by such comments as, "your situation reminds me of someone I met several years ago..." The helper then describes a person who worked through a similar problem with a satisfactory outcome. The student or client then ponders whether any of this anecdote is useful or provides an occasion for self-assessment.

4. Can any statement or question be transferred to another situation? Even though the role play might focus on an elementary school situation, can questions be transferred to and used by probation officers, high school teachers, company managers, etc? Self-evaluation questions are especially transferable. "Is what you are doing helping you?" "How realistic is it to be left alone and not to answer to anyone?"

5. What general principles emerge from the session? In the role play with the recalcitrant teenager, the helper plays a teacher who informs the student that he/she plans to set up study groups in the class. After allowing a choice for one person to team with, the teacher retains the authority to select another person for the team and informs the student. Principles emerging from this session are the effort to democratically involve students in decision making and the ultimate responsibility of teachers to maintain their position of authority.

Summary

Role play demonstrations and participant practice sessions occupy a central place in training. They provide credibility for the instructor and for the instructional content. They also serve to help participants increase their skills as well as self-confidence in implementing reality therapy. Their usefulness increases when participants understand and implement helpful guidelines.

REFERENCES


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