The William Glasser Institute
President & Founder
William Glasser, M.D.
Administrator
Linda Harshman
22024 Lassen Street, #118
Chatsworth, California 91311
1-818-700-8000
FAX 818-700-0555
1-800-899-0688

The William Glasser Institute-Australia
President
June MacQueen
P.O. Box 134
Burpengary
Queensland 4505
Australia

The William Glasser Institute-Ireland
Director
Brian Lennon
6 Red Island
Skerries
Republic of Ireland
011-849-9106
FAX 011-353-1-849-2461

The Reality Therapy Association in Japan
Contact Person
Masaki Kakitani
2205-23
Oiso-Machi
Kanagawa 255
Japan
0463-33-8819
FAX 0463-61-2434

The William Glasser Institute-New Zealand
President
Sharlene Petersen
WGI-NZ
PO Box 130 059
Christchurch, New Zealand
Ph 64-3-3264056
FAX 64-3-3264057

KART: Korea Association for Reality Therapy
Chairperson
Rose-Inza Kim
707-10, Hannam 2-dong
yongsan-gu 140-212
Seoul, Korea
011-82-2-790-9361 / 9362
FAX 011-82-2-790-9363
e-mail: KCC 8608@chollin.net

Canadian Association for Reality Therapy
President
Jean Suffield
530 Des Chenes
Beloel, Quebec
J3G 2H8
Canada
514-446-5671
FAX 514-446-5908

Association for Reality Therapy-Singapore
President
Kwee-Hiong Clare Ong, Ph.D.
Robinson Road Post Office
P.O. Box 1231
Singapore 902431
e-mail: ctrt2004@yahoo.com.sg

The Institute for Reality Therapy UK
Contact Person
Director of Training - John Brickell
Administrator - Adrian Gorman
PO Box 227
Billingshurst
West Sussex, RH14 0YU
United Kingdom
Tel: 01403 700023
e-mail: info@realitytherapy.org.uk

The Israeli Reality Therapy Association
Contact Person
Refuah Institute
Prof. Joshua Ritchie, MD., Dean
95 Derech Hahoresh
Jerusalem 97278, Israel
e-mail: office@refuah.net
972 2 5715112
Fax: 972 2 5879557
web: www.refuah.net

Croatian Association for Reality Therapy
President
Dubravka Stijacic
Kuslanova 59a
10.000 Zagreb
Croatia

Reality Therapy Association-Slovenia
President
Bojana Gobbo
Morova 29
6310 Izola
Slovenia
386 666 2706
FAX 386 6674 7045
# International Journal of Reality Therapy

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Permissions: Copyright held by the International Journal of Reality Therapy. No part of any article appearing in this issue may be used or reproduced in any manner whatsoever without written permission of the editor except in the case of brief quotations embodied in the article or review.
This issue marks the milestone of twenty-five years of publication for this journal. Originally started in the Fall of 1981 as the Journal of Reality Therapy, I viewed it as an independent, scholarly publication designed to promote and disseminate the ideas of internal control psychology, as exemplified by the ideas of William Glasser and others. In the Fall of 1997, the name was changed to the International Journal of Reality Therapy, to reflect the growing interest in those ideas.

Throughout the years, I have striven to help the Journal grow in credibility among academicians and practitioners. It was my belief that for the ideas underlying internal control psychology to have any lasting influence, it was necessary to be able to have a clear, unbiased voice presenting the work of writers, researchers, and practitioners in an objective, critically reviewed publication. In order to do so, I have over the years had the benefit of advice and criticism from members of the editorial board (who included both academicians and practitioners from within and outside the reality therapy family). It was important from the beginning that the Journal be perceived not as a "house organ" designed to narrowly promote certain ideas, but rather as a medium for free and open ideas from within and outside the William Glasser Institute family. This I believe that I have successfully done.

The Journal has been disseminated to college and university libraries, and been made available to members of the William Glasser Institute as part of their membership. As you know by now, the latter will no longer be the case. Consequently, the future of the Journal as of this writing is in doubt. There is a solid base of individual and institutional subscribers on which to build. I also do not wish to raise subscription prices if it can be avoided. It remains to be seen whether or not enough individual members of the Institute who have received the Journal in the past will be willing to subscribe. For those who wish to do so, I refer them to the web site journalofrealitytherapy.com. Regardless of the future, back issues of the Journal and the Resource Guide will continue to be available.

On a different note, I have recently become aware of several new publications (new to me at least) that I believe would be of interest to readers of this Journal. Each presents a somewhat different dimension on the practice and concepts of individual control psychology. They are as follows:

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As I look back over the years, I wish to acknowledge the support and guidance of those who have helped make the Journal what it is today. I wish to especially acknowledge with great gratitude the warmth, wisdom and wit of Naomi Glasser who served as a constant inspiration and support during the first ten years of the Journal. I have missed her patience, insight, and ultra common sense in recent years.
ABSTRACT

The current paper further explored the implications of Choice Theory for education by more closely merging it with psychometric theory. The Students Needs Survey (SNS) was developed and included 25 items with five items to assess each of the five basic needs. Students replied by selecting a point on a five point likert scale (“never true” to “always true”). After initial field testing and revision, the scale was administered to 432 students. The results suggested that data derived from the SNS were both highly reliable and valid. The coefficient alpha for the total scale and the test-retest reliability coefficients all exceeded .80, the five factor structure of the scale was supported, and the items significantly differed between a school certified as a Quality School, one that was applying for Quality School certification, and one that matched the other two on demographic variables but the staff was not formally trained in Quality School principles.

INTRODUCTION

Glasser's Choice Theory (1984; 1998) has been applied to many fields, but few with as far reaching implications as education. Initially outlined over 30 years ago (Glasser, 1969), several volumes have since been written describing systemic educational applications (Glasser, 1990; 1992; 1999; 2000; 2001) and implementations (Martin, 1988; Murphy, 1997; Toso, 2000). Therefore, interest in Choice Theory has increased exponentially over the past three decades so much so that it has been meshed with several other major theories within psychology (Lennon, 2000). However, perhaps the theory that a merger with Choice Theory holds the most promise for education is psychometric theory.

Psychometrics is the process of assigning a score to the attributes of a person (Murphy & Davidshofer, 2001). Collecting data about individual students is a critical component of instruction and academic/behavioral interventions, and functional assessments of problem behaviors are mandated for children with special needs. Mishler and Cherry (1999) suggested a model in which Choice Theory could be the basis for a functional assessment of behavior (FAB). The goals of a FAB include description of a child’s behavior, hypothesizing causes, examining the environment, and identifying variables for change. Choice Theory could be used to identify the child's unmet needs and to develop an intervention plan (Mishler & Cherry, 1999).

All human behavior, according to Choice Theory, is driven by people attempting to satisfy basic needs (Glasser, 1984; 1998; 2001). Knowledge of which needs are not being met in individuals’ lives is important to understanding their behavior and determining interventions to create a needs-satisfying environment. Glasser (1984; 1998; 2001) described five basic needs that must be met for physiological and psychological health. The physiological need of Survival represents the biological desires for food, water, shelter and reproduction, as well as safety and security. Humans also attempt to satisfy the four psychological needs of Power, Belonging, Freedom, and Fun. The Power need relates to desire for status, dominance, respect, and achievement and it is the need that is the most difficult to satisfy. Belonging refers to the need to be with others, to feel cared for, and to be in cooperative relationships. Freedom, a need which often conflicts with Power and to some extent Belonging, is the desire to do what one wants to do and to be able to make choices. Finally, the need for Fun is the desire to play, to laugh, and to seek enjoyment and is hypothesized to be linked to the ability to learn (Glasser, 2001).

Some methods were previously designed to quantitatively evaluate the strength of an individual’s five basic needs drawing from Choice Theory’s counseling applications (Glasser, 1999). The Pathogram (Peterson & Parr, 1982) is a visual representation of the strength of an individual’s needs that was initially designed for use in individual therapy. After receiving an explanation of Choice Theory and the five basic needs, the client was asked to draw a vertical line above the name of each need in a chart, its length indicating the amount of time and effort put into fulfilling the need. The result resembled a bar graph and displayed the relative strength of each of five basic needs according to the client. However, because the lengths of the lines were somewhat arbitrary, the Pathogram described little more than the rank order of an individual’s needs. A one to nine point scale was later added to the chart so numerical values for each need could be derived from the Pathogram (Peterson & Truscott, 1988). Still, it was uncertain that these values described the true features of an individual’s needs structure since the Pathogram relied on an individual’s understanding of the needs, perception of strengths, and ability to accurately and honestly report the time and effort put into fulfilling them.

The Choice Theory Basic Needs Scale (CTBNS; LaFond, 2000) was an attempt at a more objective measure of Glasser’s five needs using a survey design. Nine quotations describing each of the needs were selected from Glasser’s writings and
approved by experts in Reality Therapy (LaFond, 2000). Participants were asked to rate how strongly they agreed with each of the 45 quotes on a five point scale from “disagree” to “agree”. Despite the intuitively high content validity of this measure, low item-scale correlations and a confirmatory factor analysis that did not support the factor structure indicated low construct validity of the data. LaFond concluded that the items would need to be rewritten so they were less abstract and the scale reanalyzed before the CTBNS could be used to accurately assess an individual’s need structure.

A final attempt to quantify the basic needs in children was the Basic Needs Survey (BNS; Harvey & Retter, 1995). This survey contained 20 items that asked the student to rank four different activities (one representing each psychological need) from most desirable to least desirable. A score for each need was derived by summing the ranks of the representative activities in each of the 20 items. Resulting subscale scores ranged from 20, indicating a strong need, to 80, indicating a weak need. The activities listed on the scale were generated by asking focus groups of children in third to ninth grades what they might do to satisfy their needs after Glasser’s concepts were explained to them. Then, 260 students in grades three through six were twice administered the survey 2 weeks apart, resulting in a test-retest reliability ranging from .66 to .79. Results showed that students had the greatest need for Belonging, followed by Fun, Freedom, and Power. However, there was only minimal variation between the subscale scores for each of the needs. Moreover, developmentally appropriate and expected gender differences were found between children in grades three through five and those in grades six through nine (Harvey & Retter, 2002). Given that these differences were consistent with relevant psychological theories, the findings supported the validity of data from the scale. Thus, although the BNS describes a child’s overall need structure, it does not provide information specific to the school environment or how well the school is meeting the child’s needs.

Murphy (1997) concluded that the limited research on the effects of Choice Theory in schools lacked scientific rigor and did not demonstrate improvements in all desired areas. Moreover, the previous assessment tools did not address how well a child’s needs were met by attending the child’s school. Thus, a psychometrically sound measure of the basic needs was developed to provide data useful for designing individual behavioral interventions and to assess how well a school was meeting the needs of a group of children. The purpose of the current paper is to describe the measure, its development, and data to support the reliability and validity the information it provides.

Student Needs Survey

A 25-item scale was developed that included five items to assess each of the five basic needs. The items, presented in the Appendix, included statements such as “other adults in the building, besides my teacher, know me” (Belonging), “I feel important when I am at school” (Power), “my teachers expect me to get good grades on work and tests”(Power?), and “I can choose my own partners for projects”(Freedom?). Students respond to each item by endorsing the item on a five point likert scale ranging from “never true” to “always true”. Thus, each item receives a score of 1 (never true) to 5 (always true) and each basic need subscale has a score that ranges from 5 (need not being satisfied) to 25 (need being satisfied).

Test items were written by five administrators of schools either certified by the Glasser Institute as a Quality School (three) or trained in the principles of a Quality School (two). The items were then field tested by administering them to 100 elementary-aged students in one school and correlating each item with the respective subscale score. Two items scored below .30 were revised. The final 25 items were then randomly ordered. The result was the Student Needs Survey (SNS), which can be individually administered and scored to identify areas of strength and need. Items number 4, 7, 8, 13, and 21 addressed Belonging; numbers 9, 10, 11, 15, and 18 addressed Power; 2, 12, 16, 17, and 19 assessed Freedom; 1, 14, 20, 22, and 23 measured Survival, and 3, 5, 6, 24, and 25 assessed Fun.

Standards for assessment in education call for tools that result in reliable and valid data (AERA, APA, & NCME, 1999). Therefore, the reliability and validity of data from the SNS was assessed through internal consistency, test-retest reliability, and estimates of construct validity. The validity of assessment data is defined as the extent to which a test measures a theoretical construct (Mcintire & Miller, 2000) and can be demonstrated by correlating scores for an item with scores for a factor or construct (Murphy & Davidshofer, 2001). Two common approaches for this are correlating the item score with the score for the factor from which the item was drawn, and conducting a confirmatory factor analysis to examine if the number of factors is supported by the scores of the individual items. Finally, verified predictions that group membership affects scores in an expected manner support the validity of the data (Mcintire & Miller, 2000). Thus, reliability was examined in two ways and the validity of the data was tested through item correlations, a confirmatory factor analysis, and comparing mean scores of students attending three different schools.

METHOD

Participants

Students from three public school academies in Michigan served as the participants for the study. Although the grades of children attending the schools ranged from kindergarten through eighth, only students in third through eighth grade completed the study. There was a generally equal distribution of grades with 57 (13.2%) third graders, 91 (21.1%) fourth graders, 63 (14.6%) fifth-grade students, 81 (18.8%) sixth-grade students, 76 (17.6%) seventh graders, and 64 (14.8%) were students in the eighth grade. There was also an approximately equal number of females (n = 210, 48.6%) and males (n = 222, 51.4%). The sample consisted of mostly Caucasian students (n = 369, 85.4%) with 36 (8.3%) African-American students, 15 (3.5%) Hispanic students, eight (1.9%) Asian-American students, and four (1.0%) Native-American students.
Procedure

The SNS was administered to the participants in a group setting. A paper copy of the tool was distributed and the students were orally instructed to complete the scale as best they could. Individual students could receive assistance reading the scale items if needed. After completing the scale, students turned them in and they were individually scored. Each of the five items within each area subscale was totaled to equal a subscale score and the five subscale scores were summed to create a total score.

Reliability. Reliability is the consistency of assessment data and can be most straightforwardly estimated by giving the same test twice and correlating the resulting scores (Murphy & Davidshofer, 2001). However, estimates of internal consistency establish an upper limit on reliability. Therefore, internal consistency was estimated by computing a coefficient alpha for the 25 items and for the five items within each area subscale among the 432 student participants.

Test-retest reliability was also examined by administering the SNS a second time to a subgroup of 65 of the 432 students. A 2-week interval occurred between the initial assessment and the retest as recommended by Salvia and Ysseldyke (2004). The total scores from the two administrations were correlated with Pearson Product Moment.

Validity. Whether or not the SNS provides a valid measure of the five basic needs was evaluated through three approaches. First, each item was correlated with its respective area subscale score. Second, a confirmatory factor analysis was conducted to test the five-factor structure presented by Glasser (1984; 1998).

Third, the mean SNS total scores were compared between three schools. One school was certified by the Glasser Institute as a Quality School in September of 2001 (Certified School), and one had applied to be certified as a Glasser Quality School (Applied School) at the time of the study and has since received certification from the Glasser Institute. The third school was matched with the first two schools on various demographic data, but the staff was not formally trained in the Glasser (1990; 1992) model (Control School).

RESULTS

Reliability

A coefficient alpha was computed for the 25 items of the scale and resulted in a score of .92. An alpha was also computed for the five items within each subscale, which found coefficients of .69 for Belonging, .69 for Power, .75 for Freedom, .71 for Survival, and .71 for Fun.

A test-retest reliability estimate was computed by correlating the first score with the second set of scores obtained 2 weeks later with a Pearson Product Moment. The resulting coefficients were .96 for the Total Score, .91 for Belonging, .88 for Power, .80 for Freedom, .88 for Survival, and .88 for Fun.

Validity

The content of the scale was assessed by conducting a confirmatory factor analysis using the five subscales based on Choice Theory's (Glasser, 1984; 1998) five basic needs. Data were treated categorically, rather than as continuous data, to more accurately reflect the nature of the items and response choices. The resulting statistic $\chi^2$ (427) = 1102.24, $p < .0001$ was significant. The goodness of fit index was .94 and the comparative fit index was .81.

Table 1 displays the correlation coefficient between the five individual items for each subscale and the total score for that scale. Approximately half ($n = 13$) of the items met or exceeded a coefficient of .70 and an additional eight items met or exceeded .65.

Table 1: Correlation Coefficients Between Individual Items and Subscale Totals

<table>
<thead>
<tr>
<th>Subscale Item</th>
<th>Belonging</th>
<th>Power</th>
<th>Freedom</th>
<th>Survival</th>
<th>Fun</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>.68</td>
<td>.71</td>
<td>.71</td>
<td>.74</td>
<td>.67</td>
</tr>
<tr>
<td>Two</td>
<td>.49</td>
<td>.75</td>
<td>.74</td>
<td>.59</td>
<td>.69</td>
</tr>
<tr>
<td>Three</td>
<td>.76</td>
<td>.64</td>
<td>.72</td>
<td>.71</td>
<td>.67</td>
</tr>
<tr>
<td>Four</td>
<td>.70</td>
<td>.65</td>
<td>.65</td>
<td>.72</td>
<td>.68</td>
</tr>
<tr>
<td>Five</td>
<td>.79</td>
<td>.68</td>
<td>.73</td>
<td>.63</td>
<td>.71</td>
</tr>
</tbody>
</table>

Note - all correlations are significant ($df = 431, p < .01$)

The means and standard deviations of the Student Needs Survey total score for the three participating schools (Certified School, Applied School, and Control School) are listed in Table 2. A significant main effect was noted and Bonferroni post hoc analyses suggested that both the Certified and Applied Schools scored significantly higher ($p < .001$) than the Control School. Although the Certified School scored higher than the Applied School, the difference was not significant. Mean differences between the schools' total scores were also examined by computing a Cohen's (1989) $d$ effect size by subtracting the mean of one group from the mean of another and dividing by the pooled standard deviation. The resulting effect sizes were .55 for Certified and Control, .54 for Applied and Control, and .04 for Certified and Applied Schools.

