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Reality Therapy



The International Journal of Choice Theory and Reality Therapy: An On-Line Journal

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Table of Contents	2
<hr/>	
	Introduction to the Editor and Editorial Board 3
<i>From the Editor</i>	Answers to Some Key Questions 4
Carleen Glasser	What the World Needs Now 8
Thomas S. Parish	Some Do's and Don'ts Regarding How to Improve the Therapeutic Process 9
L. Joyce, H. DiGiangi, & S. Norman	Trauma Treatment from a Choice Theory/ Reality Therapy Perspective 15
Robert E. Wubbolding	From "Maybe" to "I Will": Level of Commitment and Self-Evaluation 22
Zachary Rapport	The Importance of Peter Breggin to Reality Therapy 30
Thomas S. Parish & Renae Rothmeyer	The Job Interviewees' Alphabet 32
Janet Morgan	The Art of Fostering Better Relationships 35
Ahmet Can & Patricia Robey	Utilizing Reality Therapy and Choice Theory in School Counseling to Promote Student Success and Engagement: A Role Play Demonstration and Discussion 37
Mandeep Kaur & Jaismeen Kaur	Reality Therapy: A Boon to Recuperate from the Empty Nest Syndrome 46
Patricia Robey	Promoting "Scholarship, Research, Professionalism and Excellence in the Mental Health Field." An Interview with Lauren Joyce , Chair of the Student Leadership Committee 63
<i>More from the Editor</i>	An Ongoing Invitation for Your "Brief Bio" 66
Brandi Roth	Brief Bio 68
Stephen Tracy	Brief Bio 70
Sandra Wubbolding	Brief Bio 71
<hr/>	
	<u>Topical Guide</u> to Articles in IJCTRT/2016-20 72
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	<u>Authors' Guide</u> to Articles in IJCTRT/2016-20 79

Introduction to the Journal Editors and to the Editorial Board:

IJCTRT Editor:

The Editor of the Journal is **Dr. Thomas S. Parish**, who is an Emeritus Professor at Kansas State University in Manhattan, Kansas. He earned his Ph.D. in human development and developmental psychology at the University of Illinois at Champaign-Urbana, Illinois. He's CTRT certified and has authored or co-authored more than 300 articles that have appeared in more than 30 professional refereed journals. Dr. Parish and his wife recently served as consultants for LDS Family Services in Independence, Missouri, and they currently co-own Parish Mental Health of Topeka, Kansas. **Any correspondence, including questions and/or manuscript submissions, should be sent to parishts@gmail.com** You may also contact him by phone at: (785) 845-2044, (785) 861-7261, or (785) 862-1379. In addition, a website is currently available. It can be accessed by going to: www.wglasserinternational.org Notably, the Journal is no longer password protected on the WGI website, so now anyone can gain access to it, anytime, 24/7!

IJCTRT Editorial Board Members:

Editor: Thomas S. Parish, Ph.D., CTRTC, please see listing printed above.

Other Members of the Board:

Janet M. Fain Morgan, Ed.D., is currently a Director of the William Glasser International Board and the Research Coordinator for William Glasser International. She is also a faculty member of the WGI lectures on Choice Theory and Reality Therapy. In addition, Dr. Morgan has an extensive background in counseling and teaching with specialty areas in Military Issues, Grief and Loss, Marriage Counseling, and Domestic Violence Predator Treatment.

Emerson Capps, Ed.D., Professor Emeritus at Midwest State University, plus serves as a Faculty Member of WGI-US.

Joycelyn G. Parish, Ph.D., CTRTC, is a licensed clinical psychotherapist. She earned her Ph.D. from Kansas State University and is a board-certified clinician and certified reality therapist.

Patricia Robey, Ed.D., Full professor at Governor's State University, Licensed Professional Counselor, and Senior Faculty Member of WGI-US and William Glasser International.

Brandi Roth, Ph.D., Licensed Private Practice Professional Psychologist in Beverly Hills, CA.

Jean Seville Suffield, Ph.D., Senior Faculty, William Glasser International, as well as President and Owner of Choice-Makers@ located in Longueuil, Quebec, CANADA.

Robert E. Wubbolding, Ed.D., Professor Emeritus at Xavier University in Cincinnati, Ohio, and is the Director of the Center for Reality Therapy also in Cincinnati, Ohio.

IJCTRT Technical Advisor:

Denise Daub, Web Administrator and Finance Manager for William Glasser International.

ANSWERS to SOME KEY QUESTIONS ...

1. How do you gain access to previous journal articles published in the International Journal of Choice Theory and Reality Therapy from 2010 until present?

The reader can go to the following website--

www.wglasserinternational.org/journals

This will provide the reader with access to a complete array of articles that have been published in the *International Journal of Choice Theory and Reality Therapy* since 2010.

2. How do you gain access to past CT/RT journal articles from 1981 until 2009?

To gain access to the Journal of Reality Therapy (1981-1997), the International Journal of Reality Therapy (1997-2009), and the International Journal of Choice Theory (2006-2008), which were all published between 1981 and 2009, the reader simply needs to go to the following website:

<http://msutexas.edu/academics/education/journalreality/index.php>

You're in, so enjoy all of the history regarding Reality Therapy, Choice Theory, Control Theory, Lead Management, and Quality School concepts that were published in these journals over this twenty-eight year period!

Notably, every five years a topical guide, as well as an authors' guide, appear in the Journal to provide the reader with summary information regarding what has been published in the Journal within the past five years. By the way, these guides for the last five years are available in this issue of the Journal to help the reader find essential information published within the past five years very quickly and efficiently.

3. How can you gain access to various psychological assessment instruments that have been successfully employed in different ways to determine the views and/or attitudes of various individuals and/or groups of people?

Briefly described, at this site (noted below), the reader will find various scales, profiles, and more. For instance, you'll find 26 published psychological scales or inventories that were developed by Thomas Parish and his associates, plus 19 more unpublished ones as well. These scales, plus others, have been successfully employed in various ways to survey various groups of people. To peruse these scales the reader is urged to go to the following website:

www.wglasserinternational.org/resources/tools-instruments

In addition, for avid researchers' information, please take note that the following instruments, plus others, do offer ratio-type forms of measurement:

The Love/Hate Checklist (for adults)
The Love/Hate Checklist for Children
The Nonsexist Personal Attribute Inventory for Children
The Personal Attribute Inventory for Adults
The Revised Personal Attribute Inventory
The Right Stuff Scale #2
The Right Stuff Scale #3

4. Are you interested in submitting a paper that you have authored/co-authored to the International Journal of Choice Theory and Reality Therapy? If so, please note:

Once again, our submission procedures are really quite simple, though not totally in accordance with the publication manual of the American Psychological Association. Basically, contributors may use any of the articles from the Journal since 2010 (which appear on-line at: www.wglasserinternational.org/journals) as a template for their own writing endeavors.

