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Board of Directors
Institute for Reality Therapy

Canada: Shelley Brierley (93)
1666-160th St.
White Rock, British Columbia, Canada
V4A 4X2
604-536-4200

Northeast: Peter Appel, (93)
937 Monroe Terrace
Dover, DE 19901
302-674-8581 or 302-422-8011

Southeast: Karen Sewall (93)
15109 Kamputa Dr.
Centreville, VA 22020
703-968-7304

Midwest: Carlene Floyd (94)
2064 Southacres Dr.
Cincinnati, Ohio 45233
513-941-2606

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12341 Charlotte
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4204 70 St.
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806-797-1804

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6826 53rd Pl. NE
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206-653-4984

West: Georgellen Holthe (95)
112 Fallen Oaks
Thousand Oaks, CA 91360
805-492-5336

Mountain States: Dan Aune (95)
501 25th Ave. North
Fargo, ND 58102
701-234-0407

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

1993 International Convention
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Editorial Office:
Journal of Reality Therapy
203 Lake Hall
Boston-Bouve College
Northeastern University
Boston, Mass. 02115
Telephone: 617-437-2485 or 3276

William Glasser, M.D.
President and Founder
Institute for Reality Therapy
Suite 407, 7301 Medical Center Drive
Canoga Park, California 91307
818-888-0688

Linda Harshman
Inst. for Reality Therapy
Suite 104, 7301 Medical Center Drive
Canoga Park, California 91307
1-800-899-0688

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Editor's Comment

This issue marks the completion of the twelfth year of publication for the Journal. I am grateful to the authors and members of the editorial board who have helped the Journal grow in quality and utility. This issue's balance reflects the diversity of interests, practice, and research relevant to RT/CT. The lead article by BASSIN provides an excellent review and foundation for the rest of the issue. The article by SHEIL is an important contribution; it is one of the few articles directly dealing with RT/CT and management/employee relations.

The MICKEL article moves into a new direction in describing an approach with a unique population. A natural follow-up is represented by the SANSONE article which deals with a usually ignored group. The next two articles are clearly inter-connected. In the first one, by BRATTER, many of the problems affecting education today are clearly identified. The subsequent article, by BRATTER et al, provides a description of a setting and approach that deals with these same problems.

The next several articles are built on research bases. The WIGLE/MANGES article presents a specific approach to the use of portfolio assessment. The COMISKEY piece describes the results of a study using at-risk students. The PARISH/PARISH article presents a method of identifying at-risk students. COCKRUM provides some useful ideas relating to training. Finally, FRANKLIN has compiled an excellent resource for future research as well as a picture of dissertation research over a 20 year period.

THE REALITY THERAPY PARADIGM

Alexander Bassin

The author is a professor in the School of Criminology and Criminal Justice at The Florida State University in Tallahassee, Florida.

paradigm (par'a-dim, -dim) n., an example or model.
Webster’s Dictionary

My old friend and NYU Graduate School classmate, Abe Froehlich, one of the brightest people I have ever known, once announced that he had discovered a sure-fire technique to achieve publication in almost any professional social science journal.

"The trick is always to include a diagram consisting of three to five circles with arrows connecting them in some helter-skelter fashion, the more complicated, the better. You could mark the circles A, B, C; it didn’t matter very much. The less sense it all made, the more it would impress the editors."

"Abe, you’re crazy," I told him.

"Actually," Abe added without the slightest sign of intimidation, "I haven’t given you the complete formula. There’s an additional element that makes a paper irresistible to scientific-minded editors."

"What’s that?"

"Paradigm! You must use that magic word several times in the article, under the diagram, and best of all, in the title. It’s like waving catnip in front of a tiger. It drives them wild."

"But if you really want to make it with the most prestigious journals include some mathematical gibberish like:

\[
R + I + M = W. \\
I^2 - II
\]

The editors think you’re another Einstein and they’ll knock each other down to publish your stuff."

I warned Abe he would be thrown in the booby hatch with that kind of wild talk, but I did begin to read professional papers with a more jaundiced eye.

It’s considerably more than a decade since Abe and I had the above conversation and his message no longer sounds as insane as when I first heard it. However, I began reading a remarkable journal, Scientific American, whose pages manage to dissolve the obscurity of even the most obtuse theories in the physical and social sciences by the consistent use of models, examples, diagrams. I became convinced, despite Froehlich’s polemics, that a good paradigm, a good diagram, could make sparkling
clarity out of a phenomenon that was otherwise murky as a midnight fog. This article represents an effort to explain the process of Reality Therapy in terms that catch the limpid transparency of Dr. Glasser’s prose but also to add the structure of a pattern to enable the novitiate practitioner to turn to a mnemonic schema to help him in the early stages of learning the art of Reality Therapy, just as the Volkswagen driver is assisted by a sketch of the gearshift movements on his dashboard. Soon the diagram becomes a part of the student’s nervous system, and he can turn to more intricate and creative applications of the basic formulation without even thinking of the ingredients of the paradigm.

Involvement, the Elixir of Reality Therapy

Even the most casual reading of Glasser’s classic, Reality Therapy: A New Approach to Psychiatry, and his subsequent volumes makes his essential message clear: Involvement is the lubricant that makes therapy possible. The irresponsible person cannot be induced to change his behavior unless the party acting as change-agent is perceived as a friend who is honestly concerned about his welfare. In The Identity Society, Glasser summarizes his position:

Involvement is the foundation of therapy. All other principles build on and add to it. As soon as possible, the person being helped must begin to understand that there is more to life than being involved with his misery, symptoms, obsessive thoughts, or irresponsible behavior. He must see that another human being cares for him and is willing to discuss his life and talk about anything both consider worthwhile and interesting. (p. 19)

In short, Reality Therapy is not a technique or a collection of tricks and underhanded strategies that force a person to change against his will. Rather, it is an existential philosophy that can be translated into clear-cut operational components to help a troubled person arrive at a solution of his problems.

Becoming involved with an individual who is a loser, who perceives himself a failure, who is suspicious, hostile, lonely, is no easy task. Learning how to become involved is both the most important and most difficult assignment in conducting Reality Therapy.

A number of common-sense principles have evolved to help one person become involved with another, and thereby begin the process of human salvation called therapy — an unfortunate medical-model word that implies a procedure wherein one person, the patient, is hurting, and another, the therapist, administers medication.

Ways to Achieve Involvement

The Reality Therapist is warm, friendly, personal, optimistic and honest.

It is obviously easier for a lonely, alienated individual with a low self-esteem to become involved with a human being who acts in a manner that communicates the cue: I care about you, I like you, I want to get to know you, I want to be your friend. He needs a solid relationship with a person who is optimistic about the future in relation to his client. And he needs someone who is honest, who will make no false promises, who will openly prescribe the limits of their relationship.

In contrast, the traditional therapist, who has been trained to be remote, detached, scientific, objective (in order to avoid the development of an unmanageable transference in accord with psychoanalytic theory), simply cannot make contact with the lonely person who is hungering for a human relationship. As a matter of fact, psychoanalysis unquestionably is helpful for success-oriented patients who are highly articulate, intelligent, responsible, and — rich.

The Reality Therapist reveals himself, at least a little.

It is hard to become involved with an individual who is shrouded in mystery, who does not permit us to know very much about him. One cannot become involved with a person who does not permit himself to become known. The Reality Therapist appreciates that involvement is related to intimacy. He attempts to be open and transparent. He is prepared to discuss his own failures and successes. When he is asked, “Do you have any children?” he responds as one human being talking to another, not with the cliche still taught in schools based on the psychodynamic model: “Why do you ask that question?”

The Reality Therapist perceives a question from his client as a positive sign of involvement. A lonely individual sees an opportunity for making a friend. He is holding up a finger in the wind to help him decide if the therapist, a mature, responsible, prestigious person is truly interested in the client or is merely presenting a facade. If the therapist responds in a reserved and professional manner, the client has his answer: This man is another one of the stonefaces who cares nothing about me. He does not want to be my friend. To hell with him.

The Reality Therapist uses the first-person pronouns “I” and “me” as much as possible.

The person with a failure identity is aching for human contact. His awareness opens only to stimuli of a highly personal nature. Communication between therapist and client takes place best when the therapist is being as personal and congruent as he can. Therefore, speaking to the client in abstract, third-person terms or with the royal “we” of a newspaper editorial fails to penetrate his deeper consciousness. Again, the client’s nerve endings send a message: This man is being impersonal with me. He is not interested in becoming my friend.

The lonely, alienated person responds to such terms and words that reflect readiness on the part of the therapist to be personal and human. Therefore, the Reality Therapist defies the Anglo-Saxon dictum about personal modesty in reference to first-person pronouns.

The Reality Therapist concentrates on the here and now.

People with problems of adjustment have been taught that in order to improve they must search through the minutiae of their life history to find
that critical episode which traumatized them into their current dilemma. Reality Therapy rejects the notion based on the medical model that in order to prescribe a cure an elaborate etiology is essential. On the contrary, we tend to echo the sentiment heard at meetings of Alcoholics Anonymous where a good AA member will tell a psychologically minded drunk: "Jack, don’t waste time telling us about the little red sled your big brother took away from you when you were three years old. You’ve got more current problems than that. What did you do today? Give us a rundown on that."

In short, Reality Therapists question the parallel in treating the individual with a psychological problem as though it were a physical ailment. It is true that in medicine it is necessary to obtain the history of the individual as it relates to his illness in order to prescribe medication. But the individual who is experiencing difficulty in adjusting to his environment, who is sad, lonely, and depressed, needs human warmth and kindliness rather than medication or surgery. The analogy to the medical model does not hold for people who are experiencing problems of living. The more we permit them to talk about the origins of their problems, the more difficult human involvement becomes, the easier it is for our clients to avoid assuming responsibility for their conditions.

The Reality Therapist puts small stock in the results of psychological tests and case histories. He is not impressed by the fanciest of Rorschach protocols, or diagnostic labels. He attempts to avoid imparting a self-fulfilling prophecy about the fate of his client by believing that a psychiatric label carries the weight of a medical term. He laughs at the notion that "mental illness" is a sort of chicken pox of the mind.

**The Reality Therapist concentrates on behavior rather than feelings.**

A number of competing methodologies in treating psychological problems make a great hullabaloo about feelings, as though talking about them would make them nicer and sweeter. Reality Therapists have discovered that our clients, virtually without exception, feel lousy. They feel miserable because they are lonely, friendless, and have a poor self-esteem. And the more they talk about these rotten feelings the more denigrated and contemptible they feel.

We tell our clients, frankly, that we do not know how to change feelings directly. It is true that alcohol and other drugs alter moods but they do not resolve problems. We do believe, however, "If you want to feel better, act better." We repeat, over and over, that each of us has control of his behavior and is responsible for his behavior. So let’s look long and hard at our behavior... and the feelings will take care of themselves, eventually.

This does not mean, as some critics of Reality Therapy have asserted, that we are not interested in feelings or deny feelings. Certainly, at the beginning of our contact with a client, when the involvement is thin, we will listen politely and sympathetically to talk about feelings, which we may perceive as wallowing in self-pity, but sooner or later we must drop the awful truth on our would-be friend: Too much time spent on talking about feelings is going to ruin the chances of an honorable friendship. Let’s start discussing behavior. What have you been doing lately with yourself?

**The Reality Therapist asks “What?” rather than “Why?”**

By this statement we mean that we discipline ourselves from asking the question about stupid behavior that tends to engulf us in a quagmire of rationalizations and self-justifications. It does no good to ask a lonely, alienated individual why he is behaving in a self-destructive fashion. Invariably, he will emerge with some excuse on the anticipation that it will be considered as a good reason for irresponsible behavior. The Reality Therapist avoids this swamp by asking "What did you do? rather than "Why did you do it?" The world is full of excuses. The therapist himself has probably engaged in stupid behavior in his lifetime and yet if anyone were to tap him on the shoulder and ask him, "Why did you do it?," he would need only a moment to muster several hundred words of excuses and explanations. There is a good psychological basis for the West Point rule that a plebe must automatically respond, whenever he is asked for an explanation for a failure, "No excuse, sir, no excuse."

**The Reality Therapist insists the client evaluate his behavior.**

Here is the key point of Reality Therapy. It is frequently overlooked as we become more involved with our client. We tend to respond to self-destructive behavior on the part of the human being with whom we are emotionally involved in a subjective fashion. We render our own evaluation followed by a sermon.

Unfortunately, neither sermons nor external evaluations seem to be very effective in changing human behavior. The Reality Therapist must steel himself to ask a perennial question: "Did your behavior do you any good?" And if the response is affirmative, he must have the gall to extend the circumference of the impact of negative behavior and inquire if it was also good for mother, father, brother, grandmother, kids, wife, friends, community, company, country, and church.

We may act the devil’s advocate and ask good-naturedly, "You’re not saying this just to make me happy?"

On the other hand, if the client persists in justifying negative behavior, we may suggest that he think over his judgment and let us discuss it tomorrow or the day after. Above all, we wish to transmit the message that the client is responsible for his behavior and is required to evaluate it before any further steps are to be taken. We promise that if he still persists in a good evaluation for what he has done, we will drop the subject until such time as he may wish to take it up for another analysis.

The seminal importance of the self-evaluation of behavior on the part of a client is a primary contribution of Reality Therapy methodology. This step provides a guarantee that the client will be the master of his fate in relation to changing his values and consequent behavior. It is in accord with the humanistic philosophy that every human should be in reasonable control of his destiny.
The Reality Therapist helps the client formulate a plan.

Obtaining a socially appropriate evaluation of negative behavior does not complete the therapist's responsibility. He must move with the client into the problem-solving arena. He must help the client respond to the question. "So what are we going to do about it? What is your plan?" If the client has been expelled from school, for example, and wishes to return, we discuss what strategy would be most effective. If social skills which are not currently in the repertoire of the client are needed, we explain, demonstrate, and role-play them with the client until he is proficient. If the situation requires our official intervention, we are prepared to appear as his advocate. We readily share with him our knowledge of community resources and pitfalls. We write letters on his behalf and make telephone calls.

At the same time, the Reality Therapist is cautious about the possibility that the client may overextend himself and become engaged in a plan that may result in failure. The therapist strives for a plan that is minimal and success-assured. He thinks of evolving a plan which will operate in stages of gradually increased difficulty. He wants his client to experience success after success in working out a new program of responsible behavior. We respect the notion garnered from learning theory that a modestly graduated plan that obtains the reinforcement of success is more powerful in shaping behavior than a more ambitious procedure that may result in failure.

In formulating a plan, the Reality Therapist attempts to dispose of every possible contingency. No detail is too minuscule for consideration. "Do you have an alarm clock? Do you have carfare? Do you know what bus to take? Do you have your social security card? Do you have a necktie? Who will take care of your baby? How are you going to cope with your girl friend?" These are the kinds of petty but nitty-gritty questions the Reality Therapist must be prepared to clarify for the promulgation of a good plan.

The Reality Therapist negotiates contracts and commitments.

After a plan has been formulated, we ask, "That's a great plan you've worked out, but are you going to carry it out? If the situation warrants, the therapist may draft a statement of intentions, a schedule, a contract, and submit it to the client for his initials. "I'd hate to think that we spent all that time in a mere intellectual exercise," he may explain to his client. He certainly would shake hands with his client and announce, "It's a deal!" Reality Therapists are aware of the mountain of experimental evidence that indicates that contracts impose an obligation that a plan of action will be consummated. Furthermore, a contract frequently carries the message that we consider our deliberations important and valuable and insisting on a signature is a confirmation of the client's improved identity as a responsible human being.

The Reality Therapist does not waste time listening to excuses.

Once a plan has been formulated and a contract signed, the Reality Therapist is all business, interested in results, not excuses. He tells his erring client, "I guess you must have a good excuse for not carrying out your contract, but what good will it do for me to hear it? It certainly will not help us carry it out. What I want to know is if you still feel responsible for the contract. When do you intend to carry it out? Tomorrow at 3:00 o'clock? Good! Please see me at 4:00 o'clock and let me know what happened? OK?"

The Reality Therapist moves his client into a group as soon as possible.

The group can act as a powerful agent for consensual agreement on what constitutes responsible behavior. The client who has received some exposure to Reality Therapy is encouraged to try out his newly acquired social skills and values on a group of peers and other group members. After a time he spends longer periods in the group than with his individual therapist. Finally, he starts to use the group and profit from the interaction to become more of a self-directed individual. In his contact with the Reality Therapist he is encouraged to help weaker members of the group in terms of understanding the principles he has been able to internalize as a result of his sessions with the Reality Therapist. When he presents a specific problem in an individual session, he is urged to bring it before the group and obtain the benefit of many minds trying to resolve the problem. After a time he gradually weans himself away from dependence on the therapist except for special problems and new emergencies, and uses the group to satisfy his social hunger and needs for a wider circle of involvement.

The Reality Therapist uses praise, encouragement, rewards, and touch.

The learning theorists have demonstrated the effectiveness of positive reinforcement to influence behavioral change. Reality Therapy is prepared to add to its armamentarium whatever is humane and effective from various schools of treatment. Therefore, we perceive nothing amiss in employing the social reinforcement of praise and encouragement at every reasonable opportunity. Furthermore, since we perceive the function of the Reality Therapist as being not different from that of a friend, we respond with socially approved rewards for critical accomplishments or chronological attainments. For example, we would not consider it unprofessional to send a long-time client a birthday card or small gift.