Table 2: Descriptive Statistics and ANOVA for Student Needs Survey Data Among Three Schools

<table>
<thead>
<tr>
<th>School</th>
<th>$n$</th>
<th>Mean</th>
<th>SD</th>
<th>$F$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glasser Certified</td>
<td>185</td>
<td>72.32</td>
<td>15.57</td>
<td></td>
</tr>
<tr>
<td>Applied for Glasser</td>
<td>167</td>
<td>71.76</td>
<td>14.05</td>
<td></td>
</tr>
<tr>
<td>Certification</td>
<td>80</td>
<td>64.50</td>
<td>13.05</td>
<td>14.38*</td>
</tr>
</tbody>
</table>

* $p < .001$
DISCUSSION

The current paper described the development and psychometric properties of the SNS. Current data suggest that data derived from the SNS were both highly reliable and measured what the survey purported to measure (i.e., the five basic needs from Choice Theory). Salvia and Ysseldyke (2004) suggested that reliability coefficients of .80 are needed for screening decisions regarding individual students and a higher minimum of .90 is needed for important decisions. The coefficient alpha for the total scale and the test-retest reliability coefficients all exceeded .80. Moreover, the test-retest coefficients exceeded those reported for the Basic Needs Survey (Harvey & Retter, 1995). The somewhat lower estimates of internal consistency are expected given that each consists of only five items and the strong correlations between items and subscale scores suggest a strong internal structure. The high goodness of fit indices also suggests support for the five factor structure. Thus, the scale was apparently developed with appropriate procedures using items that are sufficiently reliable and internally consistent.

The strong internal structure supported the validity of the resulting data, as did the consistency with expected scores. It has been suggested that effect sizes of .50 represented moderate effects and those of .20 or lower represented a small effect. Thus, the difference between the Certified and Applied Schools was negligible, but both significantly and moderately outscored the Control School, which could be expected given the level of training and implementation within the Certified and Applied Schools. Theory consistent differences between groups can support the validity of data from assessment techniques (Gregory, 2000). Thus, the higher scores for the Glasser certified and applied schools support the validity of data from the SNS.

Although the current study has potential implications for research and practice, some limitations of the data should be considered. First, all of the students attended a public school academy, which could limit the external validity of the data. Thus, additional psychometric data should be collected with children in traditional public schools. Moreover, these data did not suggest any long-term implications beyond stability of scores over 2 weeks. If needs and strengths change over time, a one-time measurement may have limited long-term implications, and multiple measures would be needed.

As stated earlier, the goal of the current study was development and validation. SNS provides information about needs and strength relative to the individual, but at this point there is not a cutoff score that indicates a need is "adequately" satisfied or not being satisfied. This question will require additional empirical investigation. Additionally, how sensitive this measure is to responses to interventions based on these data remains as of yet unknown and also in need of research. Finally, research with more diverse samples is needed.

Given its psychometric strength, the Student Needs Survey (SNS) could be a useful tool that could be employed in the application and research of Choice Theory in the schools. Teachers or other school staff could administer the SNS to determine how well students' needs are being met (individually or as a group). The SNS provides subscale scores for each of the five basic needs and by comparing them, one can determine a student's relative strengths, needs that are being satisfied, and weaknesses, those that are not. Because people will choose behaviors that satisfy their unfulfilled needs, schools can use the information from the SNS to design behavioral interventions, adjust instruction and other school practices so that students' needs can be met in productive ways. Further, the SNS could be used to evaluate the quality of implementation of Choice Theory by a school or individual teacher. Students learning in classrooms where Choice Theory is being used effectively should feel their needs are being adequately satisfied through their school experiences.

The SNS is also useful for researchers who need a quantitative measure of how well a school is meeting students' needs to answer a variety of research questions. Such a measure could be used to determine the effect of different techniques (e.g., cooperative learning) or aspects of the school environment on students' needs. SNS scores could also be correlated with other measures such as school performance or rates of aggressive behavior to determine their relationship.

REFERENCES


APPENDIX

Student Needs Survey

Please circle the choice that best answers each question. There are no right or wrong answers.

1. Teachers at this school really care about students
- Never True
- Almost Never True
- Don’t Know
- Almost Always True
- Always True

2. Students help set school rules
- Never True
- Almost Never True
- Don’t Know
- Almost Always True
- Always True

3. I have fun with my friends in class
- Never True
- Almost Never True
- Don’t Know
- Almost Always True
- Always True

4. I feel included by other students at this school
- Never True
- Almost Never True
- Don’t Know
- Almost Always True
- Always True

5. Students at this school enjoy learning
- Never True
- Almost Never True
- Don’t Know
- Almost Always True
- Always True

6. Students in our class enjoy being around each other
- Never True
- Almost Never True
- Don’t Know
- Almost Always True
- Always True

7. The teachers seem to care for one another
- Never True
- Almost Never True
- Don’t Know
- Almost Always True
- Always True

8. Other adults in the building, besides my teacher, know me
- Never True
- Almost Never True
- Don’t Know
- Almost Always True
- Always True

9. I feel important when I am at school
- Never True
- Almost Never True
- Don’t Know
- Almost Always True
- Always True

10. My teachers expect me to get good grades on work and tests
- Never True
- Almost Never True
- Don’t Know
- Almost Always True
- Always True

11. I usually know how well I am doing in school
- Never True
- Almost Never True
- Don’t Know
- Almost Always True
- Always True

12. I can choose my own partners for projects
- Never True
- Almost Never True
- Don’t Know
- Almost Always True
- Always True

13. My teachers care about me
- Never True
- Almost Never True
- Don’t Know
- Almost Always True
- Always True

14. I feel like there is order in the school
- Never True
- Almost Never True
- Don’t Know
- Almost Always True
- Always True

15. The teachers are open to suggestions from students
- Never True
- Almost Never True
- Don’t Know
- Almost Always True
- Always True

16. At school, I get to learn things I am interested in
- Never True
- Almost Never True
- Don’t Know
- Almost Always True
- Always True

17. I have choices in my assignments
- Never True
- Almost Never True
- Don’t Know
- Almost Always True
- Always True

18. People at school listen to what I have to say
- Never True
- Almost Never True
- Don’t Know
- Almost Always True
- Always True

19. I have choices on different ways to complete assignments
- Never True
- Almost Never True
- Don’t Know
- Almost Always True
- Always True

20. I feel safe when I am at school
- Never True
- Almost Never True
- Don’t Know
- Almost Always True
- Always True

21. I have many friends at school
- Never True
- Almost Never True
- Don’t Know
- Almost Always True
- Always True

22. Students are kind to each other at this school
- Never True
- Almost Never True
- Don’t Know
- Almost Always True
- Always True

23. The school is neat and clean
- Never True
- Almost Never True
- Don’t Know
- Almost Always True
- Always True

24. We often laugh in my classroom
- Never True
- Almost Never True
- Don’t Know
- Almost Always True
- Always True

25. In our class we do special fun activities
- Never True
- Almost Never True
- Don’t Know
- Almost Always True
- Always True

The first author may be contacted at burns258@umn.edu
Reflections from Villa Nirvana: PCT in Business and Management Practices

Pamela Fox

The author is a Senior Faculty member with the International Association of Control Theory. She currently lives in Mexico where she owns and manages a small hotel on the beach north of Acapulco.

ABSTRACT

This contribution offers reason for business people and managers to learn Perceptual Control Theory, especially working in a cross-cultural setting. It offers a brief explanation of Perceptual Control Theory and examples of using applications of the theory in a business setting.

REFLECTIONS FROM HOTEL VILLA NIRVANA

On the beach, 10 kilometers north of Acapulco, Mexico

PCT in Business and Management Practices

"In particular the designer (of a social system) must understand that people are not just control systems, they are the best, most precise, most complex multileveled control organizations ever to appear on Earth, and as a result when they come into conflict with each other the results can quickly become deadly. The designer of social systems who understands this will begin by rooting out of the design anything that depends on controlling other people. This isn't moralizing, and it has nothing to do with idealism. It is simply facing up to the fact that people are control systems, and therefore cannot be moved in the same way one would move a rock. A new concept of human nature requires new concepts of human interaction, too.

William Powers
Living Control Systems II
"A Bucket of Beans."

I own and run a small beach hotel on the Mexican Pacific Coast near a small village, Pie de la Cuesta, north of Acapulco, Guerrero, Mexico, just off Highway 200. We are written up in a number of travel guide books such as Lonely Planet and Rough Guide. People come from all over the world to walk through the gardens, admire the architecture, and savor the fresh fruit platters and huevos rancheros of the restaurant. Mostly they come to sit in awe, especially at sunset, at the unrelenting power of the Pacific.

When we bought the place five years ago, I had no experience as a private business owner, nor did I speak Spanish. I did have, at best, a rudimentary understanding of Perceptual Control Theory. So I eased some apprehension, thinking that if I understood this theory that explains the behavior of all living systems, the control of perception, and the nature of conflict, I had at least an inkling of how to go about my business on the beach in Mexico.

I could perhaps entertain you today with many stories of life on the beach watching what the tide brings in, but I'm more interested in talking about PCT in business and management practices, and how I have observed these applications as the hotel has grown from six to twenty rooms, from three to eight employees and a construction crew, from a stop-over for backpackers and sand fleas to a haven for travelers seeking their own experience of Nirvana, of peace and enlightenment, as the name of the hotel might suggest.

Essentially I have three observations to offer in my observations of PCT in business and management practices.

First of all, an understanding of Perceptual Control Theory and living systems is essential. PCT explains the behavior of all living systems as the control of perception, an attempt on the part of the individual to reduce error in the system between what is being perceived and what is intended to be perceived. Although actions by the system on the ever changing environment may vary, the outcome is balance within the system between what is being perceived and what is intended to be perceived.

What I have learned and relearned through my experiences here is that like all living systems, I am a control system as well. The changes that occur in awareness of one's own behavior as a perceptual control system is a mega-management tool for business, but more importantly for living. It impacts the perception of the manner in which I interact with everyone related to the business. Also, my awareness of myself as a control system is always shifting.

Second, everyone with whom I deal, employees, construction workers, the papaya lady, clients, inspectors, scam operators...each is a living control system as well operating in its own hierarchy of perceptions and references or more simply put, whatever it is they are doing, they are doing it for their own reason, not mine. A living system controls to reduce error within its hierarchy of perception. A rock may be impacted and yield to the forces of nature such as salt air, but a person acts on the environment to reduce error between what is being perceived and what is intended to be perceived. A manager doesn't control the workers...at best they agree to share a reference perception. The agreeing is also a reference perception somewhere in each individual's hierarchy of perceptual control.

Third, a business, although it may involve a number of individuals, or individual control systems, is not a functional feedback system. There may develop some shared perception of cooperation or coordination between individuals, but an...
inherent feedback mechanism does not exist in a social organization. A manager who understands that a business is not the personification of one's own perceptual system has a better chance of developing effective management practices. One person cannot control another. With a more complete understanding of practices aligned with the behavior of control systems, "business management" takes on a new dimension. The real job to be done by the manager is working on a more comprehensive understanding of Perceptual Control Theory.

**A Brief Explanation of PCT**

Perceptual Control Theory, or PCT, is a theory of human behavior based on a wealth of scientific research. It describes all living systems as control systems. Nobody is controlled and there is no controller. A living system controls itself. Control has a very specific meaning here. It means using whatever "effector output systems" (in humans, that would be the spinal-neural-muscle system) to act on the environment. Here's where the theory might challenge your ideas about human behavior. The system acts on the environment, not to control the environment or another person. It acts on the environment to create new sensory information that it perceives and measures in terms of a reference, an internal perception, of what it wants to be happening. Perception takes place inside the system... via neural transmitters... in the person's head, so to speak. Control of the variable is the attempt to create a match between what is being perceived and what is intended to be perceived. A system seeks to operate with zero error. By that I mean the system seeks to run with a consistent match between what it is perceiving and what it intends to perceive. The actions, the output, will vary depending on what disturbances are occurring in the ever changing environment.

Before discussing the implications of this theory in business management, I would like to give you an example of how a living system operates within multiple sensory feedback loops on multiple levels of perception.

Most of you probably deal with some of your clients by phone. The phone rings. You identify the person and at some level you say to yourself, "What do I want from this conversation?" That's your reference. As the conversation moves along, you are constantly evaluating what is happening in the course of the conversation in terms of what you want to be happening. That's your control system comparing a perception to an internal reference. That part is all happening in your head, so to speak. You change what you say, the choice of words, the tone of voice, and the rate of speech in an attempt to create new sensory information... new information forming your perception of what is happening with the client. In other words, you are acting on the environment (the phone mechanism and client included) to create sensory information that your sensors input as neural signals creating a perception of what is happening "out there" all the while comparing it to what you want to be happening. You vary what you "do" to maintain little error between what you are perceiving and what you want to be perceiving.

Have you ever received an incoming call from an important client just as you were leaving the office for an important meet-
Transition

The fourth level of perception is transition. At this level, change in configuration is experienced. At this level there can be no “perception of transition without perception of configurations or their elements.” To create a perception of transition, it is necessary to act in a way which changes configurations. Following the series of examples in the auditory feedback loop, transition might be perceived as a consonant. A consonant stops the air flow in the creation of a phoneme and creates the perception of change or movement. It’s something like “ba...ba...ba...ba...ra...an” of Beach Boy renown.

Event

An event is defined “as a unitary package of transitions, configurations, sensations, and intensities, having a familiar pattern in time.” The example that Powers uses fits right in here: If someone tells you something which would be somewhat surprising if true, you might reply “Oh?!” This sound begins with a medium-pitch “O” sound which remains steady for half a beat, then rises quickly to a somewhat higher pitch. If, on the other hand, you were quite alarmed by the statement, you might say “OH!” is a way which begins at a higher pitch, then rises immediately and twice as far before the end. These two ways of saying “Oh” are two different events.

“The perception of event corresponds to a reference of something continuing to happen. The duration may be long or short; what matters at this level is the sense of one occurrence which exists during the event and disappears when it finishes.” Events in learning a new language are experienced in words and phrases.

Relationship

The sixth order of perception is relationship. It describes how two variables are related or constrained, “so their behavior is not totally independent.” Powers uses the example of two ice skaters, each moving by that person’s muscles “without any physical attachment to the other, still can create a pattern in which they circle around a common center. They act to preserve a recognizable constraint on their motions and positions, which we perceive as symmetry of motion and position.” In language acquisition, “parallel construction” (A red light means stop; a green, go.) might be an example of relationship. Or, especially when learning another language, an example of relationship might be “concordance” of time: Si hubiera hablado desde el principio claramente, habria evitado este problema. (If I had spoken clearly from the beginning, I would have avoided this problem.)

Category

At the level of category, we group perceptions of relationship, event, transition, configuration, sensation, intensity in a manner that we find useful. “We form and reform categories until we can predict at least something about all of the items within one group simply by seeing them as members of that group and not another.” Semantics describes how words in relationships with other words create categories of meaning. At this level of perception, the use of symbols begins, by assigning meaning to the perceptions of categories. Communication between systems is often attempted. A difficult task at best, as the two systems are not operating from the same hierarchy of lower level perceptions.

Sequence

Experiencing the ordering of elements involves the perception of sequence. Any skill involves sequencing. Perceptions of sequence in learning a new language are defined as syntax. Syntax describes how words combine to make statements. In some languages, the order is subject-verb-object. “I grabbed the cat.” In other languages, the order is subject-object-verb. I the cat grabbed. In some languages, the order is object-verb-subject: The cat grabbed I.

Program

At the program level of perception “we carry out operations of manipulating symbols.” At this level, “rules determine how one set of symbols and sequences of symbols describing lower-level perceptions is converted into new symbols and sequences of symbols which are interpretations or implications of the category and sequence perceptions.” A program is a test of sorts followed by a choice: if this is true, do one thing; if it isn’t true, do something else. Grammar rules constitute a program in the acquisition of a language. One example pertinent to some languages: if a verb indicating doubt introduces a dependent clause, the verb in the dependent clause is expressed in the subjunctive mode.

Principle

At the tenth level of perception, the level of principle, the brain is capable of “creating, altering, and judging the worth of programs...generalizing about them. Most principles are general and imprecise”. “Simplicity” is a principle of using language effectively. One subject/verb relationship per sentence. To perceive “simplicity” doesn’t mean perceiving one program or another program in action. “It means drawing a generalization from all of the programs” in operation. ...or at least the ones of which the system is aware.

System Concept

The eleventh level of perception is system concept. Referred to as a “high” level of perception because “any principle applies to a range of logical processes, which in turn apply to a range of sequential procedures, categories of things and actions, relationships, and so on down the chain. A principle set up as a reference signal gives us a standard against which we judge the principle we perceive to exist in the world of experience.” The type of perception drawn from these “constellations of principles” is system concept.

“System concepts can be goals, and they can be perceptions. We set goals from system concepts, compare the sense of system we actually obtain with the one we would prefer, and learn how to alter principles until they make the experienced system concept match the reference system concept.”

Communication is a system concept that draws together the principles of verbal experience. As a system concept some languages are preferred in international treaties, business, and scientific documentation.
But before moving on, a further comment about the hierarchy of perception is in order.

Not only does the system input sensory information by means of this hierarchy with the neural signals combining on one level to form a new, more complex perception at the next level, the system outputs in corresponding descending order. When error is experienced at one level, the output signal sends a message down a level to adjust the reference at that level. At the lowest level, the system connects with the environment through the neural/spinal/muscle system. If, for example, a word isn’t “sounding” right, an error may be experienced at the level of “event.” A message is sent to the lower level of “transition,” (something like “check those consonants”...what adjustments need to be happening here) on to “configuration,” (check those vowel sounds...what adjustments to happening here) on to “sensation” (check the pitch of the voice) on to “intensity” (check the loudness of the sound). As the word is repeated, you hear again, comparing what you are perceiving to what you want to be hearing. It all happens very fast, faster than you may be aware. The neural signals move up and down the hierarchy as the system controls to reduce error.

Levels of Perception: Myself as a Control System

Driving in Mexico has been a particularly daunting learning experience. Since most people drive, sharing this experience might help clarify how each of us controls as a negative feedback system operating on multiple levels of perception.

The road from Acapulco to Pie de la Cuesta, Highway 200 north, snakes along the mountain side overlooking the Pacific. As you enter the village, you have to make a left-hand turn off of the highway, through the arches, onto the beach road. In my experience, this appeared to me to be a standard maneuver: flip on the turn signal, slow down, and stop if necessary to yield to oncoming southbound traffic. The first time I prepared to make the left-hand turn, waiting for oncoming traffic, much to my surprise a car from behind zoomed around on the left side of my vehicle, passing me before I started into the turn, and attempted to clear the left lane before the approaching vehicle prevented passage. With a little more experience driving in the area, I learned that this time saving technique was frequently practiced. There is however a further elaboration of the left hand turn: as the rogue vehicle pulls out into the left lane in an attempt to pass before I initiate the turn, another vehicle also wanting to turn left will pass at an accelerated speed on the right side of my vehicle and charge around the front of my vehicle turning to the left to beat both the vehicle passing on the left and the oncoming traffic.