In addition, potential contributors should try to comply with the following procedures:

- a. Submit documents as MS Word documents.
- b. Keep text formatting as simple as possible.
- c. Avoid using tabs. Paragraphs are generally indicated by a blank line preceding the text.
- d. Please use Verdana 10 point type.
- e. Limit use of paginated lists, unless absolutely necessary.
- f. Limit use of tables/figures, unless absolutely necessary.
- g. Keep in mind that "word wrapping" will occur for users with different sized screens.
- h. Use underlining on the web for hyperlinks and avoid using it otherwise.
- i. Assume that pictures will appear left-justified below your text.
- j. Use the default line and paragraph spacing.
- k. Using ALL CAPITAL LETTERS on the internet indicate that you're shouting. Kindly reserve "all caps" to appear in Titles atop each article.
- l. Be sure to include a "Brief Bio" at the end of your proposed article.

These are the "Fourteen Suggestions," and are not to be confused with the "Ten Commandments." In other words, exceptions may be made to these suggestions, but in an attempt to maintain some semblance of "order and organization," all are encouraged to follow these suggestions, if at all possible.

5. Evaluation Criteria for the Journal:

Regarding "Evaluating Criteria," all submissions to the *International Journal of Choice Theory and Reality Therapy* should ...

- a. Be clearly and concisely written.
 - b. Provide Choice Theory/Reality Therapy insights.
 - c. Provide heuristic value.
 - d. Be broadly applicable.
 - e. Be recommended by two or more members of the Editorial Board.
-

6. Evaluation Criteria for All Research-Based Submissions to the Journal:

- a. Each study should be deemed to be “internally valid” (i.e., possess solid control of important variables).
- b. Each study should be deemed to be “externally valid” (i.e., be broadly generalizable).
- c. Instrumentation within each study should be “reliable” (i.e., consistent).
- d. Instrumentation within each study should be “valid” (i.e., test what it says it’s testing).
- e. Hypotheses/Questions should be directly/completely stated.

Having read over these guidelines for contributors, and having studied the criteria for evaluations of submissions, there are only a few key things that are left to do, i.e., each potential contributor needs to abide by the following three directives, which are as follows:

You/We need to “Write IT!”

You/We need to “Write IT Right!”

You/We need to “Write IT Right NOW!”

And then send me your manuscript, without procrastination or hesitation, to the following e-mail address: parishts@gmail.com

By the way, please be sure to indicate the type of manuscript that you deem your manuscript to be, i.e., “an IDEA/INSIGHT paper,” “an INNOVATION paper,” or “a RESEARCH-BASED REPORT.”

What the World Needs Now

**What can feel so right
Yet so easily go wrong?
Is it an exclusive club
Or can anyone belong?
What can last a lifetime
Or be forever left behind?
Looking for a new start
Seems impossible to find?
You can feel it in your heart,
You can see it in your mind.
So, you think you've found it?
This time it is for real.
No!
That's only how you feel.
You finally come to the conclusion,
It was just an illusion.
Despite the daunting odds at stake,
What if we gave as much as we take?
The promise of honest emotion,
The dream of enduring devotion,
Freedom, trust and lots of laughter,
Are the threads that seem to bind us together.
The world is replete with deception of late.
Disconnection only escalates the debate.
How do we escape the lies, fear and hate?
So.
There's a four letter word often misused.
Easy to say, commonly abused.
This word loses power the moment it's spoke,
For dramatic effect, it's like blowing smoke.
There must be more than a word said,
More than a feeling, that we can do instead.
Could we join together without judgment or blame?
Can we talk about what we all want that's the same?
After all, our universal needs do form a common ground,
Where fear, lies, and anger are seldom found.
Whatever divides us we can rise above.
What on earth will unite us if not love, sweet love?**

Carleen Glasser

SOME DO'S and DON'TS REGARDING HOW TO IMPROVE THE PSYCHOTHERAPEUTIC PROCESS

Thomas S. Parish, Ph.D., CTRTC, Editor, International Journal of Choice Theory & Reality Therapy

Abstract

Data suggest that counseling techniques don't dramatically vary in their impact on their clients. However, therapists and counselors may vary regarding their impact on their clients, and this paper will seek to explain why this may be so.

King (2020) has recently reviewed many studies in order to determine if psychotherapy works, and the answer she reached was a "resounding yes" (p. 536)! Of course, though the types of therapeutic techniques might all be comparably effective, it's apparent that the effectiveness or ineffectiveness of the counselors and/or therapists using these counseling or therapeutic approaches may vary between themselves as a function of the "tools" or "strategies" that they employ in their counseling and/or psychotherapy sessions. What follows are several things that counselors and/or therapists do, or don't do, that could enhance or lessen the impact of their psychotherapeutic practices.

To begin with, an OVERLAP of the therapist's and client's FIVE WORLDS (Parish, 1992, see Figure 1) would likely enhance the effectiveness of one's treatment vs. a lack of overlap of these worlds instead.

Second, according to Feuquay, Parish, Elsom and Dobson (1978), similar attitudes held by both the therapist and the client could also facilitate their favorable perceptions of one another, and in turn, improve how well therapy would progress, but that contrary attitudes between therapist and client could likely interfere with the progression of any such therapy.

Third, according to Farrington (2013), the therapist should likely possess a "Social Style" (e.g., someone who is an "amiable" or a "feeler") that would render himself/herself as being more approachable, rather than other less approachable social styles (e.g., a "driver").

Fourth, Dr. William Glasser (1965) always taught that the therapist should expend every effort to make friends with his/her clients at the outset of therapy since by doing so various barriers might be knocked down (e.g., distrust & psychological reactance) that could subsequently interfere with the effectiveness of the counseling process (see Parish, 1988).

Fifth, various "quirks" that the therapist might display could cause trouble and break down the effectiveness of the counseling process and, in turn, the end result of counseling. For example, the therapist might dose off during sessions, which would likely "turn-off" the client who is spending \$150.00/hour for the therapist's services. What other "quirks," engaged in by the therapist, could also interfere with the effectiveness of therapy? Whatever they are, they need to be eliminated to facilitate the counseling process!

Sixth, the therapist could be "too Rogerian" or "too reflective," which might actually serve to interfere with the counseling process since it might be perceived as not being direct enough.

Seventh, based upon the "Resolving Conflicts in Life" model (see Table 1), proposed by Parish (1990), the therapist might introduce the client with "the nature of his/her problem,"

but then end the session without also “familiarizing him/her with ways that s/he might effectively deal with that problem.” In so doing, the client would be left “hanging,” and likely frustrated by the therapist’s lack of sensitivity regarding the need to help the client to resolve such matters (if possible) before ending the session.

