The Journal of Reality Therapy is directed to publication of manuscripts concerning research, theory development, or specific descriptions of the successful application of Reality Therapy principles in field settings. This journal is the official publication of the Institute for Reality Therapy.

Subscriptions: $6.00 for one year or $12.00 for two years. Foreign $7.00/ $14.00 (U.S. currency) Single copies, $3.00 per issue. Send payment order to the editor.

Advertising: Advertising rates and information available from the editor. Copy must be submitted at least two months in advance of desired publication date.

Permissions: Copyright held by the 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.

The Journal of Reality Therapy is published semi-annually in Fall and Spring. ISSN: 0743-0493.

Editorial Office:
Journal of Reality Therapy
203 Lake Hall
Boston-Bouve College
Northeastern University
360 Huntington Ave.
Boston, Mass. 02115
Telephone: 617-437-2485 or 3276

William Glasser, M.D.
President and Founder
Institute for Reality Therapy
Suite 202, 7301 Medical Center Drive
Canoga Park, California 91307
818-888-0688

Board of Directors
Institute for Reality Therapy
Canada: Jim Montagnes, (87)
280 Carleton Street,
Toronto, Ontario, Canada, M5A 2L5
416-964-1593

Northeast: David Moran, (87)
480 North St.
Bridgewater, Massachusetts 02324
617-697-3647

Southeast: Perry Good, (87)
510 Yorktown Drive,
Chapel Hill, North Carolina, 27514
919-942-8491

Midwest: Robert Wubbolding, (88)
P.O. Box 46421
Cincinnati, OH 45246
513-851-7523

Mid-America: Jeannette McDaniel, (89)
2453 East Michelle Place
Springfield, MO 65804
417-887-3594

Southwest: Barbara Jacobson, (88)
11014 Burr Oak Drive
San Antonio, TX 78230
512-344-3131

Northwest: Jack Shireman, (88)
2103 Mountainview East
Sumner, WA 98390
206-862-8773

West: Robert Hoglund, (89)
2250 McClintock, Suite 1
Tempe, Arizona, 85282
602-968-3583

Mountain States: Tom Smith, (69)
2333 North Logan Avenue
Colorado Springs, CO 80907
303-578-9214

Others: Doug Naylor,
117 E. 8th St., #810
Long Beach, California, 90813
213-435-7951

Executive Director:
Ronald C. Harshman
Inst. for Reality Therapy
Suite 202, 7301 Medical Center Drive
Canoga Park, California 91307
818-888-0688

1987 International Convention
Hollywood, Florida
June 24-27, 1987

Journal of Reality Therapy
VOL. VI No.2 Spring 1987

Table of Contents

Paula Yellin ..................... Special Friends: Play Therapy Based on Control Theory 2

Mary Jane Marzilli-Fahrney ....... The Interrelationship of the Principles of Reality Therapy and Group Dynamics 10

Edward W. Chance ................. Reality Therapy in Public Schools: Some Strategies for a Successful Program 19

Robert E. Wubbolding ............ A Model for Group Activities Related to Teaching Reality Therapy 23

Robert G. Hoglund ............... Role Play Evaluation in a Practicum Setting 29

Larry Litwack .................... Editor's Comment 32

Richard W. Conner ............... Faith Counseling: When painful decisions are made to meet new needs and accept new realities 33

Nancy S. Buck .................... Are You Willing? The Process of Bridging the Gap 37

Robert G. Hoglund ............... Reality Therapy — A Method of Selling 39

William P. Laman

Guidelines for Contributors Inside Back Cover
SPECIAL FRIENDS: PLAY THERAPY BASED ON CONTROL THEORY
Paula Yellin

The purpose of this article is to describe briefly the project called Special Friends, in which volunteers work with Head Start pupils in one-on-one play therapy based on Reality Therapy and Control Theory. The focus will initially be on the therapy. A second section will describe supervision.

Who are the Special Friends?

As in the Primary Mental Health Project, the paraprofessionals who become Special Friends are undergraduate and graduate college students as well as volunteers from the community. Mostly women have participated, but several men have made a contribution. There usually have been 4 to 7 Special Friends each year to cover the 7 Head Start Centers.

Before being accepted as a Special Friend, each volunteer is interviewed to rule out any behaviors on the part of the volunteer that might interfere with the therapy. For example, the college student who has difficulty maintaining friendships with peers may not be ready to foster relationships that will strengthen preschool children. The Special Friends, ideally, are in sufficiently effective control of their own lives that they can focus on the children's needs.

A second reason is also important: to secure a commitment from the volunteer that he or she will show up at the assigned center two mornings a week for 8 months, the full academic year. Although the Special Friend establishes the times of appointments, it is important that the child can count on this adult to stick to a consistent schedule. One very effective way to develop a caring relationship with a child is to demonstrate commitment to the special time with the child.

Since almost all of the college students ask for credit for this experience, an important consideration in their grade is consistent attendance. Over the four years of the project, only one of the twenty-two volunteers had difficulty keeping the commitment of reliable attendance and, therefore, was asked to discontinue.

The Special Friend maintains the play room, which may be a converted closet or observation booth. Sometimes, the play room is set up in a space normally devoted to another activity, such as speech. Reasonable privacy helps to maintain confidentiality, which is important in developing trust between the Special Friend and the child. Privacy also fosters the atmosphere of a special time and space devoted to the relationship between the child and the Special Friend.

Toys and art supplies for the play room are borrowed from the classroom, ordered especially for the play room, or handmade by the Special Friends and other helpers. The local Air Force Base is a huge source for outgrown toys. Teachers are especially helpful in knowing what materials
resist going to the play room after the period of involvement in the classroom. One stayed in the classroom all year for sessions with the Special Friend. The other brought a friend to the play room for over half the year, finally coming alone for the last few months. The point is to establish a trusting relationship, preferably with some privacy, but privacy should not be established without trust.

The Special Friend limits destructive and dangerous behaviors. The child is not allowed to engage in activities that might injure the child or the Special Friend. Further, the breakage of toys is avoided whenever possible. Beyond these limits which Axline (1969) recommends, the Special Friend might interrupt or redirect symbolic violence, such as beating up a doll or stuffed animal. "Dolls are not for hitting." The consequences might be discussed. "If the doll is broken, we won’t have one to play with." Since beating up a real person or animal is not allowed, the Special Friend interrupts the child to prevent his or her practicing inappropriate behaviors with the toys.

The child may be able to use the time to explore more effective behaviors. For example, the angering child might use art materials to make a drawing or clay model of the anger. Experience indicates that eventually the frustration will be related through scenes enacted with play house characters or puppets. Finally, the child may be able to discuss directly the troubling events in his or her life. The therapy can then focus on the child’s choices of behaviors outside as well as within the play room.

Occasionally, a tantrum or severely aggressive action has to be interrupted with a time-out procedure. The child is led to another space until he or she regains more effective control. One child tantrummed frequently and violently in the classroom and the play room. After seeking training in restraint, the Special Friend held the tantruming child "until you can hold yourself." For that child, such caring restraint helped to end that dangerous behavior. These children are not criticized or scolded. Rather, when the child is ready to listen, alternative behaviors are offered. The alternatives would depend on the child’s particular behavior repertoire, but the goal would be a more assertive behavior, such as asking for the truck back, after another child grabs it, instead of biting that child. After time-out, the child is often ready to practice a more effective behavior with the Special Friend.

The Special Friend usually ignores crying or mild tantrums. Instead, it is usually effective for the Special Friend to go ahead and play. For example, one can draw a picture of a pair of children, one smiling and one crying, which provides a choice for the child to consider. Very effective is singing the contagious song, "If you’re happy and you know it, clap your hands." If these techniques don’t work, then "time out" might help. Generally, playing, drawing, and singing help the Special Friend cope with the sound of the child’s crying, while modeling for the child some other behaviors to choose.

Termination is difficult for the Special Friend as well as for the child. However, at the end of the year, the teachers are also dealing with termination. Children go to visit their next school and meet the kindergarden teacher. Summer programs are established, which the children begin to anticipate. Since play therapy is available in most elementary schools, the child can usually look forward to a "special friend" next year.

In the play room, the Special Friends usually begin several weeks before the end of the year to indicate the number of remaining sessions. They talk about their plans for summer and next year and encourage the child to do the same. The Special Friend, in the last few sessions, tells each child as directly and honestly as possible how important playing with the child has been to the Special Friend. Even though they probably will not see each other again, the Special Friend will always remember this special friendship and the time spent together.

The children respond in one of a number of ways to the Special Friends’ termination “speeches.” Some feign temporary deafness, pretending that nothing has been said. A very few produce one last behavioral disturbance, such as dumping all the toys, sand, and water on the floor. However, a few children have responded in kind, expressing positive thoughts and feelings toward the relationship, teasing about not having to go to the play room any more, and/or giving the Special Friend a goodbye hug.