Now as a control system behind the steering wheel of a small pickup, I do alright. At the program level, I keep the vehicle between the lines, move on down the road at an appropriate speed, making adjustments for traffic congestion, road conditions, and changing weather. At the principle level, I have some notion of safe driving practices. As part of a system concept, I take into consideration the safety and well being of myself, my passengers, and other people on the highway. However, making left-hand turns onto the beach road off of Highway 200, I experience great error: what I am perceiving does not match what I want to be perceiving. I have no control over what other drivers are doing. To continue driving with a reference for the safety and well being of myself, my passengers, and other people on the highway, I adjust my references at all the lower levels of perception. My perception of principles of safe driving practices changes. The programs that I use to carry out those adjusted principles change. The references for the sequences that make up those programs change. The system inputs new information from the lower levels, new perceptions are experienced, new references are set, and simultaneously the system sends a signal from higher levels to lower levels to adjust references. At the lowest level, the output signal sends its message to the spinal cord and muscles. I act on the environment... in this case maybe by double checking the rearview and side mirrors before initiating a left-hand turn and proceeding more cautiously. As a control system, I seek to reduce error between what I am perceiving and what I want to perceive.

What are the implications for a business manager? I think there are two worth noting.

First of all, whatever a person is doing, he is operating within a network of perceptions and references that are unique to that system. Whatever a person is doing, he is doing it for his own reason. It “makes sense.” It “works” for the individual. The individual controls to reduce error in his own system. All the other systems are “out there,” part of the every changing environment creating disturbances that I deal with to maintain a near zero-error reading in my own system. I may have a feedback system in place about driving that has worked for me in many situations. So does every other system sitting behind the steering wheel of a vehicle. The two systems may or may not have similar reference perceptions. In the work place, part of the job of the boss or manager is to communicate reference perceptions from one system to another, remembering that a system inputs new information from the level of “intensity” “to system concept.”

Second, just as I can’t control the other drivers on Highway 200, a manager or boss can’t control the employees. People do what they do for their own reasons. Coming to some kind of agreement about a “shared reference perception” happens when each system agrees for its own “reason” within its own hierarchy to work with its perception of the shared perception. A living system controls to reduce error between what it is perceiving and what it intends to be perceiving. One system doesn’t control another.

Levels of Perception: Others as Control Systems: Cooperation, Coordination and Conflict

Powers calls cooperation the first social concept. “By deliberately controlling a relationship between oneself and another, conflict is prevented and a higher-level goal is achieved. Cooperation is a perceptual variable that can be controlled by altering one’s actions in relationship to those of others. One’s reference level for cooperation specifies just how far one is willing to go.”

Although the hierarchy of organization in a business may share some similarities with the organization of an individual,
a business is not a control system. It's a group of individuals. For the individuals in the group to cooperate, they must first have a reference for cooperation, and more specifically, cooperation in the workplace, this work place, this job, with these individuals. If the manager assumes that everyone is controlling for the same reference, she may experience error something like making a left-hand turn into the village of Pie de la Cuesta, driving north from Acapulco on Highway 200.

Powers goes on to define coordination “as the control by one person of a set of tasks being carried out by others. The coordinator must, somehow, adjust the reference signals in each “worker”...so that when each worker acts to bring his own perception to his given reference level, a higher level variable in the perceptions of the coordinator is thereby maintained under control...Coordination demands that the workers make a commitment to the principle of following orders, at least within a certain range of orders and in a particular context....The crucial question is, how can one person transmit a reference signal to another? This cannot literally be done, but what could have the same effect?”

**Trimming Plants and Pants**

So the question is how to “transmit a reference signal to another.” My idea of a garden is something like walking through a total environment that surrounds a person in color, texture, structure, movement, green fragrance, all alive and moving. Finding plants that tolerate the salt air, the hot sun, the dry season from November to June adds an additional challenge. One nursery offered plants that spiral upward to four feet in a double helix with long three-inch wide serrated leaves. The serrated edges of the matt green leaves are accented with a rusty red. The long leaves cascade and overlap creating color, texture, structure, movement. My night watchman took to trimming the plants by whacking off the leaves, leaving stubby fingers jabbing out from the center of plant. I asked him not to do that, but he continued, explaining he had seen such at the “big hotels” of Acapulco. I explained to him that I only cut the fading leaves and always close to the trunk to maintain the cascading flow of greenery and to avoid nests of fiery red ants. He continued to ravage the plants.

Clearly I had not “transmitted a reference signal to another.” Clearly I was experiencing error. Juaquim was not. I did two things. First, I bought Juaquim two new pair of work pants, without mentioning my intention to do so. Then, with my gardener shears in hand, I found the weary pair of work pants that Juaquim left with his things in the storage area and I shredded them... from the hemline to the beltline. Jagged cuts every inch from the hemline to the beltline. I folded them neatly and returned them to their place.

When Juaquim came to work that evening, the conversation went something like this: Juaquim: Senora, look at my pants.

Me: Juaquim, they look like my plants.

Juaquim: They look like your plants?

Me: Yes, they look like your plants.

Juaquim: My pants look like your plants?

Me: Yes.

Juaquim: But who did this?

Me: I did. Juaquim: You did?

Me: Yes, they look like the pants that spring breakers wear around the big hotels in Acapulco.

Juaquim: But I can’t wear these pants.

Me: You have new pants Juaquim, but my plants look like your old pants.

Juaquim: So you don’t want me to cut the plants to look like the plants in the big hotels in Acapulco?

Me: No. I don’t. You do your job as night watchman. We’ll do the garden work in the daytime.

So we arrived at a shared reference. My job as owner, CEO, manager, and head gardener was to act on the environment to create sensory info that Juaquim might input, learning a new perception and setting a new reference that matched my reference for trimming the plants. Two different control systems. Juaquim was trimming the plants for his own reason (probably hoping for a big tip) and he stopped trimming the plants for his own reason. My job as coordinator was “to adjust the reference signals in the worker...so that when each worker acts to bring his own perception to his given reference level, a higher level variable in the perceptions of the coordinator is thereby maintained under control.” If the manager remembers how new perceptions are learned and new references set, the environment of the workplace will change dramatically.

**Coordinating Structural Repairs and Rodents in Small Beach Hotels**

“What makes the coordinator different from other workers is the fact that the perception he controls is a perception of the relationships of the results being accomplished by many others, a variable that is not apparent to any one worker who is specializing in a particular task.” (Powers). To control for coordination a perception of coordination is perceived, learned, and set as a reference. The relationships of the jobs of the workers, how they are related or constrained to accomplish a higher goal is the concern of the manager. Sharing that reference with the workers is the manager’s job.

When we arrived at Hotel Villa Nirvana, the primary material used for structural repairs was duct tape. Duct tape was used to patch flaking cement and paint. Duct tape was used to cover exposed and rusting re-bar. Duct tape was used to divert water dripping from bedroom ceilings during the rainy season. Duct tape was used to prevent the sifting down of bat droppings between the cracks in ceiling boards where a small community had nested between the wooden boards of the inner ceiling and the clay tile of the outer roof. Clearly, the worker had a reference for maintenance and repairs, but how that reference might be constrained or related “to accomplishing a higher goal” became my job. Constrained by using less duct tape and exploring other repair options, we made more efficient repairs. Relating to a
higher goal, clearly two independent control systems were in operation. For Tomi, the general repairman, duct tape had always worked. My intention to upgrade the place, build a better clientele, and create a more prosperous business was not a shared reference. Not a consideration. Not a flickering of a possibility.

To change things at the program level (if this is so, do this; if this isn’t so, do something else) we needed to share a reference at a higher level...maybe at the level of principle where judgments and evaluations are made about programs. Helpful questions might include such as “Does this solve the problem?” “Does this look inviting?” “Would clients be willing to pay for better quality rooms and a more relaxing environment?” At the same time, developing a systems concept for the hotel, we needed to share a reference about workers being paid for the quality of the work, the programs, sequences, categories, relationships of the jobs being done.

After a hard day or big weekend, we would sit down and I would ask what went well, what could we do better. I constantly said “Everyone sees things differently. Is there a better way to do this? What are you seeing around the place? What are our clients saying?” Or, “Let’s go check the rooms and grounds, and talk about what each of us sees.” At first, our small staff would say, “The fault is here...or the fault is there.” “La culpa esta aqui. La culpa esta alla.” I learned to say that we weren’t looking for fault; we were looking for a better way to do things. “Everyone sees things differently. Tell me what you see. What would make it easier to do a better job?” And then I would add, “Here is what I see and why I think it is important to the business. What do you think of that?”

The duct tape gradually disappeared. And the bats as well. We learned new perceptions and set new references not only for maintenance and repair, but more importantly at a higher level for how we operated as a working community. Employees were offered support for education and small business opportunities involving themselves and their families. To insure a successful business, one that provides employment and opportunities for the workers, a system concept the references at the level of perception of principles (where evaluations and judgments happen concerning the perceptions of programs) guide the output of the individual’s actions. The neural message isn’t one of what “to do” (until the lowest output level of the spinal cord and muscular tension) but one of how much of what perception to experience at each level.

As a system concept of the workplace developed, the principles and programs adjusted at the lower levels. It’s important to note here that a social group, such as a business or school is not a control system. It’s a collection of control systems. Whatever references are “shared,” whatever perceptions are experienced, each individual in the group operates from his own “version” of a “shared reference.” Each individual continues to control for a perception of what is happening as he intends it to be happening.

What are the implications for the business manager? Coordinating programs, categories, sequences, and relationships is a perception that the manager controls for...but not necessarily the individual worker. If the group is to experience some perception of itself at the level of system concept, or as a group sharing certain principles, it is the manager’s job to understand how perceptions are experienced and learned, and how references are set. It is also the manager’s job to understand that perceptions are experienced and references set by individuals. A system concept “shared” by the group may facilitate coordination, but conflict may be experienced resulting from individuals controlling for their own reference perception.

Conflict on the Construction Site, with Clients, with Employees.

One of our early construction projects was adding a parking lot to the hotel grounds, a rectangular lot, 12 x 22 meters, surrounded by a 6 meter high security wall of cinder block, rebar, sand, cement, and gravel, with room enough to park five or six cars. We tore down an old wall in order to connect the new parking lot to the original property...thus creating “clean” debris and rubble. I contracted with a truck driver to haul the rubble to another site (where I had been able to sell the debris as fill) and to haul in a load of red clay dirt for a base in the parking lot. The debris was loaded early on a Friday afternoon and the men wanted payment for the job. I declined the red clay was delivered. The men wanted a couple of beers, also declined. The truck rumbled away. The crew did not return that afternoon. No sign of them on Saturday. On Monday, the man who was purchasing my clean rubble came looking for it. The truck had never arrived...and it was pretty obvious to me that my rubble had been sold elsewhere and a good time had been had by all, except me. The truck did eventually show up a week later, with the red clay dirt.

Conflict occurs between people when the actions of one individual disturb the goals or intentions of another individual. Powers says “the main cause of conflict between people is the attempt by one person to control another.” As each individual is a unique control system of internal references and perception, conflict between two people can be essentially understood as conflict within one system.

Now you might say that there was conflict here between the truck driver and myself. After all, he had hauled off the rubble and had probably sold it. But the driver was not in conflict...he was back for more of the same. I was in conflict: I wanted my rubble or I wanted the money from the sale...and I wanted to avoid a verbal altercation in Spanish and I wanted to maintain something of my position as "la patrona."

"Where's my rubble?" I asked the driver.

"We took it up the road." "You took it up the road?"

"Yes, up the road to the lagoon. Like you told us."

"Is this my red clay dirt?" "Yes, we brought it for you."

"OK. Dump it here."

They dumped it. And they shoveled out the truck. I thanked them and turned to leave. "Senora, our dirt!"

"Senor, my rubble! Estamos a mano! We are even! Hasta la vista y gracias!"
As a manager, understanding conflict in terms of control theory as an inner conflict can be helpful in setting a reference for effective output at the program level and evaluations at the level of principles. It can also be experienced at the level of system concept and become a reference for how the manager sees his job, and relates that insight to others.

As the business developed and I had more experience, I set new references at many levels, many of course dealing with whom I wanted for clients. Understanding that conflict is mostly of an internal nature, I learned new programs from “I’m not sure we offer the services you are looking for” to “I’m certain that we don’t have the services you are looking for.” I set the reference, the range of error for which I was willing to control.

With employees, it is much the same. “This is the job that I have to offer you” may be my reference perception. Sharing that reference with another control system is my job as well as manager. Coordinating all the jobs of all the workers is also the job of the manager... and that is a perception for which the manager controls. Understanding how perceptions are experienced, references set, and then attempting to “share” them between two or more control systems is the work of the manager.

**Levels of Perception: Moving away from S-R thinking in Cooperative Relationships.**

There are three points here that I want to consider here.

The first has to do with Powers’ comment in “CT Psychology and Social Organization”: “Rather than treating disturbances from others as obstacles to be overcome by increased effort, one must see conflict itself as a mistake, and make reasonable adjustments and postponements to lessen it.”

This comment is about perceiving the same information from the environment in a different way....the perceptual input function combines the sensory information in a new way. A new experience is perceived, learned, and a new reference set.

Second, when error is experienced in the system, the output function from a higher level of perception sends a neural message to lower levels to adjust the reference at that level (the reference at that level corresponds to how much of a condition or intention maintains the system in balance.)

The output function, at the higher levels, doesn’t tell the person what to do. The message is more like...“something wrong here, pass it on, get back in touch.” The “get back in touch” part is something like “pass the message on down the line until new info is perceived, compare the new perception to the reference... imaginary mode OK sometimes.”

At some level of perception...say at the level of category or principle or system, as a person has learned perhaps perceptions and references of the stimulus-response model, the output function still sends the message “something wrong here, pass it on” but “the treating of disturbances from others as obstacles to overcome” remains in the context of a stimulus-response model: “If I do this, you’ll do that, or else.” A program is a test of sorts, followed by a choice. But, remember making the left hand-turn off of Highway 200 into Pie de la Cuesta: I flip on the turn signal, one driver zooms around on the left-hand side of my pick-up, while another loony races to beat him out on the right-hand side of my pick-up. Each of the drivers is operating from a different reference....at the program level.

What I do in this situation tests my understanding of the negative feedback model. If I perceive these disturbances as “obstacles to be overcome by increased effort” (such as accelerating my speed, whether or not I turn) I’ll probably make the situation worse. If I perceive these disturbances at a higher level (as the input signal combines more information in a new way) I learn a new experience and set a new reference. A new reference signal sends its message....“something wrong here, pass it on, get back in touch.” The whole system is simultaneously updating itself to control for an internal state on many levels, system concept, principle, program, sequence, etc. that hopefully = driving safely in Mexico.

What are the implications for “cooperative relationships” in the workplace? If a person perceives disturbances created by others as “obstacles to overcome by increased effort” (such as snide remarks, protracted sighs, rolling of the eyes, more rules, threats, pep-talks, rewards, etc.) the situation will probably worsen. If a manager learns to experience “disturbance” from employees as a perception, as information about what is going on out there, she will have opportunity to control more effectively for the references of cooperation and coordination that define the job of management. The job will be experienced differently. Work will be experienced differently. My own experience is that the individual with begin to reorganize differently as a control system, learning new perceptions and setting new references. A new hierarchy develops and the system, the manager, the person interacts differently with employees and situations in the work place.

As Powers says “A new concept of human nature requires new concepts of human interaction, too.”

The challenges of learning to use these ideas here, at Hotel Villa Nirvana, in a cross current of at least three different cultures, in a different language, in an emerging area of post-PIR Mexico have been difficult at times. Regardless of where you may be, it takes time and effort to make such changes. If you come to visit, and pass through the gardens on the way to beach for the big show at sunset, you may catch a word of encouragement. **Another Hard Day in Paradise.** That’s our motto here. You will see it painted on the black water tank in letters of bright Pacific blue.

N.B. Muchisimas gracias to Senor Bill Powers for his encouragement. His work and email comments cited here include “A Bucket of Beans” and “CT Psychology and Social Organizations” from Living Control Systems II, Selected Papers of William T. Powers, 1992.

The author may be contacted at Hotel Nirvana, Pie de la Cuesta, Mexico, at www.lavillanirvana.com, or at nirvana@acabtu.com.mx
CHOOOSE WEALTH: 
A Choice Theory Based Financial Management Program

Andrea Mottern and Ron Mottern

The authors live in Elgin, Texas

ABSTRACT

CHOOOSE WEALTH is a personal finance curriculum designed to educate people about how they use money to meet their Basic Needs. The program uses Choice Theory to help people recognize financial goals as pictures in their Quality Worlds, balance their financial goals in accordance with their Basic Needs and the Basic Needs of others, and problem solve how to attain the pictures in their Financial Quality Worlds using the Procedures That Lead to Change and the SAMIC method. Cognitive Restructuring is also used as a part of examining Total Behaviors to help people examine their thinking and beliefs related to their Total Financial Behaviors.

The recent (January 10, 2006) headline in a financial news report indicated that consumers are behind on their credit card payments. This is hardly startling news given a financial climate where even those who aren't behind in their credit card payments sometimes find themselves in financial dilemmas. Financial problems are not unlike many other problems that are faced in daily life. Indeed, how one chooses to manage personal finances often has a profound effect on the quality of one's daily life. A balance between what is wanted and what is needed must be responsibly met.

Choice Theory is a psychology of personal freedom. This personal freedom cannot be attained without personal financial freedom. The CHOOOSE WEALTH program (CWP) was designed to educate people about how the financial choices they make often effects their pursuit of happiness through attainment of the pictures in their Quality Worlds and the fulfillment of their Basic Needs. The use of CT as the vehicle to pass these ideas should not be startling. Choice Theory is the basis for a way of life, and the goal of many CT practitioners is to incorporate CT, as fully as possible, into their daily lives. Using CT to understand and deal with financial issues is simply another way CT can be used to understand and cope with real life problems.