Eighth, the “80% Rule A” proposes that we will communicate well with people 80% of the time if we like them or if we are like them, but the “80% Rule B,” in contrast, proposes that we will likely fail to communicate 80% of the time with others who we don’t like or are not like us (Author: Unknown).

Ninth, therapists and clients alike might wish to review “The Questions that Can Enhance Our Social Intelligence” to help them to improve their sensitivity to others’ needs (see questionnaire that appears in Table 2, which was developed by T. S. Parish, and has not been previously published).

Tenth, and finally, in all sensitivity training exercises it is understood that ETHICS begins when we are “RESPECTFUL” of others! Therefore, therapists should review this list in Table 3 (created by Parish and Parish, 2014) before they begin counseling any new clients to make sure that they will more likely serve his/her clients’ perceived needs very well.

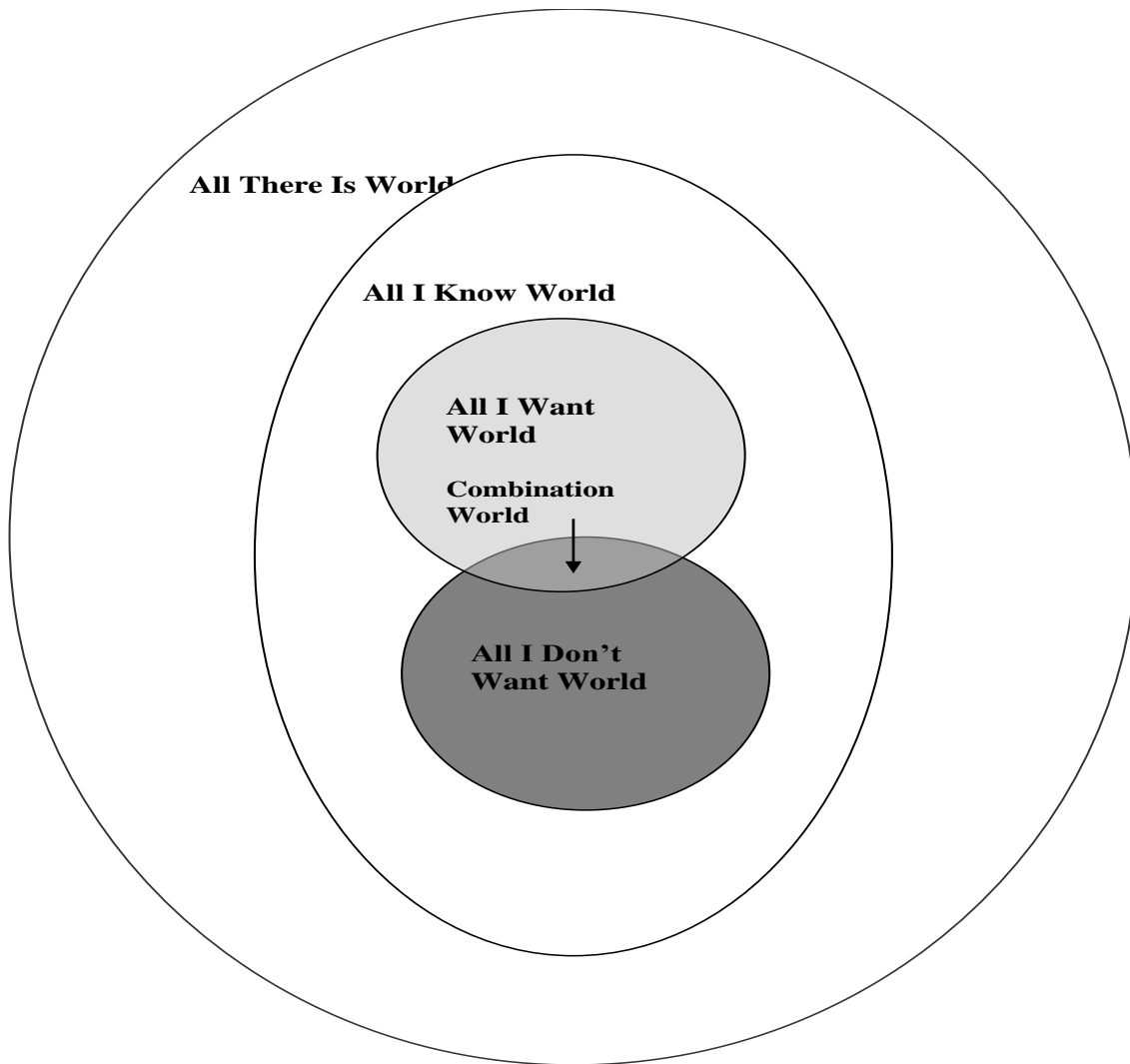
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Brief Bio--

Thomas S. Parish is the current editor of the *International Journal of Choice Theory and Reality Therapy* and is an emeritus professor at Kansas State University in Manhattan, KS. He has authored or co-authored hundreds of refereed professional journal articles, many of which have had Choice Theory and/or Reality Therapy as their primary focus. In addition, Tom and his wife (Dr. Joycelyn G. Parish) serve clients through Parish Mental Health and Life Coaching of Topeka (KS). Anyone seeking to reach Tom may do so through ... parishts@gmail.com or by phone (785) 845-2044 or (786) 861-7261.

Figure 1



Our Five "Worlds"

From: Parish, T. S. (1992). Ways of assessing and enhancing student motivation. *Journal of Reality Therapy*, 11 (2), 27-36.

Table 1

Dealing with Stress, Conflict, Challenges....

Conflicts of Life by Thomas S. Parish, Ph.D.

Type of Conflict	Knowledge of Problem	Knowledge of Solution	Does What is Needed	Feels
Ignorance	No	No	No	Bliss? (not necessarily)
True Conflict	Yes?	No	No	Frustrated
False Conflict	Yes?	Yes	No	Guilty
Resolved Conflict	Yes?	Yes	Yes	Happy

From: Parish, T. S. (1990). Resolving conflicts in life. *Journal of Reality Therapy*, 10 (1), 71-72.

Table 2

Questions That Can Enhance Our “Social Intelligence”

1. What can you do today to help _____ to like himself/herself?
2. What can you do today to become more valiant in your interactions with others?
3. What can you do today to demonstrate to _____ that you truly care for him/her?
4. What can you do today to be more empathetic in your interactions with others?
5. What can you do today to avoid creating disharmony and/or stress?
6. What can you do today to show _____ that you genuinely wish to help him/her?
7. What can you do today to help _____ to succeed?
8. What can you do today to make _____ feel more welcome in your presence?
9. What can you do today to make a difference in _____'s life?
10. What can you do today to improve _____'s communications with you?