Furthermore, we are in accord with the premise that approval, regard, respect can be communicated in nonverbal terms by socially appropriate gestures such as handshakes, pats on the shoulder, and in the case of children, a friendly stroke on the top of the head. Reality Therapy does not buy the notions derived from Esalen — massage, nude bathing and muscle kneading — but we see enough of a kernel of validity in the importance of touch to suggest the application of socially conditioned gestures of regard such as handshakes to transmit the sentiment: "I like you, I care for you."

The Reality Therapist does not press too hard.

Friendship is not a mechanical relationship in which one party always pours out his troubles and the other works on solutions to the problems. A healthy involvement requires that a whole host of subjects of mutual interest are discussed. George Bernard Shaw once said that the three most important subjects for intelligent conversation are politics, sex, and religion.
call (values). It is a peculiar quirk of bourgeois society, GBS continued, that precisely these subjects are verboten as acceptable items for conversation in polite society. The Reality Therapist, on the other hand, permits his conversations to range through a full spectrum of human interests, including politics, sex, and values. The therapist and his client come to know each other as full personalities with a wide range of interests and opinions. They may discuss movies, TV, rock and roll; they may exchange titles of favorite books and recipes; they may talk about ambitions, fantasies, plans for the future. Under these circumstances, it is possible to move into an analysis of a problem with greater enthusiasm, clarity, and wisdom than if the partners confined their conversations to problem solving only. The client begins to perceive his therapist as a well-rounded human being and a model for responsible behavior rather than a mere technician or mental health mechanic.

**The Reality Therapist never, never gives up.**

Social workers over the years have observed an odd phenomenon they call separation crisis. A very difficult client becomes deeply involved with a worker and begins to display remarkable improvements in his behavior and attitudes. The worker feels very proud about his achievements and begins to talk about discharging the client from agency care. Then, just a few days before the separation day, the client goes up in a most horrendous fashion. He steals the sheriff’s automobile and rams it into a telephone pole causing $1,600 damages. Or he becomes roaring drunk and beats up his wife. Or he attempts to commit suicide.

What is the explanation for this bizarre, self-destructive behavior? The rationale derived from Reality Therapy is along these lines: The lonely, alienated person with a failure identity cannot believe that this remarkable, responsible therapist really likes and accepts the poor schnook of a client. So, on a subliminal level he determines to test the therapist, to establish if his regard for the client is genuine. He engages in negative behavior to find out the depth of the therapist’s attachment. He is confident that the therapist will wash his hands of the whole situation and the client can then return to his well-honed identity as a failure and goof-up.

It is precisely at this moment of greatest frustration that the Reality Therapist must bite his lip in disappointment and carry on. He must prove to his client that he really cares. He must show that he accepts the essential humanity of his client and will not surrender responsibility for involvement because of the episode.

"How many times does one forgive a sinner? Seven times?" a disciple asked of Jesus.

"No, not seven times, but seventy times seven," Christ replied.³

A story is told about Churchill’s greatest speech. It appears that when the great English statesman and orator was approaching ninety, he was invited to address the graduating class of Harrow, the school he attended as a youngster. To everyone’s surprise, Churchill accepted the invitation. A thousand people jammed the auditorium to hear what many expected would be Churchill’s last address. He was provided a flowery introduction by the headmaster and then slowly rose to speak. He leaned on his cane as he moved to the podium. He looked over the audience and then in a voice barely over a whisper, he said, “Never . . .”

A long pause followed and an intense silence gripped the audience.

Then, in the voice of old he thundered, “Never, never give up!” He turned and moved to his seat. That was his entire speech, five words. But to many, it may have been the most impressive lesson he had to impart to the students and the adults in the audience.

The procedures for obtaining involvement contain the kernel of a paradigm to specify the nature of the Reality Therapy operation.

Suppose we conceptualize Reality Therapy taking place within the confines of a life-space we symbolize with the bottle form illustrated in figure 1. Whatever interaction occurs is permeated with involvement.

![Figure 1. Involvement fills the life-space of Reality Therapy interaction.](image)

In developing the model of Reality Therapy, the thought of a sailing ship captured within the bottle occurs to us. We simplify the model by the paradigm illustration of figure 2.

![Figure 2. The beginning idea for a Reality Therapy Paradigm — a sailing ship in a bottle.](image)

The operation of Reality Therapy is represented by five operational steps as follows:

1. **WHAT?** After involvement has been established, problem solving takes place by asking the question: “What are you doing? What happened? Please tell me exactly with all the details you can think of.” The therapist is not satisfied with a judgment or summation; he wants the story in all its gory minutiae. In the immortal words of Sergeant Friday, he repeats, “Just the facts, mam, just the facts.” He may ask the client to quote the exact
verbiage employed in an argument. He may ask an assailant to throw a punch just as he did in a fistic encounter. He may ask a shoplifter the precise technique employed to steal an item of merchandise. He may ask the homosexual exactly how he goes about cruising for partners. He may inquire of the exhibitionist what precautions he took to avoid arrest for his "compulsion."

The therapist leads his client through a series of questions such as would be applied by a good criminal defense lawyer. Where, when, and how did the episode occur? Who was there and what did each person say and do? What happened to the loot, victim, witnesses, and so on? A picture of cinematic clarity emerges out of this line of interrogation and demonstration.

By his posture and line of questions, the Reality Therapist transmits the concept that the client is responsible for his behavior and he alone can determine its value.

3. WHAT'S YOUR PLAN? After the nature of the behavior has been established and the client has evaluated it as negative and nonproductive (bad) the therapist asks: "What is your plan? What can we do to resolve this dilemma if we put our heads together? Do you have any ideas? Would you like to know what idea occurs to me?" Client and therapist engage in a sort of brainstorming session to come up with solutions to the problem. They weigh pros and cons. They call in "consultants" if necessary. They engage in role playing and rehearsal. Telephone calls are contemplated and letters are written. A clear-cut strategy is designed to cope with the difficulties. However, the Reality Therapist strives for a minimal plan which is assured of success. He is not carried away by the grandiosity of his client's proposals. "Let's resolve the problem a little at a time rather than all at once," he proposes.

4. CONTRACT. After a plan has been advised, the therapist asks, "Are you really going to carry it out? Will you do your part?" He drafts a contract and says in effect: "Just to make sure that we understand what this is all about, would you mind putting your John Hancock to this little document." The contract is specific as to time, place, and degree of effort. All loose ends are neatly tied into the package.

5. FOLLOW-UP. Everything that occurs after the initial four stages comes in the category of follow-up. The therapist arranges to meet with his client to determine how he fared with the plan. If necessary, a new and simpler plan is formulated. New and more difficult steps in the overall plan may be delineated.

And what happens if the client fails to abide by his contract? The therapist does not waste time listening to excuses but briskly asks if he wants another schedule or a less difficult assignment. He points out that the client has the prerogative of changing the plan in accord with his own capabilities and personal interests.

Above all, no matter what happens, the therapist makes it clear he will not give up, he will stay at the client's side whatever misfortune may befall. If the client ends up in jail or in a state hospital, the therapist will remain in touch either in person or by mail.

From beginning to end, the Reality Therapist is tough-minded and gentle, serious and humorous, determined to help his client drop a failure identity and cross the barrier to success, self-worth and human actualization.

_References_


TOTAL QUALITY MANAGEMENT  
AND THE WORKER

J. Arthur Sheil

The author is executive director of Anago Resources, Inc. of Parkhill, Ontario, Canada.

Over the last several years, I have received a constant flow of articles and workshop brochures on the topic of Total Quality Management. The tide seems to be increasing. Throughout it all, customer satisfaction is presented as the fundamental test of TQM. Certainly, unless customers are satisfied, sooner or later we would be out of business. What concerns me is that as the concept of TQM has evolved over the past few years it may have left behind what made it quality in the first place. We need to listen more carefully to what W. E. Deming and many others were saying a few years ago, and not filter their message through a North American mind set that looks only at outcome - customer satisfaction. If managers focus on quality as defined by customer satisfaction it is all too easy to overlook or depreciate the impact on quality that comes from health spas in Japanese factories, exercise breaks for assembly line workers, or Deming's emphasis on employee training. These factors have nothing to do with customers. They have everything to do with workers.

There are a few voices that I do not hear very often in the current brochures and articles promoting TQM that I want to share with you in this article. They don't focus on the customer. They focus squarely on the worker. If my reading of the current hoopla about TQM is correct, much that passes for Total Quality Management disregards the needs of the worker completely. As a manager, committed to Control Theory, I cannot ignore that.

Robert Levering (1988) in “A Great Place to Work” makes the following observations from research he conducted for “The Hundred Best Companies To Work For In America:

Throughout this book, we've seen that the bad workplace subscribes to the notion, held by society at large, that serving employees cannot be a principal purpose of an enterprise. At best people are seen as a means to an end, the end being higher productivity or higher profitability. By contrast, the underlying message of good workplaces is that a company does not have to sacrifice its people for the good of the enterprise. In a profound sense, good workplaces declare that people working for a company are the enterprise, . . . . p. 269

He also identified that many of the one hundred best places to work in America were begun by individuals who were dissatisfied with where they worked and wanted to create a better workplace. He then comments that:

The tragedy of the workplace in America is that the founder's vision of the company as a place for personal growth and fulfillment gets lost over time. That goal typically becomes subordinated to the quest for the almighty dollar. What's especially disturbing is that “more meaningful work” itself becomes a technique imposed to bolster productivity instead of an end in and of itself. Good workplaces demonstrate that it is not necessary to lose the original vision, that clarity about the essential goals of an enterprise. (p. 270)

Levering introduced me to a little known and too little read book by the late Robert K. Greenleaf, management educator for AT&T, called “Servant Leadership”. Greenleaf (1977) asserts that

Work, all work, exists as much for the enrichment of the lives of the worker as it does for the service of the one who pays for it. . . . When a business manager who is fully committed to this ethic is asked, “What are you in business for?” the answer may be: “I am in the business of growing people- people who are stronger, healthier, more autonomous, more self-reliant, more competent. Incidentally, we also make and sell . . . (p. 146)

“Servant Leadership” is a collection of essays that pleads for a different view of the role of management and institutions. In contrast to the traditional view that the worker is there to meet the needs of the manager and the enterprise, Greenleaf argues that managers and institutions must serve the workers.

I want to suggest a definition of quality that may help clarify some of the discussion and certainly tell you where I am coming from in this article. I have had a wall hanging made for my office that reads “quality is in the eye of the beholder”. I could just as well have said, “quality feels good”. All individuals have decided, in one way or another, what they want to feel good in their lives. To enter into arguments about who makes the highest quality car is just that, to argue. I drive an 87 Volvo and my son drives a beat up 81 Jeep Eagle. He will concede that my car is in better mechanical condition, looks better, sounds better and is a far more reliable mode of transportation. But he still feels better in his “Eddie the Eagle”. That's what quality is. It is the feeling we get when what we have and what we want, at any given moment, are one and the same thing.

For some, that definition of quality may be inadequate. But your need to enter into a discussion about what it is will just verify my point; you don't feel good about the definition. What makes it a quality definition is that you feel right about it. In the last analysis quality feels good.

I don't have to tell most readers of this Journal that this definition of quality comes from the fundamental understanding of behavior developed in Control Theory Psychology. Most of the work in this field has been done in the last 10 years by Glasser who is best known for his work in the 60's in Reality Therapy. This understanding of behavior starts with the premise that every behavior has the same purpose- to change something in the real world to get a little more of what persons want so they will feel better. All behavior is directed toward quality.

If my focus as a manager is on customer satisfaction, staff upon whom I depend for the product or service are in the squeeze. Why should I expect them to expend their energy, behave the way I want them to if in the process they will not feel better themselves? They will not. As a manager then I am left with trying to motivate them, force them to produce in ways that please the customer and combat, in the best way I can, the ever present ‘TGIF’ syndrome.
"Thank God It's Friday Night" means that staff have saved up their energy to do things that will feel good. The job I ask of them, and even may pay them well to do, gets in the way. It is only a means to an end. There will be no energy in the workplace unless staff persons want to be there, want to do what I ask them to do, because that job, in and of itself, adds quality to their lives.

My plea on behalf of staff is that we think very carefully about Total Quality Management. It does require a "breakthrough approach" and not just a better "tooling" of what we have been doing. The Quality of Management is a better perspective than the Management of Quality but it is not a breakthrough approach. Doing our job as managers better has been addressed in every approach to management. The breakthrough or paradigm shift is to focus not on how we manage but what we manage. If I understand Levering, Greenleaf, Glasser, Deming and a host of other management gurus, they are talking about managing the environment within which people are expected to work. What they are saying is that if it does not feel good to be there and if doing what they are asked to do does not feel good there is no quality for anyone.

If you question whether this is in fact a new paradigm listen to the wisdom of management teachers and leaders in North America in the last 100 years.

Frederick Winslow Taylor, the father of Scientific Management, asserts that since people are inherently lazy and know more about the job than most managers, management's problem is that that knowledge is in the wrong hands.Workers can use their superior knowledge to avoid working up to their potential. Levering (1988) quotes from Taylor's essay "The Principles of Scientific Management".

traditional knowledge may be said to be the principal asset or possession of every tradesman... foremen and superintendents know, better than anyone else, that their own knowledge and personal skills fall far short of the combined knowledge and dexterity of all of the workmen under them. (p. 84)

Then he comments on the fundamental orientation of scientific management.

Because the worker can't be trusted, scientific management tries to wrest control of their knowledge... Once it possesses enough knowledge about the specifics of each task, the management can assert absolute control over the workplace. (p. 84)

Only by assuming that level of control over the worker can a manager win out against "soldiering" which according to Taylor is the ability of knowledgeable workers to look like they are working but produce only at a minimum level. In these terms, a quality manager is an efficiency expert, standardizes work procedures, creates planning departments and specialization to control who has the knowledge. I feel better about working for one already!

Levering points out that the Japanese identify Taylorism as their greatest advantage over American business and industry and quotes the founder of Panasonic from a lecture delivered to a group of western industrialists.

We Japanese are going to win and the industrial west is going to lose out. There is nothing you can do about it because the reasons for failure are within yourselves. Your firms are built on the Frederick Taylor model where the bosses do the thinking and the workers wield the screwdrivers. You are convinced deep down that is the right way to run a business. (p. 86)

The human relations movement was also supposed to increase the quality of management. Elton Mayo agreed with Taylor that people are basically lazy but the job of the manager was to get the worker to accommodate to the workplace. Out of his analysis of the research done in Western Electric Company in its Hawthorne plant, he claims to have discovered the social milieu in the workplace. Under Mayo's teachings, the manager became a counselor; the worker, his patient. Healthy workers are defined as well adjusted to the ethic of the company and able to resist the social milieu of the workplace. In that milieu, peers who exceeded the norm were labelled as "rate busters" and those who didn't pull their weight as "chisellers". The workplace may become somewhat more humane with this kind of management but I am not sure many would call working in such a paternalistic environment quality. (p. 92,99)

Peter F. Drucker would certainly agree that the role of the manager is to "create a customer". Managers in this thinking are a separate elite class of people that society needs just as it needs lawyers and doctors. You cannot get much further from the insight of Greenleaf than the following:

"It is not the business of the enterprise to create happiness but to sell... nor can the worker be happy in the abstract. (p. 110)

The rank and file jobholder... cannot be given authority... the very definition of their job is that they take orders rather than give them." (p. 112)

Becoming more effective in this kind of management is just what today's enlightened workforce needs!

But in terms of contemporary management gurus, my favorite is Tom Peters. Up to a certain point it does feel good to read or listen to him. He speaks and writes with flair and conviction about how to motivate the worker. For Peters, the manager is a motivator. But I get more than a little uncomfortable with what he is really saying. He openly encourages managers to take advantage of what he claims is a fact about human nature, that we are irrational. We are irrational because we want to believe that we are capable and good at what we do. A quality manager, then, designs systems that continually reinforce that irrational notion and feed into another need we humans have to feel as though we are in control.

Motivation with Peters is manipulation. But managers don't have to worry about that because the interests of the employer and the employee are the same anyway. I'm not sure who is really going to thrive in that chaos. (p 121-122)

I am firmly committed to the belief that if, as a manager, I focus on providing a quality work experience for staff they will take care of customer satisfaction. The challenge is to design the job in ways that staff see immediately that they will feel good by simply doing what they are asked to do.
To find quality in the workplace, to feel good, staff members must know the “why” of their job. They are thinking, questioning persons just as the manager is. They must find meaning in the social milieu of the workplace because they are social beings just as the manager is. They must find happiness and enjoyment out of the job; like the manager it constitutes the single largest investment of time and energy in their lives. They must see and know the impact that they make. Like managers, an illusion of being in control will not carry them very long.

If “Total Quality Management” is about creating a customer, about doing things right the first time or about improving and streamlining the system, then we have had enough already. It is simply more of the same. What we need, and what Levering has identified in the truly great companies in North America is what Greenleaf calls “Servant Managers” and “Servant Institutions”: managers and institutions that have as their first ambition to enrich the lives of workers.

Stephen R. Covey (1989) in “Principle Centered Leadership” draws an intriguing word picture of such an enterprise. He sees a group of workers cutting their way through the jungle with axes and knives while the managers stand behind them sharpening the tools. The leaders are up in the tree tops making sure they are in the right jungle. That role of management is quality for the workers. They enable the workers to do their jobs. They do no stripping away of their knowledge, patronize them, boss or manipulate them to get them to work. Managers support and serve the workers so that they can do the job and feel good about it. (p. 101)

The change from managing quality to the quality of management was and continues to be valuable. On behalf of staff, I hope the next shift is made as well: that managers change their focus on what they manage. Managers do not manage staff. They are quite capable of managing themselves. They will do whatever they have to do to feel good even if that is to subscribe to the “TGIF” work ethic. Managers must focus on managing the environment, including both the work place and the work experience of staff. A manager whose focus is on customer satisfaction is a manager who promotes quality in the lives of the staff only by accident. That is simply not good enough.