Program Structure

The CWP is a structured, eight session program designed to introduce learners to the concepts of personal financial management through the medium of Choice Theory (CT). The CWP curriculum covers “My Financial Goals” and “Financial Planning,” “Balancing Financial Goals,” “Budgeting” and “Cognitive Restructuring,” “Assessing and Reducing Debt,” “All About Credit,” “Consumer Awareness,” “How Much Can You Afford,” and “Setting and Maintaining a Budget.” These topics form the basic curriculum for financial assessment and planning, regardless of age, race or current socioeconomic status. The manner in which CT is used in this curriculum will be demonstrated in this article.

The CWP groups begin with stating the Group Purpose and the Group Creed, the reading of Class Rules, and establishing a Common Ground Agreement for the session (a structure that was suggested by work with Thought, LLC):

Group Purpose - We learn about responsible financial thinking so that we may apply it in our lives. By applying responsible financial thinking in our lives, we will make better financial choices and live more responsible lives.

Group Creed - We will stop our irresponsible financial thinking and replace it with responsible thinking to choose wealth.

Common Ground Agreement (written down by all group members) B I agree to ask questions about what I don’t understand.

Although these examples, given above, are standards used in the CWP, facilitators are free to allow the group to establish its own purpose, creed, rules and Common Ground Agreement. This freedom to have input into the group structure is a way to introduce learners to the concepts of CT.

The groups conclude with an Ending Statement:

I agree to evaluate my financial behavior and see if what I’m doing is getting me what I want in a way that doesn’t hurt me or others.

Once again, CT is introduced to the learners through evaluation of their financial behaviors and the consequences of those behavioral choices.

Demonstration of CT in Program Sessions

Choice Theory states that individuals have five Basic Needs. Survival is the single physiological Need. The remaining four Needs are psychological and may be represented by the terms: Love / Belonging / Acceptance; Power / Recognition / Achievement; Fun / Learning / Excitement; and Freedom/Independence/Choice. By simply thinking about the relationship between money and these concepts of the Basic Needs, one can see that although money does not necessarily fulfill these Needs, in and of itself, money can help attain these Needs. Being able to buy groceries for oneself and one’s family may be seen as a part of the physiological Need for survival, as might the ability to afford life sustaining medical prescriptions.
and services. The right brand of sneakers or designer clothes may help one be accepted in a new environment. Being able to send one’s children (or oneself) to college may provide a sense of accomplishment and achievement. The ability to entertain friends or to travel may fulfill a desire for fun and learning. Having enough money accrued to afford an early retirement or shift career paths may increase one’s sense of independence from bosses managers and the age old “rat race.” These goals are, of course, simply representative of the innumerable goals that people hope to attain. These goals represent the Wants in individuals’ lives that are reflective of their Basic Needs.

One way to teach learners the difference between Wants and Needs is through the relationship of money to financial goals. Money, itself, does not directly fulfill the Basic Needs. Money is, ordinarily, a Want that helps to achieve the pictures in the Quality World and thereby fulfill the Basic Needs. The designer clothes, suggested above, may help gain acceptance into the “right circle” of acquaintances and thereby fulfill Needs for Acceptance and/or Recognition. A picture of “work” may be placed in the Quality Worlds as a means to achieve the money necessary to buy the designer clothes. The picture of a credit card in the Quality World may help to get what one wants and fulfill one’s Needs but it may also cause long-term problems in one’s life and interfere with fulfilling other Needs, such as Independence, especially financial independence.

The CWP uses the exercise, “My Financial Quality World,” to help learners define the Wants that create their Quality Worlds as related specifically to their finances. Follow-up discussion may focus on how attaining one Want may interfere with attaining other Wants in both short-term and long-term scenarios.

**My Financial Quality World Exercise**

My Quality World contains the “pictures” of those things of which I know that meet my Basic Needs the very best. In this way, the Quality World is sort of like a “picture album.” In the exercise below, draw a picture of what financially fulfills each of your five Basic Needs the very best, i.e., draw a picture of your Financial Quality World. Be specific! For example, the picture in my Quality World for Recognition may be a red Ferrari. The red Ferrari is in my Financial Quality World because it is my goal to one day own a red Ferrari. Any Ferrari would probably do, but I want a RED Ferrari because I want people to notice me as I whiz by them. Likewise, the picture in my Financial Quality World for Survival may be a two-story house in the country with a white picket fence. This is in my Financial Quality World for Survival because shelter and warmth are Survival Needs. Now, I don’t have to have a two-story house or a picket fence to get my Survival Need met (our ancestors lived in caves) but this picture in my Quality World represents what will fulfill that Need the very best for me. If I don’t want to be living in a cave, like our ancestors, I will need a financial plan to get what I picture in my Financial Quality World. the learner then draws pictures that fulfill Needs of Survival, Love, Power, Fun and Freedom.

In the same lesson, the CWP introduces the learner to the problem solving process. The technique of “brainstorming” is taught. While brainstorming is a technique that has been in common usage for a number of years, the authors have been surprised at how misunderstood this exercise is, even among professionals in the helping field. Also, if this curriculum is being used in a forensic setting, brainstorming is a skill with which learners may have little practice. Forensic populations tend to show a limited ability to come up with alternate solutions to life’s problems, preferring, instead, to see things in “black or white,” a thinking error that contributes to their being in the criminal justice system. Brainstorming provides forensic learners with the ability to problem solve using a variety of solutions, rather than “either this or that” solution, characteristic of dichotomous thinking.

The SAMIC method is also covered in this section. SAMIC is the acronym used to determine if a plan is Simple, Attainable, Measurable, Immediate, Consistent and something of which the problem solver is in Control. This concept is taught through the use of the exercise, “Problem Solving Using SAMIC.”

**Problem Solving Using SAMIC Exercise**

Problem solving is a skill. This skill can be learned. Problem solving has several component parts. One part is called Brainstorming. In brainstorming, you come up with as many possible solutions to your problem as possible. It doesn’t matter if these ideas sound bizarre or goofy. The point of brainstorming is to let your mind be creative and work “outside the box” of our usual thinking patterns.

Once you have come up with as many solutions to your problem as possible, choose the one you think will come closest to fulfilling your goal. You may find that you actually have several viable solutions to your problem. (We will narrow them down even further in the next exercise.) Each of the solutions you choose to meet your goal should be SAMIC:

**Simple:**

If the solution isn’t simple, the chances of it succeeding are small. Often, our goals are too complex and need to be broken down into smaller goals.

**Attainable**

The solution should be attainable. Is it reasonable and realistic that the solution will succeed?

**Measurable**

The solution should be measurable. If it isn’t measurable then I don’t really know if it is or isn’t working.

**Immediate**

The solution should be something that I can do right now. If I have to wait then I probably need to simplify my plan to where I can do something immediately.
Consistent

The plan should be something that I can do on a consistent basis. If I can’t do it consistently, then it’s not a plan. This isn’t suggesting that we shouldn’t take advantage of serendipity but serendipity isn’t planning. The plan should also be something that is within my own control.

The following exercise helps to lead you through the above steps of the problem solving process.

My goal is ____________________________

Possible solutions (plans) to achieve my goal (This is where you brainstorm! Try to fill in all of the spaces with DIFFERENT solutions):

1. S_A_M_I_C_

Next to each possible solution, check if the plan is Simple, Attainable Measurable, Immediate, Consistent and something of which you are in Control. We will use only those that are SAMIC to complete the next exercise.

After choosing goals that meet the SAMIC criteria, learners are introduced to the Procedures That Lead To Change (PLC), i.e., the Wants-Doing-Evaluation-Planning cycle. In the CWP program, the “Doing” has been modified to “Behavior.” The PLC are introduced as W-B-E-P, rather than W-D-E-P. It has been the authors’ experience that when asked what they are doing, a learner will often respond, “I’m thinking about it,” especially if the learner is cognitively oriented, has no interest in actually doing anything differently or has been introduced to cognitive programs and techniques prior to CHOOSE WEALTH. By changing “Doing” with “Behavior” the concept remains the same but it seems easier for learners to grasp that they should be physically behaving in some way.

Problem Solving Worksheet Exercise

My Plan for Solving Problems and Getting What I Want and Need

W-B-E-P

Wants

Planning

Behavior

Evaluation

1. What is the situation? (Describe the situation in a brief and objective manner.)
2. What do I Want in this situation? (This is my goal.)
3. Is my goal attainable? (Is it simple? Is it realistic? Is it positive?)
4. What Needs do I think will be fulfilled if I get what I want?
   (Circle the Needs you think will be fulfilled if this goal is achieved.)
5. How will my needs be fulfilled if I get what I want?
6. What am I Doing or what can I Do to get what I want?
   What is or what will be my Behavior? (Remember that behaviors are things we can see.)
7. Come up with as many possible ways to help you achieve your goal as you can. You should have at least six possible ways of getting you closer to what you want.
   (Brainstorm six thinking choices and six action choices. While thinking choices don’t actually move you closer to your goal, they can help you motivate yourself toward action.)

   Things I can do to move closer toward my Goal

   Thinking Choices
   1.
   2.
   3.
   4.
   5.
   6.

   Action Choices
   1.
   2.
   3.
   4.
   5.
   6.

8. For every choice, there is a consequence. If I make a good choice, then the consequence may be positive. If I make a bad choice, then the consequence may be negative. For each of the choices, above, write the consequences that may result from that choice. (Remember that thinking choices have consequences only for me. Action choices have consequences both for me and for others.)

   Consequences for my Choices
   Thinking Choices
Consequences for Me

1.

2.

3.

4.

5.

6.

Action Choices

Consequences for Me  Consequences for Others

1.  1.

2.

3.

4.

5.

6.

9. Is this behavior something I am currently doing or can immediately do? Am I in control of this behavior? Can I consistently do this behavior? What is my best choice? (Remember that my best choice will be the one that gets me closest to my goal and does not hurt me or others.)

I choose Thinking Choice ____________________________.

I choose Action Choice ____________________________

10. Is what I’m doing getting me closer to what I want? What is my Evaluation of the effectiveness of my behavior?

11. How do I know if what I’m doing is getting me closer to what I want?

How am I choosing to measure my progress?

12. Is what I’m doing helping me or hurting me? Do a Cost (Disadvantages)/Benefits (Advantages) analysis to determine if the behavior is helping or hurting you.

Costs (Disadvantages)  Benefits (Advantages)
1.  1.

2.

3.

4.

5.

6.

10.  10.

This behavior is Hurting/Helping me. (Circle one.)

13. Is what I’m doing helping others or hurting others? Do a Cost (Disadvantages)/Benefits (Advantages) analysis to determine if the behavior is helping or hurting others.

Costs (Disadvantages)  Benefits (Advantages)
1.  1.

14. Did my Plan work? What did I learn? What is the next step? (Remember that even if my plan fails, I can learn from my mistakes and make a better plan the next time.)

Circle one.

Yes, my plan got me closer to achieving my goal.

No, my plan did not get me closer to achieving my goal.

What did I learn that can help me get closer to my goal with my next plan?

The exercise of “Balancing Financial Goals,” is used to help learners understand that the Basic Needs can be met in a variety of ways. The analogy of balancing scales is used in this exercise, as it is for the Comparing Place. Indeed, the concept of the Comparing Place, where what one actually has in one’s life is compared to what one Wants (the pictures in one’s Quality World) may be introduced in this exercise. The basic idea that is stressed in this exercise is that the Basic Needs can be fulfilled in a variety of ways. One cannot change one’s Basic Needs but one can change one’s Wants to help fulfill the Basic Needs.

Balancing Financial Goals Exercise

We can’t always have what we want but we can always get what we need. Perhaps I can’t have the red Ferrari I want to fulfill my Need for Recognition because I have a family to support or because I simply don’t make enough money right now. (After all, you probably wouldn’t be here right now if you didn’t have some problems with financial management.) I have other expenses in my life that I have to prioritize. e.g., I may prioritize my Need for Freedom over my Need for Recognition and pay my probation fees instead of buying that pair of new shoes I really want. Now, I can’t go forever without getting my Need for Recognition met so I have to find some way to meet that Need as well as pay my bills. When my Need for Recognition isn’t being met, my scales are out of balance. I have to find a way to balance my scales and fulfill my Basic Needs, even if I can’t have exactly what I want right now. In the following exercise, each scale represents a Basic Need (Survival, Love, Recognition, Fun, Freedom) that you must decide how to balance with your other Needs and with your financial obligations. e.g., My Need for Recognition (my new pair of shoes) is being unbalanced by my Need for Freedom (paying my probation fees and staying out of jail). I have to find some other, responsible way of fulfilling my Need for Recognition. What will it be? How do you choose to meet your Needs? Refer to the example below.

Example:

My Need for Recognition

What I really Want  What I Prioritize to be Responsible
e.g., a new pair of Nikes  e.g., paying my utility bill
In “Our Balanced Financial Quality World,” the reality that the important people in one’s life may want something different, i.e., have different financial goals, than what one personally wants, is explored. How does one meet one’s Basic Needs in relationships with others who, from a financial perspective, may want very different things? The irresponsible choices people make surrounding finances and sex make them the top relationship busters in this society. Choice Theory is designed to help people deal with relationship problems and to be mentally healthy. Indeed, mental health has been defined as the ability to get along with people who think differently than oneself. Choice Theory, as the basis for a holistic lifestyle, should, therefore, be intimately associated with the financial aspects of one’s relationships. The CWP deals with this in the exercise, “Our Balanced Financial Quality World.”

Our Balanced Financial Quality World Exercise

I meet my Basic Needs the very best through having healthy relationships with other people, especially those people who are in my Quality World. Sometimes, however, I may choose to act in unhealthy ways, ways that move me away from my relationships with those I care most about, due to conflicts with the pictures in our Financial Quality Worlds. e.g., I may yell at and fight with my boyfriend because he bought new wheels for his car with our tax refund when I wanted to use the money for a vacation to the beach. The picture in his Financial Quality World (Belonging and Recognition from friends for having some hot new wheels) was different from the picture in my Financial Quality World (Belonging and Recognition from him through spending time alone with him at the beach). If we are going to make our relationship work, we will have to learn to communicate and compromise in an effort to meet the Needs of both of us in an acceptable way. In the following exercise, converse with those people who you consider to be important to you (those people who are in your Quality World) and negotiate a balanced way that you can both meet the pictures in your Financial Quality World.

Survival Needs

What I Want:

What ________ Wants:

What we are willing to accept for the sake of our relationship:

Love/Belonging Needs

What I Want:

What ________ Wants:

What we are willing to accept for the sake of our relationship:

Power/Recognition Needs

What I Want:

What ________ Wants:

What we are willing to accept for the sake of our relationship:

Freedom/Independence Needs

What I Want:

What ________ Wants:

What we are willing to accept for the sake of our relationship:

Fun/Learning Needs

What I Want:

What ________ Wants:

What we are willing to accept for the sake of our relationship:

One of the axioms of Choice Theory is that all behavior is Total Behavior. Total Behavior is composed of four separate but linked parts: Thinking, Doing, Emotions and Physiology (physical feelings). These four parts are like the four wheels on a car. The Thinking and Doing are the front wheels. I always have direct control of these wheels because I always have direct control of what I choose to think and what I choose to do. No one can make me think or do anything that I decide I don’t want to think or do. I am in control of whatever direction my Total behavior car goes. If I turn the steering wheel of my Total Behavior car in one direction, then I think and do one thing. If I turn the steering wheel to another direction, then I think and do something else. The back wheels on my Total Behavior car are Emotions (what I’m feeling emotionally), e.g., angry, sad, depressed, etc. and Physiology (what I’m feeling physically), e.g., hot, sweaty palms, heart beating fast, tired, etc. I only have indirect control of my back wheels. In whatever direction my
front wheels go, my back wheels will follow. e.g., If I'm thinking, "I'm going to get even with my boss," "He's a real jerk," "He needs somebody to knock his block off," then I'm probably feeling mad. My heart may be beating fast and my palms may be sweaty and my face may be flushed. This is how what I'm choosing to think effects my emotions (I'm angry) and my physiology (my heart's beating fast, my palms are sweaty and my face is flushed). In Choice Theory, a Total behavior is known by it's defining characteristic so this Total Behavior may be called, "angering." That means that I'm choosing to anger! I can change my thinking and behavior to achieve another Total Behavior.

If I choose to think or do something differently then my emotions and physiology will change. e.g., If I choose to go to the water cooler and get a drink and change my thinking to, "He's right," "He has a job to do just like me," "He's not a bad guy," "He's not out to get me," then my heart beat will probably slow down, the blood will drain from my face and my palms won't be so sweaty and I may be calm, instead of angry. This Total Behavior may be called "calming." That means that I'm choosing to calm!

Total Behaviors include Total Financial Behaviors: my thinking, behavior, emotions and physiology related to my finances. In this exercise, you will be asked to record your thinking, actions (behavior), emotions and physical feelings related to a specific financial behavior, e.g., I bought a new dress, or your current financial situation, e.g., I'm past due on the mortgage and my kids need school clothes.

Situation (related to my financial behavior or my current financial situation):

Parts of my chosen Total Financial Behavior

What I am directly choosing to Think:

What I am directly choosing to Do:

What I am choosing to Feel (Emotionally):

What is going on inside me Physiologically (Physical Feelings):

What I choose to call this Total Financial Behavior: ____________________________ izing

Examples of chosen Total Financial Behaviors include: angering, depressing, complaining, paranoiding, avoiding, etc. Remember, we use the Bing ending because these are chosen behaviors. We are choosing to do these things.

The "Thinking Report" is used to help learners examine their thoughts about finances. It has been the authors' experience that when asked, "What was your thinking in that situation," the untrained individual will often respond, "I wasn't thinking." The Thinking Report is a tool that helps learners examine and pay attention to their thinking and better understand the concept of thinking as a part of a Total Behavior.

"My Beliefs About Spending," builds on the Thinking Report and tries to help learners identify their beliefs, i.e., core thinking that is global and/or categorical in nature, about spending. It is the authors' opinion that core beliefs about spending and finances are at the heart of financial irresponsibility. If one has irresponsible beliefs about finances and spending then financial irresponsibility will be the result. By changing irresponsible financial beliefs, one can change irresponsible financial behaviors. This exercise asks learners to make a commitment to change the way they think about their finances. The learners are asked to sign the statement of commitment.