1-10. At the end of the day take note regarding how many of these concerns you actually managed to fulfill!

Remember, we may not ever reach perfection, but trying to become more perfect is easily attained by all of us, if we will always make an honest effort every day to do things the best that we possibly can!

Bottom line: We need to always look for “positive alternatives” in all that we think, say, and do, and then be absolutely sure that we always follow through!

From: Parish, T. S. (Not previously published.) Questions that can enhance our social intelligence.

Table 3

**In All Sensitivity Training Exercises It's Understood that . .
ETHICS BEGIN WHEN YOU ARE RESPECTFUL OF OTHERS!!!**

	Similar to YOU	Dissimilar to YOU	+	N	--
R—RELIGIOUS/SPIRITUAL IDENTITY	_____	_____	—	—	—
E—ECONOMIC BACKGROUND (SES)	_____	_____	—	—	—
S—SEXUAL IDENTITY/PREFERENCE	_____	_____	—	—	—
P—PREFERRED SOCIAL GROUP	_____	_____	—	—	—
E—ETHNIC/RACIAL IDENTITY	_____	_____	—	—	—
C—CHRONOLOGICAL/COHORT	_____	_____	—	—	—
T—TRAUMA(s) to one's well-being	_____	_____	—	—	—
F—FAMILY BACKGROUND/GENE POOL	_____	_____	—	—	—
U—UNIQUE PHYSICAL CHARACTER.	_____	_____	—	—	—
L—LOCATION or LANGUAGE DIFFER.	_____	_____	—	—	—

The columns of "Similar to YOU," "Dissimilar to YOU," "Positive Advantage," "Neutral or No Advantage," and "Negative Advantage," each represents starting points or focal points in counseling, research, and in life that each person should consider as s/he/they should contemplate while interacting with others. These "evaluative" criteria are offered by Thomas S. Parish and Joycelyn G. Parish, who were consultants to LDS Family Services in Independence, MO, at the time that this psychological assessment instrument was created. For further information the reader is urged to contact Thomas S. Parish, Ph.D., at parishts@gmail.com or call him at (785) 845-2044.

The model of "RESPECTFUL" was originally developed by Ivey, Andrea, Ivy, & Simek-Morgan (2002) *Theories of Counseling & Psychotherapy: A Multicultural Perspective. Fifth Edition.* Boston: Allyn & Bacon, Publishers.

From: Parish, T. S., & Parish, J. G. (2014). The Multicultural Sensitivity Enhancement Scale. *International Journal of Choice Theory and Reality Therapy*, 33 (2), 12-16.

TRAUMA TREATMENT FROM A CHOICE THEORY/REALITY THERAPY PERSPECTIVE

Lauren M. Joyce, Hunter DiGiangi, and Shannon Norman, Southern New Hampshire University

Abstract

Internationally, trauma is a consequential problem which can lead to adverse long-term psychological, physical, and social effects. There is minimal research in regard to how Choice Theory/ Reality Therapy can be an effective intervention for individuals experiencing symptoms of traumatic experiences; however, William Glasser proposed that if we want to change the way we are feeling emotionally or physically, the most productive course of action is to change what we are doing and how we are thinking. Reality Therapy offers a flexible treatment plan which has been found to be an effective tool for those suffering from trauma-related symptoms. While other evidence-based theories have proven to be successful, allowing a client to come to terms with traumatic events through choice provides a flexible treatment that could, for some individuals, prove to be more effective.

Key Words: trauma, choice theory, reality therapy, treatment, quality world, basic needs

CT/RT View on Trauma

The Diagnostic and Statistical Manual of Mental Disorders- 5 (DSM-5) defines trauma as exposure to threatened death, serious injury, and/or sexual violence to an individual directly or indirectly (APA, 2013). As counselors working with an array of human experiences, it is inevitable that we will come across clients working through trauma; however, there is only minimal research regarding how Choice Theory/ Reality Therapy (CT/RT) can be an effective intervention for individuals experiencing symptoms of traumatic experiences. According to Hamblen and colleagues (2017), distress subsumes an extension of cognitive, emotional, and behavioral responses to a crisis including symptoms of depression, stress, and functioning difficulties. William Glasser (2001) opposed the belief of mental illnesses and instead presumed that everything was a choice, even the misery we feel. Antithetically, multiple research studies (Finkelhor, Turner, Shattuck, & Hamby, 2015; Malchiodi, 2020; Sacks & Murphey, 2018) expound upon how trauma is prevalent around the world and can lead to chronic and detrimental psychological, psychosocial, and long-term health issues. In contrast to these ill-fated outcomes, Glasser (2001) proposed that Total Human Behavior is when an individual takes conscious control over his/her thinking and doing; meaning, when an individual consciously directs his/her thinking and doing, the feelings and body should follow. Consequently, if we want to change the way we are feeling emotionally or physically, the most productive steps are to change what we are doing and/or how we are thinking (Glasser, 2001).

William Glasser (2001) explained how everyone's quality world is a "personal picture album" of the people, things, and ideas that increase the quality of our lives; moreover, basic human needs influence all human behavior generally, while the quality world provides specific motivation. Grief can be defined as an emotional reaction to the loss of a loved one through death and can include symptoms of intense and prolonged yearning, longing and

sorrow, and difficulty accepting the reality of the death or imagining a future with meaning and purpose (Nakajima, 2018). Glasser emphasized how relocating the loved one by acknowledging the past and reframing current reality in the quality world allows for the continuing bond. By developing the continuing bond within the quality world, CT/RT potentially addresses the issue directly as clients develop the bond based upon what they want in the present and in the future. By implementing CT/RT, the client is more likely able to gradually come to the realization that some of their wants are unrealistic while others are helpful to recovery and to their interpersonal relationships (Wubbolding, 2011). A skilled reality therapist might choose to listen to the recounting events of the traumatic situation but then quickly helps the client to focus on current controllable behaviors (Wubbolding, 2018).

CT/RT Techniques and Procedures on Trauma

Reality Therapy is a client-centered form of cognitive behavioral psychotherapy that focuses on improving present relationships and circumstances, while avoiding discussion of past events (Wubbolding, et al., 2004). This makes it an effective form of therapy for adults seeking coping mechanisms against trauma. Based upon the work of psychiatrist William Glasser in the mid-1960s, Reality Therapy was founded on the idea that everyone is seeking to fulfill five basic needs; mental health issues arise when any of these needs are not being met, whether from traumas faced, personal unfulfillment, etc. (Wubbolding, et al., 2004). These most important needs are to be loved, to feel that we belong, and that all other basic needs can be satisfied only by building strong connections with others. When one or more of these needs goes consistently unfulfilled in adults who have lived through brain-altering traumas, the resulting problems occur in present time and in current relationships.