I have just purchased and am reading with great interest, Lester Thurlow’s book, “Head to Head” (1992). I have not finished it yet. On every page I read something that confirms the need for a fundamental shift in the mind set of managers in North America. As Glasser indicated to an audience of teachers in Toronto on Nov. 7, 1992, what we need is not only a better method but a new psychology. Fine tuning what we do will not change the fact that the starting point is wrong. The fundamental understanding of people Taylor started from is that we are inherently lazy. He accounts for the dearth of corporate energy on the basis that we are saving it up for something that we would rather do. Mayo concludes from hundreds of interviews that workers suffer from a mild form of mental illness that affected their productivity. (p. 121, 99)

Drucker believes that the worker is an inferior class of person as well as a lazy one and simply has to be forced to produce. Peters says that people are irrational and need illusions to keep them going. This conventional wisdom, although seemingly diverse thinking, has at base one common element. It subscribes to a psychology that treats persons as something to be acted upon, fixed, or in some way controlled by the manager. Thurlow (1992) hints at the new psychology that is needed when he says,

Business firms can also be based on the historical, psychological, and sociological fact that individuals are also social builders who want to belong . . . Belonging, esteem, power . . . are all human goals . . . (p. 118)

Glasser doesn’t hint. They are more than human goals. They are the needs we are here to meet. The essence of Control Theory Psychology, expressed so eloquently in his soon to be published book, The Quality Teacher, is that unless the work is seen by workers as useful to them, adds quality to their lives and therefore feels good, they will not do it (p. 10). Then managers have to create an environment so bad that it is in the workers best interest to do something that they do not see as quality because it is at least better than the alternative. The manager has to say “do it or I will hurt you”. What Thurlow points out about both the European and the Japanese approach to business and industry that is distinct from the North American approach is the way in which they treat the person.

employees are seen as the number one stakeholder, customers are number two, and the shareholders a distant number three. Since the employee is the prime stakeholder, higher employee wages are a central goal of the firm in Japan. Profits will be sacrificed to maintain either wages or employment. Dividends payouts to the shareholders are low. (p. 33)

What is Thurlow speaking of other than Servant Leadership or the Institution as Servant described by Greenleaf? This is what Total Quality Management must be about. It must be about creating a workplace and managing the work assignment in such a way that workers can see immediately that simply to come and to do the work will add quality to their lives.

My guess is that in that kind of workplace there will never be the energy crisis that Taylor, Mayo, Drucker and Peters wasted so many words trying to solve. Human behavior, the ultimate industrial problem, cannot be managed by anyone other than the person behaving. That person will manage it for the sole purpose of meeting his or her own basic needs. My task as a manager is to serve them, to manage the workplace and the work assignment in ways that give them opportunities to do just that.

References
When we are born into this world, in addition to our physiological needs, we need love, freedom, power and fun. These needs are expressed through our behavioral system. All any of us can do is behave (Glasser, 1965, 1984). According to Shaw (1990), “Infants exposed to cocaine tend to be restless, irritable, easily upset, and difficult to console. These are easily overloaded by stimulation, which disrupts their ability to process and respond appropriately to environmental stimuli. . . . Cocaine-exposed infants are unable to respond to the human voice and face. They become overwhelmed and shut people out by sleeping or crying. This interferes with the formation of healthy maternal-infant bonds needed by infants to develop trust, security, and confidence.”

At times, some of us fail to communicate (or have our communication interpreted properly) these needs effectively. This does not change the fact that we have these needs. We all have the same basic needs. The difference is in our interpretation of the world and how we communicate our needs. This is crucial to understanding the behavior of these children. Their world is defined, as is ours, by what is passed through their perceptual system. This definition results in behaviors that are their best attempt to have control over the world as they know it. According to Shaw (1990):

- Such external stimulation as handling, rocking, making eye contact, or talking, especially when done in combination, is overwhelming. Some infants will respond by withdrawing into a deep sleep, blocking out all stimuli. Others will alternate between high-pitched crying and deep sleep.
- If infants respond to their mothers' efforts to make eye contact or talk to them, it usually is for a very brief period of time. Infants very quickly send out such distress signals as yawning, sneezing, color changes, avoidance of eye contact, body stiffening, or thrashing about. If mothers do not respond quickly and appropriately, infants will dissolve into frantic crying. (p. 27-28)

The basic principle is that any factor that disrupts the crack exposed child systems' balance is countered by behaviors which restore a perceived state of homeostasis. Powers (1973, p. 265) addressing internal (intrinsic) imbalance (error) related, “It is not necessary to understand why behaving in a certain way corrects intrinsic error, nor without specifically constructing theories can we say we ever know what it is about what we do that corrects intrinsic error. All that nature has given us is a single simple signal: feeling good or feeling bad.” Human systems use as many behaviors as necessary in order to maintain balance.

**Parenting**

Parenting can be a process by which a family identifies its needs or objectives, orders (or ranks) these needs or objectives, develops the confidence and will to work at these needs or objectives, finds the resources (internal and/or external) to deal with these needs or objectives, takes action in respect to them, and in so doing extends and develops cooperative, and collaborative attitudes and practices (Harris, 1977). Alvy (1981, p. 1) defines parenting as “The process of raising children. It can be viewed as
consisting of several interrelated functions and responsibilities. These are (1) providing resources to maintain the family and the home, (2) caring for the home, (3) protecting children, (4) the physical and psychological caregiving of children, and (5) advocating for children and interfacing with the community and wider society." Family empowerment is enhanced through organized problem solving. Prevention of neglect and abuse is enhanced through effective parenting.

Parenting is performed by a caregiver. According to Alvy (1981, p. 37), "Much of the productive and healthy psychosocial functioning of persons throughout the world may be traceable to the degree of acceptance and benign control showed by their parents. By contrast, much of the human misery and malfunctioning in the world may find its source in parental rejection and inadequate control." The crack addicted child's caregiver may or may not be the biological parent. This does not change the need for the person(s) to be trained in the way parenting as a process may be influenced by birth under the influence of drugs.

If the professions (medical, legal, counseling) can focus on the goal at hand, a productive and healthy human being, then the birth circumstances may be minimized. Parenting as the focus allows for the maximum benefit with the least intervention. Effective empowering parenting using comprehensive, reality based methodology can be utilized by each profession. The parenting assistance workshops are designed to help the parent and crack exposed child meet their needs responsibly.

Parenting Assistance Workshops (P.A.W.S.)

The P.A.W.S. model is a preventive tool used to train caregivers of those children born under the influence of addictive substances. These substances create an imbalance within the child's system. According to Bandstra (1990, p. 25), "Addiction to cocaine appears to be the pre-eminent focus in the lives of its victims. Thus, programs that isolate the mother from drug-using contacts and promote refocusing of her mental and physical energies have the greatest opportunity for success. "Just Say No" campaigns are not enough. The addicted woman must be guided to "Say Yes" to a more meaningful lifestyle that includes enhanced self-esteem through attainment of defined and measurable goals. . . . Nursery, day care, day services, and parenting instructions are provided while the mother participates in her scheduled drug rehabilitation and educational activities." It is necessary to work to restore this balance. This model is a first step to restore that balance. It is based on the principles of Control Theory. It allows for individual parenting assistance within the constraints of cultural and ethnic diversity.

Many parenting models omit a consideration of race, sex and cultural diversity. A reality based approach includes tolerance for diversity. Levi-Strauss (1958, p. 46) relates, "Tolerance is not a contemplative attitude, dispensing indulgence to what has been or what is still in being. It is a dynamic attitude, consisting in the anticipation, understanding and promotion of what is struggling into being." Ignoring a significant part of anyone's culture is a threat to each person's reality (Robinson, 1989). Reality consists of ones' life experiences, and the meaning one attributes to these experiences. Successful and empowering intervention must be creative, tolerant as well as family focused.

Larsen (1990, p. 56) discussing creative family focused programs in Los Angeles, stated, "All of these projects had at their core intense training for the field workers not only in every aspect of drug-caused disabilities and their diagnosis, but in the culture of the family. Children had to be brought to social functioning through the culture of their nurturing family."

It is significant and must be noted here that this model is designed to assist caregivers and families through the P.A.W.S. facilitators. Its focus is culturally sensitive. It is empowering when persons within as well as outside of your racial or ethnic group recognize that your culture makes a difference. Edelstein, Kropenske and Howard (1990, p. 314), related, "Empathy and cultural sensitivity are critical in working with substance abusing parents, infants suffering from prenatal drug exposure, and their caregivers."

We must begin with the understanding that crack exposed babies also require involvement. Parents or other caregivers of these children may need assistance beyond what one would normally provide to parents. It is under these circumstances that Parenting Assistance Workshops (P.A.W.S.) become crucial. Infants born to special circumstances require those services that will set them on the right path. Those institutions that assume responsibility for the growth and development of society's children must come together to maximize available resources. This is most critical in the area of parenting.

The focus of parenting assistance centers on the child and family. The facilitators, in attempting to assist families meet their needs in a responsible manner, usually form coalitions. Successful P.A.W.S. facilitators use the resources available and seldom attempt to "do it all." Properly trained facilitators utilize professional relationships to the advantage of their client system. They understand and use cooperative service delivery as soon as they are able to form viable relationships. According to Larsen (1990, p. 3), "If medical, social and legal professionals can work together at the outset to swiftly evaluate his condition, offer effective treatment to the family, accord a reasonable amount of time for family reunion, and develop a safe permanent home for him, his chances for fulfilling life will be good."

The Counseling Environment

The P.A.W.S. process begins with involvement. It is a process that is necessary for everyone and is the way we fulfill our needs. It is the establishment or reestablishment of a warm, intimate, emotional, needs fulfilling environment. Involvement leads to the development of an effective helping relationship. According to Perlman (1979, p. 178), "Past those essential physical survival and safety needs that must be assured for every one of us is the need for love, and just past that, perhaps intermingling with it, is our continuous lifelong need for social connectedness, for belonging to and with and for other human beings. Whatever its original ancient adaptive purposes, we seem now to carry in our very genes the need for others."
All constructive efforts toward intervention are based upon this involvement. This provides the psychological environment necessary for change.

The environment must of necessity include training which focuses upon knowledge and values. These are critical factors in the formation of need fulfilling pictures and the subsequent behaviors. Any effective model must include a values base as well as a knowledge base. This is the essence of the perceptual system. Our perceptions determine our behaviors (Powers, 1973).

Information input, negative feedback, and the coding process are communicative materials that allow the family to interact with its environment. They are processes that furnish signals to the family about the environment (internal as well as external). They further inform the family about its own functioning/choices in relation to the environment. Coding is the general term for the selective filtering mechanism of a system by which to reject, accept or translate incoming information for the family. The family under the auspice of society’s ethnic and cultural variance, selectively filters its interpretations of the world. Selective interpretation occurs through the coding process. Again, a function that helps to maintain a sense of balance within the family structure. The counselor/therapist must understand, if one is to be effective, the selective filtering for the family system. Coding is an important facet in the formation of the quality world.

The steady state and dynamic homeostasis concerns itself with the ratio of energy exchanges and the method whereby relations between parts remain in harmony. The basic principle is the preservation of the character of the family. The family in a homeostasis situation attempts to balance its current functioning with what it perceives to be quality living or more commonly termed the “good life.” The individual within the family attempts to balance his/her goals with the perceived family goals within cultural, ethnic and community goals. The steady state and homeostasis explain how oppressed family structures compensate for their external environment and develop viable functioning systems.

The Procedures That Lead To Change

The P.A.W.S. process continues with an observation of the presenting behavior (Figure One). Take time to look at what is going on and attempt in your best judgment to determine if this behavior is need fulfilling. Remember that all behavior is an attempt to fulfill some need. Needs are expressed through wants. Always pay particular attention to the key of internal behaviors - yours and the child. Several questions must be answered: Is a response necessary? Can this behavior be ignored? If not, why not? Answers to these questions usually determine the next step.

The practitioner then moves to ask the client system (caregiver) what it wants. Empowered persons know in what direction they wish to go. The empowering practitioner helps the client system to choose the direction intervention will take. The problem solving process focuses upon what the client wants (Figure Two). It is at this point that the practitioner facilitates an understanding of wants and their relationship to basic needs. Once the practitioner understands what the client wants, it then becomes necessary to

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**FIGURE ONE**

- **OBSERVED BEHAVIOR**
  - **WHAT DO I WANT?**
    - **YES**
      - **IS MY RESPONSE TO OB HELPING?**
        - **CONTINUE THE RESPONSE**
        - **EVALUATE PARENTING CHECKLIST**
      - **CONTINUE THE RESPONSE**
    - **NO**
      - **STOP WHAT YOU ARE DOING**
      - **OBTAIN, EVALUATE THE PICTURE OF SELF AND CHILDREN'S BEHAVIORS**
      - **IS WHAT I WANT AND WHAT CHILDREN WANT COMPATIBLE OR POSSIBLE**
        - **NEGOTIATE RESPONSIBLE PLAN**
        - **COMMITMENT**
        - **EVALUATE OB. IS IT WORKING?**
          - **YES**
          - **NO**

**KEY:** In any Observed Behaviors (OB), there is an internal set of behaviors. This internal response occurs in the observer as well as the respondent. It is always total behavior (Acting, Thinking, Feeling, and Physiology).
Figure Two Checklist for Effective Parenting

I. Attempt to responsibly meet your needs every day.
   Q. Is this behavior such an attempt?
II. It's ok for your child to act to meet his or her needs in a responsible manner.
   Q. Is this behavior such an attempt (or the best that they can do)?
III. Model the behavior(s) you wish to see.
   Q. Are you acting the way you want the child to act?
IV. It's ok for you and your child to have different pictures.
   Q. Are you responding to a different picture?
V. Evaluate each situation for positive outcomes.
   Q. What can I see that is positive in this situation?
VI. Don't criticize.
   Q. Is there another way to do the same thing?
VII. Try to see what the child(ren) see.
   Q. Is there a payoff for the behavior?
VIII. Negotiate an effective answer.
   Q. Can we both get what we need?
IX. Don't manipulate, empower.
   Q. Can this situation result in less conflict?
X. Say yes as much as possible.
   Q. Is there a way to say yes to some (if not all of the request)?
XI. When you say no - mean it.
   Q. If I can't say yes, can I say no and stick to that decision?
XII. Allow reasonable consequences - don't punish.
   Q. Have the option/choices been discussed and the consequences made clear?
XIII. Have consequences been reframed to the positive?
   Q. If you have not, can they be?
XIV. Is there an ongoing plan to get what you want?
   Q. Whose plan is it?

Translate that want into a basic need. It is understood under this model that you cannot always get what you want, but you can always get some of what you need (Figure Two). Determining which need to work on is an important step in the direction toward taking effective control.

Evaluating the parenting checklist (Figure Three) is an important step in the P.A.W.S. process. Based on work of Glasser (1985), the list contains guidelines and questions appropriate to various steps in the P.A.W.S. process. It is used as a key to prompt a pause in determining whether the caregiver needs to go further in dealing with the presenting behaviors. It includes the necessary requisites to elicit responses which lead to success from caregivers.

The key components at this point are value judgment, evaluation, and planning. In order to move to a plan, one must get a value judgment from caregivers that they wish to move in a different direction or change behaviors. They must either make a decision that what they are currently doing is not working, is against the rules (abusive or neglectful), or that it is not taking them in the direction they wish to go. The question, is my response to the observed behavior helping, is critical. One must evaluate what is wanted in terms of what is available and realistic. It is also necessary to look at wants in terms of cultural and gender issues.

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

References

Figure Three

You may not get what you want but you can get some of what you need!!

What do you want? Really want?

Ethnicity gender issues

What does it mean to you?
If you got what you wanted what would you have?
How would it be?

Needs: love, power, fun, freedom, spiritual

Family/individual resources

I want

Positive

I want

Positive

I want

Positive

I want

Negative

Adapted from Doing It by D. Gossen, 1985

Eliah Mickel, D.S.W.

Basic Needs, not Special Needs

Control Theory and Persons with Severe Physical and Cognitive Challenges

David Sansone

The author is a teacher and counselor at the LABB program located in Lexington, Massachusetts.

As we inch closer to the start of a new century, there are many triumphs that people with severe challenges over the past twenty-five years can look back upon and celebrate. These are people who have been, in the past, labeled untrainable, uneducable, and profoundly retarded. Their disabilities may be numerous: deafness, blindness, being non-verbal, having cerebral palsy or low cognitive ability. Their behavioral issues range from self-stimulatory behaviors (rocking, head weaving, hand flicking), self abuse (head banging, hand biting), and aggression (hitting, scratching, throwing objects). With the efforts of parents, special educators, and advocates, people with severe challenges now have the necessary support to attend public schools, access their community and join the workforce. The liberation from the dark halls of the institutions is nothing short of remarkable.

Much of the credit for those new opportunities must go to the behavioral assistance programs developed within the last three decades. Applied behavior analysis, or behavior modification, helped free many people with severe challenges from a lifetime of seclusion and emptiness. The crossroads we now face, however, asks the question, “At what cost has this freedom been bought?” It is my experience that 99% of the people involved in the lives of the severely challenged utilize:

1. stimulus response psychology (behavior modification);
2. the medical model (drug therapy) to provide behavioral assistance to their children, students, clients. With the increased documented research on the dangers of behavioral medicine, applied behavioral analysis has increasingly become the sole method of treatment for people with severe challenges.