SUPERVISION

In the weekly meetings of Special Friends, training and supervision follows the model of Reality Therapy and Control Theory. Each Special Friend selects a case to present, a concern to share, a decision to explore. Whatever the individual wants to learn is what he or she presents. Members of the group explore the issue in terms of control psychology and help the individual determine and evaluate the options. The individual makes the decision.

To support these learnings, the Special Friends read assigned and elected materials about control psychology, child development, child therapies representing various approaches, and specific techniques in play therapy. They often read about a specific handicap or circumstance with which a client has to cope.

Logs of case notes enable them to develop case summaries periodically. From these, they can learn about their own behaviors, how effective these behaviors are, and whether they would change them. For example, one discussion debated whether it is manipulative to ask or tell a child to hug you. The group finally decided that it would be better, if hugging were to occur, to ask if you could hug the child. The issue of manipulation came up also in several discussions of praise. Although we all like to receive positive input about ourselves, some praise is designed to get us to behave in certain ways. Discussions such as these help group members understand control psychology.

During the first few months, trust develops in the group so that a Special Friend can ask for a discussion of aspects of therapy where he or she does not feel successful. Since the Special Friend chooses what to discuss, the degree of risk is manageable. Criticism does not occur. Rather members
offer thoughtful and supportive suggestions for consideration. In the case of a young woman who felt that her client “made her feel bad every week,” the discussion enabled all of the Special Friends to discover that each of us chooses behavior with a component of “feeling bad,” and that we could decide to choose a different behavior. A great deal is learned vicariously by working on the concerns of another therapist as if they were one’s own.

CONCLUSION

Head Start attempts to help the child and family learn to meet survival and psychological needs. That the program has demonstrated effectiveness indicates that the families who become involved with the program for just one year have a “head start” out of economic disadvantage.

The Special Friend Project gives added attention to children whose behaviors and experiences suggest that they especially need to learn behaviors that would enable them to gain more effective control of their lives. These would include the very shy, the very active, the troubling, and the troubled children.

The experience in Clinton County, New York, is that children show improvements in classroom behaviors, as a result, at least in part, of participation in the Special Friend Project. The children with Special Friends become increasingly more reflective; they plan their activities; they verbalize about their play and about their lives. Although they begin by crashing cars into block towers, they end by building elaborate ramps and garages for the cars. By replaying make-believe events over and over, the child in the story becomes stronger and takes greater responsibility for his or her outcomes.

In a review of the literature, Pines (1984) identifies qualities of children who survive despite risk factors in their early childhood. These include successful behaviors in some area of interest at school and successful interactions with peers and adults. Of importance was the ability to plan and make decisions. Equally important was the ability to attract adults and use their support. The researchers do not know if a child is born this way or learns to cope effectively, but Control Theory suggests that we can all learn to deal with life’s circumstances with increasing effectiveness. It appears that the clients in the Special Friend Project develop many of the qualities of “resilient” children during their year at Head Start.

The Special Friends also change during the year. Most obvious is the self-confidence they show in the last months of therapy, both in the Special Friend Project and in other areas of their lives.

Arguing against traditional psychodynamic therapy, Frederick Allen (1939) said that the child is strengthened by building with the therapist a new, present relationship. To the extent that the therapist lets the child become responsible for actions, thoughts, and feelings, the child will grow. The child comes to know that this relationship belongs to the two, developed by their mutual activity. He implied that both grow from this effort. His prediction matches our observation.

Control psychology has been found to be an effective basis for decisions about the goals and interventions in the play therapy of each child in the Special Friend Project. It is also a useful model for the supervision of the Special Friends.

The author gratefully acknowledges the partnership of Marian deSnyder in the development of this model. Mrs. DeSnyder, psychologist at Head Start at the outset of the project, is currently the school psychologist at Saranac Central School District. She gave the project its name: Special Friends. Especially helpful was the contribution of Mary Ward, education coordinator at Head Start. She saw the value of Special Friends, implemented the project, and helped to supervise and train the volunteers.

References


Editorial Board

Tom M. Campbell - 1989
Tulsa, Oklahoma
C. Loleta Foster - 1987
Fayetteville, North Carolina
Robert Hoglund - 1988
Tempe, Arizona
Marcy Kelly-Garnett - 1989
Seattle, Washington
Brian Mulherin - 1988
Montreal, Quebec
Norman Reuss - 1987
S. Burlington, Vermont
Karen Sewall - 1987
Centreville, Virginia
Janet Thatcher - 1988
Cincinnati, Ohio
THE INTERRELATIONSHIP OF THE PRINCIPLES OF REALITY THERAPY AND GROUP DYNAMICS

Mary Jane Marzilli-Fahrney, B. Paul Pettie

Ms. Marzilli-Fahrney is a guidance counselor at Edison Junior High School, Massillon, Ohio, and is Reality Therapy Certified. Ms. Marzilli-Fahrney is a guidance counselor at Edison Junior High School, Florida and Washington, D.C., is Reality Therapy Certified, and is an adjunct professor and campus counselor at Walsh College in Canton, Ohio.

note: Neither author claims 'senior authorship.' The authors have done all the groups, research and writing of this article equally. Names have been placed alphabetically. Paul Pettie will serve as corresponding author. Address is P.O. Box 2277, North Canton, Ohio, 44720. Both authors will respond to correspondence either jointly or severally.

There are four psychological needs that I believe are encoded in our genes."

The Need to Belong
The Need for Power
The Need for Fun
The Need for Freedom
— William Glasser

Group interaction is one possible vehicle through which these needs can be met. It is the purpose of this paper to propose thoughts describing how the principles and the process of Reality Therapy correspond to and operate within the group structure. These opinions are proposed, not as a final statement as to the workings of Reality Therapy in group counseling, but as a commencement of thought in the area. We invite others to pick up the conversation and share thoughts with us.

The following reflections are based upon an assertiveness training group, a test-anxiety-study group for nursing students, several growth groups, and a group on parenting skills. All of the groups were organized and co-facilitated by the authors. This paper presents how Reality Therapy Principles and Control Theory were used in determining the needs and wants of group members, how the Reality Therapy process and needs correspond to the stages of group operations, and how the Reality Therapy process was implemented in the evaluation process.

A Comparison of group needs in relation to the needs as they exist in control theory

A group member’s needs for inclusion, affection and control (Klopf, 1981) appear to be synonymous with the psychological needs of love and belonging, power, fun and freedom. According to Control Theory, built into our genetic instructions are four basic needs that we must continually satisfy. Our genes provide us with a series of biological instructions that we must carry out if we are to exist, survive and prosper. In Reality Therapy terms, for any group to be successful, and for members to gain effective control of their lives through participation in a group experience, the group should provide its' members with a means of fulfilling these genetic needs and corresponding "wants."

We believe group membership and participation can be a means by which individuals learn new ways to build self-discipline and responsible behavior into their lives. Group membership can also be viewed as a process which has the ability to foster personal growth and awareness by providing members with an opportunity to fulfill specific individual genetic needs.

Love and Belonging

Membership in a group provides an individual with the opportunity to fulfill the need to give and receive love, and to feel a sense of belonging. Gaining acceptance as a member of a group, developing friendships, finding someone who cares, learning to care for another, sharing, cooperating and identifying with the group are strength building avenues of the group experience. In the beginning, it is the facilitators who provide the "love and acceptance" to each member. Normally, as the group progresses through stages, so should each member's capacity to provide other members with acceptance, caring and friendship. The strength developed at this point is through the building of self-esteem. Self-esteem is a sense of being worthwhile to self and others through involvement and inclusion in the group activity.

Power

Group participation can provide members with a sense of control over what they do. Sharing their successes and failures with other group participants allows for feelings of accomplishment from the aspect of "I did it!" to "I was able to offer helpful suggestions to someone in need." Members will be given an opportunity to develop a new awareness of their abilities through participation in the group experience of sharing and learning. There is also a sense of importance gained from others listening to and trying to "help me." This experience could lead members to adopt a belief in themselves of having the inner power to change, the capability of getting things done and controlling what they do. The strength developed here is in taking responsibility for one's self through development of self-discipline and development of confidence in personal actions. Juggling the need for power with the need to belong is a difficult task (Glasser Tapes, 1985). Group experience can aid in this through helping members to learn and practice appropriate behaviors. New behaviors are rehearsed in the accepting atmosphere of friendship and caring with all members having their turn as the center of attention.