Reality Therapy is also based on Choice Theory, the principle that humans choose to behave in certain ways and that these choices can help or hamper one's ability to satisfy essential needs and reach individual goals (Grant, 2004). The client cannot change or control others, so the only sensible approach to solving problems is to control themselves and their own behavior by making choices that help them achieve their life goals (Wubbolding, 2001). The goal of Reality Therapy is to help people take control of improving their own lives by learning to make better choices. Reality Therapy uses eight steps based on the three R's to effectively treat trauma and other behavioral problems; the three R's technique focuses upon present issues and current behavior as they affect the adult now and in the future (Wubbolding, et al., 2004).

Starting with Reality, it must be determined whether the client sees and accepts the consequences of their behavior. In regard to his/her trauma, s/he must understand the outcome of his/her subsequent choices in reaction to what has happened to him/her; this establishes that making better choices is indeed more difficult. Second, reinforce reality by confronting Responsibility. In this stage, the client is asked whether s/he understands the power s/he has when making choices and the concept that his/her actions affect others. Although trauma was inflicted onto him/her, it does not mean that s/he is obligated to continue the cycle. This recenters the client with Choice Theory in mind, reminding everyone that the only behavior that s/he can control is his/her own. The last "R" is to focus on Reality Therapy when seeking to distinguish between Right and Wrong, and/or Good or Bad, and/or Efficient/Inefficient. Furthermore, they need to set-up achievable goals as well as workable plans by which they can achieve these goals. Thus, in trauma therapy, there could be social considerations that the client may want to strive for that could enable better, more efficient outcomes.

Since Reality Therapy is solution-oriented, the client's behavior following trauma will be examined to see if it is interfering with his/her ability to form stronger relationships and figure out what kind of changes s/he can make in his/her behavior to get what's wanted out of life (Wubbolding, 2001). Basically, little or no time should be spent delving into the past. Each individual will learn how to reconnect with people from whom s/he had become disconnected, plus explore how to make new connections. If they try to make excuses or blame another individual(s) for his/her behavior, then that individual will be shown how that kind of thinking results in behavior that prevents them from improving relationships and reaching their goals. Basically, Reality Therapy intends to give the client the tools to be intentional regarding how s/he spends his/her time and thus, feel greater success and confidence as he/she progresses.

The eight steps that the Three R's are incorporated into, are set to create a healing environment for the client. They are first encouraged to build a good relationship outside of the trauma they have faced, keeping their interests in the forefront. As time passes, current behaviors within that relationship will be examined. Their behavior will then be evaluated to gauge if the actions are helpful or detrimental to the client. In the event that the current behaviors are not helpful to the relationship the client is trying to build, alternative actions will be brainstormed, leading to a commitment to change for the better within the relationship. Later in the process, the effectiveness of the change will be examined to determine how to progress toward the goals established. The client's motivation can be fortified by noting that they should not be discouraged at any time. They must accept the consequences of their behavior and continue to make better choices.

Research suggests that the aforementioned flexible treatment plan is an effective tool for those suffering from trauma-related psychological and physiological struggles. Clients are more likely to achieve success and respond to treatment when they are given the opportunity to understand their trauma and address the choices made following those events. The focus of reaching individual goals and pursuing stable relationships that CT/TR provides, could foster a healthier mindset and effective thought processes through which individuals can more effectively deal with trauma(s).

CT/RT Versus Other Trauma Interventions

Trauma is a complex mental health condition that affects many individuals on a frequent basis. There are a wide variety of evidence-based treatments for individuals with trauma; while methods such as Cognitive Behavioral Therapy, EMDR, and other exposure-based therapies have been commonly used, Choice Theory and Reality Therapy have been an effective way to treat individuals who have experienced trauma too. When used as an effective intervention, CT/RT allows an individual to begin to understand and process his/her trauma through better choices. Each stage of processing trauma can be completed through grief, forgiveness, understanding, and an accepting perspective of our basic needs as people. CT/RT is an effective treatment to combat trauma in individuals due its flexible treatment process that gives the client more power and control over his/her treatment through Choice Theory and other principles that Dr. William Glasser found to be factual.

Research has been done regarding the specific psychological and physiological effects that trauma has on an individual, and how CT/RT works to combat these intricacies. The CT/RT techniques address peoples' 5 basic needs, and the ways in which people can control how those needs are met. While other evidence-based theories have proven to be successful, allowing a client to come to terms with traumatic events through choice provides a flexible treatment that could, for some individuals, prove to be more effective.

To begin using CT/RT as an effective trauma treatment it is important to understand the five basic needs of every human being. Dr. William Glasser discovered that every individual, regardless of race, religion, ethnicity, or socioeconomic status must satisfy these basic needs in order to achieve their respective Quality Worlds. Wubbolding (2009) states that the five basic needs, survival, belonging, power, freedom, and fun, must be present at certain levels in an individual's life for them to achieve a version of their own Quality World. When one (or more) of these five basic needs becomes depleted, the individual's world becomes unbalanced; as mental health professionals, we are then able to see levels of cognitive distortion.

Hypnosis is recognized as a safe and effective treatment for a variety of health issues including, but not limited to PTSD, chronic pain, and anxiety. By using Choice Theory Psychology developed by Dr. Glasser, it is proven that almost all behaviors and emotions are a result of the perceived reality of the individual's current situation. Through hypnosis, mental health professionals are able to assist the client with trauma symptoms that are altering their reactional behaviors and emotions by changing their perceived reality. Hypnosis is understood to work on the subconscious level of the mind (Bargh, & Ferguson, 2000). With the subconscious mind ease through hypnosis, clients are able to experience relief from their trauma symptoms without having to reprocess them through other trauma treatments such as trauma focused CBT and EMDR.

It is imperative to assist the client in making sense of their problems; trauma is usually complex, and helping the client understand traumatic events and the aftermath that follows plays a vital role in the healing process. Dr. Glasser's total behavior concept incorporates Reality Therapy when treating trauma. Throughout this theory, focus is placed on the connection between action, thinking, feelings, physiological responses, and the psychological process as a whole. By having this approach through Reality Therapy as a treatment model, individuals gain the ability to have freedom regardless of the circumstances they are currently facing.

Another common theme that seen among trauma survivors is the word "forgiveness." This is an important word when discussing trauma because forgiveness can lead to closure, which many trauma survivors are seeking through their treatment. The concept of forgiveness does not extend to forgetting trauma, but can provide the means through which to live with it in a healthy way. Dr. Glasser often discussed forgiveness as an effective behavior in one's life. The impact of forgiveness through Choice Theory is important to reiterate to trauma clients and is a beneficial tool for them to use in their emotional toolbox. Engaging in forgiveness as a total effective behavior can have long-lasting physical and emotional health benefits in addition to stronger personal relationships (Burnette, Davis, Green, Worthington, & Bradfield, 2009; Toussaint & Webb, 2005; Worthington & Scherer, 2004; Enright & Fitzgibbons, 2000; VanOyen Witvliet, 2001). Enduring trauma can cause individuals to suffer from negative physical and emotional health effects; choosing forgiveness through Choice Theory as a total effective behavior can allow traumatized individuals to begin a long-term healing process.