At the heart of behavior modification is the A-B-C analysis. Behavior (B) can be altered by changing the antecedents (A) and/or the consequences (C) of the targeted behavior. The environment, with its external reinforcers and punishers, is responsible for increasing or decreasing behavior. Periodicals, such as the Journal for Applied Behavior Analysis, are filled with case studies of successful environmental manipulations that caused behavioral changes. It has only been recently that some parents, researchers and educators have begun to question the sentiment that, in behaviorism, The Answer has been found to anyone’s behavioral challenges. Their inquiries have been
spurred on by their discomfort with punishment, a failure of the student/client/child to generalize their appropriate behaviors to other settings, and a realization that people with severe challenges were being assisted with behavior problems quite differently from anyone else. Behavioral therapy is often prescribed to the non-disabled population for phobias and addictions. However, other forms of therapy are endless for the non-handicapped person: Reality Therapy, Rational Emotive, Freudian, Family Systems, Jungian, Gestalt, all the way to Crystal Therapy.

How then did Behaviorism become literally the only accepted method of assisting people with severe challenges? Bernstein, Ziarnik, Rudrid, and Czajkowski (1981) ask, "Behaviorism makes us feel better than the teachers/controllers that we’re doing our job but does it make the student/client feel better?" One of the first and best chapters questioning the exclusivity of behaviorism in special education was written by Guess and Siegel-Causey (1985). "The point might be made that behaviorism arrived at the scene at the right time and that, given a long history of educational neglect, almost anything positive would have improved the lifestyle of those persons identified as severely handicapped." Guess and Siegel-Causey ask if behaviorism has adversely affected the human qualities in students as well as producing undesirable effects in those using behavioral techniques. They note students who try to exert freedom of choice are labeled "inattentive, hyperactive, and difficult." Teachers have become "cultural designers" and severely handicapped learners have become "the passive agents of our actions." Their recommendation is, "The teacher must recognize that severely handicapped learners may also have their own agendas in life, that they are individually unique persons who, in spite of their handicapping conditions, possess those motivations, needs, emotions, and purposes that we so strongly associate with humanness. They are not to be perceived as objects to be manipulated, shaped, or modified solely to adapt better to our society or to satisfy our own decisions."

Recent attention has turned to Herbert Lovett’s work. Lovett (1985) argues, "By looking at persons labeled retarded in terms of their behavior, we often fail to see who they are or what they want." He asks that while behavior modification works well in teaching vocational and daily living skills, is this the best way to teach social skills? The message we want to convey is "Your choices affect you more than anyone, so make them according to your needs... We do not have the right to decide for others what they want to change." Lovett writes that people “motivate” themselves and it is our job to provide trust and support. He goes beyond behavioral reinforcement and asks why does the person “like” the reinforcer. As an advocate for the freedom of choice and dignity of risk, Lovett clearly defines the difference between assisting people to control themselves and other people controlling them.

One answer to the Guess/Siegel-Causey and Lovett questions is Control Theory. As outlined by William Glasser (1985), Control Theory states that we are motivated by forces from within ourselves. Nothing we do is caused by something that happens outside of us. All of our behavior, effective or ineffective, is our best attempt at the time to satisfy the forces within us. Human beings are control systems that act upon the world and itself as part of the world in an attempt to get the picture of what it wants. Built into our genetic structure is a group of five basic needs that we must continually satisfy. These needs are:

1. Love/Belonging (sharing and cooperating);
2. Power (self-esteem, achievement);
3. Freedom (choice making);
4. Fun (pleasure);
5. Survival (air, food, shelter).

Glasser states, “To satisfy our basic needs, even before birth, we begin to create what is best described as a picture album (Quality World) in our heads and begin to fill it with detailed pictures of what we want.” Our behavior is a constant attempt to match our specific want pictures with what we have or see in the world.

Glasser provides a diagram of the brain as a control system. By breaking the system into its individual compartments, we can review the implications for people with severe challenges.

The Basic Need

While the Guess/Siegel-Causey chapter and the Lovett book speak of “inner motivation” and “needs”, it is left to the reader to speculate what that means. The five basic needs satisfy that questioning. If Jack is trying to bite someone at mealtime, we shouldn’t look at simply “extinguishing the behavior.” We need to ask what need is not being met that is causing Jack to choose biting to get his message across. We need to review how Jack is currently meeting his needs and, since he is non-verbal with limited other means of communication, we must hypothesize what Jack might additionally want. Lovett concurs with this method. "How do I negotiate with someone who can’t talk? The answer is through trial and error." In order to satisfy the love/belonging need, teachers/parents/advocates are responsible for offering a wide range of social environments and relationships in order to observe who persons with severe challenges choose as meaningful people in their lives. We need to respect all aspects of choice making by the persons with severe challenges as their best attempt at the time to satisfy their freedom need. This doesn’t mean we advocate for unlimited aggression and self-abuse. It does mean we have an obligation to provide consistent opportunities for alternative choices that will hopefully prove to be more effective for the person. Various activities to achieve status and a sense of self esteem need to be provided. This goes beyond “Good boy, Joey” repeated ad nauseum. It means recognizing each person’s individual idea/picture of accomplishment. Fun means “there is more to life than bowling”; bowling is a far too typical recreation activity chosen for people with severe challenges. Specific, individual choice making of pleasurable activities is required. The term special needs should be abandoned. We all have, as Glasser points out, the same needs.
The Sensory System

Many people with severe challenges have one or more physical disabilities. With such a damaged sensory system, whether it is blindness, deafness, being non-verbal, or having limited movement ability and physical sensation, information from the real world may be significantly altered. The stairway that has a neutral value to a non-disabled person will carry a negative value to the person using a wheelchair. Special educators, advocates, and governmental action such as the new Americans with Disabilities Act are all responsible for assisting people with sensory disabilities to access appropriate modifications and accommodations. These include mobility training for people who are blind, sign language and a picture communication book for the deaf/non-speaking person, and an electric wheelchair so the non-ambulatory person can ride independently.

The Perceived and Quality Worlds

Imagine if since the day you were born, all that you knew were your immediate family (or institutional caretakers), one classroom with students with behavioral problems and who do not interact with you, and later in life, a job where you do the same tasks day in and day out for no pay. It was only recently that people with severe challenges were offered any other alternatives than the above mentioned. Due to the segregated, isolated nature of their lives, people with severe challenges had Perceived and Quality Worlds quite different, considerably smaller and more unclear than those of someone who is non-disabled. Due to the stimulus response programs that have been used on them over the years, the message they have been given over and over is “I know what you want and need. And not only that, you are going to have to earn those things every step of the way.” Is it any wonder why people with severe challenges often act out or choose to become over-socialized yes men? A behavior modification program might be set up for Betsy in which she gets to use her favorite toy if she doesn’t hit herself within the next hour. The problem here is Betsy may not be hitting herself because she doesn’t have enough fun time with her toy. She may be hitting herself because she wants to see a certain staff member, go to the bathroom, build a castle with blocks, or simply be left alone for a while. Teachers, parents, and advocates must assure a wide variety of environments for the person with severe challenges to explore. Within these environments, the chance to develop relationships with new people and try out new activities is paramount. If we truly want to assist people with severe challenges from constantly experiencing pure pain signals, respect for their wants/choices (that are not seriously dangerous to themselves or others) is essential. Providing augmentative communication systems such as picture books, computers, facilitated communication and sign language is often the key that unlocks the behavioral door for people with severe challenges.

The Comparing Place

Glasser states that the comparing place allows us to weigh, as if on a set of scales, what is in our Quality World with what we perceive the real world is offering us. If we are getting what we want, we receive a pure pleasure signal. Upon first glance, many people with severe behavioral challenges often appear to constantly have their scales tipped with a never ending frustration signal. However, their behavior may very well be a best attempt to respond to the constant barrage of behavior modification programs placed upon the person. If those of us in authority positions continue to attempt to control all aspects of the lives of people with severe challenges, then it is no wonder that frustration signals are constantly initiating behavior. By saying instead, “I understand you’re not getting what you want. Let’s see what we can do about it - together,” we are taking a first step in assisting with real change.

The Behavioral System

Glasser points out that our behavioral systems contain both organized and reorganizing or creative aspects. Organized behaviors may also be limited by the structure of behavior modification programs. “We will allow you to choose only these behaviors.” The ability to create new, alternative behaviors may be equally frustrating for persons with severe challenges. Not only is their cognitive ability confining their reorganizing but the authority figure may be actively attempting to squelch any creativity in the name of compliance. Think of the desperation you might feel if you wanted that toy you left at home, had no way of telling anyone, couldn’t think of any way to get that toy, or find a reasonable facsimile for the toy, and on top of all that, was told. “This is the time to sit quietly at the table and you will do it.” Is it any wonder you might be tantrumming on the floor? By instead offering visual, auditory and tactile modeling of behavioral alternatives to persons with severe challenges, we are saying to them, “There are some other ways to get what you want. Take a look at these; what do you think?”

Total Behavior

Control Theory recognizes that our behaviors are made up of four components: acting, thinking, feeling, and physiology. If each component is viewed as wheels on a behavioral car, the acting and thinking wheels are in the front and the feeling and physiology wheels are in the back. If we want to change the direction of the road in which we are headed, we do so through the acting and thinking wheels of our behavior. People with severe cognitive challenges have a flat tire on their thinking wheel. So focus on doing/acting is made even more important than it may be for the non-disabled person. The success of behavior modification can be partially explained by the fact that it too focuses on acting and doing to bring about change. Behaviorism is firmly rooted in the present. Control Theory, however, places emphasis on the present and future, “What do you want?” Control Theory doesn’t ignore the other components of behavior for the persons with severe challenges. Communicating other thinking alternatives to them in whatever mode they use is critical. For instance, Melissa refuses to get dressed in the morning. Before we get her doing/acting differently, it will be helpful to ask: What is she feeling? Is she tired, scared, angry, confused about what to do? What is she thinking? “I wish I could go back to bed.” “I am frightened of going to school.” “I forget how to get my shirt on.” “I hate my breakfast food.”
Different thoughts will require different actions. These hypotheses may be educated guesses but it is our only way to focus on what the person with severe challenges wants to feel/think/do and not on the authority figure’s decision on how that person will act. Systematic trial and error and consideration of the student/client/child’s wants do not mean carte blanche decision on how that person will act. Systematic trial and error and consideration of their choices, we are providing the dignity of risk and avoidance of the use of arbitrary punishment. Stimulus response psychology uses reinforcers and punishment to “change” behavior. Punishment history for persons with severe challenges up to the present include such treatments as ammonia sprays and electric shock. The problem with this, as Glasser points out, when we punish someone we tend to suppress all of their needs.

Control Theory not only offers new opportunities for people with severe challenges but also for the non-disabled people in their lives. As Renna (1990), points out in an earlier *Journal of Reality Therapy*, “the perception or picture that, due to their cognitive and physical challenges, they (the severely handicapped) must somehow have different needs, is what we as special educators must change if we are truly going to achieve our mandate of full integration for the students we teach.” Renna goes on to say that needed perceptual change must start with those of us working with people with severe challenges. Hopefully, the foundation that people like Guess and Siegel-Causey, Lovett, and Renna have laid down is the beginning of a heated debate on what is far too often currently a closed subject - how we can best help people with severe behavioral challenges integrate fully into the community.

References


**HECHINGER'S FATEFUL CHOICES: HEALTHY YOUTH FOR THE 21ST CENTURY**

Thomas Edward Bratter

The author is President of The John Dewey Academy in Great Barrington, MA.

Educators and mental health professionals who work with children and adolescents will not be startled by Hechinger’s *Fateful Choices: Healthy Youth for the 21st Century*. This is an important book whose message needs to be taken seriously because it provides a realistic assessment of the pressures and problems which confront children and adolescents during the 1990s. The war previously fought in the streets now has entered the classroom. Hechinger’s explicit message is the school needs to become responsive to the psycho-social-educational needs of students who are dying and being killed in increasingly greater numbers.

Hechinger does not overwhelm the reader with statistics and charts but relies on rational rhetoric to make his points. The author is to be congratulated because he writes with the objectivity of a reporter rather than with the vested interest passion of an insider or a critic of the school. Hechinger (1992) gains the reader’s attention in the third paragraph when he writes:

By age fifteen, about a quarter of all young adolescents are engaged in behaviors that are harmful or dangerous to themselves and others. Of 28 million adolescents between the ages of ten and eighteen, approximately 7 million are at serious risk of being harmed by health-and even life-threatening activity, as well as by school failure. Another 7 million are at moderate risk. Only half of the youngsters in this age group, or about 14 million, appear to be growing up basically healthy. But even these young people are not immune to the risk since most of them at the very least lack sufficient problem-solving skills. Italic added for emphasis, TEBI (pp. 21-22)

These statistics no longer are minuscule. The school can no longer ignore the frightening reality some students will die, either victims of homicide or will commit suicide before they graduate. Henkoff (1992) rhetorically inquires:

But is anyone really prepared to deal with the escalation of childhood violence? In a word, no. The grim trends tell us — or ought to that our entire approach to the problem has been misguided. We are constantly acting after the fact, trying to mend bodies after they have been broken. When children are burned or stabbed or shot, we bury them, or we deliver them to overstretched hospitals, shelters, and foster homes. When youngsters commit violent crimes, we send them into an antiquated juvenile system that rarely punishes them sufficiently and almost never rehabilitate them. When teenagers kill themselves, we have groups to console their bereaved parents, but we have very few programs to identify and help potentially suicidal kids before they pull the trigger. (p. 63)

Rather than sensationalize and scandalize which, if ignored, will continue to proliferate into staggering proportions, Hechinger is content to permit the reader to form a personal opinion.

The crisis in education has been caused because school leadership not only clings to obsolete practices and beliefs but also lacks the integrity to
confront change and suggest creative and constructive solutions. The country has evolved from an agrarian society to an industrialized to a technological culture characterized by change. Toffler (1971, 1972, 1974, & 1980) has discussed the phenomenon and impact of future shock which education has ignored. The school has remained intransigent and impervious to innovation because little has changed. During the 19th century, progressive educators won a battle when desks were unbolted from the floor so students were freed to move around, but neglected to modify the pedagogical relationship or the curriculum. The most important grade, for example, students received was “deportment.” Students have been expected to be silent, passive, respectful, and obedient.

The school fails to learn from history, Bratter (1976) writes, “Historically, revolution has occurred when people have believed there is something to revolt against. The tyranny of the classroom has been a rallying cry for students for many years. The instructor who rigidly insists there is only one correct answer thus encourages destructive student dissent.” (p. 420). Adolescents challenge authority when it becomes reactionary and punitive. The Congressional Quarterly (1970) warned that:

A new assertiveness, incredibly brazen by standards of the past, has obviously taken hold of the adolescent captives of the compulsory education system... But its contempt for authority and its roughshod manner of expressing grievances are unsettling, almost frightening to the elders of the school and community... The challenge to authority thrown down by young militants has helped to create an atmosphere in many schools conducive to the release of aggressive impulses of less benign origin. (p. 87)

The school’s response to the Congressional warning was benign neglect, though Keniston (1965, 1968 & 1971) articulated adolescent alienation and dissent. The school underestimated the warning but did not mobilize its resources to devise ways for adolescent anger and nihilism to be released. Bratter (1979) has chronicled, “Educators have replaced the police as the enemy. The classroom and the corridor have become the battleground.” (p. 97) During the 1990’s, this war continues but students view each other as the enemy. Richman laments (1992):

The loss of childhood innocence is a recent phenomenon, affecting all income levels and all ethnic groups. Playground fights that used to end in bloody noses now end in death. Schools that once considered talking in class a capital offense are routinely frisking kids for weapons, questioning them about drugs. AIDS has turned youthful experimentation with sex into Russian roulette... The bipartisan National Commission on Children wrote in “Beyond Rhetoric,” its 1991 report, that addressing the unmet needs of American youngsters “is a national imperative as compelling as an armed attack or a natural disaster.” (p. 34)

Desperate for a solution, some schools have purchased metal detectors to prevent students from bringing frightening lethal weapons to wage war against each other. While there continue to be consistent demands for reform, changes are cosmetic. The current reform to extend the number of days and hours students attend school inevitably will increase the incidents of violence. Feeling frustrated because they will be forced to remain against their desires, predictably students will commit more acts of vandalism and violence to vent their anger. The school does not value cognitive, psycho-

logical, emotional, and moral growth. The school has become an anarchism because it does not promote active and pragmatic learning. The educational system ignores adolescent passion which produces student drop-out and teacher burn-out.

The school needs to equip today’s students with the social and survival skills so they will mature to become tomorrow’s leaders in the global economy. The school needs to expand its mandate from education to a more advocate and activist political orientation. Quality leadership, based on Deming’s (1982) ideas, can create the conditions conducive for corrective action. Bratter (1990) proposes the dynamics of decision-making be based on consensus, no longer remaining the purview of an oligarchy or worse one person rule. Authority and power need to be decentralized from the domain of bureaucrats to empower many. Glasser (1990A) observes:

The most obvious reason for the overwhelming preponderance of boss-managers is tradition. It is “natural” for the strong to try to dominate the weak, and students are always younger and less knowledgeable (therefore weaker) than the teacher. Administrators... tend to see students as subordinates, a situation tailor-made for the boss-management, most teachers and administrators do not question what they do and are not even aware that a better, non coercive method of management exists... In contrast to the coercive core of boss-management, persuasion and problem solving are central to the philosophy of lead-management. The lead-manager spends all his time and energy figuring out how to run the system so the workers will see that it is to their benefit to do quality work. (pp. 26, 31)

The only antidote of unilateral power is a corresponding force which demands respect and equality.