Freedom

In conjunction with the ability of a group to provide a means of building feelings of belonging and power for individual members, it may afford members opportunities to experience feelings of freedom. The
member is provided with the opportunity to explore new avenues for approaching old problems which can in turn lead to discovering more options — more choices — more pictures to satisfy personal needs. Members can experience a sense of freedom by working toward a belief they are free to live their lives in a responsible manner to their personal satisfaction. Inherent to growth by participation in a group is a member’s ability to become responsible for personal behavior by choosing how to live life in relation to others.

Fun

Membership in a group can provide and inspire an atmosphere of fun and enjoyable relationships. Learning becomes a welcome experience through the opening of new doors. There is a birth of new ideas, and self-confidence can be strengthened, rekindled or built anew. Members build strength through inclusion in activities and in finding acceptance by participation. Play is how we may learn much of what we need to know to live effectively (Glasser, 1985).

The Methods of Utilizing Reality Therapy in The Group Structure

There are two methods by which Reality Therapy may be used in group operations:

Method A. Utilizing the process of Reality Therapy at each session or meeting of the group.

Method B. Utilizing only part of the process at each group meeting — each session building on the previous session’s activities.

The determination as to which method is used can be made by evaluation of the subject and/or purpose of the group. When the goal of a group is general growth where new subject matter is up for discussion in each session, method “A” is implemented. In Learning Groups or Training Groups, where the goal is to master a specific technique or learn particular subject matter, method “B” would be implemented. It is important to note that although we speak in terms of “sessions” or “meetings”, any one group stage or Reality Therapy principle involves varying allotments of time. These are not fixed entities, but rather flexible time segments.

The use of Method “B”, being the more complex because of the need to develop a substantial amount of trust and cohesion during the group process, is the primary focus of this paper. Method “A” is discussed briefly in conjunction with the Training Groups. However, there is no definitive chart of this method because the use of the principles and process of Reality Therapy at any one session presumes an establishment of trust and confidence as explained in the analysis below.

Making Friends — What do you want?

In three of our training Groups (assertiveness training, parenting, and test-anxiety) we utilized basic principles to help focus on particular objectives toward the overall goal. This helps define the sessions’ activities.

During the first session, the main task was making friends — members were asked to share some of their life with the group, what was presently taking place, and what led them to seek membership in the group. Generally, we have found that the best friend-making exercise is to give individuals permission to talk about themselves. This is a good time to implement structured experiences specifically intended for developing involvement. These are helpful in getting members acquainted in a non-threatening way. This activity leads naturally into asking what members want from the group, from each other, and from the co-facilitators. It is also important that they have some decision making input to know that what they want is going to be covered at some time in group session. The importance of note taking and record keeping by the leader(s) at this point cannot be over emphasized.

What are you doing?

The approach is always the same. The question and, therefore, the area of focus of the second session is: what are you doing or choosing to do? It is axiomatic that we are looking here for present behavior, just as in individual counseling. We explore specific situations when the frustration signal to the client is strongest or most hurtful. Facilitators summarize in order to be sure that they really understand, and that the group member is fully aware of the situation where the most pain is felt. Group members are encouraged to share their own experiences during these sessions. This is a time for looking for comments of “hey, me too — that’s how I feel in that situation.”

The “what are you doing sessions” lend themselves quite nicely to the use of inventories as an aid to self-awareness. No matter what type of group, there are inventories available that may be used to develop an awareness and to generate discussion among group members (see Bower & Bower, 1983; Spielberger, 1977; Wolpe & Lang, 1977; Wrenn, 1941, for examples of useful inventories). In addition to the members' own sharing and reporting, these inventories may be able to identify what the participants are doing. The inventories assist in asking the question “What are you doing?”, aid in confronting the member with choices of behavior, and assist in passing on to personal evaluation.

Is that doing-behavior helping you get what you want?

This particular question is started and almost completely answered by the time we get to ask it. Group members generally realize, in answering the question of what they are doing, that there are some behaviors which simply have to change in order to satisfy their wants. These new more effective behaviors take the place of less effective behaviors.

It is important for members to become aware of the activities they are choosing which are not getting them what they want. These are the activities maintaining the gap between what they want and what they have — the frustration signal indicates they are in less effective control of this particular area of their life. We encourage members to share their experiences, followed by discussion as to similarities and differences of behaviors chosen...
in handling experiences. It is in the exchange of ideas, of modeling behaviors and repetition of the Reality Therapy process that confidence builds in the individuals. At this time, members are asked to suggest activities to be role played among themselves. Facilitators observe the interactions, making sure the basic principles of Reality Therapy are being properly implemented. Role play is suggested for use in smaller groups of two or three, and for exemplary purposes in large group sessions.

Make a Plan

This leads us to questions which focus on more effective behaviors. “What can you do? What do you want to do? When will you do that?” “Does your present behavior have a reasonable chance of getting you what you want now and will it take you in the direction you want to go?” (Glasser Chart 1986).

The group can brainstorm different behaviors for each and every situation raised by a member where ineffective behaviors caused frustration. Role playing new situations prepared by facilitators, and using members’ comments about “frustrating situations” is very effective. Members have an opportunity to feel successful in situations where they are provided with a non-threatening atmosphere and are able to practice acting differently in situations that were previously frustrating.

The planning sessions should be concluded by having members construct a definite plan to approach a frustrating situation by acting in a new and more effective way. The plan should provide a non-threatening atmosphere wherein they are encouraged to act out situations that were frustrating, but now have a script which will get them what they want.

A Proposed Explanation of the Interrelationship between the Principles of Reality Therapy and Group Dynamics

Corey’s book on group practice (Corey & Corey, 1982) develops what seems to be a generally accepted model of traditional group practice. We will use this model and the phases of group organization and development for comparison in this article. They point out six phases of group operations beginning with the Pregroup Stage and running through the Initial, Transition, Working and Final Stages of the group to the Postgroup or Evaluation and Follow-Up stage. The Pregroup sessions are generally held individually with potential members, and the Postgroup sessions may or may not be in group format.

Pregroup Sessions:

This is a very fertile field for the use of the principles of Reality Therapy. It is in this stage that the facilitators of the group must make personal and efficient use of the principles and process of Reality Therapy in determining what they want to accomplish in running the group and in what direction do they want the group to go. The establishment of subject matter for the group, objectives, goals, and means for subsequent evaluation are all subjects that might be covered in more detail in other contexts, but are the substance of what the leaders must plan, and to which a commitment must be made.

The best way to explain this is to say that if Reality Therapy is to be used efficiently, it must be lived and utilized in personal problem solving and planning. If we are to teach Reality Therapy, we must model Reality Therapy.

Corey’s model proposes issues to be addressed in this stage either individually with potential members or in a group session.

a. Are the individuals suitable for the group? What are their purposes in joining the group? What do they want from the group?

b. Should this particular person be included in this group at this time?

In pursuit of the answers to these questions, the pregroup stage is characterized by the use of at least the basic principles and process of Reality Therapy. The leaders must be satisfied that the wants can be satisfied by the group interaction, and make sure this member will not be operating with some hidden agenda. We must determine what prospective members really want. Facilitators would determine if the members’ present behaviors are not helping, and if the group structure would provide the necessary learning environment toward a more effective end. The leaders will then determine if members would be willing to plan and make a commitment to work and follow through — i.e. are they willing to change behaviors?

If, in the pregroup session, the leaders determine that the potential member can work through the basic principles, then the above questions can be answered affirmatively and the person may be included in this group.

Initial Stages:

The Initial Stage of the group process is characterized by orientation and exploration, and the issue of trust versus mistrust (Corey & Corey, 1982). Will I trust this person? Should I share my feelings, thoughts, behaviors? The central task is the establishment of trust.

Where else does such a climate call out for the trust that is found in friendship? Making friends is the natural answer to such feelings. The leaders model “friend” behaviors. Facilitators set aside their own egos for the good of the group, focus on all persons in the group, and generally work to calm fears. Leaders share to show their genuineness. Slowly, through questioning and exercises, members begin to share their experiences and wants with other members. Initial resistance is quickly broken down, but trust requires a little more time. Each self-disclosure — i.e. the sharing of small wants and then more important “really wants” leads to the building of trust. The leaders show their empathy, warmth and genuineness by smiles, by summarizing for the group, by sharing and most importantly drawing other members into the conversation. The leaders must constantly make themselves aware of the “feeling” atmosphere. Members will want to trust — to make friends — but this feeling may be hindered by disrespect, and inappropriate or premature confrontation.
Making friends — getting involved — is probably the single most important principle in Reality Therapy. In the group setting, its' importance is compounded by the fact that mistrust by one member may become contagious and lead to factions disabling the entire group. Still, it is not a difficult stage if handled with a little pre-planning and alertness during the meetings of the group.

We must also keep in mind that making friends is a continuous process. Involvement begins with the pregroup sessions, builds during the initial stages between members, and continues throughout all the subsequent stages of the group.