Closing

Taking everything into consideration, CT/RT may be an effective form of therapy for trauma as long as the magnitude and individual are studied, and the angle of treatment are adjusted to the client's benefit. CT/RT has the potential to be developed as research tool continues to evolve regarding the current procedures when it comes to adult trauma patients. The main shift comes with the recognition that mental illnesses are indeed something that must be treated, instead of just wished away. CT/RT is about the control we have over our lives, situations, and our decisions—creating an atmosphere where active choices toward healing can be effectively taken by using CT/RT's procedures in order to successfully deal with trauma in adults. Balancing the five basic needs could potentially push back the maladaptive emotions nourished by untreated trauma, possibly in conjunction with other forms of psychological trauma therapy.

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Brief Bios

Lauren Joyce is currently a student earning a Master's in clinical mental health counseling at Southern New Hampshire University. She earned her Bachelor's in psychology at Florida Atlantic University, and it is her ultimate goal to become a licensed mental health counselor in the state of New York. During her academic career, she has had the unique privilege to collaboratively publish a manuscript on the effects of trauma on children and adolescents. Her hope in being the president of the Choice Theory/ Reality Therapy Student Leadership Committee is to promote Choice Theory and Reality Therapy and provide students with guidance and networking opportunities toward their academic and career goals. Lauren has a passion for advocating for her fellow students and believes by working together and building a community of people working toward common career interests and goals so that they can more readily be attained.

Hunter DiGangi is a master's student in the clinical mental health counseling program at Southern New Hampshire University. She received her Bachelor of Arts from The University of Vermont and is working toward her LCMHC licensure in the state of Vermont. Hunter is a life-long learner, and specializes in anxiety disorders, more specifically OCD. She practices with Cognitive Behavioral Therapy, Acceptance and Commitment Therapy, in addition to Choice Theory and Reality Therapy. Hunter also serves as the vice president of the CT/RT Student Leadership Committee.

Shannon Norman is a double major bachelor's student in the psychology program with a concentration in social psychology and creative writing at Southern New Hampshire

University. She holds membership and participates in multiple honor societies and clubs at her university, including Alpha Sigma Lambda, National Society of Leadership & Success, the Psychology Club and the Creative Writing Review Club. She is also working as a Program Assistant for Breakthrough Manchester through the work-study program provided by her university. Her ultimate career goal is to become a professor and a licensed mental health counselor in the tri-state area, while possibly conducting research regarding mental health treatment. Shannon serves as the Editor of the CT/RT Student Leadership Committee.

FROM "MAYBE" TO "I WILL": LEVEL OF COMMITMENT AND SELF-EVALUATION

Robert E. Wubbolding

Abstract

The art of self-evaluating takes many forms, such as the evaluation of the realistic attainability of wants, the degree of perceived internal control, i.e., locus of control, the helpfulness of choices, and especially the level of commitment. Clients and students decide on a weak level of commitment such as, "I might . . .," or a strong level of commitment, "I will do whatever it takes . . ." A counselor helps clients decide which level will be more efficacious: "Maybe, I could, I might" or "I will do whatever it takes." This article explores the interaction between levels of commitment and self-evaluation.

William Glasser (1998, 2005, 2011) developed Choice Theory as the theoretical basis for Reality Therapy. In essence, Choice Theory is the train track that provides direction and Reality Therapy is the train delivering the product (Glasser & Glasser, 2008).

Most recently, Morgan (2020) extended Choice Theory and Reality Therapy by developing suggestions for coping with the corona virus pandemic. Wubbolding (2000, 2011, 2017) expanded the content of the quality world, the world of wants, by providing a schema for helping clients and students identify their levels of commitment and evaluating whether they are efficacious or not, and then evaluating the degree of efficaciousness. Below are listed the developmental stages of commitment accompanied by an explanation and application to individuals, clients and/or students.

Self-evaluation is a cognitive process that includes emotional or affective behaviors. Self-assessment and evaluation are always accompanied by internal self-talk based on Choice Theory (Wubbolding, 2000, pp. 68-72). Self-talk statements accompanying actions include, but are not limited to, the following:

- "I can't make a change in my actions"
- "I can't do anything different because *they* won't let me."
- "I cannot escape my victimhood because I am oppressed."
- "Even though what I'm doing is not helping me, I will continue to do it."
- "Even if I make a slight change, it will not make any difference to the overall situation."
- "I could probably improve my teaching, my behavior, my use of time, etc., but . . ."

The above statements indicate various levels of commitment. The following responses are direct and yet generally devoid of deadly or toxic overtones. "I can't make a change." An appropriate response might be, "Will telling yourself explicitly or implicitly that you can't change help improve your life or keep it as it is?"

Currently, many people see themselves as oppressed and victimized. Glasser often remarked in his lectures that some people have been victimized, but he focused on the fact that they need not remain victims. The person using Reality Therapy and Choice Theory helps clients make better choices with interventions such as the following: "How hard do you want to work at throwing off your victimhood status?" Or, "If you see yourself as a total victim, will your life be any different?" "Would it help you to see yourself as only a partial victim or as partially in control of your destiny? You say that a slight change won't make

any difference. And yet, the difference between victory and defeat in basketball can be merely one or two points!"

"You say you're going to continue to do what's not helping. That would be your choice. But is doing what's hurting you going to relieve your misery and/or the misery of anyone around you?"

When a client qualifies their level of commitment with such words as probably, maybe, I could, or an equivalent phrase their commitment might be weak and tentative. The reader is invited to write your response below when the client says, "I could *probably* make an improvement." The key here is KIS – Keep It Simple.

The developmental stages of the levels of commitment are listed below. Each is accompanied by an explanation. These stages of commitment represent the ascending order of determination expressed by clients or students.

Level 1: "I don't want to be here; leave me alone." This level of commitment translates to, "I won't." Such a client or student is strongly encouraged or even coerced into counseling or supervision. The statement of resistance can be implicit as expressed by a surly silence or explicitly expressed by accompanying expletives. Level I represents *no* commitment. And so, successful treatment planning is seriously hindered by this weak commitment. A skillful practitioner, however, should have sufficient knowledge and skill to address this level and to help the student or client move beyond the level of "No commitment" (Fulkerson, 2020).