Relationships not only among the administration, teachers, students and parents but also between the school and the community need to be redefined and renegotiated. The catalyst for reform will be the delegation and redistribution of power which is the quintessential ingredient needed to re-structure the schools. Meaningful reform will occur when the authoritative structure of the school is modified. Adolescents no longer can be controlled by totalitarian rule imposed by an external, depersonalized structure which attempts to force them to submit to what they feel is a system determined to rape them of their dignity and individuality. The U.S. Department of Education’s proposal to establish a national curriculum using standardized tests to assess outcomes will fail because it neglects to re-structure the school.

No scholar debates learning involves trivium and quidivium because it is necessary to have a data base from which to make informed decisions. Students need to be taught how to communicate, how to compute, and how to learn. Students need to learn how to think critically and to achieve competence to communicate persuasively both orally and in writing. Fromm (1976) laments the “tabulae rasae” of education does not occur because students:

Do not learn to question the philosophers to talk to them; they do not learn to be aware of the philosophers’ own contradictions, of their leaving out certain problems or evading issues; they do not learn to distinguish between what was new and what the authors could not help thinking because it was the ‘common sense’ of their time; they do not learn to hear so that they are able to distinguish
Frankl (1959) contends the primary mission of existence is a search for meaning — i.e., to establish a unique personal identity while justifying personal existence. Friedenberg (1959) describes the central task of adolescence to be, “Self definition. Adolescence is the period during which a young person learns who he is, and what he really feels. It is the time during which he differentiates himself from his culture, though on the culture’s terms” (p. 9) Adolescents are more concerned with roles than goals. Glasser (1972) is explicit:

The struggle for a goal — a profession, a diploma, a home, a family — has been superseded by the struggle to find oneself as a human being ... Role, or identity, is now so important that it must be achieved before we set out to find a goal. We can no longer afford to ignore this new priority in human motivations. Institutions that ignore the new motivational sequence — role before goal — will fail. (p. 9)

Hechinger does not wish to offend school personnel because he understates his opinion, “Many young people believe, because of the conditions surrounding them, that equality of opportunity does not exist; so they give up.” (p. 27) He states failure can be viewed as a symptom of adolescent vulnerability. (p. 42)

Hechinger (1992) remains sympathetic to the school which he implicitly excuses for benign neglect. “While schools today play a key role, both academically and socially, in the lives of virtually all adolescents, the schools have barely begun to adjust to the new social responsibilities that have been foisted on them.” [Italics added for emphasis, TEB] (p. 53) Sadly, the school refuses to recognize its implicit mandate because children and adolescents are required by laws to attend for a significant period of time. Indeed, American Association of School Administrators (1966) has concluded that:

Since both mental health and personality are affected by one's experiences with other people, it is imperative that the school's climate be favorable to emotional growth. [Italics in the original] This school climate should nurture the healthy child's emotional development as well as meet the disturbed child's need for redirection of his emotional development. A favorable classroom climate nurtures positive health and avoids or compensates for crippling tensions. (p. 79)

Hechinger recommends mental health centers be established in schools which will increase the likelihood children and adolescents will avail themselves of desperately needed health and psychological services. He does not mention how the school can convince communities to finance and implement these programs.

Hechinger (1992) uses the increasing number of children giving birth to children to justify placing the mental health center in the school.

Twelve-year-olds giving birth is no longer a rarity ... Their prevention should be given highest priority [because] substantial (yet uncounted) numbers of girls experience their first intercourse involuntarily as victims of rape and incest ... Many young adolescents are impregnated, not by teenagers, but by adult males. (pp. 70, 72, 73)

Hechinger (1992) rightfully proposes the mental health center:

Should deal with young adolescents’ reproductive health, including sexually transmitted diseases ... They should counsel about sexual behavior and its consequences, offer contraceptive advice when required, and, in the face of the growing risk of AIDS, urge the avoidance of unprotected sexual activity ... Health services should be free to recommend the use of condoms and distribute them on request. (p. 219)

When there is no mental health center, sadly Hechinger does not recommend the school dispense condoms.

The book fails to achieve its stated goal. “To connect adolescents with their futures by presenting them with constructive links to adulthood through guidance by caring adults who know that to neglect them is to put all our futures at risk.” (p. 45) This plea is not new. Redl (1959) has written:

When any youngster needs affection, the simplest way for teachers to administer it is not by honeyed words or sympathetic smiles, but by friendly assistance in learning ... For this reason, the skills of the good teacher who can help children find success in learning are as specialized as those of a psychiatrist ... Good teaching gives boys and girls a type of support which they can see as meaning they are liked and which can be accepted by many youngsters who would be frightened by mere direct affection. (pp. 206-207)

Hechinger has few solutions, other than suggesting students will respond positively to caring adults, but does not provide suggestions how the school can help teachers become more credible and caring. There is a remedy. The Carnegie Corporation, whose commitment to improving education and working with youth has earned it the respect and trust of the public and professionals, can commission Hechinger, who has the reporting talent, to write a sequel which could describe constructive and creative school-community sponsored and school-based programs which confront, control, and curtail students' pathology and problems.

Undeniably, the school needs to recognize the existence of an undeclared war which claims the lives of children and adolescents and mobilizes resources to produce a healthier environment. The crisis in education has been caused because school leadership not only clings to obsolete practices and beliefs but also lacks the integrity to confront with change and suggest creative and constructive solutions. George Bush proclaimed himself to be the education president but has offered no viable solutions, other than proposing the Choice alternative which will reward the best schools and punish those which are at best mediocre. While it is premature to judge, William Jefferson Clinton hopefully will possess the courage and integrity to confront the undeniable reality that education needs to be modified. Glasser offers viable solutions which need to be implemented. The Quality school movement offers real promise for meaningful change.

The curriculum continues to stress the four “C's”: Care, custody, control and conformity which, Glasser (1990B, p. 583) who quotes Bratter, advocates needs to be expanded from the three “R's” to include: “Responsibility, reality, relevance, reverence, respect, renewal, and relatedness.” (p. 583)

The definition of intelligence needs to be changed from performing
academic tasks to learning how to develop strategies to cope with change. Holt (1964) asserts, "By intelligence we mean a style of life, a way of behaving ... particularly in new, strange and perplexing situations. The true test of intelligence is not how much we know how to do, but how we behave when we don't know what to do." (p. 165) Education needs to help to define, not dictate, the synergetic and dynamic relationship between the student and society.

The school needs to address the psychological, emotional, moral aspects of the student. There exists profound and irreconcilable differences between students who live in Scarsdale (New York), The Barrio (Los Angeles) and Anchorage (Alaska). The U.S. Department of Education's proposal to establish a national curriculum so each student is taught the same material will fail because, as Hechinger (1992) reports, the school still will not, "Teach adolescents how to form relationships, how to use the social system, how to develop healthy behavior." (p. 53)

Teachers must be empowered to teach. Teachers must be free to innovate so they can confront relevant realities which confront students. Teachers must earn the trust and respect of students by becoming accountable to the consumers — i.e., students and their families — not to bureaucrats. No other profession has been subjected to so much regulation. Teachers teach from an obsolete script which is labelled a curriculum. Educators are discouraged from being innovative and spontaneous because their competence is assessed by how students perform on standardized tests. There are teachers whose skills make them effective communicators who need little supervision. There are, in contrast, instructors, who need to be either removed or re-assigned to minimize the damage they do. Bratter (1989) angrily proposes:

Teachers who are guilty of malpractice and moral turpitude must be removed from the classroom so they no longer insidiously threaten the ruination of a once honorable profession. Students are being deprived of an education. They are being brutalized. They are being raped of their dignity. Consequently, when some students who constantly are being criticized and condemned wish to preserve their sanity and dignity have no option but to reject the system by prematurely discontinuing their education. This is a crime. It is impossible to assess the devastating impact that impaired, miscast and misguided teachers have on their fellow professionals. Scandalously, the net result is the demoralization of the courageous, conscientious, and competent who feel disgraced and disgusted by the mediocrity. (pp. 35-36)

The school must become part of the social and political order. Tragically, students are dying and being killed during the day on school property. Rather than pretending societal problems fall outside its purview by adopting myopic vision, the school must confront and combat the malignant escalation of violence (child abuse, robbery, rape, and murder), teenage pregnancies, the AIDS pandemic, alcoholism and drug addiction. Hechinger (1992) contends:

It would be equally foolish to suggest problems of America's young adolescents can be viewed apart from the critical issues that confront all of American Society. The spreading swamp of poverty, the greed, the corruption in public and private enterprises, and the loss of faith in institutions and their leaders all conspire to undermine young people's trust in private and civic virtue. (p. 206)

The school must gain the courage to force the community to recognize these terrifying realities and suggest solutions such as using the police to search for drugs and weapons, dispensing condoms and sterile hypodermic needles. Social action, reform, and protest can produce politicization which is requisite to change. Bratter (1976) has described the political challenges confronting administrators of social agencies which now become concerns for school leaders. At no time in history has it been more imperative for the school to become an activist-political change agent. The failure and refusal to seek solutions must be considered to be a criminal conspiracy because students are brutalized and killed. The school needs to become an integral part of the social order. The school needs to engage in apolitical action to seek constructive and creative solutions to psycho-social and socio-political causes of problems which kill children and adolescents.

Bibliography


THE JOHN DEWEY ACADEMY: A RESIDENTIAL, QUALITY SCHOOL FOR SELF-DESTRUCTIVE ADOLESCENTS WHO HAVE SUPERIOR INTELLECTUAL AND INTUITIVE POTENTIAL

Barbara I. Bratter, Thomas E. Bratter, Carol Maxym, Henry T. Radda & Kenneth M. Steiner

The authors are all affiliated with The John Dewey Academy in Great Barrington, Mass. This paper was presented at the 2nd National Conference on the Quality School held at the University of Oklahoma in March 1993.

The Mission of The John Dewey Academy: Its Goals

The John Dewey Academy is a residential, college preparatory, therapeutic, year round high school for fifty students which applies the principles developed by Deming (1986 & 1982) and modified by Glasser (1992) and Lezotte (1992). Aguayo (1990), Scherkenbach (1986), and Watson (1986) discuss the Deming approach to management. The goal is to convince colleges of quality to admit its graduates and in so doing maximize future educational, professional, and social options so they can achieve success commensurate with their abilities. Fifty percent of the graduates have made the Dean's List at colleges such as Georgetown, Hobart, Trinity, Union, Universities of Chicago, Hartford, and Massachusetts, Wellesley, and Williams. Sixty percent have assumed active leadership roles such as student government president at Wellesley and Scripps Colleges, dorm advisors, and leaders of campus organizations.

The mission of The John Dewey Academy is to provide intensive, individualized instruction which inspires alienated adolescents, who possess superior innate intellectual and intuitive potential, to apply their academic assets. Glasser (1972) defines the purpose of education:

To produce a thoughtful, creative, emotionally alive, unafraid man, a man willing to try to solve the problems he faces in his world. Although he may not solve all of them, he will solve some of them. Confident that he can build on his success, he may fail for a while, but he will know that some success is possible. And when success does not come easily, he will not give up. If he can think, if he can relate to his fellow man, if he can appreciate the beauty created by man and nature, he has a chance for happiness and a chance to feel worthwhile. Education can do no more for a man. The rest is up to him. (p. 228).

Students are encouraged not only to interact with the teacher in classes, which rarely exceed seven, but also to design an individualized curriculum which Glasser (1990), who quotes Bratter, suggests has been expanded to include seven additional “Rs — i.e., responsibility, reality, respect, responsiveness, renewal, relevance, and reverence.” (p. 583). The curriculum is not standardized; to the contrary, each becomes an active learner. The generalized academic objectives are to help students think critically, to communicate both verbally and in writing, to make reasonable and rational decisions, and to recognize that the essence of growth is change not stagnation. Bratter, Bratter, Fiske and Steiner (1991) describe the philosophy of teaching as built around the concept of mentoring. The faculty is credentialed and experienced. All have at least masters degrees. Five have completed their doctorate. The average age is 45.

Students are admitted on the basis of their current attitude. The applicant is expected to accept absolute responsibility for making mistakes and to verbalize the desire to change. Each candidate is required to complete a two week probation period after which the applicant articulates reasons for wanting to remain. Admission is determined by a majority vote of the student community. Each new member is assigned by a staff person an older “brother” or “sister” whose tasks are to act as advisors and advocates.

Standardized test scores and prior academic performance are minimized because neither is an accurate indicator of future academic achievement, especially for alienated and angry adolescents who have little incentive to take tests seriously. Psychological reports do not provide an accurate assessment of the adolescent because clinicians often are pressured by insurance companies to provide fundable diagnoses.

The John Dewey Academy helps students to have courage of their convictions and recognize the “totum bonum” to (re)gain their self-respect which includes moral obligations to the self and others. There is no explicit value system which replaces asocial and self-destructive attitudes. Wood (1986) has written that the lack of self-respect creates problems for adolescents who may:

- resort to subterfuges and cunning schemes in an attempt to hide from themselves and from others their felt worthlessness... Or, encouraged by psychoanalytical-type philosophies they blame their families, their friends, their circumstances... Constantly they shrink from challenges that they feel may put at risk their fragile self-respect... Obstacles are found that will either prevent them from doing what they know to be their duty or provide a reasonable excuse should they fail... Their object is to reduce self-blame by blaming others, but whatever happens, the guilt mechanism is not deceived and is never effectively suppressed, causing constant psychological pain. (pp. 16, 17)

The value system, predicated on the Judeo-Christian-Puritan heritage prizes personal honor, integrity, truth, commitment, interpersonal decency, excellence, sincerity, respect for one’s self and others. Augmenting the college preparatory curriculum, The John Dewey Academy provides a supportive, safe, structured environment designed to help students stabilize and resolve intrapsychic and interpersonal problems which adversely affect academic achievement. Groups convene at least three times a week so students can help each other unlearn negative attitudes while concurrently learning to become more responsible to themselves, their family, their friends, and to society. Students learn how to justify their lives to themselves. In addition, twice a week students spontaneously discuss moral and ethical issues which help them appreciate individual differences while assisting them to establish a positive concept of self.

The concept of choice becomes the ontological option which creates the
conditions for the individual to attain self-respect. Fromm (1964) has written:

Man can choose only between two possibilities: To regress or to move forward. He can either return to an archaic, pathogenic solution, or he can progress toward, and develop his humanity. Almost everybody can regress to the archaic orientation or progress to the full progressive unfolding of his personality. The problem of freedom versus determinism is really one of conflict of inclinations and their respective intensities. One of the reasons why most people fail in their lives is precisely because they are not aware that they are still free to act according to reason, and because they are aware of the choice only at the point when it is too late for them to make a decision. (pp. 115-135)

Fromm assumes the person is capable of rational and realistic thought, hence capable of choosing self-direction and determination. The construct of self-respect becomes an interplay among the moral distinctions of what the person is, who the individual ought to be, and which specific moral acts are performed.

The John Dewey Academy is convinced that when psychologically intact adolescents are placed in an uncompromising and unrelenting residential environment with high expectations for improvement, they can achieve the greatness of which they once were capable before engaging in self-destructive behavior. Students are inspired to work diligently because, as Glasser (1992a) writes, “Education is the process through which we discover that learning adds quality to our lives. Only students who discover that the quality of their lives is improved by what they learn in school work hard and do quality work.” (p. 39)

Psycho-Social-Intellectual characteristics of the students who attend The John Dewey Academy.

During their formative years, some have suffered from parental acts of accidental deprivation, benign neglect, or deliberate depravity. Their trusted companions were dolls, robot toys, day care workers, maids, imaginary playmates. Their parents have been emotionally remote either because they worked and felt too drained to be responsive and affectionate, pursued social prominence, and/or may be addicted to alcohol or drugs. Consequently these adolescents feel they have been unjustly cheated and punished by their parents who abandoned and rejected them. The net result is the same. As children, these adolescents felt deprived of adequate emotional nourishment and affirmation, so self-esteem was impaired. Parental neglect created an intrinsic sense of worthlessness. These children oscillate between the idealized “Good Self” and a worthless “Bad Self,” as described by Kernberg (1975).

Often these adolescents ward off painful feelings of worthlessness with a voracious sense of entitlement accompanied by a rage, so that no person realistically can satisfy their psycho-emotional needs. People often are reduced to the status of objects to satisfy their needs. They defend themselves by projecting an aura of hostility which insulates them from intimacy. Whether they are victims or perpetrators is irrelevant because the underlying pain of rejection is demoralizing and debilitating. These adolescents have been bruised, betrayed, battered, and bloodied. When they arrive at The John Dewey Academy, these adolescents are hemorrhaging internally but conceal their wounds from everyone whom they feel have the power to inflict more suffering. In order to protect themselves, they project a facade of grandiosity to hide the vulnerable feelings of inferiority and inadequacy.