**Transition Stage:**

This stage of group dynamics should be viewed as if it were an ocean wave. There is an ebb and flow of trust and resistance to sharing. Anxiety is high, but members are slowly building the friendship that is necessary to trust. The members are willing to share their wants and really wants and are beginning to share and evaluate their behaviors. At this point, friendship should be built to the point where individuals are willing to discuss their conflicts, express negative feelings and give feedback, both positive and negative, to the other members. Most importantly, because of the friendship and involvement established, members will be more able to accept feedback.

**Working Stage:**

This stage is the point where many techniques are introduced — modeling continues as does role playing, teaching and brainstorming. During these sessions, the evaluation process reaches completion, the group progresses to making a plan for implementing more effective behaviors and, most importantly, to making a commitment to that plan.

This stage is characterized by hard mental work and commitment. Leaders and members model behaviors for each other in the form of discussion and role play. The members share their experiences in situations to exemplify how they met that particular challenge and how it worked. Leaders may teach and train during this time either in some short lecture format, through sharing personal experiences and/or by sharing readings and other information pertinent to the discussion. Brainstorming is taught and utilized as a method of helping each other determine what they can do differently/better.

As the training portion of this stage progresses, each member commits to a plan to implement new and more effective behaviors in the real world. The leaders' job is to be sure that the plans are logical, simple, and attainable. One of the most important functions of the leaders during this stage is to teach the concept of responsibility: that one's needs may be met, but not at the expense of another individual.

**Final Stage:**

This stage is characterized by the overlap of planning and commitment without accepting excuses or imposing punishment. The members generally dissociate from the group toward the end of this stage.

Members begin transferring what they have learned to everyday life. Some will be successful immediately. Some will be successful later. All will succeed provided only that they have truly committed. It is the leaders' job to be firm in conviction that Glasser's concept of Schools Without Failure apply in the group structure — i.e. all will succeed, it is just a function of time. Following this conviction, facilitators will not accept excuses from members, nor in fact will the other members accept excuses. Leaders will confront appropriately by asking what members are doing and is it helping? Leaders will guide members to evaluate present behavior and make a new plan if this behavior is not getting them what they want or taking them in the direction they want to go. Members will also be involved in the confrontation process. It is important that the group members understand they neither ask for excuses nor punish. In order to retain the trust and cohesion that should have been built by this point, all members must act responsibly with each other. They must not engage in so called "constructive criticism." They may not eject from the group as punishment. Rather, they must simply engage in behaviors that lead to a new plan and commitment, give and receive feedback as necessary, engage in responsible behaviors, generally showing positive strokes and non-judgmental friendship. This process eliminates all discussion of excuses.

**Postgroup Issues:**

Leaders may meet with each member individually or in group session generally after an extended period of time since the last session. The leaders usually dissociate from members after this stage. However, in a group utilizing the principles of Reality Therapy, the stage is characterized by one primary principle of Reality Therapy — NEVER GIVE UP!

The leaders determine whether they have members who have "not passed yet." While meeting with all members for the purpose of self-evaluation, these members are the subject of focus. In order to not give up, one must be ready to start back at the basic level of making a new determination of what the member might want. This being re-established, the leader again proceeds through the various stages and process of Reality Therapy leading the member to re-evaluation, re-planning and re-commitment.

Remember: stay in there with the member a little longer than they expect you to. (Glasser Tapes, 1985). Never giving up is a Flexible Effective Behavior!

**References**

REALITY THERAPY IN PUBLIC SCHOOLS: SOME STRATEGIES FOR A SUCCESSFUL PROGRAM
Edward W. Chance

The author is Assistant Professor in the Division of Education of South Dakota State University in Brookings, South Dakota.

Dr. William Glasser’s new book, Control Theory in the Classroom (1986), is a remarkable work because it finally helps understand experiences as an administrator, and adds further dimensions to the reasons Reality Therapy and Control Theory works in schools. As an administrator, I was deeply involved in establishing programs based on the concepts of Reality Therapy at both the high school and junior high level. In order to assist others involved in schools, it might be useful to relate the methods and strategies used in these schools that proved successful.

First of all, Reality Therapy does work in schools. In a junior high where I was an assistant principal in charge of discipline, the results were remarkable. In three years, vandalism decreased 70%, fighting 60%, truancy 72%, referrals to the office 50%, and in-school suspensions 65%. In addition, teacher satisfaction and morale increased dramatically with only three teachers resigning at the end of the third year of the program, when the year before we began using Reality Therapy over twenty-five teachers resigned.

What does it take to make this change in a school? First, one has to be willing to admit that the discipline and school program currently being utilized is not working. As Glasser has said many times, if you are doing something that’s not working, then stop it. Second, one must commit to the idea of making a cooperative effort to improve the school. Third, one must remember that most students began school at the age of five or six with a great deal of enthusiasm, but somewhere along the way many find school not meeting their needs and have replaced the picture in their head that school is satisfying with another picture. It is imperative to help them regain the picture that school is satisfying. This means that the school must meet students’ needs and must become more satisfying to them. It must be remembered that schools must also meet the needs of teachers and administrators and be satisfying to them.

Once the commitment has been made to do away with the old discipline methods and the old ways of dealing with others, then one must be willing to adopt certain sensible, new beliefs that dictate that school should not only be a good place for all, but that everyone should be listened to and should have a degree of control over certain aspects of the educational process. That means students as well as faculty. Teachers seem to fear the concept of giving any control or power to students. However, when teachers are asked if they would like a better school year, with more receptive students, and a greater enjoyment of teaching, the answer is always yes.
That's when it becomes important to emphasize that this is what they will get. Obviously, the faculty's support is vitally important if a Reality Therapy program, or any program, is to work.

To help allay the fear of some teachers (really the concern over losing power), it is imperative that they be talked with and listened to as individuals, as departments, and as a total faculty. There must be a great deal of sharing of perspectives and possibilities. The key is that they must change the pictures in their head to one that shows a joint student-teacher cooperative effort in the educational process. This is not to say that some do not already believe this, but quite simply many teachers tend to be overly autocratic; this is an important fact to remember when initiating change.

It is important to introduce the concepts of Reality Therapy slowly by utilizing success stories, role plays, intensive weeks, and continual reinforcement. It is also imperative to have a good “guide” for the process. Really, all you are doing is exhibiting to the faculty that Reality Therapy is a good way to achieve the pictures of success that many carried (and still do) when they first became teachers. Those pictures, which teachers will talk about, represented success, true learning, recognition, and all the other pathways/needs they have to become self-fulfilled. These pictures also reflect the desire to help their students become self-fulfilled. Teachers must understand that Reality Therapy will provide them a greater sense of freedom, fun, recognition, and power.

As teachers begin to understand Reality Therapy and Control Theory, more and more will become inclined to use it. It is important to have a firm commitment to the process from as many teachers as possible. This does not mean everyone must agree to use Reality Therapy, but it does mean everyone must know what it is and recognize the basic concepts of Reality Therapy as well as understanding what is going on in the classrooms of those who choose to use it. The ten steps of the Reality Therapy discipline model will not be enumerated or discussed in detail here. However, some of the areas within the steps are vital for success.

The teacher must be willing to work hard at developing a good relationship with the students. This means having class meetings and allowing the students to help make classroom rules. The rules need to be positive in nature and avoid any negative implications. Each day the teachers must be asked to remember to take a large dose of “Vitamin C” — which equates to caring, concern and commitment. Additionally, teachers are advised to allow student input into class learning strategies such as cooperative/collaborative learning styles as discussed by Johnson and Johnson (Circles of Learning, 1984).

Once teachers become reasonably committed to using Reality Therapy, it is time to begin working with the students. A useful method for implementing a new program is to assemble students the first day of school and tell them of the program. In addition, it is important to tell the students that it is not only going to be a good year but will be a great one with their help and input. Needless to say, this is new for many students and some are skeptical. This is when actions certainly become stronger than words. As the students enter class, the process of changing pictures continues when the teachers ask them to help make useful classroom rules. When the rules are posted, they begin to believe that this is something new after all. The student-made rules must be treated by the teachers as significant and valuable for this to truly work. Teachers must also give praise and support to the students as they work at making these rules in what may be the first cooperative effort of many students. The students must be treated as worthwhile and important. This seems simple but some teachers will have trouble with it until they begin to see the results. As the school climate improves, both students and teachers will begin to feel a greater sense of control and satisfaction over the educational process.

In order to facilitate this new experience of student input, there are certain actions an administrator can take. It is important to work with the students before school begins by talking with them and asking them for their views in much the same manner that was utilized with the teachers. One of the successful techniques that can be used is to meet with representatives of various student groups and ask their assistance in making the school experience a better one. It is also good to talk to as many students as possible in the summer in order to spread the word that something new and good is about to happen. These meetings can not stop when school begins, and should be continued on a regular basis so that any student could meet with any administrator on an individual basis or in a class meeting format. This open door policy can be highly successful as students begin to feel more and more control over their education.