Level 2: "I want the outcome, but not the effort." This level of commitment is rarely stated explicitly but is expressed in phrases indicating a wish or a weak commitment to lose weight, get a job, receive a promotion, be left alone, i.e., s/he simply doesn't want to be bothered by teachers, parents, and/or other adults. Wishing to win a lottery is a first step toward achieving the goal. Yet, buying a ticket is a *sine qua non* for gaining the "wished-for" riches.

Level 3: "I might." "I could." "Maybe." "Probably." Or the oft-used expression, "I'll try." This middle level of commitment represents movement beyond the previous relatively weak commitment stages. When a person has previously expressed the lower levels of commitment and moves to this middle level of commitment, this expression indicates that they have taken a major step forward. A helper need not diminish this step forward by insisting that "Trying is not enough." On the other hand, a skillful and diplomatic helper facilitates further movement and progress from "I'll try" to "I will."

Level 4: "I will do my best." This level indicates a firm commitment and a skillful helper knows when to accept this and when to encourage the 5th level of commitment. The key to progress is to focus on interventions that facilitate the client's self-evaluation.

Level 5: "I will do whatever it takes." This level represents the most efficacious degree of commitment. An airline pilot's announcement, "I will now *try* to land the airplane" surely results in passengers' out-of-balance scales. Even the announcement, "I will do my best to land safely" hardly provides satisfactory assurance. Passengers probably want to hear, "You are in good hands. We *will* land this plane safely."

A question often asked by people in Reality Therapy training is, "Yes, but how can I tell if the expression of commitment is genuine and heart-felt and not merely empty words? When

clients express their level of commitment, are they not simply trying to please someone? Aren't they merely telling helpers what they want to hear?"

The answer to this question is that you cannot always ascertain whether the commitment expressed is genuine or merely a "people pleasing" statement. The firmness of the commitment is brought to light only later when the person follows through on plans or does not follow through. In some cases there are consequences – either natural or imposed – that follow the commitment or more accurately that follow the implementation of the commitment. For instance, if a high school senior performs poorly in class and makes a commitment to specific study behaviors, there will likely be positive consequences. On the other hand, if a probationer does not keep the rules established by the judge, there will also be consequences, such as a return to a correctional program.

The following dialogue illustrates one way, though not the only way to address various levels of commitment.

C = Counselor R = Randi

Randi, 16, previously diagnosed as oppositional defiant because he is often angry, argumentative, defiant and blames others for his behavior. More specifically, he has been acting out in school, disrespecting his teachers and his mother, and has abused drugs. Because of these behaviors he has been coerced into counseling. Randi believes that counseling is worthless but is willing to show up.

C: You were sent to me at the recommendation of three or four people. I have a very important question. Specifically, are you happy with the way your life is going now?

R: I dunno.

C: What I mean is, are you satisfied with the way people are treating you at home, at school, or how the judge treated you when he gave you probation?

R: How could I be happy? Would you be satisfied?

C: No, absolutely not. I'd probably be more upset than you are! Coming here might be the worst day of your life!

R: No, the worst day was when I had to go to court.

C: And yet, you managed. But at any rate, I don't get the idea that things are going the way you'd like them to go.

R: If they would just leave me alone and let me do what I want, I'd be better off.

C: Do you think that will happen?

R: No, they just want to run my life.

C: Like it or not, that's what parents, school people, probation officers and judges do.

R: Well, it's just not fair.

C: You're right. It's not fair. But they are the ones in charge.

R: Aren't you supposed to take their side and straighten me out?

C: If I could do that, I'd be rich because everybody would always do the right thing willingly.

R: So, what are you going to try to do?

C: My job is to help you make choices that you can feel good about and that don't get you in trouble. It seems to me that we're already halfway there. You have made choices that make you feel good for the moment, such as skipping school and a ton of other things. But I don't get the idea that they're helping you to feel good in the long run.

R: Wadda ya mean?

C: Well, some of the things you've done resulted in pain that you are well aware of. But my job is not to lecture you about that stuff. I'd like to help you live so that these people don't pounce on you all the time. Do you want them to get off your back?

R: Yeah. Do you think you could help me?

C: There's not a doubt in my mind. I know I can help you. But there's an "if" involved in this.

R: Here we go. I knew there was a catch. You're going to tell me to straighten up or I'm going to be in bigger trouble.

C: Has anyone ever told you that?

R: Everybody tells me that.

C: So, if I told you that you probably would not say, "Hey, that's a good idea. I never thought of that. Nobody ever said that to me."

R: No, it would not be a new idea.

C: Okay. So, I'm not going to tell you that. Why would I tell you things that other people have already told you that you already know?

R: So, what are you going to tell me?

C: I'll tell you very little. But I'll still help you *if* you want to be helped. On the other hand, if you enjoy all these people picking on you, you can continue what you've been doing. My question to you is a very important one and I'd like you to think about it before answering. Is that okay?

R: Yeah, yeah.

C: All right. Here's the question. If you don't do anything different, is anything going to change?

R: (long pause) I see what you're driving at. I guess I have to make

some changes.

C: I want to ask you what might seem like a weird question. If you wanted to, could you make your life *more* miserable? Could you screw up your situation even worse?

R: Well, sure I could. Why would you want me to do that?

C: I didn't say I wanted you to do it. I just asked you *if* you wanted to do it? Name three things you could do that would really hurt your situation.

R: Well, I could use more dope and get caught. Let's see, I could tell off my teachers. Then when they send me to the disciplinarian, I could cuss him out.

C: You didn't even hesitate to list three things. So, if you can choose to make things worse, what's another possibility?

R: I know what you want me to say.

C: Well, why don't you just tell me what you think I want to hear?

R: Don't you want me to be honest with you?

C: Sure, but I can't force you to be honest. So, tell me what other possibility is staring you in the face other than making your life more miserable?

R: All right, all right. If I could make things worse, I could make things better.

C: The question is, do you want to have less pain, less aggravation, and fewer people on your back all the time?

R: Of course! Who wants to be hassled all day?

C: I knew you would say that because you seem normal to me. A crazy person might say they want more trouble. But you don't seem crazy. You sound like a healthy normal human being.

R: That's good to hear. Some people think I have a serious mental problem. A couple of the students say, "Stay away from him. He's mental."

C: Well, I don't think you're mental. In fact, I think you'd make a pretty good friend for someone your age. But we got a few things to work on so these people who don't know you give you that awful label "mental". I'll bet you could get rid of that if you wanted to.

R: I want to.

C: You said, "I want to." And this will mean a few changes in your life Now, a very important question I want to ask you. Do you think it is easier to drive a car on a road or to take it over a field full of rocks, fallen trees, etc?

R: Stay on the road.

C: Another question. Is it easier to change all those people who are picking on you or is it easier to change a few things that you do?

R: I've tried to get those people off my back.

C: We can talk about some changes. But right now, I want to ask you how much effort will you put into these changes?