These immature individuals have acted out against an environment which they perceive to be hostile, hurtful and/or hateful. These adolescents exist in the present because they seek immediate gratification. De Leon & Deitch (1985) explain:

They disbelieve or reject the possible dire physical, emotional, and social consequences of their lifestyle. It . . . reveals the adolescent propensity for unrealistic thinking concerning their invulnerability . . . Adolescents, however, have not made substantial investments in the future and have relatively little to lose. They are . . . often protected from negative consequences by the support of peers and family. (pp. 218-219)

By creating constant crises with their impulsive self-destructive acts, these adolescents require a safe, structured, and supportive residential environment to help them control and curtail their behavior.

They are described to be characterologically difficult patients, showing prominent features of the DSM-III Axis II diagnoses of borderline and narcissism. Wexler’s (1991) observation can be applied to John Dewey Academy students:

They are neither hard-core sociopaths nor criminal types who are serious dangers to society. They do not suffer from severe psychological problems or organic dysfunctions . . . Many of these kids can seem relatively normal . . . whose normal adolescent chaos has grown to abnormal proportions . . . We frequently see alcoholism, physical abuse, incest, emotional deprivation, and severe inconsistency of parenting. (p. 8)

They have been diagnosed previously by therapists and hospitals to be oppositional character disordered adolescents whose problems are exacerbated by the bi-polar condition, hyperactivity or an attention deficit disorder. Thirty-three percent have been institutionalized in inpatient psychiatric facilities and arrive being medicated by lithium, prozac, ritalin, monoamine oxidase inhibitors, and tri-cycles. Currently none are medicated which reflects this school’s drug-free, anti-medication philosophy. The John Dewey Academy questions the neurobiologic research that presupposes the biological basis of psychiatric disorders. There is no evidence that psychotropic medicine ameliorates attitude problems.

These adolescents are motivated by intense emotions they neither understand nor can identify. They created crises in an effort to escape from feelings of depression. Some medicated themselves which temporarily relieved painful feelings of failure and rejection. Others were promiscuous to neutralize loneliness. Some have stolen. Several had eating and sleep disorders. A few had attempted suicide. All suffer from what Driscoll (1989) has described as self condemnation which he defines to include, "Self-criticism, self-contempt, self-deprecation, self-doubt, self-punishment . . . seeing the worst in oneself; by . . . low self-esteem; and by accompanying feelings of failure, inadequacy, worthlessness, embarrassment,
guilt.” (p. 104). Lewis (1992) describes a sense of shame which further depresses them because they feel they deserve nothing. Rutan & Alonso (1988) have discussed the implications of shame while conducting psychoanalytic group psychotherapy.

These adolescents become imprisoned by their behavior in a no win-no exit labyrinth where the expectation of failure begets failure. Glasser (1972) writes, “A child with a failure identity . . . one who lacks a concept of himself as a loved and worthwhile individual, will not work for any long-term goals.” (p. 161)

Profound psychiatric dysfunction such as clinical endogenous depression, schizophrenia, anorexia, active suicidal ideation, anti-social personality disorders, and/or psychosis are excluded from The John Dewey Academy because their prognosis remain pessimistic.

The Dynamics of The John Dewey Academy.

A pioneer who transformed the hospital from an intrapsychic model to an interactive social model of healing, Gralinck (1985) discusses the issue of the elimination of “sick behaviors” which threaten the stability of the program:

[An area in which there is conflict . . . is . . . related to the patient’s destructive ness. Such behavior, whether directed against the body or feelings of another or wantonly against property is . . . contrary to the system’s values . . . The social system has its established ways of responding to such behavior. Careless disregard for another, indifference to a fellow patient’s welfare, thoughtless behavior which is unfriendly of another’s sensibilities and comfort. However, with painstaking attention and education somewhat of a consensus will finally arise . . . Patients . . . can . . . solve their social problems, interact more harmoniously and work together more cooperatively. Their “competence work” advances with the success of this therapeutic work which resolves conflict. (p. 14)

Adolescents, who have exceeded appropriate limits, are confronted to accept responsibility for their dysfunctional and self-destructive behavior because their reality testing is flawed. Bratter (1972) writes:

Using a confrontation-teaching-interpretative-reasoning approach . . . Emphasis is placed on the “eigenwelt” (the relation to one’s self) - i.e., the immediate experience. The individual must acknowledge his perceptions of the conflict, the problem, his irresponsibility, etc . . . The individual, gaining the candid opinions and admonishments of his peers regarding the more destructive elements of his behavior, considers a new orientation and behavior. (p. 309)

These adolescents are not unmotivated or incapable of change but remain unconvinced. Glasser (1960 & 1965) asserts the concepts of individual choice and the capacity to change are implicit in all systems of psychotherapy. Helping adolescents to recognize they can take control of themselves can best be achieved in The John Dewey Academy because no one will excuse failure by commiserating how “unlucky” or unjust life can be.

Horney (1945) has defined the goal of psychotherapy to help the individual:

Assume responsibility for himself, in the sense of feeling himself the active, responsible force in his life, capable of making decisions and of taking the consequences. With this goes an acceptance of responsibility toward others, a readiness to recognize obligations in whose values he believes, whether they relate to his children, parents, friends, employees, colleagues, community or country. (p. 245)

Anticipating some criticism by expecting the individual to accept the responsibility to heal the self, Siegel (1989) states:

Many people fear that encouraging patients to take responsibility for their own health and emotions will make them feel like failures if they don’t cure themselves. That is missing the point. We are asking people to play an active role in their health care . . . Patients don’t try to die. They try to live until they die. Then they are successes . . . because they have healed their lives even if they have not cured their diseases. (p. 132)

The John Dewey Academy assumes students can modify their attitudes and behaviors by helping each other rather than requiring the expertise of the academically trained psychotherapist. Vattano (1972) reports much of Alcoholics Anonymous “success derives from the notion that one can help himself by helping others who have the same problem.” (p. 10)

Clinical Concerns and Challenges for the Psychotherapist who works in a Quality School.

Often working with character-disordered adolescents can be a frustrating and depressing experience, because their impulsivity and immaturity create constant crises. There will be times when the psychotherapist will need to intervene to protect adolescents from harming themselves. Bratter (1975) writes, “My concern for the survival and welfare of drug-dependent adolescents enables me to assume an unconventional and uncomfortable approach. The most controversial aspect of the treatment relationship is when the psychotherapist imposes himself as the central figure and determines therapeutic limits.” (p. 75)

The psychotherapist needs the strength not be consumed or destroyed by the rage, anger, sadism of adolescents when they are hurt or feel betrayed. Initially, the treatment agent is viewed as one enemy who wishes to deprive adolescents of their pleasurable pay-offs. Acting-out adolescents perceive efforts by the therapist to provide a corrective emotional experience as interfering and being intrusive. Sherwood (1990) suggests, “The conduct disordered adolescent cannot ‘collaborate’ with the therapist. One of the best known characteristics . . . is disdain and disrespect of adult authority . . . [which] implies someone bigger and stronger who can enforce his or her will.” (p. 381). Exacerbating this condition, Meeks (1976) believes these adolescents employ malignant defenses of disassociation, denial, projection and projective identity to remain resistant to psychotherapy. The treatment agent needs to adopt active and directive techniques to convince adolescents to channel their intense, potentially annihilative feelings into constructive and creative activities.

An occupational hazard for the therapist to recognize is that despite sincere efforts, brilliance, desperate intervention, some adolescents will not be amenable to treatment because they are too damaged or committed to destroying themselves. Finally, the psychotherapist must have an indefatigable optimistic and idealistic attitude never to give-up because some require
more time before they will begin to use, rather than continue to abuse, their superior potential.

**Personal Qualities of The Psychotherapist.**

Working in a residential quality school, the therapist needs to possess a strong sense of self — i.e., personal identity — and resilience which is unique to the field of psychotherapy. Complicating the consistency and continuity of care is the fact that these adolescents continually escalate their demands for more time and energy than realistically is possible to give them. It takes a "special breed" who possesses the faith, stamina, and strength to survive the constant tests and be able to give of self. Guntrip (1969) contends the psychotherapist may need to become a good object — i.e., a good mother, who was absent in childhood to help the adolescent grow, which is more salubrious than technique. Guntrip (1975) defines psychoanalytic psychotherapy as:

> The provision of a reliable and understanding human relationship of a kind that makes contact with the deeply repressed traumatized child in a way that enables one to become steadily more able to live, in the security of a new real relationship . . . [It] is a process of interaction, a function of two variables, the personalities of two people working together towards free spontaneous growth. To find a good parent at the start is the basis of psychic health. In its lack, to find a genuine "good object" in one's analyst is both a transference experience and a real life experience (p. 155).

The psychotherapist may need to assume the role of positive parent, not to replace the biological family, to provide a corrective emotional experience. Writing about his experiences in group psychotherapy, Grotjahn (1972) describes the personal qualities of the leader:

> The therapist is the central figure, symbolizing the parent in all the shades of various transference. His peripheral looseness toward the different members of the group must allow him to perform his duties by being father to one, mother to all, affectionate friend to someone who needs one, disciplinarian to someone who may at that time be working on problems of authority (p. 196).

The potential for abuse exists if the psychotherapist competes for control and/or affection of the adolescent, minimizes psychopathology, fantasizes becoming the good parent, deems the family incapable of changing and hence excludes them from treatment by refusing to work with them. Bratter (1974 & 1975) offers the concerned clinician strategies how to include the family and to strengthen the constellation. Strupp, in contrast, views the family as intransigent and excludes them from treatment. Strupp (1968) suggests a goal of psychotherapy is to offer the adolescent a healthy replacement for a pathogenic family — i.e., a "new, if temporary 'home' from which the patient can venture forth." Grotjahn (1972), counsels the group psychotherapist to, "Accept in himself a considerable amount of maternal identification . . . The therapist's maternal attitude facilitates the experience of weaning and individuation. The breaking of the mother-infant symbiosis may amount to an experience of rebirth in the group." (p. 197)

Working in a residential quality school, the therapist will be placed in a quandary when there will be inevitable questions about personal life issues. If the inquiry is sincere, unlike other treatment relationships in other settings, the therapist can respond honestly. This kind of personal vulnerability demands a resilience, a toughness which accompanies tenderness. More times than not, however, it proves to be deleterious for the psychotherapist to acknowledge being personally hurt or disappointed by adolescents when they fail. This reaction may signal an unhealthy personal possessiveness from which adolescents struggle to free themselves. Sensing they may be symbiotically connected to the therapist can produce a need to punish or retaliate to break free from enmeshment.

After a helping relationship has been established, adolescents want to know more about the personal life of the psychotherapist with whom they identify so they can resolve their concerns. Fromm-Reichmann (1948) affirms the legitimacy for judicious sharing of personal values in a treatment relationship, "It is not correct to say there is no inherent set of values concerned with the goals of psychotherapy . . . The psychiatrist should not be afraid of being aware of these standards which guide him in this therapeutic dealings with patients, no matter how eager he may be to establish his personal valutational neutrality." (p 269) The therapist can relate to resolved personal painful past acts, which can include failure and rejection, in an effort to convince adolescents that no one wins and succeeds all the time. It is unethical, however, for the therapist to discuss any personal illicit and immoral acts. At times, the therapist may need to extend the treatment alliance by relating to and permitting adolescents to identify when they become demoralized.

Self-disclosure, as Rachman (1975) reports, must be for the benefit of adolescents rather than for the personal gain of the psychotherapist. Exhibitionist and grandiose tendencies need to be questioned. Sharing personal resolved experiences involves a risk because these students are adept at confronting hypocrisies and inconsistencies of the therapist. If adolescents gain leverage, then the disclosure was counter-therapeutic. The therapist needs to have the strength to permit personal values to be challenged and criticized but to relate rationally and realistically so these adolescents not only can clarify their issues but also can begin to determine solutions while internalizing their beliefs. Ellis (1962) offers justification for the psychotherapist to share personal values because the adult is saner and stronger than those who seek assistance. Sometimes self-disclosure and vulnerability can be detrimental when the psychotherapist seeks either the support or advice from adolescents. There are more productive ways for the treatment agent to confirm humanness. Adolescents can gain invaluable insight when the therapist relates to painful events to substantiate the individual's resilience and determination to remain responsible in view of adversity and failure.

One of the authors elected to discuss a tragic event when he was requested to deliver a eulogy for a young adult who had a fatal driving accident while intoxicated to dramatize the consequences of substance abuse and to personalize the despair of those who survive. There was no intent to elicit sympathy, admiration, support or to glorify being requested to officiate at a funeral; instead the issue of personal obligation was stressed. It would have been more convenient to reject this request than to subject himself to personal pain and public scrutiny. Adolescents tried to become sympathetic and supportive but their attempts were rebuffed with the retort, "Do not pity me. I have no guilt. I did my best to
Quality School: Giving and Sharing.

The Psychotherapist’s Personal Contribution to the Residential

menthor who, as Bratter, Cameron treatment alliance which is a non-possessive “therapeutic eros”:...aerate. The psychotherapist needs to possess a stamina to continue when the pist is the difficulty to camouflage, to hide and to retreat to try to regener-

Due to daily contact, the most formidable burden placed on the therapi- is the difficulty to camouflage, to hide and to retreat to try to regener-

The Psychotherapist’s Personal Contribution to the Residential Quality School: Giving and Sharing.

Unavoidably in a residential quality school, the therapist is thrust into becoming a parental surrogate but needs to assume the added role of mentor who, as Bratter, Cameron & Radda (1989) suggest:

Will be subject to numerous tests. The most crucial test for the mentor will be to prove personal accessibility and indestructible caring on a twenty-four hours a day, seven days a week, fifty-two weeks a year basis. Should the mentor falter or fail these tests, the individual may be dismissed by these adolescents as similar to those who have abandoned or abused them before. Not until the mentor can person-

Seguin (1965), a psychoanalyst, adds an additional dimension to the treatment alliance which is a non-possessive “therapeutic eros”:

It is as if the therapist would say to his patient: “I believe in you; I believe in your veracity and intrinsic worth. I am, as nobody has been before, interested in everything that has happened or is happening to you. I accept you lovingly as you are because there is nothing sinful, shameful or desplicable in you. I am open to you, and, as no one has ever done before, I ask nothing in return, not love, respect, dependency, gratitude, or admiration. I love you for what you are and I welcome you as you are with no limitations whatsoever.

In such an atmosphere the patient will discover himself and for the first time in his life, will find within himself the capacity to be a free, valuable, and lovable human being, and he will be one. [italics in the original] (p. 131)

Almond (1974) suggests that Seguin’s therapeutic eros provides hope and the incentive to try to improve.

Healing charisma is a sense of specialness that makes individuals believe they can actually become what they would like to become and makes them believe that another member of the group really has the powers they would like to attribute to him. Specifically in the healing situation, it is that which enables the sufferer first to believe he can become, and actually to become, a member of the group, relieved of all and most of his affliction able to help others with theirs. It is the motive force that enables members to encounter new sufferers, unafraid of their bizarre behavior, and to communicate to them the expectation that they can respond and become members. It is the sense of specialness about himself that lets the leader act dramatically and therapeutically, in the confident belief that he can move and heal others. (p. 327)

Conclusion: A Plea for Humanistic Change.

The John Dewey Academy repudiates Freud’s (1930) pessimistic pronouncement, “Civilization is built up on renunciation of instinctual gratifi-
cations, the degree to which the existence of civilization presupposes the non-gratification of powerful instinctual urges.” When psychologically intact adolescents who possess superior intuitive and intellectual potential are placed in a residential environment with unrelentingly high demands for constructive and creative change, it becomes a positive self-fulfilling pro-

The John Dewey Academy’s experiences suggest profound implications for psychotherapy by modifying not only the treatment dyad but also suggesting new roles. Few challenge Coleman’s (1961) contention, “The simple fact [is] ... adolescents are looking to each other rather than to the adult community for their social rewards.” (p. 11) Individual psychotherapy no longer is the preferred mode of treatment for adolescents whose behavior requires residential placement. The didactic relationship can be enlarged to become a triad to include another adolescent who can model appropriate behavior while concurrently advising the individual how to change. This thrusts the therapist into a catalyst-consultative role rather than a treatment-curative one. In so doing, the therapist, as Bratter (1977) has written, becomes an advocate which Radda (1988) reports, includes the responsibility of mentoring. Brackelmanns & Berkovitz (1972) believe:

The therapist must be flexible in his role, and willing to move from transference object to real person, from the position of powerless parent to powerful adult friend. Most adolescents referred to treatment feel powerless, inadequate, and incompetent to deal with these feelings by exerting themselves against their parents in self-destructive ways. The parents’ over reaction and feelings of helplessness allow the adolescent to deny his own feelings, and to get dependency gratification without overly acknowledging these needs. (p. 48)

Group psychotherapy is a more effective treatment tool than individual therapy to create the conditions conducive for adolescents to change and to grow but does not render the latter obsolete. Sugar (1975) suggests the peer group stimulates:

Togetherness . . . built on the basis of a diluted symbiosis with the therapist and peers, which allows the patient to present, expose, discuss, investigate and deal with conflicts more suitably. There is diluted transference to the therapist and a strong bond with the peers. This inaugurates some separation from the family. Ultimately the ties with the therapist and family decreases while the bonds with the peers may remain for as long as the patient needs the particular peers. This tie to peers leads to a peer symbiosis which helps increase and promote barriers to the family symbiosis, thus assisting the separation-individuation process. (p. 114)

It takes a hardy breed of psychotherapist to work in the residential quality school who is sufficiently strong to become involved with tortured, troubled, and troublesome teens who require a safe, structured, and supportive residential treatment milieu. Before these adolescents, who project a tough exterior, will contemplate personal change, they will test before they trust; they will resist before they respect; they will antagonize before they admire; they will denounce before they depend. But once they begin to have faith in the psychotherapist, then they will achieve the great-

...
idealistic vision of Bandura (1967):

The day may not be far off when psychological disorders will be treated not in hospitals or mental hygiene clinics but in comprehensive “learning centers” where clients will be considered not patients suffering from hidden psychic pathologies but responsible people who participate actively in developing their own potentials. (p. 86)

Bibliography


PORTFOLIO ASSESSMENT: A QUALITY TOOL FOR QUALITY SCHOOLS

Stanley E. Wigle
Charles Manges

The first author is Associate Professor and the second author is Assistant Professor, both in the Department of Education at Wayne State College, Wayne, Nebraska.