Parents must also be included in the process. They should be invited to the school to meet with both administrators and teachers in formal and informal gatherings. Explanation of school rules, goals, and expectations is important at this stage as well as the goal of seeking and utilizing parent input concerning academics, discipline, and extracurricular activities. The result of these meetings is immediate because of the positive feelings that are created when parents discover that they are actively being consulted and listened to.

A further strengthening of parent and community involvement is reflected by inviting interested parties to enroll in school as a student for the day or even a week. Each adult who takes advantage of this receives a class schedule, is assigned a locker, and attends class the same as any other student. The real plus for this activity is the amount of goodwill created and praise given to both faculty and students as those who participated see the commitment to a quality education by both groups. This, in turn, reinforces the teachers’ and students’ beliefs (pictures) that what they are doing is working.

Various civic groups may be invited by the students to eat lunch with them, and later can be escorted on tours of the school by the students. When students feel great ownership in the school, this often is reflected in the manner by which they respond to others.

From the distance of my new higher education career, I look back on the experiences of implementing Reality Therapy and see many scenes of
success. Many of those scenes reflect increasing the cooperation between various groups within the school as well as increasing their feeling of control. Some of these scenes are trivial, some sizable. I think about reducing vandalism costs from $2,500 in one year to less than $50 the next. I remember two young men who after fighting in the parking lot came to the office and turned themselves in because “it was against the rules.” I also remember the quizzical look on the students’ faces the first time I asked them to help me write the student handbook, or the look of amazement of the teachers when I asked them to design the various duty schedules. I recall the civic leader who asked me what was happening at school and seemed concerned because no one was complaining. I remember the coach who said that he didn’t know or care if this stuff was R.T. or E.T. but he did like it because it worked. Finally, and perhaps most important, I fondly remember the teacher who was concerned because the students seemed to have so much power, but then admitted that the past year had been his best in twenty years of teaching.

Does Reality Therapy, and the concept of meeting student and faculty needs by giving them a sense of control over their lives, create a better educational environment? Does Reality Therapy and Control Theory provide a viable means by which students and teachers may change their pictures to ones of success, caring, satisfaction, and commitment? The answer is emphatic, forceful, insistent yes. It not only works, but provides the means for all the various components of the schooling process, in a cooperative manner, to be consulted, included, utilized, listened to, and allowed to have power over the educational milieu.

References
Control Theory in a rudimentary form, but they also aim at preparing the participants to learn more. This is especially true of the first day’s activity “What I want from this workshop . . . .”

Guidelines for Activities:
In designing and adapting the warm-up activities, several important ideas are incorporated.

1. “KIS” - Keep it Simple: The activity is NOT an end in itself. It leads to further learning. Therefore, it should not be complicated. Any form of “gimmicking” behavior on the part of the instructor is to be shunned.

2. Be brief: Since the activity should tie into the workshop itself, it should consume a small amount of time. It is very frustrating for participants who almost always have expectations for serious content to discover that long periods of time are spent on what they come to perceive as “happy stuff”.

3. Relate the activities to the content of the workshop: The activities have purposes closely related to the theory and practice taught during the week. The expectations of participants concern Control Theory and Reality Therapy. Deviations from these themes result in comments such as “I came to learn Reality Therapy, not to meet people” and the content should be obvious and unmistakable.

First Day: Who Am I?

Procedure: In this activity participants use the categories below (cf. Figure I) to tell who they are. They are asked to be brief and select only a few of the categories. They could also be asked to tell something “Personal”, “Professional”, and “Peculiar”. A very useful item often added is “What am I thinking and feeling at this moment about being here at this workshop?” (The doing aspect of their Total Behavior is obvious). This activity should be very brief; i.e., 30 seconds per person if the group numbers 20 or more participants.

Figure I: Who Am I?

1. Name
2. Age
3. Sex
4. Race
5. Religion
6. Credentials
7. Occupation
8. Income
9. Organizational Affiliation
10. Political Views
11. Place of Residence
12. Family
13. Hobbies
14. Professional Goals
15. Social Class
16. Social Security Number
17. Credit Rating
18. Military Rank
19. Physical Characteristics
20. Past Personal History

First Day Continued: What I Want From This Workshop?

This second activity is also used at the beginning of the workshop and requires a longer period of time - up to about 45 minutes.

1. To help participants warm up and get acquainted.
2. To allow the participants to externalize their “here and now” behaviors. When they enter a workshop they have expectations (wants) about need-fulfilling outcomes. They can now get them into the open.
3. To help participants clarify and delineate more precisely the blurred pictures concerning the learning they will derive. If they can define precisely what they want, they have a high likelihood of getting it. As Emerson once said, “Beware of what you want. In all likelihood you will get it”. Conversely, Yogi Berra stated, “If you don’t know where you’re going, you’re sure to end up some place else”.
4. To help participants get into a mind set “I want to learn”. This is already present at the 4½ day training sessions known as Intensive Weeks but it is well to reinforce it, clarify it, and make it more precise.
5. To provide a practical activity for participants to use in their own training sessions and in their own counseling. Moreover, by modeling the question “What do you want?”, the leader teaches the first practical, useable idea in the first hour of the workshop.
6. The most important purpose of this activity is to clarify the relationship between leader and participants. In the practice of Reality Therapy, “Be Friends” is crucial. In my own teaching of Reality Therapy, I teach participants to ask about the wants, needs, and perceptions of the clients as well as to share what he/she (the therapist) wants from the client, e.g., to come “x” number of times for counseling, to work hard at overcoming his/her problems, etc. Counselors are also taught to tell what they have to offer the client. In other words, there are two picture albums to be explored: client’s and therapist’s. Thus, the relationship is structured. This same process is effectively incorporated into a workshop with small or large numbers, i.e., the leader models “structuring behavior” useful for counseling or for future training which the participants might conduct. The participants as well as the leader have picture albums concerning the training, and it is important at the start of the training to determine the degree of overlap or discrepancy. When the leader reviews the wants, he/she describes which ones will be addressed and which are beyond the scope of the workshop. The outcome is that the clarity and precision in the teacher/participant relationship and in the organization of the workshop allows the participants to focus on wants that are attainable and to set aside expectations that are not attainable. Consequently, the structure of the workshop and relationship between teacher and participant is unambiguous and evident to all.
Procedure:

1. Participants write down their expectations in their own notebook, i.e., what they want to learn from this workshop. This writing should take only 2 or 3 minutes.

2. Participants then meet in groups of 5 or 6 to discuss their expectations. They make a group list on flip chart paper and post it visible to all. Someone from each small group reads the list to the large group. The leader then asks for clarifications and describes in detail how expectations will be addressed; or why some are not attainable.

   It is important to note that this activity is optimized if a “buddy system” is established whereby participants meet one-to-one at the end of each day and discuss what they did to fulfill their expectations.

In summary, the exploration of wants regarding the workshop is the most important of all the activities described here. It sets the tone for the entire workshop, teaches a practical idea and clarifies possible and realistic outcomes.

Second Day: Hero

Purpose:

1. To help group “loosen up” and prepare for further learning of Control Theory and Reality Therapy.

2. To help participants realize that all people, even as children, have specific wants and general needs. (This activity is utilized after the teaching of Control Theory.)

Procedure:

   In this activity, adapted from Panzarella (1974), as well as from Pfeiffer and Jones (1972), the participants divide into the buddy system and identify a childhood hero, i.e., a person with whom they identified as a child. Often they describe their favorite movie star, sports figure, a relative, or friend. (My own hero was Grady Hatton, third baseman for the Cincinnati Reds.)

   They are asked a question relevant to the practice of Reality Therapy: “What did you really want? If you had what you wanted, what would you have?” (Being like Grady Hatton would mean recognition, worth, i.e., POWER.) This activity, like all warm up exercises, should then be discussed (processed) in the large group. The entire time allotted for this activity should be no more than 10-12 minutes.

Third Day: Who Am I?

Purpose:

1. To help the group “loosen up” and prepare for more learning.

2. To help the participants deepen their knowledge of Control Theory by applying the ideas to themselves in a personal way.

Procedure:

At the end of the second day, the participants are asked to make a list of adjectives or to write a paragraph answering the question “Who Am I?” They are to write it alone in the evening and to have it ready to discuss on the third day. They are to review the list in Figure I, but must answer the question WITHOUT referring to any of the categories. Consequently, they must utilize the components of Control Theory by stripping away externals and looking at needs, perceived world, valuing filter, etc.