My Beliefs About Spending Exercise

Spending money is a behavior. Our behavior is a product of our thinking. I have bad spending habits or bad financial management habits because I have irresponsible thinking about spending and financial management. Some irresponsible thoughts I might have about financial management are, "I should be able to buy what I want when I want it," "I work hard for my money and should be able to splurge when I feel like it," "I don't need a budget. That's just a waste of time," "I can't afford to save money," etc. In the following exercise, list ALL of your thoughts about spending and financial management. Use the back of this page, if necessary.

1.

15.

Are your thoughts about financial management consistent with your financial behavior? If not, then you need to look deeper at your thinking. Remember, our thinking determines our behavior. If our behavior does not match what we think, then we aren't really paying attention to our thinking.

Now that you have listed your thinking about financial management, can any of these thoughts be considered risky or irresponsible to good financial management? Which ones? Put a * beside those thoughts that may be risky or irresponsible.

Once you have identified the risky or irresponsible thinking, come up with some new, responsible thinking to move you away from the risky situation and into responsible financial management. List your new, responsible thoughts, below. Use the back of this page, if necessary.

1.

15.

What is your commitment to pay attention to your thinking about responsible financial management and to use new, responsible thinking? Please write your commitment, below.
and sign it.

My commitment:

Signature:

The preceding exercises illustrate some of the ways that Choice Theory is used in the CHOOSE WEALTH program. Learners are introduced to Basic Needs and the concept of a Quality World. Problem solving methods using SAMIC and the Procedures That Lead To Change are taught, along with Total Behaviors, especially focusing on Total Financial Behaviors, identifying irrational and irresponsible beliefs about spending and replacing those beliefs with rational and responsible beliefs that help us achieve our financial goals without hurting ourselves or others.

CONCLUSION

The concept of financial beliefs determining, to a large extent, personal financial freedom is central to the CHOOSE WEALTH program. Just as Choice Theory is a new psychology of personal freedom through evaluation of one's choices in significant, Need fulfilling relationships, the CHOOSE WEALTH program teaches learners a method, based on Choice Theory, to evaluate and change their Total Financial Behaviors and achieve personal financial freedom. This personal financial freedom does not occur in a relationship vacuum, thus the exercise on balancing financial goals with significant others. By integrating Choice Theory into the concepts and practices of personal financial management, the CHOOSE WEALTH program helps learners get what they want and fulfill their Basic Needs in healthy, responsible ways. As such, CHOOSE WEALTH shows how Choice Theory can be applied to personal financial management and used to achieve a psychology of personal financial freedom.

The authors may be contacted at 109 Wilderness Trail, Elgin, Texas 78621

rdmottern@juno.com
Using Reality Therapy to Reduce PTSD-Related Symptoms

Sheryl Prenzlau

The author is a social worker in Jerusalem, Israel.

ABSTRACT

A client with a long history of somatization and rumination behaviors and a previous diagnosis of Dysthymic Disorder and Somatization Disorder was reassessed for a possible re-diagnosis of PTSD. The intervention of Reality Therapy (Glasser, 1998) was introduced, and a single system design was used to measure the results on a self-anchored PTSD Rumination Scale and compare them with a baseline phase. A reduction of almost 50% was noted in the mean percentage of these behaviors during the intervention phase following the intervention of reality therapy. Statistical and Inferential analysis were used to examine the statistical significance of the results. This study therefore suggests that the intervention of Reality Therapy was an effective means of reducing somatization and rumination behaviors associated with PTSD, and should be studied further with additional subjects and symptoms, as well as different circumstances of PTSD. This study also strongly suggests the re-evaluation and re-assessment of clients with past (and often long) histories of somatization and Rumination Behaviors (as described in this study), for a possible DSM IV rediagnosis of PTSD if a history of traumatic events can be obtained, even if a previous diagnosis has been recorded as Dysthymic Disorder (DSMIV 300.4) or Somatization disorder (DSMIV 300.81).

Post Traumatic Stress Disorder (also known as PTSD) has been associated with many causes: Wars (Wilson, 1997), mass trauma via natural disasters such as floods, sexual assault, and more recently, with traffic accidents (Koren, 1999) and with terrorist attacks, such as September 11 in the U.S. (Yehuda, 2002). Fullerton noted the importance of differentiating between single trauma exposures and disaster events (multievent traumas), as well as distinguishing between acute (immediate) and chronic (stress) disorders (Fullerton, 1997). Many chronic diseases, such as cancer and heart disease can also be a source of trauma, since those suffering from them feel a state of helplessness and vulnerability (Scaer, 2001). Even “lower- magnitude events” (Yehuda, 2002,) can trigger PTSD symptoms in some people.

PTSD can affect people in many ways, such as heightening interpersonal vigilance, inducing explosive anger, emotional numbing, dissociation and withdrawal (Yehuda, 2002). It can also affect a trauma survivor by bringing on poor health and somatization (Wilson, 1997). Somatization may also be experienced as pain exaggeration and sometimes even as unexplained chronic pain (Scaer, 2001, p.123). Scaer suggests that this pain may be linked to an “implicit memory in trauma”, triggering a somatic dissociation, even though actual physio-

logic or imaging tests do not corroborate the symptoms. Somatic symptoms may range from hyperarousal, emotional numbing, cardiovascular symptoms (Wolfe, as cited in Wilson, 1997), migraines, and muscle spasms, to gastrointestinal symptoms, such as gastrointestinal ulcers, reflux, irritable bowel symptoms, reflux disease, and others (Scaer, 2001). PTSD can also lead to depressive symptoms, and anxiety, which may persist for decades (Fullerton, 1997). For this reason, Wolfe notes that people with these disorders (depression and anxiety) may have a stronger tendency both to become aware of these auto-nomic changes and also to report them more often (Wolfe, as cited in Wilson, 1997). In general, patients with PTSD have an exceptionally high rate of severe and pervasive significant quality of life impairment (Rapaport, 2005). A different view is suggested by William Glasser, the founder of Reality Therapy, who questions the diagnostic labels of mental illness (Glasser, 2003) used in the DSMIV, when no biologic basis can be found for the apparent brain or mental pathology. Instead, he suggests that the symptoms “are created in our brain when we are unhappy”, particularly regarding our relationships, as an attempt to control our environment (Glasser, 2003). He includes in these symptoms depression, psychosis, as well as aches, pains, fatigue, and forms of autoimmune disease, as well as headaches and gastrointestinal upset, since the bodies creativity, whether helpful or harmful, can be expressed in all four components of our total behavior (Glasser, 2003).

Oquendo (2005) found that those who had previously experienced major depression prior to the traumatic events were more likely to become depressed as a result of these events. In addition, PTSD has also been known to increase the risk for the first onset of major depression, and both PTSD and depression can therefore exist comorbidly. Genetics and childhood illness may also contribute to the development of somatizing behavior (Wilson, 1997). It is also important, when noting PTSD symptoms, to evaluate for symptoms of other disorders, such as depression, anxiety, substance abuse, dissociation (Wilson, 1997) or psychosis.

Treatment of PTSD

Trauma survivors may present for treatment of more superficial problems or other issues, without even being aware that these are due to past trauma. Current problems, (such as the death of a spouse) might exacerbate past traumas, and bring clients for help, without their realization that this is affecting them today. Even if they are aware of having undergone trauma in the past, they may simply wish to validate their status as sur-
vivors (Yehuda, 2002) and not be interested in “dredging up the past” or dealing directly with the trauma symptoms. It is important, therefore, for the therapist to determine the immediate circumstances for seeking treatment, as well as to evaluate the past history for trauma, and for when (how long ago) this trauma took place. (Yehuda, 2002). During the evaluation, it may become clear that other issues, such as substance abuse or psychosis, may need to be dealt with before approaching the trauma symptoms directly (Yehuda, 2002).

Treatment for PTSD generally is necessary for several months or even years, but establishing a therapeutic alliance is usually an essential element, as it is in other therapeutic treatments. Among the recognized methods for working with PTSD symptoms are Psychodynamic therapy (Schnyder, 2005), Emotional Processing of a trauma, Exposure Therapy, Stress Inoculation Training, EMDR, and various forms of Cognitive Therapy, such as Cognitive Processing Therapy, and Cognitive Behavioral Therapy (Yehuda, 2002). Brief eclectic therapy (Schnyder, 2005), a multimodal treatment which combines psychodynamic, educational and cognitive behavioral elements has also been used. In most of these, the therapist helps the client to relive the trauma in some way, or to re-examine and reinterpret the traumatic events (Yehuda, 2002). However, recently the argument has been raised that for some patients who have been severely disturbed by their traumatic experience, this “re-exposure” can actually cause retraumatization, and increase their PTSD symptoms (Schnyder, 2005). For this reason, research is being conducted into newer methods, such as psychological “well-being”, acceptance, and the activation of the patient’s own “psychosocial” resources, some of which suggest that dealing directly with the traumatic event may not be necessary (Schnyder, 2005).

Description and History of client and agency

The client in this study was seen at a public outpatient Mental Health Clinic which was affiliated with a major Hospital in Jerusalem, Israel. Patients seen at the clinic suffer from various forms of mental illness and conditions, ranging from mild to severe, and are in the low socioeconomic bracket, as more affluent patients generally choose private care. Clients seen at the clinic range in age from young children, through old age, but they are divided among different clinics in the center.

The mental health services offered at the clinic included psychological counseling and evaluation, long term therapy, social work case management, and psychopharmaceutical follow-up by a psychiatrist (usually once monthly) and sometimes (for injections) by the nurse, if necessary. Much of the therapy is done by students either in Psychology programs (or internships following their graduation) or in various Social Work programs.

This study used a single system design to describe how reality therapy was effective in changing the rumination behaviors and attitudes of a client in this clinic.

The client system observed in this study was P, a 54 year old observant (Orthodox-Kosher) man who was married with three children. He had been seen at the agency for many years, both by the psychiatrist and by other workers for individual therapy. The client was seen by the worker who carried out this study 8 times over a three month period (from February through May 2005). He always appeared neatly dressed and usually came early to appointments.

P. had been injured in a bus accident ten years previous to the beginning of this study. Prior to the accident, he had worked for many years in a service profession. But subsequently, and according to the client, as a consequence of the accident, he had been unemployed and had received welfare benefits. P. presented with various complaints, including many physical symptoms. Among these were problems with his digestive system, aches and pains in his back and neck, sores on his legs, and eye problems. In addition, P. seemed to be extremely forgetful, even to the point of not recognizing the worker at the second session, and occasionally to be disoriented as well. At the time the worker began to see him, he complained bitterly of problems in his marriage and at home.

The diagnosis written in the client’s chart was Dysthymia disorder and Somatization disorder. However, the opinion of the worker was that he was suffering from Post Traumatic Stress Disorder (which will be referred to as PTSD for the rest of this paper) as a result of his accident, and that the somatic symptoms and possibly the depressive symptoms of dysthymia as well, were a result of the trauma he had experienced.

Although his chart did note references from doctors to actually physical problems with his neck and back (Cervicalgia), most of his pains did not seem to be corroborated by other medical findings noted in the chart. This is probably what led the psychiatrist to diagnose him with Somatization Disorder. However, it did not seem to the worker that he fulfilled all the requirements necessary for a DSM IV diagnosis of Somatization (there were no sexual complaints, other than those that could be attributable to side effects of anti-depressant medication, it also did not begin before age 30, and there were no pseudoneurological symptoms of record); Indeed, his seemingly exaggerated focus on his health problems as well as his depressive symptoms led the worker to believe that his symptoms might be more consistent with PTSD.

Dependent Variable

The Dependent Variable in this study was the ruminations associated with the PTSD, which included P’s focus on the accident and what he considered to be its consequences. This variable was operationalized using a ten point individualized rating scale, created for this study, and will be referred to as the PTSD Ruminations Scale. The scale was created retrospectively, by the worker, based on detailed notes taken while working with this client. Ruminations included complaints about his physical problems, squirming in his seat, touching his neck and rotating his head, and his inability to sit for long periods of time. They also included his comments regarding the situation as it might have been today had this accident not occurred (i.e. he would still be employed and making money, he would have more prestige in his community and respect from his entire family.)
including his extended family), his marriage would be better, he would have a better relationship with his children, etc.)

In this study, the practitioner retrospectively rated the client's ruminations in weekly sessions based on documentation found in the process recordings. The individualized rating scale's anchors ranged from 1 to 10, where a high score would be indicative of continual references to the traumatic event and its aftermath, as well as fidgeting behavior and complaining, etc. and the lowest score was associated with no or little reference to the traumatic event. A low score would suggest that the client was apparently becoming more functional in his daily life, and showing more willingness to engage in the "here and now", instead of in the past.

The recording was done by the worker in the following manner: After each session with the client, the worker either wrote process recordings or took notes, which included comments about the severity of the abovementioned behaviors and client's comments that had been observed during the session. These were recorded either in the clinical setting or later on at the worker's home that evening or the next day. This information was translated later into measurements on the self anchoring scale.

The baseline for this measurement was recorded during the three month's preceding the worker's first observation of the client while he was meeting with the psychiatrist to review his medications and current condition. The copious file on this client, which had been compiled over his many years of treatment in this clinic, included various references to the client's complaints (referred to in this paper as Rumination Behavior), and indicated that the psychiatrists and other therapists who had treated him during this extensive time period had referred him for various x-rays and lab tests in an attempt to substantiate the reasons for his complaints and pain. Following the tests results, the notes from the doctors and therapists mentioned "hypochondriasis" and "depression", suggesting that they did not see in these results sufficient explanation for his various complaints and pains. The file also included notes from a therapist who had worked with him in the clinic for three years, and who mentioned the client's constant focus on the accident, and his difficulty in moving on with his life and the "here and now". More recent notes from the previous three months (Baseline Period) indicated "no change" in this condition.

In addition, both the clinician's supervisor and the current psychiatrist suggested the futility of trying therapeutic interventions with this client, since nothing had previously been successful in helping the client to move away from his focus on the accident and its "consequences" to his current life.

The worker found that both of these sources (case notes and clinicians who previously worked with this client) indicated that the client referred to symptoms, aches and pains for which there was insufficient medical explanation, and that the client consistently talked about the incident with the bus. Based on these notes, this worker assigned the numeric value of "10" which approximates the behavior the client exhibited with this worker in the first few sessions.

An additional baseline measurement was taken following the first therapy session between client and worker a week later. The desired outcome of the planned interventions would be a move away from focusing on the trauma, less squirming around and complaining, and more engagement in the here and now and with getting on with life. Hopefully, the client would also begin to look for a job or some other way of becoming active outside his home.

**Intervention**

The intervention that was used with this client system was called Reality Therapy. It is based on Choice Theory, which suggests that people choose everything they do, including their own misery (Glasser, 1998). As mentioned above, Glasser suggests that even symptoms usually diagnosed with DSM IV labels are often the result of "the creativity of an unhappy brain" (Glasser, 2003). According to Choice theory, people are more in control of their lives than they realize. Most people govern their lives by an external control psychology, which means that they often believe that others (or circumstances) can coerce or force them to feel certain ways. By blaming other people and other circumstances for their unhappiness, a person is allowing this "external control" to manage his life. In contrast, Choice Theory suggests that people can make choices to control the course of their lives from an "internal perspective". According to this idea, a person can be taught to continually ask himself: Is what I am doing going to help bring me closer to others? Will it bring me happiness?

One of Choice Theory's core ideas is that most people are actually choosing to feel the way they do. When they feel miserable, it is often because they are blaming others for this misery or else they are trying to control others. Choice theory is based on the concept (similar to Maslow's hierarchy of needs (Newman & Newman, 2003)) that people are genetically programmed to try and satisfy four psychological needs- love and belonging, power, freedom, and fun. According to this theory (Glasser, 1998) all of our behavior (which is known as Total Behavior, and actually incorporates all of our actions, thoughts, feelings as well as our physiology) is our best choice (at the time the choice is made) of satisfying one of these needs. Choice Theory postulates that a person is always choosing (not necessarily consciously) the way he behaves, in an attempt (often misguided) to try and control his life and satisfy one (or more) of these four needs.

In Reality Therapy, the therapist helps the client to make a more informed and conscious choice, as well as to determine how he can be free to live life the way he wants and still get along with other people. To do this, the therapist helps the client to picture his Quality World (Glasser, 1998) and how it looks and feels to him. This Quality World is made up of the things a person wants to own and experience, the people he most wants to be with, and the ideas or belief systems governing his behavior (Glasser, 1998). Wubbolding (1989) suggests a simple 4 step method called WDEP to help the client achieve
his Quality World. It consists of helping the client to look at and answer the following 4 questions: 1. What do you want (in your Quality World)? 2. Is what you are Doing helping you to get this? 3. Evaluate your Total Behavior. 4. Plan a way to make your Quality World a reality.

When the clinician first met the client and heard his complaints about how badly his marriage was going, she reviewed his treatment history and saw that despite many years of therapy, and all the attention he had received from everyone in his environment (including his family and doctors, therapists, etc.) whenever he complained about his aches and pains, he still appeared to be very unhappy. According to the therapist’s understanding of Reality Therapy, this implied that the client was actually (unknowingly) choosing the Total Behavior which consisted of the Rumination Behaviors (listed as above) in order to satisfy his need for love and belonging. She therefore made the determination that the intervention of Choice Theory and Reality Therapy might be a way to help the client see his world in a different way, and change the way he was responding to it. The Therapist’s goal in using Reality Therapy was twofold: To help the client stop focusing on his Rumination Behaviors and to help the client look at his Quality World and find a way to achieve it.

The intervention was then carried out in the following manner:

The therapist first explained to the client that even though all the other therapists he had ever worked with had concentrated on his symptoms, she believed that another method might help him more. She then explained the concepts of Choice Theory to him and asked him if he would be interested in trying this different approach. The client thought it over, and agreed to try this method.

The first step was to help the client look at the things he most wanted in his life (His Quality World). In this case, one of the things the client wanted most was the respect of his family and friends. Although he certainly was able to obtain attention from others by his somatization and Rumination Behaviors (as explained in the Description and History section above), he did not receive their respect and admiration, which would reflect his need for Power (according to Glasser’s 4 needs). He also wanted more harmony in his home, which probably corresponded with his Love and Belonging need. The therapist helped the client to examine his behaviors at home and evaluate whether his manner of dealing with others was helping him to get this respect or achieve this harmony. Despite his desire for a more peaceful environment, he would often argue with and nag his wife and children. The therapist therefore reviewed the “Seven Deadly Habits” - which are: “criticizing, blaming, complaining, nagging, threatening, punishing and rewarding to control” with the client, which Glasser believes lead to most cases of divorce or unhappy marriage (Glasser, 1998). Next, she helped him evaluate how he was using these habits in his dealings with his family members, and how this use might actually be preventing him from achieving the peace and harmony (and respect) that he desired in his Quality World (Glasser, 2002).