Since the publication of Schools Without Failure (1969), William Glasser has worked to help improve the efficacy of our nation's schools by applying the principles of Control Theory to the issues of school reform. Glasser's primary focus has been on ways to help make schools and the experiences they offer to students more need-satisfying. According to Glasser, when students find that schools are places where they can meet the needs they have in their quality worlds, students become willing to do the hard work necessary to produce quality schoolwork. Based upon these basic tenets of Control Theory, Glasser has elaborated upon several concepts which are of great practical value to teachers who wish to increase the learning which occurs in their classrooms. For example, Glasser has argued for school programs based on student involvement in relevant curriculums (1969). He has recommended a learning team approach in the classroom as a way to facilitate more active student involvement and thereby increase the number of students willing to work hard in schools (1986). Finally, in his latest work, Glasser (1990) has proposed that schools facilitate quality schoolwork by implementing the principles of lead management.

Such concepts as relevance, student involvement, and lead management have all been recommended by Glasser as part of his work to use Control Theory to improve schools. Such concepts have been shown to be useful in facilitating quality schoolwork because they meet the needs students have in their quality worlds. However, as it has been argued elsewhere (Wigle & Dudley, 1991), while Glasser's ideas provide a broad conceptual framework for quality schools, further work must be done to develop specific tools which will allow teachers to apply this framework in their individual classroom on a daily basis.

One such specific tool, developed by educators concerned with the authentic assessment of student achievement, is student portfolios (Arter & Spandel, 1992; Farr, 1990; Flood & Lapp, 1989; NYSDE, 1991; Paulson, Paulson, & Myer, 1991; Seidel, 1989; Wiggins, 1989). Portfolios focus on formative rather than summative assessment, student involvement in self-evaluative activities, and the assessment of a full range of a student's knowledge and skills. Because of such foci, portfolios incorporate many of the important concepts supported by Glasser in his efforts to increase the quality of school work done by students. The purpose of this article is to briefly describe the portfolio approach to classroom assessment and to show how it is useful in helping teachers to apply Glasser's concepts in their classroom.

The use of portfolios represents a shift away from more traditional summative assessments that are characterized by scores on standardized and teacher-made assessments (Yumori & Tibbetts, 1992). Such a shift is positive in nature because traditional assessments alone are inadequate measures of student growth and progress (NYSDE, 1991). Tests, by their very nature, focus on summative evaluations, or the end products of the learning process. The once-over and one-time nature of most exams send strong messages to students that assessment comes from without and that it is not a personal responsibility of the student, that what matters is not the full range of individuals' knowledge and skills, but simply their performance on the slice of skills that appear on tests, and that achievement matters to the exclusion of development. What is needed to help facilitate relevance in classroom learning, active student involvement, and the supportive elements of lead-management is a different approach to classroom assessment. An assessment tool, by representing a wide range of authentic student learning activities, processes, and outcomes, can help build relevance into the curriculum that is offered to students. Such an assessment tool, by fostering student reflectivity and self-evaluation, can facilitate more active participation on the part of the learner in all aspects of learning and assessment. The assessment tool can provide a framework for the individualization of both instruction and assessment, and can help the teacher incorporate the important elements of lead-management into the classroom. Research has established that portfolios are a good example of just such an assessment tool (Valerie-Gold et al 1992).

A portfolio is a systematic and organized collection of evidence used by teacher and students to monitor the growth of student knowledge, skills, and attitudes in a specific subject area or areas. A portfolio may have several distinct sections representing, for example, literacy, math, science, and social studies, or its focus might be more narrow in scope by just containing information related to only one academic area (Arter & Spandel, 1992). Whether the portfolio represents a single content area or several different areas of the curriculum, there are several important decisions that must be made when designing a portfolio assessment system if such a system will facilitate relevance, student involvement, and lead-management in the classroom.

The first decision to be made concerns both the physical structure and the conceptual structure of student portfolios. The physical structure of portfolios refers to the actual arrangement of documents that will be used to demonstrate student learning. There are as many choices of physical structure as there are ways of arranging documents. For example, a portfolio could be arranged according to chronological order, subject area, style of work, or any other way that makes sense. The conceptual structure of portfolios refers to the underlying goals and objectives that are identified as being important student outcomes in the academic area under consideration. Such learning outcomes may be determined in many different ways. For example, individual classroom teachers could decide for themselves what the appropriate outcomes would be for particular content domains at particular grade levels, or the outcomes could be decided by curriculum committees. However, in terms of facilitating active student involvement in
classroom learning, perhaps the most efficacious manner of deriving appropriate learning outcomes would be for the teacher to seek student input regarding their own learning goals. Given appropriate teacher guidance, even very young learners can effectively engage in such collaborative teacher-student decision-making. By involving students, even at this early phase of portfolio design, teachers can help to ensure that students will begin to place pictures of the knowledges and skills that they will be asked to learn into their quality worlds.

The second decision to be made in the design of a classroom portfolio system concerns the content of the portfolio. If portfolios are to be authentic forms of assessment of student learning, then it is important that they represent authentic learning activities that occur in the classroom. Therefore, it is only logical that samples of student work be selected from a variety of daily and weekly assignments that students have completed. For example, in documenting a student’s literacy progress, samples from student writing folders, excerpts from daily journals, audiotape of oral reading, workbook assignments, and projects completed for other content areas that required reading and writing might be selected for inclusion into the portfolio. A science portfolio might include lab reports documenting a student’s ability to collect, analyze, and interpret findings. It might hold project work, photos of experiments being conducted, or questions posed by students for further study. A math portfolio might document improvement in increasingly complex story problems, samples of computations, explanations of why a mathematical process works, or solutions to open-ended questions. Obviously, there is no set answer to the question of what should go into a portfolio. However, as with the identification of appropriate learning outcomes, the engagement of students as participants in the selection process is another opportunity to encourage student reflectivity and active student involvement in the whole learning and assessment process. Such student input is not only very need-satisfying but it also increases the probability that students will begin to see what they are asked to do in the classroom as relevant to their quality worlds. The more relevance students perceive in their learning tasks, the harder they will be willing to work in order to produce quality products.

The third decision to be made in the design of a classroom portfolio system concerns a timeline. If a portfolio is going to be an effective, as well as an authentic assessment of student learning, a clear and efficient system for deciding how and when documents go into and come out of the portfolio during the school year will be needed. Therefore, a timeline must be created in which regular times during the year are identified for selecting or removing student portfolio work. Again, this ongoing process of developing the portfolio is an ideal opportunity to involve students in making decisions about their own work and to foster student reflectivity and self-assessment. At various points in the year, according to the timeline, teacher-student conferences should be held with each student in the classroom, in which students are asked to study their portfolios. During each conference students may be asked to reflect upon a single piece of work in their portfolio, on a series of revisions they had made in a particular project, on work samples that show growth in a particular area, or even on the entire collection of work. By asking students to reflect, inspect, and evaluate their own work for quality, teachers can encourage meaningful self-assessment on the part of students. Such self-assessment is an important aspect of lead-management (Glasser, 1990), and an effective way to facilitate competency and quality in student work.

Finally, when designing a classroom portfolio system, a decision must be made about how to evaluate and score a portfolio. Portfolios can be evaluated in terms of some standards of quality that students are asked to approximate, or they can be evaluated in terms of student growth and development demonstrated by the portfolio work. Whichever decision is made, it is important to remember that the ultimate goals of portfolios are to establish a pattern of ongoing student assessment and to create opportunities for continuous feedback between teacher and student. As part of such goals, as with the entire process of portfolio development, it is important to get the student involved in this decision area through self-evaluation. Again, as with all other aspects of portfolio development, students may be asked for their ideas regarding standards of quality or indicators of growth. Such student-generated pictures of quality or growth could then be used to evaluate and score the student work contained within the portfolio. Through such an approach assessment becomes noncoercive and need-satisfying for students. Students come to discover that they can do quality work and that the work they do has real relevance to their lives since they have had significant input into the whole process of deciding what that work will be. The more relevance schoolwork has for students and the more need-satisfying that work is, the more willing students will be to work hard to produce quality schoolwork.

Glasser’s work to improve our schools through the application of Control Theory and the ideas he has developed to do so are important steps toward the goal of quality schools. However, until teachers are able to implement such ideas in their own classrooms, the goal of quality schooling will elude us. The portfolio assessment system, with its emphasis on relevance, student involvement, and lead management, is one useful tool for directly incorporating such concepts into teaching and learning in the classroom. It is one way both teachers and students can meet the needs in their quality worlds, and it is one specific step toward quality schools.

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Using Reality Therapy Group Training With At-Risk High School Freshmen

Patricia E. Comiskey

The author is a school psychologist in Plymouth, Mass. This study was done for her doctoral dissertation.

This study was an effort to research the effectiveness of a counseling approach (Reality Therapy group training), used either alone or along with an institutional intervention (school-within-a-school). The purpose of the study was to determine the efficacy of RT group training for high school freshmen at-risk of school dropout. More specifically, the study was designed to investigate the effects of participation in the group sessions on the adolescents' self-esteem, locus of control orientation, academic achievement, school attitude, attendance and classroom behavior.

Overview

There is a large segment of our high school population, estimated at 25% at the national level, that is not responding to regular educational curricula, programs and interventions (Downing & Harrison, 1990). Nearly one million teens drop out of school every year, with one-sixth of these eventually earning an equivalency diploma (Smith & Lincoln, 1988). This dropout rate results in enormous social and economic costs to the nation, as well as life-long negative effects for the individual student (Catterall, 1987b).

There have been no definitive answers regarding the causes of dropout. Many current researchers see dropout as the result of a complex interaction between socioeconomic, individual and school process factors. Poverty is seen as the principal social factor. Individual characteristics that have been associated with dropout are an external locus of control orientation, weak sociability and poor self-esteem. The school environment is seen as unresponsive to the unique needs and problems of this special population. The school sends negative signals in the form of poor grades and/or aversive experiences with the disciplinary code. The unfriendly attitudes and atmosphere of the school stimulate hostility, resentment, alienation and ultimately school leaving (Ekstrom, Goertz, Pollack, & Rock, 1986; Wehlage, 1986).

Just as the causes are complex, so are the solutions. Most educators agree that approaches must be multidimensional. There is a paucity of research on dropout prevention strategies.

Little is known about how to discourage early school leaving that is so destructive to the individual and society. (Rumberger, 1987). Three types of interventions are currently receiving attention: (1) remediation of skill deficits, (2) vocational programs and (3) interventions that address the psy-
The school-based intervention consisted of a limited pilot program designed to address personal-emotional as well as cognitive-academic needs. In this partial school-within-a-school program the students were grouped together for English and Social Science classes and received special attention from a team of teachers, counselors and administrators. It was intended to provide an alternative route to academic success for those ninth graders who no longer view school as need-satisfying.

Method

The areas of concern consisted of psychological variables and behaviors considered related to school dropout. Assessment was made in six areas: achievement, attendance, self-esteem, locus of control, school attitude and classroom behavior. Pre- and posttreatment measurement involved the use of first and second semester grades and days absent, the Coopersmith Self-Esteem Inventory, the Nowicki-Strickland Locus of Control Scale for Children, the Psychological Sense of School Membership Scale and the Conners Teacher Rating Scale.

Using analysis of covariance (ANCOVA), the adjusted posttest scores, with the pretest used as the control variable, were compared to see if significant differences could be found on any of the six dependent measures. Within-group comparison from pre- to posttreatment was done using t-tests. Analysis of variance (ANOVA) was used to examine the background characteristics of age, IQ and socioeconomic status as possible confounding factors.

Sample

The plan of the study was to compare three groups of fifteen ninth grade students who were considered at-risk for repeated academic failure and dropout due to a combination of factors, most notably attendance problems, poor grades and behavior difficulties. The subjects were students in one of two regional high schools in a suburban area. Participation was voluntary. Random assignment to treatment groups was not possible. Students who missed more than three sessions were not included in the final data analysis. Thirty-three subjects, eleven in each group, completed the program.

Results

The results of the data analysis revealed significant differences in the areas of achievement, school self-esteem, school attitude and attendance in favor of the school-within-a-school group that participated in the RT training. There were no significant differences in the areas of locus of control orientation or classroom behavior. There were no significant differences between the groups on any of the background characteristics. The groups were considered comparable in the areas of socioeconomic status, age and IQ.

Student perceptions of the group experience were generally positive. The majority of the at-risk freshmen who participated in the two RT groups...
were glad that they had been part of the group and indicated that they would like to be considered for another group in their sophomore year.

Discussion

The overall results of this study lend support to the usefulness of RT group training when used as part of a school-based program. The intervention can be successful in promoting positive changes in behavioral, attitudinal and psychological variables correlated with dropout. When used alone, the RT training was only minimally effective.

Participation in the SWS/RT group was associated with higher grades in English and Social Science. The RT only group showed the second highest grades in these subjects. Apparently, the additional support of the SWS alone, the RT training was only minimally effective.

An enhanced self-esteem was found for boys with the RT/SWS group in the area of School self-esteem. Results offer some limited support for RT training when used as part of an institutional intervention to promote better self-attitudes in the achievement domain.

A sense of school belonging was fostered by the RT/SWS intervention. As students put pictures of school people and learning back into their quality worlds, it is hoped that these positive values will lead to better school work.

The RT/SWS group showed a decrease in absenteeism. When an activity or situation is need satisfying, students will participate. The RT treatment, when combined with school process accommodations, was successful in encouraging at-risk students to remain in the school setting.

High school students leave school early for two main reasons: (1) They don't like it and (2) they are not doing well (Ekstrom et al., 1986). If educators can find ways to positively influence their sense of belonging or school membership and to promote a belief in their competence and worth in school-related areas, then the dropout rate can be lowered. Schools must develop interventions that make school need satisfying.

At-risk students often come from disadvantaged families. These students experience coercive discipline at home and this is replicated in the school environment. They have few opportunities to learn how to satisfy their basic needs. They tend to become further alienated due to the boss-management of the typical secondary school.

Group counseling procedures and alternative programs have often been utilized with at-risk students. However, there has been little empirical research regarding the effectiveness of various interventions. This study sought to add to the knowledge base so that educators and psychologists can make informed decisions when selecting and developing programs for the potential dropout. Results of this study suggest that a combined RT group counseling program plus school accommodation can be effective in altering behaviors and attitudes considered related to dropout.

Recommendations

1. Research should be conducted using more extensive models. The findings of this study lead one to pose questions relative to the positive effects of two even more extensive programs: (1) a full school-within-a-school program with the attributes of Glasser's Q-School for these at-risk students or (2) the adoption of a Quality School model for all students.

2. Research should be conducted using Reality Therapy group training with younger students. While the intervention has shown some positive results at the ninth grade level, this is, perhaps, the last chance to intervene with these adolescents who have demonstrated at-risk behaviors over a prolonged period. Since the transition to junior high has been found to be particularly unsettling for these children, it is recommended that this age group be targeted for the intervention.

3. Catterall (1987a) cautions that a segregated group, limited to potential dropouts, may have negative effects on program effectiveness. These students are then isolated from appropriate role models and may also resist being singled out. It is suggested that groups be composed of students representative of the student body in order to promote bonding, not only to the group, but to the school culture as a whole. This would further the goals of social integration and school membership.

4. In his review of experimental studies with underachievers, Wilson (1986) reported that longer treatments tended to be more effective. Psychological variables, such as locus of control orientation and self-esteem, are considered stable constructs and may be influenced only with prolonged interventions. It is suggested that the group be expanded to at least 16 sessions, one period per week for the first semester.

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INTERNATIONAL RESOURCE LIBRARY

The Board of Directors has approved the establishment of an International Resource Library to be housed at Northeastern University, the home of the Journal for Reality Therapy. This library will contain the following:

1) Annotated bibliography of all published articles.

2) Abstracts of doctoral dissertations regarding reality therapy and control theory.

3) Identification of books, media, and other resources available elsewhere with names, addresses, and sources of such material.

The January 1993 resource library is available upon request at a production/mailing cost of $7.00. In addition, individuals are encouraged to send information, materials, etc. to the Library for listing. The mailing address for the Library will be:

Reality Therapy Resource Library
203 Lake Hall
Northeastern University
Boston, MA 02115
Telephone: 617-437-2485

VALIDATING A METHOD TO IDENTIFY “AT-RISK” STUDENTS

Thomas S. Parish and Joycelyn G. Parish

The first author, a frequent contributor to the Journal, is a professor in the Dept. of Counseling and Educational Psychology at Kansas State University, Manhattan, Kansas. The second author has served as a statistical consultant to the Race and Sex Desegregation Center at Kansas State. Both authors are reality therapy certified.

Who are “at-risk,” why are they “at-risk,” and of what are they “at-risk”? These questions were recently posed by Parish and Parish (1992), but according to Sagor (1990), questions such as these can’t be readily answered until a theory (or theories) is (are) articulated on the causes and/or indicators of students becoming “at-risk.”