   Some descriptions have included: “tired”, “eager”, “lovable”, “in need of a friend”, “wanted more fun”, “in a hurry”, “sensitive”, etc. These are then discussed one-to-one or in small groups. This is followed by a large group discussion of the activity. Those wishing to share their list or paragraph with the large group can do so. The leader should ask questions relevant to Control Theory as the activity is processed in the large group. Sample questions include: “What was it like to do the activity?” “What parts of the control system did you use when you answered the questions?” “What parts of the control system did you omit?” “Having heard others’ descriptions, do you wish to add anything to your own?”

Fourth Day: Newspaper Headlines

Purpose:

1. To help the group “loosen up” and prepare for further learning.

2. To help participants deepen their knowledge of Control Theory by applying it to their daily experience.

Procedure:

   Meeting one-to-one or in small groups, participants discuss actual headlines (cf. Figure II). They are asked to determine whether the headlines represent Control Theory or Stimulus-Response thinking. The activity is then discussed in the large group.

Fifth Day Reality Star Search

This activity adapted from TEC (1983), meets with resistance at first, but culminates in learning and fun for the entire group. Aside from the first day activity “What I Want”, this activity is the lengthiest - 45 minutes - and incorporates the axiom of Maria Montessori, “What is learned through play is there to stay.”

Purpose:

1. To help the group “loosen up” and prepare for more learning.

2. To help participants deepen their knowledge of Control Theory and Reality Therapy through their own creative activity.

Procedure:

   Each instructor’s subgroup (approximately 8-12 people) is told they have 25 minutes to compose and rehearse a song incorporating Control Theory or Reality Therapy. They are free to utilize already existing
melodies. When the preparation time has elapsed, they perform it for all participants in the workshop. Suggestion: make an audio tape of this and replay it for the large group immediately. Needless to say, the activity is easily processed in the large group.

In summary, I have presented a model for warm up activities that can be used in an Intensive Training Week or adopted to shorter workshops of any duration. The aims of the exercises to help participants to relax, to increase preparedness for learning, to learn some aspect of Control Theory or Reality Therapy — do increase inclusion, trust, and cohesion within the group, and a “better” outcome in any duration. The aims of the exercises to help participants to relax, to increase preparedness for learning, to learn some aspect of Control Theory or Reality Therapy — do increase inclusion, trust, and cohesion within the group, and a “better” outcome in RT/CT knowledge and skill levels. It is suggested that any such activities be simple, brief, and related to the content of the workshop.

References

Figure II

<table>
<thead>
<tr>
<th>At Times, Medical Work Is</th>
<th>Most Stressful Of All Jobs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor just 20 days of class &amp; 10 days in the hospital</td>
<td>Robert G. Hoglund</td>
</tr>
<tr>
<td>Mrs. psychiatrist was to help me with the bugs</td>
<td>The author is a board member of the Institute of Reality Therapy from the West Region, is a faculty member of IRT, and is head of Reality Therapy Consultants of Tempe, Arizona.</td>
</tr>
<tr>
<td>Dr. Diller’s Beauty Program to Bring Hope to the Hopeless</td>
<td>Supervision has been the topic of several articles in the Journal of Reality Therapy. Appel (1985) presented the four roles that a supervisor assumes in Supervision. He identified those roles as counselor, consultant, teacher and evaluator. Parr and Peterson (1985) recommend a model of practicum supervision based on trust and rapport. The model that they endorse also includes face-to-face practice to enhance on-going assessment of skills. Suggested goals and requirements of a first and second practicum were identified by Pieracci and Ellis (1985). Norman (1982) developed a detailed Reality Therapy Evaluation Checklist for evaluating counseling sessions. It includes assessment of both techniques and knowledge of Reality Therapy.</td>
</tr>
<tr>
<td>Pete Can Help You Live Longer</td>
<td>One aspect of practicum that both the supervisor and participant are involved in is providing meaningful feedback after role plays. This component is especially important because certification candidates are evaluated on this skill. An evaluation form is helpful in that it enhances the involvement of those observing the role play. A specific, constant form helps not only the role play therapist, but provides group participants with a critique format, presents specific areas to evaluate, and encourages discussion of alternatives.</td>
</tr>
</tbody>
</table>

The form serves five purposes:

1. It serves as a guide to supervisees, to remind and focus them on what they are doing.
2. The form allows the role play therapist to know what the observers and practicum supervisor are looking for.
3. It establishes clear criteria for those critiquing role plays by directing them in what to look for and how to evaluate a role play.
4. It provides the supervisor and participants a structured approach to giving specific feedback.
5. The form encourages observers to consider other possible approaches and/or plans. This promotes participation, thoughtful discussion, and enhanced learning.
COUNSELOR EVALUATION FORM

Therapist: ____________________________

Information:

The Counseling Environment
Did the therapist establish what the client wants? Yes ___ No ___
Did the therapist establish a need-fulfilling environment? Yes ___ No ___
Did the therapist clarify his/her role? Yes ___ No ___
Did the therapist keep the client in the present? Yes ___ No ___

The Procedures That Lead To Change
Did the therapist examine what the client is doing? Yes ___ No ___
Did the therapist find out where the client wants to go? Yes ___ No ___
Did the therapist help the client focus on total behavior? Yes ___ No ___
Did the therapist ask: “Is what you’re doing helping you...”? Yes ___ No ___
Did the therapist ask: “Is it possible to get what you want?” Yes ___ No ___

The information section is used to record the initial data regarding the role play. For example: 40 yr. old, male, married, three children, problems w/wife and son - private practice setting. The counseling environment section is provided in checklist form for ease in record keeping. It includes the client’s wants, the environment created, the clarification of the counseling relationship, and the therapist’s ability to keep the client in the present.

Clarification of the client’s role includes the therapist asking “How do you see me helping you?” and/or whether or not therapists discuss with the client what they can and cannot do. i.e., the husband that wants a therapist to change his wife’s attitude or behavior.

The procedures that lead to change section was designed with blank lines for observers to write down the value judgments that the therapist asks the client to make. This encourages the observer to focus on whether the therapist asks the core question “Is what you’re doing helping you get what you want?”, other value judgments, and to learn different ways of asking clients to evaluate their choices. The questions relating to the plan are yes/no for quick assessment.

The final questions are intended to stimulate thinking by asking for alternative areas for exploration and focus, as well as promoting discussion of the logical reasons that someone else might pursue that direction. The learning that occurs from this activity provides an awareness of other avenues that may have been explored and/or areas where more information or focus would have been helpful.

Feedback from participants in a group can be structured several ways. The following method has been helpful for some supervisors:

1. Prior to the role play, the practicum supervisor identifies one person as the primary evaluator and asks that all observers use the provided format. It may also be helpful to remind participants to limit their critiques to the role play, rather than discussing what “really happened”.

2. When the role play is concluded, the practicum supervisor begins by asking the therapist to identify two things that he/she thought were done well. Then, ask for one thing that they would have liked to do differently or have more information about.

For example: “I found out that the client wants a better relationship with his wife (Belonging). I helped him evaluate that what he was doing wasn’t helping him get that relationship. I would like to have discussed how he treats other people when he is angry.”

3. The assigned evaluator gives his/her feedback/observations.

4. The practicum supervisor asks the other observers for any specific feedback that hasn’t been discussed. They should identify specific questions or comments on areas that the therapist did or did not cover.

For example: “I found out that the client wants a better relationship with his wife (Belonging). I helped him evaluate that what he was doing wasn’t helping him get that relationship. I would like to have discussed how he treats other people when he is angry.”

5. The practicum supervisor then provides feedback and information relating to the role play and the critiquing. Alternative approaches and plans can be discussed at this time. With careful supervision, this process should take between five and ten minutes for a fifteen to twenty minute role play.
The writer realizes that there are other factors to consider in role play critiques, but chose to keep the form as concise as possible to retain the one-page format in order to minimize confusion in recording data, and allow the observers to remain focused on the role play.

The evaluation form can be given to the role play therapist for his/her review after each discussion. The supervisee can then compare the critiques and identify areas of strength and improvement.

The form can also be used in an unsupervised (taped) session by having supervisees evaluate their role play prior to the practicum supervisor’s evaluation. The form is also helpful for an individual to evaluate his/her counseling techniques after a clinical interview.