The Reality Therapist is often seen as confrontational, it that one of the methods frequently used to help the client to evaluate his actions and their consequences and design a plan to achieve his Quality World often entails asking the client directly: ‘What do you think you can do this week to make the situation at home better?’ This puts the control back into the client’s hands, instead of enabling him to continue blaming others for the things that “go wrong” at home. The therapist made use of this method, as well.

In this study, the therapist helped the client to come up with a specific (homework) plan of speaking with and acting towards his family members, and then noting the results. The homework included complimenting his wife and children, while at the same time refraining from complaining or nagging. Sometimes the plan consisted of making a list of items the client’s wife asked him to pick up on his way home so that he wouldn’t forget to buy them for her. Humor was also used to help the client appraise and evaluate his behavior and its consequences honestly. Finally, this intervention included re-examining the “pictures in the client’s Quality World,” which is sometimes referred to as his mental photo album (Glasser, 1998), to see if following the plan was helping the client to achieve the desired results.

The 50 minute therapy session would consist of these discussions, while talk of the client’s physical problems, doctor’s appointments, as well as reflections on the accident and its aftermath were kept to a minimum. This meant that, in sharp contrast to the client’s previous therapeutic history, almost no attention or focus was given to the somatization and Rumination Behaviors. As stated above, an intended goal of the intervention of Reality Therapy was to reduce or eliminate these behaviors and complaints.

As mentioned earlier, part of the intervention process included homework assignments that the worker and client planned together, and which involved the client’s interactions with family members at home. The client would then report weekly about his experiences with these assignments.

Among the results found using this intervention were the following:

In several instances, the client claimed that he had forgotten to do them, or that he had been too upset to even try. However, although it did not appear to the clinician that the client was making many changes in the way he interacted with others, the intervention apparently did serve to stop the Rumination Behaviors, as the client no longer spent the majority of the therapy session (50 minutes weekly) squirming and speaking about his aches and pains, and how his life would be different had the accident not occurred. In fact, with the help of the therapist, the client even began to examine the possibility of volunteering at a local charity center. The worker also began to receive reports from others at the agency (particularly the psychiatrist who saw him once a month) that the client’s behavior...
seemed markedly changed. This, combined with the statistical analysis mentioned in the latter portions of this study suggested the effectiveness of this intervention with the client.

**RESEARCH METHODS**

In this study, a Single System AB Design was used. This method measures and evaluates the same client system at different times, in order to ascertain if the use of a particular intervention may have affected or changed a specific situation. This design gives a more accurate picture of the situation, because the results can be assessed and compared, using several tests, and a possible relationship can be established, either by attributing the differences to chance, or to the particular intervention. Even when differences are observed between the two phases, this does not mean that these have been proven as having been “caused” by the intervention used, rather that a probability of a relationship between the two variables tested (the desired behavior and the intervention) has been established. The differences may actually be due to measuring errors, sampling bias, or other design flaws in the data collection or measurement, or even to other concurrent events in the situation (or in the client’s life at the time) that may lead one to erroneously accept the results as proven fact (Weinbach, 2004, Bloom et al, 2003).

In this case, the single intervention of Reality Therapy (Glasser, 1998) was used, and the two phases that were compared were the Baseline Phase (A) (the period before Reality Therapy was introduced) and the Intervention Phase (B). To analyze the relationship between the intervention and the change that might have had on the client’s Rumination Behaviors, the PTSD Rumination Scale was used, and measurements were taken for each phase, and then compared. In this study, the research hypothesis was that:

The Intervention of Reality Therapy will be effective in reducing Rumination Behaviors in this client that are associated with PTSD

There were 13 observations during the (reconstructed) baseline phase of the Rumination Behaviors which are referred to as the Dependant Variable. During this phase (3 months plus one week), the percentage of each session that the client was observed exhibiting behaviors were rated retrospectively on the PTSD Rumination Scale (based on a 1 to 10 score). The individualized rating scale’s anchors ranged from 1 to 10, where a high score would be indicative of the client’s persistent references to the traumatic event and its aftermath, as well as its impact on the client physically, socially, economically and emotionally. It also included fidgeting behavior and complaining. The lowest score (1) was associated with no or little reference to the traumatic event, and would suggest that the client was apparently becoming more functional in his daily life, and showing more willingness to engage in the “here and now” instead of in the past. Both the mean (average) and the median ratings on the scale during the baseline phase for Rumination Behaviors (as will be delineated below) were 10, which indicate a stable score. An additional baseline measurement was taken after the first meeting with the worker, and it was noted that the client exhibited the same score (10). Based on this it was predicted that without intervention, the client’s Rumination Behavior could hypothetically have been expected to continue at the same level as it had during the baseline period. This led the worker to believe that intervention was definitely warranted, with the specific goal of helping the client learn to focus his energy on living in the present, rather than in the past.

During the intervention phase of the study, 7 observations of the client’s Rumination Behaviors were recorded by the clinician. The mean was 5.29, and the standard deviation was 2.49. By comparing this to the baseline phase, where the mean was 10, and the standard deviation was 0, it is apparent that the client’s Rumination Behaviors, as observed by the clinician (and recorded on the PTSD Rumination Scale) decreased substantially from the behaviors that were observed during the baseline period. This suggests the positive influence of the interventions used.

This line chart indicates a markedly significant change in the client’s Rumination Behaviors as a result of the interventions used. As can be noted, the baseline period yielded a consistent rate of behaviors, which were measured as a 10 on the PTSD Rumination Scale. Following the initiation of interventions, the client’s Rumination Behaviors declined steadily, except for one time when they appeared to return, although not to their original degree of intensity. This would suggest the success of the interventions used with this client system.

**FINDINGS: INFERENTIAL STATISTICAL PROCEDURES AND RESULTS**

In order to test the hypothesis mentioned above, a T test was used to compare the client’s mean Rumination score, as recorded on the PTSD Rumination Scale during both the baseline and the intervention phases. This was used because there were no extreme values, so it is the most accurate measure of the degree to which the Rumination Behaviors were performed by the client during either of the two phases.

The purpose of this analysis was to test the Research
Hypothesis that the intervention of Reality Therapy was effective in reducing Rumination Behaviors in this client that are associated with PTSD, and to determine whether the interventions used were likely to be associated with the decrease in Rumination Behaviors, that were observed by the clinician, and recorded on the PTSD Rumination Scale, or if these results could be attributable to chance factors.

RESULTS

The results of the t test for unequal variance indicated that the mean Rumination score (13 observations) during the baseline period was 10 with a standard deviation of 0.00, and during the intervention period (7 observations) was 4.99 with a standard deviation of 2.50. (t = 4.99; df = 6; p = 0.002), which is statistically significant. Therefore, the research hypothesis that Reality Therapy would be effective in reducing PTSD related ruminations related in this client was supported and the null hypothesis that the intervention of Reality Therapy will have no effect on the PTSD Rumination Behaviors was rejected.

This study therefore suggests that the intervention of Reality Therapy has shown very promising results when working with a client to reduce somatization and rumination behaviors associated with PTSD. Furthermore, as mentioned earlier, the Celeration Line predicted that without this intervention, the client's Rumination Behavior could hypothetically have been expected to continue at the same level as it had during the baseline period.

LIMITATIONS OF THIS STUDY

There were several limitations to this study: since every traumatic event contains different variables, and since even the same traumatic event is experienced uniquely for each person, it is difficult to generalize from these results. Furthermore, since only one client was studied with this intervention, it is not known whether this intervention would have been as effective with a different subject, or with multiple clients. In addition, since this client was only seen by the worker 8 times, there is no guarantee what effect this intervention might have had over a longer period of time even with this particular client: i.e. would the decrease in Rumination Behavior have continued on a downward trend, or even be eliminated completely, or might it have reached a plateau at some point? Also, all of the Rumination Behaviors were measured with one global measurement, (only one number on the PTSD Rumination Scale for each session) which did not allow for specific types of conversational reference or movements or actual medical tests and findings. It is also unknown whether the intervention would have been successful with different symptoms of PTSD, or with clients whose trauma took place at a shorter or longer span of time or even for another person who might have experienced the exact same traumatic event (as in mass trauma) as this client. There was also little knowledge of other situational circumstances occurring in the client's life at that time (outside the agency) that may have been affecting the client during the intervention period.

In addition, as mentioned earlier, the clinician also found that even though it did not appear that the client was making many changes in the way he interacted with others, (often forgetting his homework assignments entirely), the intervention apparently did serve to curtail the Rumination Behaviors, as the client no longer spent the majority of the therapy session (50 minutes weekly) squirming and speaking about his aches and pains, and how his life would be different had the accident not occurred.

IMPLICATIONS AND CONCLUSIONS

In the course of their work, clinicians see many clients with various symptoms. It is important when noting such symptoms as somatization and dysthymia, to rule out prior experiences of traumatic events in the client's history. Recent studies have associated such symptoms with PTSD, and clients with a long history (and a copious treatment file) of these symptoms should be reassessed with this in mind, even if the previous diagnosis may have been Dysthymic Disorder (DSMIV 300.4) or Somatization Disorder (300.81). Glasser's view (Glasser, 2003) that most somatic symptoms can be traced to a person's dissatisfaction and unhappiness with his life, should also be considered, as it is similar, in that it also recognizes the lack of a biologic basis for these types of symptoms.

The study has also shown an important relationship between the intervention of Reality Therapy and Rumination Behaviors and somatization (as described in this study) associated with PTSD.

This study therefore provides some empirical evidence to suggest that the intervention of Reality Therapy is an effective means of reducing somatization and rumination behaviors associated with PTSD, and should be studied further with additional subjects and symptoms, as well as different circumstances of PTSD. Furthermore, this study suggests that by using Reality Therapy to help the client see what he would like to have in his “Quality World”, the therapist can assist the client in getting past the debilitating remnants of a traumatic event, and centering his efforts on his hopes and plans for today and for the future.

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The author may be reached at skeyboard@gmail.com or at POB 34358, Jerusalem, Israel 91033.
Replacing Mental Disorders with Unhappiness

Zachary Rapport

The author is a faculty member of the University of Phoenix

ABSTRACT

The Diagnostic and Statistical Manual (DSM-IV-TR) is a book that contains the American Psychiatric Association’s official opinion on the behaviors, emotions, and thinking that qualify as abnormal in human beings. This topic is important due to the frequency with which the DSM is employed in a variety of human services organizations and higher education settings and the drugging that often follows a DSM label. In this article, the author presents the Choice Theory perspective on the DSM’s claim that mental disorders are medical conditions. The author recommends replacing the DSM concept mental disorder with William Glasser’s concepts of mental health and unhappiness.

The Diagnostic and Statistical Manual of Mental Disorders (DSM) was created and published by the American Psychiatric Association (APA). The DSM contains the APA’s official opinion on the behaviors, emotions, and thinking that qualify as abnormal in human beings. The DSM claims mental disorders are medical conditions (mental illnesses). Examining that claim from a Choice Theory perspective is important given the medical-like treatments that commonly follow once someone is given a DSM label. What is a mental disorder?

In the DSM, mental disorder is defined as follows: “...clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress...or disability...or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom.” (p.xxxi)

The definition is so broad that it practically includes all of life.

The APA acknowledges this problem by prefacing that definition with the following words: “...although this manual provides a classification of mental disorders, it must be admitted that no definition adequately specifies precise boundaries for the concept of ‘mental disorder’. (p.xxx).

The APA admits the DSM fails to clearly distinguish those experiences that qualify as mental disorders from those experiences that do not qualify as mental disorders.

The DSM also suggests mental disorders are physical illnesses. The DSM states, “...the term mental disorder unfortunately implies a distinction between ‘mental’ disorders and ‘physical’ disorders...A compelling literature documents that there is much ‘physical’ in ‘mental’ disorders and much ‘mental’ in ‘physical’ disorders.”

The broadness of the DSM’s definition would be of less concern had the APA not claimed mental disorders are medical conditions. As soon as they made that claim, they left the field of pure psychological theorizing and entered the science of medicine.

Whether mind and body are unified or separate is hardly the issue. If the APA is going to claim that mental disorders are medical conditions, then they need to substantiate that claim or withdraw it.

According to Psychiatrist William Glasser (2000), the “mental illnesses” listed in the DSM-IV should not be labeled illnesses at all because none of these disorders is associated with any brain pathology. (p.15) Further, Glasser states that none of the people described with DSM-IV labels are mentally ill. Glasser (2000) states, “I don’t deny the reality of their symptoms; I deny that these symptoms, whatever they may be, are an untreatable component of an incurable brain malfunction. I do not see their symptoms as mental illness but as an indicator that they are not nearly as mentally healthy as they could learn to be.” (p.xxi).

According to Glasser’s Choice Theory, people’s mental “symptoms” result from their own creativity and unhappiness. These folks are lonely and disconnected from important human relationships. That unhappiness gets expressed as unpleasant feelings, physical sensations, “crazy” thoughts, and actions. (Glasser, 1998)

Glasser (2000) places physical health and mental health on continua and compares the two.

**PHYSICAL HEALTH CONTINUUM**

<table>
<thead>
<tr>
<th>physically ill</th>
<th>out of shape</th>
<th>physically healthy</th>
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<tbody>
<tr>
<td>mentally ill (proven brain pathology)</td>
<td>unhappy</td>
<td>mentally healthy / happy</td>
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</table>

**MENTAL HEALTH CONTINUUM**

Feeling unhappy is like being out of shape. One is not physically ill just because one is out of shape. Likewise, one is not mentally ill just because one is unhappy (feels depressed, anx-
Finally, Glasser (2000) states, “I now believe in the following metaphor: Happiness is mental health.” (p.6)

CONCLUSION

From a Choice Theory perspective, DSM mental disorders are not mental illnesses. The DSM describes unhappy people. Consequently, ‘unhappiness’ is a more accurate term than mental disorder. Unhappiness should replace mental disorder.

REFERENCES


The author may be reached at professorrapport@yahoo.com
ABSTRACT

In building the perfect relationship, one must infuse love. Love is a healing behavior. Healing requires building a relationship, while healing love is perfect love. Love is a healing process. This process exists within systems. It has a cultural foundation. The ability to love is constructed or expanded by an individual’s connection to a communal (cultural) perceptual system (comprised of knowledge and values) and experiences. Love conquers fear, fear manifest as insecurity and jealousy. The most powerful form of love is spiritual love. Spiritual love is always need fulfilling. Love is a transformative process. Transformative love is manifest through the five (5) presents of love. Love is a chosen behavior.

Love and Culture

Culture is the sum total of all of our experiences as well as the values and knowledge that govern our perceptions of those experiences. In some societies, it is acceptable to be co-married, with multiple partners, while in other societies one is required to divest of one partner before acquiring another. In each of these societies, loving may or may not be a significant factor in marriage. Thus, the place that love occupies is constrained by our rearing and what is acceptable in our culture. Perception shapes and expands one’s definition of reality. According to Faver (2004), “Love of other people expands our reality in two ways. First, it is only through love that we can truly know others as subjects rather than objects. Second, love broadens our vision as others’ perspectives expand, challenge, or correct our views of reality” (p. 242). In the final analysis, the interpretation of loving behaviors is culturally based.

All behavior can and must be understood through the lens of culture. The fulfillment of basic needs occurs in an environment that is influenced by culture. Love is a cultural variable. Culture alters the environment where choices are made to love. The internal environment directs choices within a restricted external environment. All people are internally motivated, when it seems that their behavior is influenced by external perceptual factors. Love and belonging is an internally driven basic need. Culture influences the options available to those who choose to love.

The development of an intimate relationship is the ultimate goal of love and belonging. According to Thurman (1954), “Each person longs for the kind of relationship with others in which it is no longer necessary to pretend in any sense whatsoever. In other words there is the deep need to be dealt with in some sense that is total, that is all-inclusive, that is completely complete (p. 106).” In this relationship, communication is open and without limits. There is an end to the commutative façade or a need to pretend. Each party trusts and is trusting of the other. According to Thurman (1976), “The first step toward love is a common sharing of a sense of mutual worth and value (p. 98).” It is a relationship that is need fulfilling. Relationship building is the foundation upon which the house of love is built. The strength of the love relationship is manifest in its interconnection with the foundation upon which it is built.

Five presents

In loving relationships, participants move from I focused behaviors to a we focus. They learn that “I’ll” (individual acting behavior) is less significant than “We’ll” (interdependent action). They then progress from the “I’llness” to “We’llness” of relationship. This wellness is manifested in the five presents of love.

The five presents of love are purgation, perception, praise, patience and perfection. Purgation is the present of forgiveness. Forgiveness purifies or cleans the slate. It allows those involved to start again. In each relationship, one or both partners may err. To err is human, to purgate is to love. It, forgiveness, is the first and foremost gift of loving. Those who are in love forgive and forgive to strengthen the relationship. Perception is the present of insight. Perception provides the participants with the ability to sense at an intuitive level. That is, to see that which is not present (physical) but using the ability to sense that which is invisible (spirit) and to be driven to act as if it were visibly present. Praise is the present of affirmation. The present of praise allows one to see worth in one’s self and one’s partner. Praising partners possess the ability to praise and appreciate the significant others’ gifts and abilities. Those who love with praise can perceive strengths in their significant other. Patience is the present of understanding. The present of patience allows one to manipulate time. It allows one to wait and be of good cheer. A patience love understands that perfect love takes time. The willingness to be in a hurry but not rush is acceptable. The final gift of perfect loving is perfection. Perfection is the present of wholeness. The present of perfection is visibly manifested in the successful loving relationship. To seek perfection is to expect success in the relationship. It is a refusal to accept failure, as a perfect love is quality loving. It is wholeness and completeness. It is the consummation of total loving behaviors. It is each partner seeking perfection within the imperfection of human behavior. These presents exist within the loving system.
Loving systems

A system is a set of interrelated components. The loving system has specific parts. These components include total behavior, love and belonging and the quality world. The human loving system is designed to be balanced and need fulfilling (healthy).