One model, proposed by Kagan (1990), promotes the notion that schools (and not students) are the primary cause of students becoming “at-risk.” This is so because schools generally fail to be need-fulfilling for many of their students, particularly the ones who are deemed to be “at-risk.” That this is so is attested to by various studies. For instance, Sansone and Baker (1990) reported that ninth grade students in their study perceived their high school as impersonal, large, and confusing. Parish (1991) also found that when teachers cared for their students in high school these students would likely achieve higher grade point averages, cut fewer classes, not have a record of unexcused absences, and maintain a better attitude toward their teachers and their school experiences than those students who felt their teachers hadn’t cared for them. Whether it’s boring classes (as suggested by Farrell, Peguero, Lindsey, & White, 1988), or undue pressure from increasing academic standards (as indicated by McDill, Natriello, & Pallas, 1986; Tanner, 1989a,b), the end result is the same, i.e., alienation from a non-need-fulfilling institution (Hendrix, Sederberg, & Miller, 1990).

To establish and maintain an effective school environment, Greene and Uroff (1991) urged teachers to provide their students with the 4 A’s, as well as the 3 R’s, i.e., attention, acceptance, appreciation and affection. Gurney (1987), Parish (1991) and Parish & Parish (1990) have drawn similar conclusions. Students finding themselves in such need-fulfilling circumstances have happened, but not often. For instance, in the Greene and Uroff (1991) study, they utilized reality-therapy, “lead-management,” and quality work concepts to enhance students’ need-fulfillment. In most situations, however, such methods go unused, and consequently students’ needs go unmet.

Perhaps teachers haven’t the awareness they need that can help them to identify the students who are “at-risk” of becoming alienated and/or failing in school. Of course, some predictors are currently available to teachers to help them identify these troubled students. For instance, Elliot, Godshall, Shrot, and Witty (1990), Larose and Roy (1991), and Sapp
(1990) reported that low-grade point averages are likely to be indicative of ‘‘at-risk’’ students. Lower self-concepts have also been used to discern this troubled group of students (Gurney, 1987; Sapp, 1990). O’Sullivan (1990) even went so far as to develop a rather complex ‘‘at-risk’’ rating method which includes a combination of students’ grade reports, conduct ratings, absences, disciplinary actions received, and teachers’ ‘‘at-risk’’ rankings. Thus, we seem to go from very simple predictors of determining which students are ‘‘at-risk,’’ to complicated ones (e.g., O’Sullivan’s multifaceted method), but what still seems to be needed is a survey approach that teachers can easily use and quickly discern which students are likely to be ‘‘at-risk.’’ To validate such an instrument was the aim of the present study.

METHOD

Subjects

In the present study 2,482 students, along with their teachers, voluntarily participated. These students were enrolled in a single school district in Colorado.

Instrumentation

Teachers’ surveys. — For each of the students included in this study, a teacher completed a Potential Dropout Checklist (PDC; see Table 1). This checklist consists of 20 items to which the teachers may respond ‘‘yes’’ or ‘‘no,’’ plus a general question that asks the teachers to indicate if the pupil stands out on the characteristics listed on the PDC compared with the rest of the class. A student’s score on PDC is the number of ‘‘yeses’’ checked.

Besides the PDC, the teachers in grades K through 8 completed the Personal History Inventory for Children (PHIC; see Parish & Wigle, 1985). This inventory consists of 14 items to which teachers were asked to check whether or not students had encountered functional support systems. Item #1, for instance, asks teachers . . . ‘‘Are the parents of the above mentioned child hostile or uncaring?’’ A yes to that query would be interpreted as a failed support system. One’s score on this survey was the number of support systems failed (out of the 14 surveyed), in the estimation of the students’ teachers.

Students’ surveys. — Depending on the grade level, students completed different versions of a self-concept scale.

Grades K to 2 — These students completed the Nonsexist Personal Attribute Inventory for Children (NPAIC), developed by Parish & Rankin (1982). It consists of 32 adjectives (16 positive and 16 negative), from which students selected 10 that were most like themselves. One’s score was the number of negative adjectives checked.

Grades 3 to 8 — These students completed the Personal Attribute Inventory for Children (PAIC) created by Parish & Taylor (1978). It consists of 48 adjectives (24 positive/24 negative), from which the students selected 15 that were most like themselves. One’s score, once again, was the number of negative adjectives checked.

Grades 9 to 12 — These students completed the Personal Attribute Inventory (PAI), developed by Parish, Bryant & Shirazi (1976). It consists of 100 adjectives (50 positive/50 negative), from which the students selected 30 that were most like themselves. Like the NPAIC and the PAIC, one’s score on the PAI was the number of negative adjectives checked.

To equate the self-concept scores across grade levels, one need only multiply the NPAIC score by 3 (since only 10 adjectives were checked), their PAIC score by 2 (since only 15 adjectives were checked), and their PAI score by 1 (since a total of 30 adjectives were checked).

Besides completing the PAI, high school students’ were also asked to respond to the Personal History Inventory (PHI) introduced by Parish & Parish (1991). The PHI, like the PHIC, consists of 14 questions intended to assess various support systems’ functionality, with one’s score being the

Table 1
Potential Dropout Checklist
(List of Identifying Characteristics)

<table>
<thead>
<tr>
<th>Does this pupil stand out on the characteristics listed below when compared with the rest of the class?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>If the pupil can be described by all or part of the statement, please circle the number of all those that pertain.</td>
</tr>
<tr>
<td>1. Is two years older than his/her classmates.</td>
</tr>
<tr>
<td>2. Has a poor attendance or tardiness record.</td>
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<tr>
<td>3. Is reading below his/her grade level.</td>
</tr>
<tr>
<td>4. Resists aggressively the authority of the teacher or principal.</td>
</tr>
<tr>
<td>5. Has little or no interest in school.</td>
</tr>
<tr>
<td>6. Is ignored or actively disliked by pupils or teachers.</td>
</tr>
<tr>
<td>7. Is not able financially to do what the rest of the group does.</td>
</tr>
<tr>
<td>8. Is not in any extracurricular activities.</td>
</tr>
<tr>
<td>9. Refuses to participate in gym activities; refuses to get undressed; stands on sidelines.</td>
</tr>
<tr>
<td>10. Is passed on to the next grade on trial because of marks.</td>
</tr>
<tr>
<td>11. Student changes schools frequently.</td>
</tr>
<tr>
<td>12. Has been retained one or more years in school.</td>
</tr>
<tr>
<td>13. Has older brother or sister that has dropped out of school.</td>
</tr>
<tr>
<td>15. Closest friends are out of school.</td>
</tr>
<tr>
<td>16. Disciplinary record includes expulsion, suspension, or warning of suspension.</td>
</tr>
<tr>
<td>17. Parents’ attitude toward dropping out of school is one of indifference or actually encourages it.</td>
</tr>
<tr>
<td>18. Poor home environment.</td>
</tr>
<tr>
<td>19. Student has poor self-image.</td>
</tr>
<tr>
<td>20. You have a feeling that the student might drop out of school; not any one thing you can put your finger on, just the feeling that the student might drop out.</td>
</tr>
</tbody>
</table>

Grades 9 to 12 — These students completed the Personal Attribute Inventory (PAI), developed by Parish, Bryant & Shirazi (1976). It consists of 100 adjectives (50 positive/50 negative), from which the students selected 30 that were most like themselves. Like the NPAIC and the PAIC, one’s score on the PAI was the number of negative adjectives checked.

To equate the self-concept scores across grade levels, one need only multiply the NPAIC score by 3 (since only 10 adjectives were checked), their PAIC score by 2 (since only 15 adjectives were checked), and their PAI score by 1 (since a total of 30 adjectives were checked).

Besides completing the PAI, high school students’ were also asked to respond to the Personal History Inventory (PHI) introduced by Parish & Parish (1991). The PHI, like the PHIC, consists of 14 questions intended to assess various support systems’ functionality, with one’s score being the
number of support systems that have failed them during either their child-
hood or adolescence, at least in the estimation of the students.

RESULTS

Pearson Product-Moment correlations were computed between the
PDC and students’ self-concepts (i.e., either the NPAIC, PAIC, or PAl), as
well as their support systems assessment measures (i.e., either the PHIC or
PHI).

The correlation between the PDC and the self-concept measures noted
above was significant \( r = .24, p < .0001 \), as was the correlation between
the PDC and the support system assessment measures \( r = .40, p < .0001 \).

DISCUSSION

The findings from the present study show that high PDC scores were
significantly related to (i.e., predicted) students’ low self-concepts and high
support system failure scores. These findings are quite supportive of
Glasser’s (1990) “Quality School” model that suggests that students do
quality work (i.e., do well in school) when they are valued and not coerced.
In other words, students should do better in environments where their needs
are met, rather than go unmet. That this is so is attested to in studies

Furthermore, Gurney (1987) and Sapp (1990) found that lower self-
concepts prevailed among students deemed to be “at-risk”. These findings,
too, support Glasser’s (1990) “Quality School” model that suggests that devalu-
ing students’ work may ultimately result in students devaluing them-
Selves and/or believing that they are incapable of doing quality work.
Hence, “at-risk” students are likely to be created in this way. If this is so, it
should be useful in ascertaining who the struggling or “at-risk” students
are, and the PAl, PAIC and NPAIC should be helpful in discerning the
level of their diminished self-concepts.

Teachers, counselors and ancillary school personnel may use these in-
struments described above in order to better understand where their
students are, and then try to act more efficiently with these students, so
identified, in order to help them avoid becoming alienated from school and
possibly dropping out since school had become too non-fulfilling an
environment for them. Of course, teachers and other school personnel may
choose not to create an atmosphere where students can meet their needs, but
in so doing, they may lock themselves and their students into a world of un-
happiness and nonfulfillment. It’s their choice, but one that is easier to
make once the problems and the consequences are better understood.

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TEACHING ROLE PLAYING AND CRITIQUEING

J. Robert Cockrum

The author, reality therapy certified, is Professor of Educational Psychology at Kentucky Wesleyan College, Owensboro, Kentucky.

Teaching Reality Therapy and Control Theory has always included role playing as one of its major components. Students of RT/CT, however, have too often frustrated over their inability to role play as well as they would hope to, or as well as the instructor, and sometimes have given up rather than face the task of developing some rather difficult skills. As teachers, we should remember that there is really no justification in making learning difficult, and this attitude should certainly guide us as we help students develop the ability to role play using RT concepts. We should first decide what it is that we expect or hope that students will know after a period of instruction, and ask ourselves what will be the easiest way, not the most difficult, to encourage and aid them in learning this material. After all, the material or skill is what is important, not the difficulty of the learning approach. For this reason, perhaps a serious look at teaching role playing in a way that makes learning the process easier is worth some time and effort for all of us. Since the real purpose of role playing is to develop skill in counseling, we must first examine a part of what good counseling should consist.

Most of us engaged in Reality Therapy would probably agree that advice-giving is a no-no. Rather we work toward getting value judgments (self-evaluation) from our clients through the skill of asking questions. This is not to say that questioning is all that we do, but most of us are usually better at “declaring” than questioning, at least as we begin the study of Reality Therapy. Therefore, developing questioning skills is more of a task to be struggled with than is learning to share opinions or give information directly.

Another item of concern in teaching role playing has to do with the purpose of role playing. Too often, students of Reality Therapy view role playing as a time to work on, or even “solve”, the real problems they have with themselves, their clients or students, rather than as a learning tool. Perhaps a look at what role playing is not would be helpful. At least a few suggestions would include:

1. It is not a time to solve problems.
2. It is not a time to entertain an audience.
3. It is not a time to demonstrate a client that will not talk (we all have clients/students like this but we don’t learn how to do much Reality Therapy by role playing with a non-talker).
4. It may not even be a time to work toward a plan; this task might well be a separate learning activity. Working toward a plan often seems to lead more toward problem-solving.

If these ideas represent what we should not do with role playing, and if questioning should make up a major part of what we should be doing, what kinds of questions should we ask? This is simpler, since Reality Therapy developed around some basic areas of concern and questions to use, including:

1. relationships (Ask questions about the client, his/her life, family, job, interests, skills etc.)
2. wants and needs (Ask what the client wants/really wants.)
3. total behaviors (Ask what total behaviors the client is choosing to get what he/she wants.)
4. evaluations (Ask the client to evaluate his/her wants, behaviors, plans etc.)
5. plans and commitments (Ask the client what he/she could do to better get what he/she wants.)

In teaching role playing, an effective approach (especially in teaching groups) is to briefly describe a client and his/her problem and then have the students write down a list of questions on only one of the above areas at a time. Then each student reads from his/her list, as others check to make sure the question(s) fit the category. (This activity also begins to develop the students’ critiquing skills.) The group can then move to the next category and repeat the activity. Once the students are comfortable with this process, they will be ready to take a similar approach by writing sample statements (again, only one category at a time) that a counselor might make to a client. This approach is less threatening than the usual approach of going through the entire process of therapy, and students seem to actually enjoy the activity. The author has even introduced some fun and friendly competition into the process by having students “honk” each other if a slip-up occurs, such as asking a “want” question, when a “behavior” question was assigned.

As students become more comfortable with these types of questions, they will be able to better move into the “regular” approach of working with a client in the entire process. More importantly, the higher probability that they have experienced success with this more structured approach to questioning should help to give each student a perception of “I can do a good job of this role playing “stuff” instead of a more common, “Gosh, I wonder if I can ever learn to do this?”

Each Reality Therapy instructor probably has some type of handout or form to be used in role playing and/or in teaching the “Environmental Components and Procedures Leading to Change” in their Intensive Weeks, practica, classes etc. Wubbolding, (1991) has developed a system which he metaphorically calls “Radio Station WDEP,” with the “call letters” referring to Wants, Doings, Evaluations, and Plans (Wubbolding, 1991) (see Figure 1). Along with his popular “Cycle of Counseling” chart (Wubbolding, 1991), these ideas are gaining widespread use and are simplifying the teaching of role playing for many instructors and practicum supervisors with whom Wubbolding has shared his ideas. Carleen Floyd, in
Rules for Role Playing:
1. Start with real client.
2. Play it as you feel it.
3. Stay in the role.
4. "Facts" are mutually agreed on.
5. No Violence!!!

Figure 1

Figure 2

her extensive work with young people in schools, has changed the WDEP terminology to WDHP with the H referring to the question, "Is it helping or hurting," an approach that seems to clarify the evaluation concept for younger children (Floyd, 1990). This author has designed a chart, (Figure 2) which can be used to teach not only the basic ideas to be included in most role plays, especially in the beginning stages of learning RT and CT, but also several "suggestions" which may keep the student focused on the kinds of ideas which are stressed during the teaching/learning of Reality Therapy.

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Another skill that is usually developed during the role play segment of RT training is that of critiquing our own as well as others' role plays. This often becomes a problem for new students of RT. We are stressing being non-critical and encouraging self-evaluation, yet asking for feedback ourselves (through the IRT forms) and for other students in the learning groups. The result is too often a mixture of general comments and an incorrect focus on the client's role instead of that of the counselor. By asking observers (as well as the role players) to focus on writing down the questions that they hear first, without paying attention to declarative statements, the inclination to focus on the problem is lessened. The questions can then be categorized as questions of relationship, wants, behaviors, evaluations or plans, and comments given to the “counselor” concerning effectiveness of the question(s), whether they tended to facilitate or block further communication, as well as other general comments about the role play. Later, as the observers become more skilled in observing and listening to role plays, the same approach can be expanded to include the writing down of statements and comments made by the “counselor” (still without any reference to the “client’s” talk) and feedback concerning these as well as the questions. A useful form/feedback sheet for this purpose is shown in figure 3.

In teaching intensive weeks, the author has assigned students, sometimes individually, other times in pairs, to write down either comments/statements or questions, and list them according to the type of information they are related to. Later, the entire group becomes involved in critiquing and giving feedback concerning the role play observed. The result is almost always feedback that is specific, positive and related directly to the skills and expectations of the role play assignment, as well as being closely aligned with the teaching/learning content of the intensive week lectures.

The more we can improve the questioning skills of students and their ability to see the role play as a learning tool rather than an entertaining device or a problem solving game, the better they will become at using Reality Therapy in their own professional and/or personal situations. The ideas in this article have helped the author — hopefully they can be of use to others in teaching role playing and critiquing in Reality Therapy classes, whatever the setting.

References
EIGHTY-TWO REALITY THERAPY DOCTORAL DISSERTATIONS WRITTEN BETWEEN 1970-1990

Marian Franklin

The author is Professor Emeritus from the University of North Carolina at Greensboro and is a field faculty member of IRT.

Researchers are looking for results of doctoral studies of William Glasser’s counseling approach (Reality Therapy) and his more recent support of a theory (Control Theory) that supports it. Hopefully, the list of eighty-two doctoral dissertations that follows will assist them in their search.


Butler-Por, A. (1982). The phenomenon and treatment of academic underachievement in children of superior and average ability. (Doctoral dissertation), University of Wales (United Kingdom), Boston University. Dissertation Abstracts, 49(09A), 2584.


Martig, R. M. (1978). The behavioral and psychological effects of group Reality Therapy on male and female college students. (Doctoral


Stowell, C. (1982). The effects of Reality Therapy training with selected elementary teachers and students on: (A) teacher performance, (B) teacher-student interaction, (C) task involvement time, (D) student achievement levels. (Doctoral dissertation), Boston University. Dissertation Abstracts, 43(A), 2549.


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