References

Editor's Comment
Larry Litwack

With the end of the sixth year of publication, I am happy to welcome two new members to the editorial board. Tom M. Campbell is Public Affairs Director of Oklahoma Osteopathic Hospital. Currently a doctoral student at the University of Tulsa, Tom is working on a dissertation on the impact of Control Theory on the Reality Therapy movement. Reality Therapy certified in 1980, Tom has been a member of the Board of Directors of the Tulsa Mental Health Association for six years. Marcy Kelly-Garnett has been Program Director of a residential treatment program for disturbed and delinquent youth at Echo Glen Children's Center, Snoqualmie, Washington. With an M.S.W. from California State-Fresno, Marcy was Reality Therapy certified in 1986, and served as Programming Chair for the Northwest Region of IRT. She has an extensive background working with abused, neglected, disturbed and delinquent youth. The addition of Tom and Marcy still leaves one vacancy on the editorial board, with particular interest in candidates from the Sunbelt and/or Mid-America.

The author is senior pastor of the First United Methodist Church in Millersville, Pennsylvania.

Each year more faith counselors are becoming certified in Reality Therapy. By definition, a "faith counselor" is a person given authority by a religious body to do counseling. Commonly referred to as a pastoral counselor, a faith counselor could be a rabbi, pastor, priest, or for that matter any person in a religious body trained and given authority. A "faith counselor" is not necessarily the same as a spiritual counselor, and the two must not be confused. There are all kinds of persons who give spiritual advice. On the street of a town nearby, there are persons who have hung out their shingles, promising palm readings and spiritual counseling. Such persons are not faith counselors.

The reason I write this article is to begin discussion with those of us who are certified faith counselors. I am afraid that much of the faith counseling I see is being done for the purpose of lessening pain in people's lives by giving over to a God "out there" responsibility for the problems and hurts of life. Indeed, I hope we lessen pain in the lives of those who come to us for help. In counseling, can we ignore pictures inside, pictures that change as we grow older, pictures that change when new wants have to be met? Is there a lot of ineffective counseling done by some faith counselors?

The Example of Pain

Among the green, rolling hills of central Pennsylvania, a few miles east of the capital city of Harrisburg, stands a beautiful hospital facility built by the Mennonites for the purpose of treating the mentally ill. As a pastor in this area, I visit parishioners and friends hospitalized there.

Thirty five years ago as a small child, I stood in the parking lot of this same hospital, crying out to God to ease the pain of my small, broken heart. My mother was mentally ill. This sad day, in my memory, as Dad was admitting her, I remember myself standing alone crying. As I cried, I asked my God, "Why? . . . ." After all, the preacher in church told us that God can do anything! Why won't God . . . . "make my mother well and rescue me from all this pain?"

As I continued in life's journey, there were more and more experiences when, time and time again, I was not rescued from pain. It was time to change my picture of God.

Instead of a God "out there", I began to understand and experience a more personal God. More loving than the God who did not rescue a small
boy on his day of pain, any more than Jesus was rescued from the pain of his journey on this earth. In truth, how can I ever escape the pain of life? When are those times in life when I must choose pain in order to grow? When are those times in life when pain has to be chosen to satisfy new pictures, to meet new needs in my internal world? How do I best help persons sort out their pictures of God and choose the times in life when pain cannot be avoided. Faith counselors journey with persons, helping them make painful decisions.

**Counseling, Pain, and Growth**

Pain is a feeling we experience when a picture in our internal world has been tested out in the “real world” and a great error has occurred. There are many times and experiences in life when decisions are made, the scales are tilted, pain is experienced; and because of the picture of reality in our internal world, some change has to be made. (Glasser, 1986)

No one likes to make decisions which are painful. I believe, however, there is no growth in life without pain. To avoid pain is to avoid ever becoming human.

There are those times when the scales are tilted and we’ve had no choice; such as the death of a loved one, the loss of a job, or falling in love with someone who will not love in return. There are those times when we must tilt the scale and force the pain upon ourselves - times when painful choices must be made.

There are three ways to avoid the pain that comes with life-changing choices: First, as I stated above, there may be some faith counselors who call upon a God “out there” to come into a person’s life to rescue and save. Instead of choice and responsibility, the person is told to “have faith” and wait for God to do something. There are many people who have such a picture of God. As faith counselors, we need to be careful that we don’t think we know what someone’s picture of God is without asking them.

Remember, no one has the same pictures. A technique to use is nothing more complicated than asking, “What is your God like?” and “How does your God help you?”

Another way is to coast through life and pretend that the painful decision does not have to be made. As I do faith counseling, I warn people about pretending. We cannot put ourselves on “hold” as we can with a telephone call. We have no emotional mechanism that will allow us to put our internal pictures, our basic needs, “on hold” without eventually having to pay the price of emotional and/or physical sickness.

The last way we can avoid painful choices is by becoming crazy. Ten years ago, a woman in Kansas City was pictured in the newspapers, standing in the courtroom after being awarded a bouquet of roses by a woman’s rights organization. Moments before, she had just been legally found “innocent by temporary insanity” of pouring gasoline over her sleeping husband, lighting a match, and sending him into another life.

For fourteen years, he abused her. Often, his vicious beatings would send her to the hospital in great pain, with a bruised body and sometimes broken bones. In her internal world, it was much easier to become temporarily crazy than it was to choose the pain of leaving him, that is getting out of his life, and getting him out of her internal world pictures.

Unfortunately, whenever craziness is recognized as an illness, responsibility does not have to be faced and choices do not have to be made. When persons become crazy, they may be given a lot of sympathy, taken to stay in a hospital, given drugs to take away the pain, or as in the case above rewarded with flowers.

Isn’t there another way for people to deal with their pain?

**Choose Pain**

Gail Sheehy, in her book Passages, suggests that the journey of life is made up of many passages. I refer to these passages as “chapters”. I believe that the bottom line for emotional health is that when one chapter in the journey of life comes to an end, I must close that chapter down and, seeing new pictures, move on to a new one:

“We are not unlike a particular hardy crustacean. The lobster grows by developing and shedding a series of hard, protective shells. Each time it expands from within, the confining shell must be sloughed off. It is left exposed and vulnerable until, in time, a new covering grows to replace the old. With each passage the one stage of human growth to the next we, too, must shed a protective structure. We are left exposed and vulnerable; but also yeasty and embryonic again, capable of stretching in ways we hadn’t known before...

...as in childhood, each step presents not only new tasks of development but requires a letting go of techniques that worked before. With each passage some magic must be given up, some cherished illusion of safety and comfortability familiar sense of self must be cast off...

... What I am saying is, we must be willing to change chairs if we want to grow.” (Sheehy, 1976,p.20)

It is easy to suggest to people that they move on in life; however, doing so is never easy. To move on is to choose pain, hopefully with the help of a faith counselor who will love and understand... but, nevertheless, to choose pain.

**Examples of Pain**

There is a man who comes for counseling. He is in his early fifties and has quite successfully climbed the corporate ladder. However, morning after morning as he rises from bed, he no longer sees himself going to his office. In his internal world, climbing the ladder is a picture he no longer has. The old picture at one time met his basic needs, but he does not stay the same — the pictures change.

His wife is begging “hold on... after all it is only fifteen more years and where could you find such a good job at your age?” I ask “What do you want?”. He may not know, or maybe he tells you that he would like to become a used car salesman.

Good counseling would help him explore other options, trying to add a lot of other pictures for him to choose from. Eventually, a new direction in life must be chosen when the old pictures become just that-old pictures. The change may be painful for himself, his wife, or other family members as well; but a change must be made.
A woman in her mid forties comes in. The internal picture she now has of her home no longer has children in it, and no longer can she see herself staying at home making supper for her husband night after night. The picture becoming clearer and clearer in her mind is that of going off to college, as well as working part-time in a donut shop.

There is conflict at home. Her husband is saying “No.”. He wants his supper warm each night. He cannot see his wife out of the house meeting new friends. And he will not have his wife making donuts!

Unfortunately, at this point some faith counselors will suggest that she, because she is a woman, submit to her husband, that she ignore her pictures and obey. But those who do faith counseling, and who take control theory seriously, must remember that we cannot suggest that such a person sacrifice her pictures of what she needs in order to satisfy her husband’s pictures.

It is a difficult, painful decision. “What is your picture of what is happening in your life at the present time?” . . . “What is the picture that your husband has at the present time?” . . . “What is the picture you want?” After much thought, prayer, and counseling, her husband may or may not accept her new needs. Either way, the faith counselor must suggest that she “go for it”.

Such faith counseling will be criticized by some in and out of religious communities. We will be told, “You don’t take marriage vows seriously.” That is not true, because we also take seriously what we know to be the relationship between needs not being met and emotional and physical sickness.

The Painful Journey

The faith counselor actively helps people work through the times in life when they choose the pain of changing in order to accept new pictures and to meet new needs. The faith counselor is not a spectator who stands along the sidelines watching or giving good advice. And the faith counselor is not someone who calls upon God out there to rescue and prevent the experiences of pain in life.

References

ARE YOU WILLING?
The Process of Bridging the Gap
Nancy S. Buck

The author is a psychiatric nurse consultant and Senior Faculty Member of the Institute for Reality Therapy from Portsmouth, R.I.