Health includes the ability to love and be loved. When the system is unhealthy (out of balance), it behaves to obtain a sense of wellness (balance). When loving systems are out of balance, people recall pictures of (sometimes with help), instances when they were in balance and attempt to move, obtain, those things which assist it to become healthy once again. This quality world contains pictures of loving. Loving pictures help to balance the perception between what we have and what we want.

When one chooses to love, it is always expressed in the total behaviors. Total behavior is comprised of feelings, thinking, physiology and action. This is a significant component of the loving system. During the process of loving, feelings seem to be the overwhelming (most pressing) behavior. One feels love and in love. Over and over in a relationship, persons may focus on feelings. These are feelings that indicate the strength of loving. This focus may lead to a misperception that love is only a feeling behavior. There is also a physical component to this loving process. Choosing to love is also manifested in the physical world through the sounds, smells and sights of love. These variables are culturally influenced. That is the specific choice of perceptual variables, which ‘stir the soul,’ are influenced by the knowledge and values implicit to the participants’ cultural grounding. Whether it is the connection to the Creator or connection to another significant being, loving is required to be whole. All loving comes together in the doing. When one chooses to love, one chooses to act on the feelings, thinking and physiology of loving. Loving is a total behavior.

The sharing of love leads to need fulfillment. Loving requires a consistent and conscious effort to connect with one or more persons. Love and belonging provides the motivation for many behaviors. Some people do what they do because of this need. This does not obviate the other needs. It merely recognizes that loving is one of the reasons for behavior. Thus, any analysis of ‘why’ should include this basic need and its correlates. Loving behaviors are ‘other focused, but always internally motivated. All basic needs exist. Mature love’s reality is based on ones’ experiences in loving. We are genetically programmed to love.

Healing love

When one is unwell, loving aids in the journey to and elevates one to the state of health. To be loved is to be treated in a manner that results in wellness. Love is a healing force that, when coupled with spirit, can overcome all illness (I williness). According to the findings of the human genome project, all people are 99.9% alike (Collins, et al 2003). Loving is in the DNA. Biological loving in its essence releases certain chemical (endorphins) that trigger a sense of happiness connected to the feeling behaviors. It provides a sense of wellness, balance and completeness. Loving strengthens the immune system. The presence of endorphins in the system raises the physical to the level of physical happiness and wholeness. When one is loving, one is connected to other humans. According to Glasser (1965), “At all times in our lives we must have at least one person who cares about us and whom we care for ourselves (p. 7).” The authors would expand this to include spirit. When one spiritually loves, one connects or reconnects with, for some, to the Creator. This includes the perceived spirit of the other living being. Spirituality is people-centered operationalized into faith or inspiration, suggesting if one is to be successful with a relationship, one must begin where the significant other starts.

Communal love heals groups, families and communities. Loving takes one to the edge of emotional imbalance. Healing love mandates that to love is to love enough to cause disequilibrium, when necessary, rather than present the facade of homeostasis. False homeostasis is peace on the surface and a rage below. To seek love is a normal cause of behavior. To love is normal, but the added emotional (feeling) component can take one to the edge of disequilibrium. Healing love fights for what is right (need fulfillment on all levels). The actions associated with loving and living are usually related to the collective rather than the individual. I am because we are (Mbti, 1969). I exist and live because of relationships. Without relationships, loving is incomplete and unfulfilled. There must be both a lover and loved. Choosing to love, as a conscious act, to meet ones basic needs, manifests itself in the actions of engaging and joining with another.

In order to acquire healing love, one must conquer the enemy of love, fear. That is fear that you don’t love me like I love you. This is fear that you may love someone else. This is fear that I cannot love you like you love me. The greatest fear is that which is commonly termed jealousy. Jealousy is a fear of those who perceive themselves as unable to unconditionally love. They fear that, because of their own insecurity, their partner is also insecure. These behaviors are then proscribed to the other. That is, I believe you don’t love me, therefore you must love someone else. This behavior can become an expectation turned to reality. The behavior of the one who is insecure influences the loving behaviors and can drive a wedge between healing and loving. The jealous perceive of themselves as non need fulfilling. When one is non need fulfilling, those we love will seek fulfillment elsewhere. Fear is the precursor to illness.

In order to heal with love, one must strengthen those components of loving which leads to wellness. The strengthening of the physical and the spirit requires intervention. This intervention on the physical plane can be accomplished with spiritual food B rhythmic sounds. One must carefully choose how to nourish the spirit. The spiritual food of loving is in fact loving sounds. These sounds are music as well as the rhythm of the spoken word that connect the physical to the loving spirit. There are other sounds that are not need fulfilling. For just as music can and does nourish the spirit, sounds can also famish and lead to illness.
To love spiritually is to love beyond genotype, and phenotype. Spiritual loving is not constrained by our sensory system. It is through the acts of spiritual loving that one manifests the Creatorness that is an essential component of all of us (whether we know it or not, whether we acknowledge it or not). From before birth to after death we need to love and be loved.

Perfect love

There is a level of loving that surpasses an analysis of the physical and mental. According to hooks (1993), “Living a life in the spirit, a life where our habits of being enable us to hear our inner voices, to comprehend reality with both our hearts and our minds, puts us in touch with divine essence. Practicing the art of loving is one way we sustain contact with our "higher self (p. 185).” A focus on spirituality is essential to wholistic human behavior. In order to address the whole person, therapists must address the spirit. According to Skeesn (1999), “To complete the theory, it needs to expand its vision of the moral dimension of human nature and add a vision of the intellectual-spiritual dimension of human nature (p. 59).” One cannot complete the journey to wellness without spiritual love. Spirituality is especially significant for those who would be healers for the African American community (Mickel, 1993). In order to address perfect love, one must address its spiritual dimensions.

Spirituality produces positive change such as an increase in other centered love (Hodge, 2005). Spiritual love is the ultimate or, simply put, perfect love. Spiritual love is intuitive. One can love mentally, physically or both and not approach the pure joy of spiritual loving. According to Thurman (1976), “But in either case love is possible only between two freed spirits (p. 101).” To be loved, or to engage in the act of loving on this level is intuitive and emotional. Emotion is a higher state of consciousness. One is more aware of reality through emotion than any other state (Irele, 1990). All one can perceive is feeling good (need fulfilled) or feel bad (without love and belonging) (Glasser, 1965 and 1984).

When one truly loves, one loves not only others, but self. According to Thurman (1954), “The person has a sense of being touched at his deepest center, at his very core, and being touched at his deepest center, at his very core, and all other experiences of love are but intimations of this great experience. All other experiences of love at the other levels are what may be regarded as “readying” experiences for the great and tremendous experience which is the significant element (p. 115).” Loving connects one with one’s higher power (spiritual loving) and one’s fellow beings. Loving is not simply a one to one relationship, but the elevation of each one of us to the brotherhood and sisterhood of belonging. We love each other because to love one another is to love ourselves. We love each other, our community, and ourselves. We don’t choose the need to love. We do have choice in the way we express love. According to Thurman (1954), “To summarize, the need for love is an essential element in the structure of personality. It is responsible for the establishing of a pattern of response to other human beings that make possible all forms of community and of relatedness between human beings in society (p. 105).” Our communal behaviors constantly and consistently reflect this sense of loving.

The search for perfect love leads one to prepare for unconditional loving. One must prepare to love perfectly within imperfection. As an imperfect being, one only attains perfection by doing perfectly. Loving unconditionally means that loving is both given and received in a manner that reflects perfection. It is not the destination (perfectibility), that is most important, but the journey (learning to love unconditionally) to perfect loving. There is a joy in loving. The journey to perfect love prepares one spiritually, mentally and physically to confront, contest and conquer the imbalances of life. Loving pictures are found in the healing process (Mickel, 2005). Unconditional love as a concept is paradoxical because some conditions are inherent to perfectibility. The art, rather than the act, of loving perfectly is spiritual. This sense of spiritual love energizes the giver and receiver of loving. They are in harmony, balanced and accept the hard work required to reach perfection.

Conclusion

Loving and belonging is evidenced by behaviors. The more interconnected one is with another, the more likely they can communicate. Consubstantiation reflects that we are of the same substance and therefore we can know each other utilizing intuitive knowing. When in love or loving, one acts lovingly. The most significant phase of acting lovingly is to be open to love. According to Glasser (1965), “[t]o either love or allow ourselves to be loved is not enough, we must do both (p. 10).” It is total commitment to the process and practices of loving. Those who love are connected beyond space and time. Loving is a total behavior. The feeling, thinking and physical aspects of loving are evidenced through our acting behaviors.

Spiritual loving is one component of wholistic loving. Whole loving includes mind body and spirit. Wholistic loving includes thinking, feeling, physiology and doing. It is the love that is both convergent and triangular in the practice. Spiritual loving is need fulfilling. Spiritual loving is pure love. This is the love that is beyond the physical and the mental. It’s love based on the existence of the perfect within the imperfect. The struggle for perfectibility is the physical attempt to be congruent with the spiritual. The spiritual is that which lasts forever, while the physical is temporary and limited. Pure spiritual love is loving without boundaries. It’s residual exists on this plane, but is in reality on a higher plane. It raises the level of consciousness of the participants. It widens the sphere of influence and concern. Perfect love has no beginning and no end. One cannot remember when it began and cannot predict its end.

Fear cannot exist in the presence of love. Love conquers fear, manifested as insecurity and jealousy. We must go back to those pictures of belonging and love to recall our love and belonging behaviors. Love is a transformative process. It moves one from unable to able. Those who truly love can do anything. They stretch the perceptual boundaries of both time and space.
Total love is to love self (and thence others) wholly and universally. Healing love is never selfish. To love selfishly is to reify insecurity and uncertainty. Healing love is certain and secure. Loving moves one toward the perfect relationship.

The five presents are manifest through need fulfilling loving behaviors. In the act of spiritual love, we allow ourselves to be loved, while choosing behaviors that we perceive as acceptable to the one(s) we wish to love us. That is, we empower others to form pictures of us that are perceived as need fulfilling. In the search for the perfect love, we shape our behaviors to meet what we perceive as their expectations. These expectations are manifested in mind, body and spirit. We choose behaviors based upon our perceptual system (knowledge and values) interpretation of what it requires to build an intimate relationship. These behaviors are expressed through our total behaviors. The power of loving is perfectly manifested through the healing process.

REFERENCES


The first author may be contacted at EMickel@desu.edu
Applying Choice Theory and Reality Therapy to Coaching Athletes

Ken Klug

Coaching Experience: Head Basketball Coach, University School for Boys, Shaker Heights, OH. Freshman Basketball and Baseball Coach, Harvard University, Cambridge, MA.

ABSTRACT

Looks at applying the principles of Choice Theory (CT) and Reality Therapy (RT) to a specialized segment of learning. The coaching of athletes. Coaching athletes using CT and RT introduces the concept of winning as a total life process, and enhances the development of a dynamic team environment.

A Choice Theory Coach eliminates as much external control as possible in order to promote personal choices and to give his players much of the responsibility for their experience. Actual case histories of current and former coaches provide a close look at how the principles of CT and RT have been integrated into the athletic arena to provide a successful experience in the field of competition, but more importantly as an outflow, building character and teaching values and life skills that last a lifetime. Finally, this specific learning experience offers an expanded vision that enhances the classroom version of a Glasser Quality School.

The Concept

Since most athletes are motivated individuals, it might seem like they would not need much help to perform well. However, performing to their peak potential and developing the life skills that they will need after their days of competing end requires a greater attention than most athletes receive. The emphasis on the outcome rather than the individuals who are competing distorts the total experience of the athletic competition. CT and RT can provide the needed learning to overcome these obstacles.

Athletes, in general, is a great platform to teach all about life. How it works and what makes it work the way it does. Many coaches recognize this and teach it very well. However, coaching with CT and RT takes the athletic experience to a deeper level than possibly any other method, and it leads to a very satisfying experience. CT teaches how your brain works and then how to use it in life both inside and outside of athletic competition. RT builds relationships which are necessary for a dynamic team environment to exist.

An interesting thing happens when you build character and teach life skills. In whatever way the athletic competition is measured for success, the success follows. It is then that all the indicators of success can actually be enjoyed, because it has been accomplished knowing your heart and soul was put on the line. The quality of who you are as a person was the root cause of accomplishing the measured success. That is what you live with every day and every hour and for the duration of your life.

CT is about removing the external control which destroys the concept of love. Love is the fuel that builds close and binding relationships. There are times when external control must be used, but it must only be used in an acceptable and understandable way in which both parties in a relationship understand why it is the best way for that particular situation and point in time.

RT is about self-evaluation in its many forms. It is about developing relationships, working together with others, and meeting each others' needs in a warm and caring environment.

The transforming power of love that is foundational to the principles of CT and RT can be experienced in the athletic arena and can lead to a more complete total life process of learning. This can be incorporated into any athletic program on any level or type of competition.

The Choice Theory Coach

Coaches are ultimately responsible for the athletic program. They could choose to exercise extensive external control in the administration of their duties and responsibilities. A Choice Theory Coach will eliminate as much external control as possible in order to promote personal choices and to give players much of the responsibility for their experience. In the long run, they will become better people, and, as a group, will become a better team.

The formation of a warm and supportive relationship with the players is imperative in implementing CT in any athletic program. The CT Coach should seek to become a master of Lead Management. A CT Coach needs to have a natural and effortless ability to gain the approval and support of the players. Lead manager CT coaches can identify a vision of what needs to happen as a team and how each individual can play a part in the team. Other qualities of a lead manager CT Coach are:

- Excellent verbal and non-verbal communication skills.
- Ability to define goals in a way that adds purpose and meaning to the process required to attain them.
- Able to introduce respect, dedication, enthusiasm and performance in other people beyond the expected.
- Provides a valid role model and value system.
- Gives ordinary players reason to do the extraordinary.
WDEP

The WDEP system should be an ongoing process between the coach and each player individually, and with the team as a whole. The coach identifies the wants and perceptions (W) of each player, what each player is doing in terms of acting, thinking, feeling and physiology (D), whether or not that is getting the player closer or further from what is desired (E), and plans for making positive changes (P). This will all be incorporated into the team and applied on the team level.

Case Histories

There are many successful coaches who use some of the principles of CT and RT. There is no major college or professional coach that I am aware of that is Reality Therapy Certified and uses CT and RT as a part of coaching. However, when you look at any athletic program that has shown a pattern of long term success, you will usually find many of the principles being applied.

What all of these coaches are known for and the real value of their programs lies in the environment they provide for their players and how they relate to them to provide a learning experience that transcends time and lasts for a lifetime. Each of them has had phenomenal successes in their programs if success is measured simply by wins and losses, winning streaks, and championship trophies.

Joe Ehrmann - Football Coach, Gilman High School, Baltimore, MD

Coach Ehrmann believes the first job of a coach is to love the players. The first job of the players is to love each other (CT - five basic needs). He bases his coaching first and foremost in terms of relationships, the capacity to love and be loved. Success comes in terms of fostering relationships (RT).

He teaches players to base their actions and thoughts on one simple question: what can I do for you? (This is going to the Solving Circle before there is a problem.)

He teaches by building up (caring habits) instead of tearing down (deadly habits). He always corrects in an uplifting and motivating way.

Winning is only a by-product of everything else, not a way to evaluate (WDEP).

Before the last game, each senior stands before his teammates and coaches to read an essay, “How I want to be remembered when I die.”

Source: “The Most Important Coach in America” by Jeffrey Marx (Parade Magazine)

Mike Krzyzewski - Basketball Coach, Duke University

Coach K, as he is known, has only one rule: don’t do anything that is detrimental to yourself. Too many rules get in the way of leadership. It provides flexibility and latitude to lead (CT - five basic needs).

Almost everything in leadership comes back to relationships. The level of cooperation on any team increases tremendously as the level of trust rises. Bonds have to form among all members of the team. Every individual must have a trusting relationship with every other member of the team (RT).

Upperclassmen spend time with freshman letting them know what to expect (RT).

His pre-season goal is to get to know his players and what they can do (WDEP). He helps players get along together to work as a team, to care for one another. Caring is a powerful motivational force on any team (RT).

As a coach, he takes personal responsibility for his choices, and expects the players to do the same (CT).

He asks team leaders their opinions. Good ideas come from anywhere and everywhere (CT - five basic needs).

If you’re always striving to achieve success that is defined by someone else, you’ll always be frustrated. Define your own success. People have to be given the freedom to show the heart they possess. Having fun helps reduce pressure. Maintain a sense of humor (CT B five basic needs).

Hunger for excellence and don’t let anyone else define excellence for you. Friendships, along with love, make life worth living (CT B five basic needs).

Progress has to be monitored on a regular basis (WDEP).

Source: Leading With The Heart by Mike Krzyzewski

Bob Ladouceur - Football Coach, Concord De La Salle, Concord, CA

Coach Lad is able to connect with his players individually to where they experience his love, and then make it a part of themselves, connecting with teammates to mold it all into one team unit that becomes unbreakable. The key component of his success is the most basic of human emotions—love (CT B five basic needs).

Lad is a master of human relationships. Can ability to connect with adolescent minds. He turns selfish teens into selfless teammates by examining their relationships (RT).

A feeling of brotherhood is cultivated during team meetings when players talk about the game and about how much they mean to each other. Players are willing to stand in front of their teammates and bare their souls. Players are held accountable to themselves and each other (CT B five basic needs).

Lad places responsibility on players to take ownership of playing well. Taking ownership means getting together as a group and making decisions, not always looking to the coaches. The players need to accept responsibility (CT B five basic needs).

Lad does not yell at players or shame them into performing (CT - caring versus deadly habits).

We lose at things in life all the time. We cannot always control outcomes in life. But a person can play a sport and control the outcome a little bit through a good work ethic (CT).

The mission of the team is to be better people. The players
enter into a relationship with the coaches and with each other. Players play for their teammates, not for themselves. Winning just happens. (RT)

Everything a player is asked to do has a purpose (CT).

The program is not about what the players do on the field. It’s about the journey. Coach Lad’s dream is to create a program that teaches life skills at all costs. When things don’t go right, team members examine the relationships and the intangibles that would make them a tighter group (WDEP).

Upperclassmen spend a lot of time mentoring underclassmen during the off-season when they train together. The players make sure their eventual replacements know what is required of them and what the coaches will expect from them (RT).