At the Summer ’86 Certification Week in Seattle, Dr. William Glasser addressed the audience. In his remarks, he discussed what he called “techniques” that he has found helpful in practicing Reality Therapy and Control Theory. What follows is a technique that I have found helpful in working with people, and in teaching the process of Reality Therapy and Control Theory to others. This is a compilation of my own thinking, as well as my learning from others.

In the process of Reality Therapy, we know that the core evaluation to ask of our clients is: “Is your present behavior getting you what you want, and/or will it bring you what you want in the future?” When the client evaluates that the present behavior is not effective in helping him/her get what is wanted, then our job is to help the client make a plan to more effectively get what is wanted. However, I believe there is an important question to ask before making the plan. This question is: “Are you willing to do something different to get what you want?” The idea is that you ask your clients not only to evaluate the effectiveness of the present behavior, but also their willingness to consider change. It is possible, and in fact often likely, that persons evaluate the effectiveness of their behavior and realize that it doesn’t measure up to getting what is wanted. However, that does not insure that a person is then willing to change behavior.

By asking, “Are you willing to do something different?”, you are asking the client to begin to make a commitment to change, thus bridging the gap between evaluation and plan. How many times have you asked clients if their behavior is working, and they have said it is not. However, when you move on to making a plan, you find you are moving alone. The client may say, “I realize that what I am doing is not working, but why should I change? It is my husband, or my children, or my boss, who needs to do things differently, and then I will get what I want.” The client has not made the commitment for personal change. The commitment is only that something should change, not necessarily them.

I remember a personal experience I had, as I was first learning Control Theory. I was standing at the kitchen sink washing the dishes, having an argument with my husband who wasn’t even home at the time. As I was crying, and carrying on, I decided I had better try out this Control Theory stuff, since I had been teaching it to others. I asked myself what I wanted, and got an answer; more time alone with my husband. I asked myself what I was doing to get that; crying and having an argument with my husband, who wasn’t even home. I asked myself if my behavior was getting me what I wanted; it clearly was not. Then I asked myself if I was willing to do
something different. The answer was no. I was having a good argument, and a good cry, and I didn’t want to do anything differently. I was not willing. I had not made the commitment, and had only evaluated the ineffective part of my behavior. My evaluation for commitment to change had not occurred.

Another advantage of asking the client “Are you willing to do something different?” is that it can bridge the gap between the client and counselor. That is, the counselor is making a commitment to the client to help, making a commitment to work it out together. In other words, it is saying “Would you be willing to work with me to begin to do things differently, to increase the chances that you will get what you want.” It connects the counselor to the client through a mutual commitment and involvement. It is a verbal hand offering. It can be the added push the client needs to begin to consider change.

The client need not answer a definitive “yes” to “Are you willing to do something different?” Frequently, my clients answer, “That depends on what it is.” Essentially what they have committed to is considering change. That’s enough for me. From there I brainstorm with the client all the possible, probable, and creative alternatives that we can think of together. But I have gotten a commitment from the client to consider change, and have bound our involvement together.

I believe that asking clients, “Are you willing to do something different?” is a useful and helpful technique in working with them. It can bridge the gap between evaluation and commitment, the gap between the client working alone and working with the counselor. It is a technique I have found effective, and been able to teach to others. With it, movement and growth is facilitated; without it, overt and covert blocks frequently are maintained and no change occurs.

REALITY THERAPY - A METHOD OF SELLING

Robert G. Hoglund
William P. Laman

The first author is head of Reality Therapy Consultants of Tempe, Arizona and is a Board Member of the Institute of Reality Therapy. The second author is head of Rental Locators of Arizona.

Reality Therapy has grown from the stereotypical use in schools and prisons to being effectively used in a wide variety of settings.


The profession of selling is another area of strong application for Reality Therapy and Control Theory. Selling is a process based on fulfilling the needs or wants of the client. The use of the Reality Therapy procedure in selling parallels and enhances current sales techniques.

The stereotypical hard sell techniques so readily associated with “salesmen” have been de-emphasized primarily because they created a poor sales environment. The first step in a successful sale is for salespersons to become involved in their clients’ world. This is probably the most critical factor in the sales process. The salespersons are selling themselves to the client - not their product or service. Like therapists, they are working to create a positive, helpful environment that their clients will perceive as need fulfilling. If clients do not perceive the salespersons and the environment they have created as need fulfilling, the entire procedure will break down resulting in a “no-sale”. Although the approach will vary from client to client, this step always involves asking the client open-ended questions that serve a dual purpose. First, through the client’s answers, the salesperson gains valuable insight into the client’s needs or wants. The second purpose of the questions is “friendship” (involvement); clients tend to feel with the salesperson as they (clients) begin to talk about themselves.

Once salespersons are perceived as need fulfilling, creating a bond of trust and involvement, they move the client into an evaluation phase. Through the use of value judgment questions, the salesperson helps clients more clearly define their needs, and begins to establish the relative value of the needs and wants. By the continued use of value judgment questions, the
salesperson not only ascertains the client’s needs and wants, but also, how much (how important) the client is willing to spend or do to fulfill them.

The planning process now begins. The client’s needs and wants are compared to the salesperson’s product or service. If the client perceives the product or service as need fulfilling, the client will be willing to do what is necessary, within means, to obtain the desired result. After the client has decided the product or service is important, the salesperson asks the client if it will help to have the product or service. This helps clients realize they are choosing the product or service because they perceive it will benefit them. The plan to obtain the product or service must be specific and readily understood by the client. Once clients accept the plan, they must commit to it, in writing, by authorizing the purchase of the product or service.

Salespersons who have presented themselves in a positive, professional manner, and have created a helping, caring, client-oriented environment will remain a positive value in the client’s perceived world. This positive perception will increase the salesperson’s probability of making future sales even if the client does not choose the product or service at this time.

A selling process that is based on need fulfillment is always a win/win situation; therefore, there are positive consequences to all parties involved.

References

Guidelines for Contributors
a) Manuscripts should be submitted in triplicate to the Editor, Lawrence Litwack, Journal of Reality Therapy, at the editorial office address. In the case of a manuscript written by more than one author, the covering letter should indicate the name and address of the author with whom the editor should correspond — that is, the corresponding author.
b) Manuscripts must be typewritten double-spaced on 8½ x 11 white paper. The name, highest earned degree and professional notation (e.g., R.N.), title or rank, organization, and address of each author should appear on the manuscript’s last page. In manuscripts written by more than one author, the corresponding author should indicate the order in which coauthors’ names should appear in The Journal if the manuscript is accepted. Rejected manuscripts will not be returned unless a stamped, self-addressed envelope is enclosed.
c) In accordance with the Copyright Revision Act of 1976, we are required to have the following statement in writing before we may proceed with a review:
“In consideration of The Journal of Reality Therapy taking action in reviewing and editing my submission, the author(s) undersigned hereby transfer, assign or otherwise convey all copyright ownership to The Journal of Reality Therapy in the event such work is published by The Journal.”
d) Authors should strive for brevity, readability, and grammatical accuracy. The title of a manuscript should be succinct and lend itself to indexing.
e) Manuscripts should be prepared in accordance with the Publication Manual of the American Psychological Association, Third Edition.
f) CHARTS, GRAPHS, TABLES: Camera-ready art must be furnished for charts, graphs, and tables by the author OR The Journal’s printer can prepare the art and bill the author. Authors electing to furnish camera-ready art must adhere to Journal format for tables and figures and should either specify 8 point English Times typeface or use IBM typewriter ball “Modern, 72” for the copy. Illustrations that repeat information given in the text and which do not enhance the manuscript should be omitted. Each table, chart, or graph should be numbered and cited in the text where it is to appear.
g) Manuscripts are received with the understanding they are not under simultaneous consideration by any other publication. The Journal will not be responsible in the event a manuscript is lost; and once published, manuscripts may not be published elsewhere without written permission from the corresponding author of the article and the editor of The Journal.
h) When a manuscript is received by the editor, it is referred to two members of the review board. Reviewers are asked to consider these questions:
1. Has the subject been covered adequately in The Journal so that publishing this manuscript would be redundant?
2. Is the manuscript on a problem or topic of sufficient importance in demonstrating Reality Therapy to warrant its publication?
3. Is the content of the manuscript scientifically accurate and philosophically sound?
4. Does the manuscript contain any false or misleading statements?
5. Does the manuscript have readability, i.e., is it clearly written, succinct, and easily understood?
6. Will the manuscript require a great deal of revising to make it acceptable?
i) All accepted manuscripts are subject to copy editing.
j) Following the appearance of an article in The Journal, the author(s) will receive two complimentary copies of that issue.

40