Source: When The Game Stands Tall by Neil Hayes

**Jim Steen - Swimming Coach, Kenyon College, Gambier, OH**

His strengths as a coach lie in being able to connect with people on a fundamental level. He has a passion for helping a swimmer be all that he can be (RT).

The role of any coach is to empower his swimmers to the point that when they stand up there on the blocks, they don’t need him any more (CT B five basic needs).

He gets inside your head without beating you over the head (RT).

Under Jim Steen, you enter into a solemn contract, promising to maximize not just every facet of your own life, but of the life you share with Jim Steen (WDEP).

Coach Steen’s chief tenet is inspiring quality work (CT).

There’s no professional swimming league after college. So why not go to school for the joy of competing (CT B five basic needs).

Source: “Beyond Winning” by Kent Hannon (Kenyon College Alumni Bulletin)

**Frosty Westering - Former Football Coach, Pacific Lutheran University**

Many people strive to win in their own specific arena, but do not know a winning lifestyle in their own lives. Once you understand what genuine winning is, the kind of winning that lasts, you can begin to make choices that can change your life (CT).

The theme of his coaching is that life changes when an individual is open to personal evaluation (WDEP).

Begin to experience success in new ways. Change your own life to rise above self-centeredness and make others feel good about themselves. The by-product is an increase in your performance. The BIG TIME is not a place. It is something you become. And the way to get there is by your choices (CT).

When change within yourself takes place, it frees you to enjoy life more and the result is to perform at higher levels (CT).

We can make any day a good day by our choices. We can control our actions and reactions to external circumstances (CT).

The key to improving your performance is to adjust yourself by making it a good day. Making it a good day is a choice, regardless of your situation. Success in life is a choice. You do not have a good day; you make a good day (CT).

The greatest motivator of all is love (CT B five basic needs).

Source: Make The BIG TIME Where You Are by Frosty Westering

**John Wooden - Former Basketball Coach, UCLA**

One of his favorite maxims is slow to criticize and quick to commend. He did not blame or complain. He did not resort to verbal or physical intimidation and rarely raised his voice (CT B caring versus deadly habits).

Self-analysis is crucial for improvement (WDEP).

When confronted with difficult players, he would simply respect their opinions and give them a choice to consider themselves only or what is best for the team (CT).

Love is the greatest of all words in our language. He emphasized the role of love and doing what is best for each player (CT B five basic needs).

He did not punish players for breaking rules (CT B deadly habits).

He listened before correction and with no critical spirit (deadly habits). He only made corrections after proving to the individual that he was highly valued. He genuinely cared for players. Then, correction will not be judgment (caring habits).

Make each day your masterpiece (CT).

Source: Wooden: A Lifetime of Observations and Reflections On and Off the Court by John Wooden

**Potential Benefits Applying This Coaching Process**

1. It puts relationships to the foundation of the human experience above winning for the sake of gaining some sort of fame.
2. It builds character, values, and life skills above winning, yet winning is a natural by-product.
3. It develops a whole new generation of coaches, teachers and business professionals on all levels of competition and life. Not all people make coaching a profession, but many players become teachers and parents and will end up having families and coaching little league and youth programs of all kinds. Teachers and business professionals will have been exposed enough to be able to take the principles beyond the athletic field.
4. It places the athletic experience as a total life experience. Athletics has always been known to take principles of success to other endeavors, but this will not only do that but also develop the core characters of individuals inside person of the heart that can transform lives, and put life in its proper perspective, which is truly about how to live life, not just being a success in athletics and business.
5. It can easily be taught at speaking engagements and coaching clinics.
6. The most successful coaches, long term, on all levels of
competition use these principles. Integrating CT and RT
into the very fabric of the whole process and structure of
the athletic season will take the athletic experience to a
new level of character development.

7. It can be implemented easily. Coaches are one person
departments with much freedom.

8. An athletic program affects many students across many
classrooms and teachers, and can be a very strong sphere
of influence for other departments to see the positive
effects.

9. Where winning is often the reason for hiring a coach
because winning athletic programs foster many good resid-
ual effects, winning for the sake of winning needs to be
reversed and replaced with character wins, first in life
itself, and then on the field or in the arena.

10. It can be used in team situations or on an individual basis
and on an amateur or professional level.

11. It enhances the recruiting process for any college athletic
program by giving something concrete and proven to
show the athlete and the parents what this can accomplish
over a lifetime.

Vision

Taking Choice Theory to the athletic field and arena could
develop into a sub-category of the GQS. It could be called the
Glasser Quality Athletic Program. It could take place whether
or not a school is a GQS. It could be developed on the commu-
nity level in any type of youth program such as club sports
programs, Little League, and Boys and Girls Clubs.

It is proven that a successful athletic program in any
area—community, public secondary education, large university,
or professional—enhances the unity, the commitment levels,
the cohesiveness and the general overall enthusiasm of the peo-
ple living in whatever sphere of influence that is affected. This,
in turn, could influence the use of CT and RT beyond just the
athletic program.

The author may be contacted at kenklug@pacbell.net
Today's prevalent management style has to be transformed. The system cannot understand itself. The transformation requires a view from outside. The system of profound knowledge provides a map of theory by which to understand the organizations in which we work.

The profound knowledge consists of four interconnected components:

1. **THE HIGH CONSIDERATION OF SYSTEM**
2. **THE KNOWLEDGE ABOUT VARIATION**
3. **THEORY OF KNOWLEDGE**
4. **THE NEW PSYCHOLOGY**

The system of profound knowledge by Dr. Deming contains The New Psychology paradigm: the Psychology of Intrinsic Motivation. He has not elaborated it much, but he deeply believed in what he discovered. When that is related with choice theory, this is what we get:

### The New Psychology in the Profound Knowledge

<table>
<thead>
<tr>
<th>Personal transformation is accomplished thru the new knowledge</th>
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<tbody>
<tr>
<td>The transformed person perceives the new meaning of his/her life, events, numbers, and relations between and among people.</td>
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<tr>
<td>Individuals that understand the system of fundamental knowledge put to work what they understand</td>
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<tr>
<td>The transformed person possesses the basis for judging his/her choices as well as judging what is good for the system</td>
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<tr>
<td>Fear has a disastrous impact on quality results.</td>
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<td>If you wish to destroy the quality of one's work, control the quality of the results</td>
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### Choice Theory

| A person has a contact with the outside world thru sensory organs that receive information. A need for fun motivates us for collecting information. Learning is a process of collecting information. The new insights allow us to use new thoughts and activities when we make our choices. |
| Our perception consists of sensory filter, the overall knowledge filter and the value filter. By changing those filters in the perception system, our perception is being changed. Learning changes our quality world and, consequently, the entire perception system that becomes directed and sharpened for new contents from environment. |
| What is in our QW we tend to perceive in the outside world. A total behavior is a way we deal with the outside world. |
| The QW works as a standard of right and wrong for us and for the system in which we operate |
| The external information that is perceived as threatening our needs demands that we pay full attention. Our energy and time is used to satisfy our basic needs. At that time, we are not able to direct our energy and time to improvement of our work. Those kinds of working conditions demand choices that tend to minimize the damage for our needs. The further harmful action needs to be stopped, prior to work quality which demands time. The quality of work is possible only under conditions of well satisfied basic needs. |
| People are self-controlled systems that are not controllable from outside. Every person has his/her own criteria for quality that works as the base point when we measure our accomplishments. Judgment from two different base points creates discrepancies in judgment. Someone's judgment has to be put down. |
The systems leader needs to learn psychology of individuals, groups, society, and change.

The system without purpose is not a system (systems created by human).

All systems need to have one purpose: the systems' purpose.

Knowledge about human diversity helps in optimizing human abilities

Competition is destructive. People are born with a natural predisposition for cooperation.

People learn in different ways and on different paces.

People are born with the natural tendency to learn

People are born with the tendency to be satisfied with what they do

People are born with the natural tendency toward interconnecting

People are born with the natural need for love

People are born with the need for recognition from others.

People are intrinsically motivated

The external conditions can consequently produce good results

External motivation destroys intrinsic motivation

No one can gain satisfaction from work that is been evaluated for ranking

Knowing the processes of human functioning creates actions that allow liberation of human capacities. Managing people with no insight on intra and interpersonal processes leads to creating work processes that do not satisfy the needs of the person that works.

Human actions are meaningful: to responsibly satisfy personal needs and to make possible the responsible satisfaction of other people's needs. The purpose of the system is the connection between the system and the human needs. It integrates those who have chosen to participate in the accomplishment of the system's purpose.

The human capacity is difficult to imagine. In good conditions, everyone chooses those actions that are useful to him/her and the system. People who work and live together tend to have similar quality worlds. They connect liberally toward a common result in which every person participates.

Every person's quality world is unique. Every person's perception is unique. Total actions are a consequence so they are unique, too. Human variance is enormous. Human diversity needs to be put to work.

Learning is the process of gaining skills and knowledge by the people that are willing to because they believe that will in time allow them to satisfy their basic needs better. The judgment of usefulness is individual.

A need for fun is a genetically given need

Every need fulfillment always produces satisfaction. Dissatisfaction is a symptom of unfulfilled needs

The need for belonging connects people

Love and belonging are genetic needs as well as all other basic needs which form the force that motivates people

The basic part of the fulfilled need for power is our own judgment of accomplishment. When one adds the recognition from others, the need fulfillment is enhanced

The forces of genetically given needs are the forces that start human actions. They are reflected in wishes (desires) that are placed in everyone's quality world. Our actions start inside us

If a person perceives outside information as supportive, that makes it so, but not in a direct way

Outside information can be perceived as manipulation, pressure and control, and that endangers human needs. Salary, praising, evaluation etc., are only feedback, not motivators.

Every person possesses needs that have to be fulfilled. Ranking, evaluating and other such processes restrain and disable us in fulfilling our basic needs. The work is a personal choice. If we perceive it as pleasant, that means it fulfills our needs. When someone compares work with someone else's, the chances for fulfillment of needs are very low.
No one can gain satisfaction from work that is been evaluated for ranking

Prizes suppress satisfaction

The child feels good when it learns something new

The system, not the human labor, is crucial for success

Remove the barriers that make it impossible for people to feel proud in what they do

Manage processes, not people

Only applied knowledge is knowledge

Those responsible for the system need to ask help from those working inside the system

The economists fooled us when they said that competition will initiate progress. Shall we ever understand?

There are two groups of people in the system: those who work on the system and those who work in the system.

The purpose of an orchestra, learning in school, and any other work is the satisfaction of all participants.

Dr. Deming has given indications of the new psychology which he considers as one of the components that form the system of profound knowledge needed for successful managing of the system. Choice theory fits well in that new psychology, psychology of intrinsicalness. If we keep with today’s prevalent assumption that outside events motivate human actions, we will continue getting results that we get today at work, in school and in our families. When we exchange the current psychology of outside control for choice theory, we shall have a firm basis for success in family, schools and at work.

The author may be contacted at antun.rehak@hi.t-com.hr
"Drugs" Versus "Reality Therapy"

Ryan Barness and Thomas S. Parish

The first author is a student at Upper Iowa University majoring in biology and minoring in psychology. The second author is associate professor of psychology at Upper Iowa University, Fayette, Iowa

ABSTRACT

External Controls on people tend to rob them of their "personal choices." Notably, this paper presents some ideas concerning how various medications have done this, but then presents important insights regarding how Reality Therapy avoids this whole externally-controlled orientation by facilitating individuals in their efforts to find "positive alternatives."

In North America, medication is commonly used for behavioral control of children. With the frequent diagnosis of disorders such as ADD and ADHD in children, the overuse of stimulant medication and its long-term effects are drawing criticism. Is society taking the easier path by medicating these children instead of dealing with the underlying reality of a child's problem? The diagnosis of Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD) in children and the common usage of stimulant medication for behavioral control has become a customary practice in North America.

ADD is a neurological disorder for which there is yet no cure. Emotional problems, vision, hearing, and intellectual impairment, family stress, and general medical issues are factors that may produce behaviors representing ADD. This condition or disorder occurs primarily in early childhood, almost always evident before seven years of age. ADD affects children, adolescents, and adults of any gender or cultural environment, and across a wide range of intelligence (CHADD, 1992).

In 1995, the International Narcotics Control Board (INCB) expressed concern that "10 to 12 percent of all boys between the ages of 6 and 14 in the United States have been diagnosed as having ADD and are being treated with Methylphenidate." Previously, the US Drug Enforcement Administration (DEA) proclaimed an eight-fold increase in the production quotas for Methylphenidate (MPH) from 1.768 kg in 1990 to 14.442 kg in 1998 (Feussner, 1998). In addition, the brisk marketing of amphetamines, a stimulant medication, has further escalated usage (Breggin, 1998). The US DEA (1995, 1996) and INCB (1995, 1997) have both cautioned regarding the risk of abuse and dependence among youth who have recently been prescribed stimulant medication.

Medications such as Dextroamphetamine and Methylphenidate (MPH) are used to treat ADD/ADHD and other associated disorders. Cardiovascular problems have been associated with the psychostimulant, MPH, i.e., it has been shown to raise the blood pressure of children, adding stress to the cardiovascular system. This effect in adults can be a major health risk. Additional problems including arrhythmias, shock, and cardiac muscle pathology have been reported by Ellinwood and Tong (1996). Adults given MPH, in a study by Volkow et al. (1997), decreased in the metabolic rate in the basal ganglia and demonstrated other changes associated with the dopamine receptors.

Studies have concluded that children diagnosed with ADHD and treated with stimulants grow to do poorly as young adults. Early drug interventions have been used to offset these effects, with questionable results.

Helping professionals are often too quick to prescribe medications for children, and many are unaware of the risks involved with their long-term effects. Reality Therapy, in contrast, proposes a different approach to these issues, e.g., facilitating rather than retarding children's choices to make adequate and responsible decisions. Reality Therapy helps individuals understand themselves better, communicate more effectively with others, and better motivate themselves to fulfill one or more of their five needs (i.e. love and belonging, power, fun, freedom, and survival).

Kindness, support, compassion, and protection are the kinds of treatment tools often employed in Reality Therapy, no matter what the diagnosis of the disorder. Reality Therapy simply requires intense personal involvement, rejects irresponsible behavior, and provides the opportunity for individuals to learn better ways to conduct themselves by facing reality. Since Reality Therapy doesn't assume an external mode of treatment, it actually produces different results from treatment procedures that do. Reality Therapy is deemed to be an internal control approach that seeks to help individuals to make accurate assessments for themselves regarding responsible decision making behaviors. External control, which is often associated with medications used in the treatment of ADD/ADHD, takes the control out of the individual's hands and restrains him/her by an outside force over which the individual has no control, bestowing the control of the individual on those who would impose an external source of constraint.

Children, adolescents and adults with disorders such as ADD/ADHD often behave irresponsibly, in order to fulfill their needs (i.e. love and belonging, power, fun, freedom, and survival), but their efforts usually fail (Glasser, 1990). Generally, these individuals are usually reaching out for help because they are missing an accurate depiction of their needs (i.e. love and belonging, power, fun, freedom, and survival), and often how to fulfill them. When prescribed medications are used to control
behavior without examining the real picture, the individuals' opportunities to act responsibly, of their own accord, is often lost. Reality Therapy requires understanding by individuals, which helps them to figure out which of their needs are not being met, and then, assists individuals in making choices that help them meet their goals.

In the home, tactics are usually used to address underlying needs through Reality Therapy, which involves dealing with the basic needs of love and belonging, power, fun freedom, and survival. Reality Therapy doesn't let the individuals act out in behaviors associated with ADD/ADHD. Reality Therapy requires others to relate to them, as well as get them involved in appropriate, "sane" behavior that can be shared. In doing so, it helps prevent ADD from developing into behavioral disorders, such as ADHD.

A Reality Therapist/parent/teacher must have very responsible attributes such as being committed, tough, interested, humane, and sensitive. The individuals need to be able to communicate openly about their struggles so that they can see and adapt and act responsibly when going through tough times. Reality Therapists must control what they do, say, feel, think of value. The therapist must get involved with individuals and be able to withstand intense criticism from them while consistently providing positive techniques in dealing with their behaviors. In addition, the therapist must show that a person can act responsibly, although it may often take great effort to do so (Glasser, 1990).

Students suffering from the disorder of ADD will often lack self-esteem, complain of boredom, become distracted very easily, and speak before thinking, have poor listening habits, fail to finish class work and tests, and many other symptoms that range from being unable to focus to engaging in destructive behavior. Strategies that a Reality Therapist may utilize in order to aid these individuals may include: extra time for support and supervision of the children on certain tasks, structure in the home (such as consistent rules and organization to help organize activities), providing attention while establishing eye contact, using auditory and visual cues, and encouraging them when they attempt to take responsible actions in their lives. What this requires is knowledge about ADD, teacher flexibility, commitment, and the willingness to work with ADD/ADHD students on a personal level. Strategies such as using communication between school and home, having good teamwork on behalf of the ADD/ADHD students, respecting students' privacy and confidentiality, and assisting with organizational and environmental modifications can help build students' supportive base by valuing them for their differences and by bringing out their strengths (CHADD, 1992).

The willingness to work with ADD/ADHD students involves many more of these critical factors that make a difference in their behaviors and learning processes. With the overwhelming time, responsibility, and commitment that it takes to deal with people who suffer from disorders such as ADD, it is understandable why parents, teachers, and helping professionals may opt to choose using medication as a short-term "easy out." After all, there are often many challenges associated with students with ADD/ADHD, e.g., Oppositional Defiant Disorders (ODD), plus when one is dealing with other things, (e.g., other children, a turbulent marriage), short-cuts are frequently welcome. However, are such medications really better for such students, especially in the long run? Will the use of such medications be able to facilitate more responsible behavior in these students, especially later on when drugs are not used and/or unavailable? The answer is, "doubtfully." So it may be that the best choice (i.e., Reality Therapy) may require more effort, more patience, and more time, but if all are properly used, the ADD/ADHD students' actions should ultimately become more responsible, more positive, and more maturing as they do so, which is what we would hope to find.

There is a choice. Give stimulant medication and accept the health consequences, or deal with the real issues the disorder brings by understanding the basic needs and providing a natural way to deal with these challenging behaviors the individuals display. Truly, it may take great dedication and commitment to avoid medication when working with individuals with such disorders, and use Reality Therapy instead, but as we do so consistently, it should get a lot easier and more rewarding.

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The first author may be contacted at 323 E. Elm, West Union, IA 52175.
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