R: I guess I could try to do a few things.

C: Okay, let's talk about that. Do you know anyone who gets along, who seems happy even though they don't get into trouble?

R: Yeah, there's a couple of suck-ups who seem to be happy at school.

C: Can you name just one?

R: There's Jamal, the number one suck-up.

C: What does Jamal do that's different from what you do?

R: Like I told you. He's a suck-up.

C: But you said he's happy at school. I bet he doesn't have a probation officer and other people following him around and sending him to counseling.

R: Yeah, and he's always smiling.

C: Again, what does he do different from you besides smiling when he's at school?

R: He shows up and does his work.

C: Does he ever raise his hand in class to ask a question or volunteer an answer?

R: For sure. He's always asking questions and volunteering.

C: You're good at observing people. And you see students who get along without trouble. And without hesitation, you described what he does differently than you do. You said before, "I'm trying." Now what would you be doing that you would call "trying"? In other words, what would fit under that category of trying?

R: I don't know.

C: How about I help you out with that.

R: Okay.

C: When was the last time you came to class on time, asked a question, paid attention, and greeted the teacher when you came in the door?

R: Ha, ha, ha! A long time ago, if ever.

C: Would it help you or hurt you to do what Jamal does for a week?

R: I guess it would help.

C: I don't think it would hurt. Is it worth a try? How about doing it for just 5 days?

R: You said "try" – I get it.

C: You know what I said before about making your life better or making it worse. You said you would try to make it better.

R: Okay, I'll try to be a suck-up for one week.

C: Now you realize that no one might notice this. But could you let me know mid-week how it's going?

R: Okay.

This abbreviated dialogue illustrates a troubled student deciding that it is in his best interests to plan to conduct a pilot study focusing on a slight change in his behavior. After trying his new choices for a short time, the counselor will help him evaluate his behavior and evaluate the efficacy of trying. He will then attempt to elicit a higher level of commitment, and then ask Randi to describe how he would know that his commitment was sufficient to achieve his goal of living without authority figures hovering over him.

In summary, when a student or client formulates a high level of commitment by self-evaluating its possible efficacy, a higher level of need satisfaction is more likely. This series of interventions provides added nuances to the WDEP procedures of Reality Therapy.

Finally, I invite your feedback and examples of using the levels of commitment in your classrooms, counseling offices, and when dealing with individuals referred to you.

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Brief Bio—

Robert Wubbolding, EdD, professor Emeritus Xavier University, was the Director of Training for the William Glasser Institute (1988-2011). He has also written eighteen (18) books on Choice Theory and Reality Therapy plus wrote forty-one chapters regarding Choice Theory and Reality Therapy that appear in various textbooks in an effort to extend and explain these topics for many thousands of readers in a myriad of ways.

THE IMPORTANCE OF PETER BREGGIN TO REALITY THERAPY

Zachary Rapport

Abstract

According to William Glasser, the work of Peter Breggin served as a foundation for Glasser's book *Warning: Psychiatry can be hazardous to your health*. The present article provides quotes from Glasser regarding the above. I also recommend reading Dr. Breggin's book.

In his book, *Warning: Psychiatry can be hazardous to your health*, Glasser refers to Dr. Peter Breggin numerous times:

- ☐ In the acknowledgements section of his book, Glasser wrote: "To Peter Breggin, M.D., for his willingness to take on both the psychiatric drug manufacturers as well as the psychiatric establishment and lay much of the framework for this book" (p.xi).
- ☐ Tardive dyskinesia is discussed in books by Peter Breggin (p.24).
- ☐ In a footnote, Glasser writes: "The major organization that is fighting organic psychiatry and its beliefs is the International Center for the Study of Psychiatry and Psychology, or ICSP, founded by Peter Breggin... (p.34).
- ☐ "Peter Breggin, M.D., is a psychiatrist I've been associated with for several years. See the Appendix for some of his salient work" (p.88).
- ☐ "I...had almost no support until I joined forces with Dr. Breggin and his group..." (p.157).
- ☐ "Like myself, Al is a follower of Peter Breggin..." (p.178).
- ☐ On page 202, Glasser paraphrases a section from a book co-written by Peter Breggin.
- ☐ Glasser praises Breggin: "All humanity owes a debt to Dr. Breggin. He was among the first to stand up for your mental health against those who in their ignorance and/or greed may do it harm. For details, log on to his Web site (www.breggin.com)" (p.230).
- ☐ Glasser summarizes a book written by Dr. Peter Breggin, *Your Drug May be Your Problem*: "This completely up-to-date book goes into every detail of how you and your loved ones can be harmed by psychiatric diagnoses and brain drugs. It gives you information about what you can do instead of taking them, as well as accurate and important information on how to get off them. If you are concerned about a drug you are taking or about a drug a loved one is taking, this is the book to read" (p.231).

Because the published writings of Dr. Peter Breggin provide "much of the framework" for one of William Glasser's more recent publications, Breggin's ideas are part of the new Reality Therapy. Because his ideas are part of the new Reality Therapy, we can therefore get a better understanding of Glasser's ideas by studying Breggin's ideas.

As a first book, I encourage you to read *Medication Madness*. In that book, Peter Breggin describes the role psychiatric drugs played in the real lives of 50 people. He tells each story with detail and clarity. Most of the people described lived exemplary lives and committed no criminal or bizarre behavior before taking psychiatric drugs. That changed after they took the drugs. This book is very well-written. It gives the reader a look at the practical

consequences of taking psychiatric drugs and provides information on the framework for Glasser's book.

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Breggin, P. (2008). *Medication madness*. New York, NY: St. Martin's Press.

Brief Bio—

Zachary Rapport has experience counseling people who take drugs. He has taught courses at colleges and universities since 1996. He has worked as a crisis counselor, and as a chair for the Department of Counseling, Psychology, and Social Sciences at Argosy University. He holds a graduate certificate in Alcohol and other drugs from Western Michigan University and the following degrees: B.A. in Psychology, Michigan State University; M.S. in Mental Health Counseling, Nova Southeastern University; M.A. in Education, San Francisco State University; MPA in Public Administration, Alliant International University. He trained with William Glasser, Carleen Glasser, and Robert Wubbolding—Choice Theory and Reality Therapy Certified in 2001. When he is not researching, writing, and/or teaching, he's hiking the trails and taking photographs of our beautiful regional, state, and national parks.

THE JOB INTERVIEWEES' ALPHABET

Thomas S. Parish, Ph.D., CTRTC, Editor, International Journal of Choice Theory and Reality Therapy
Rena Rothmeyer, A.A., Hawkeye Community College, Waterloo, IA.

Abstract

To help those who are currently seeking employment, we offer the attached "*Job Interviewees' Alphabet*," which is intended to provide job-seekers with helpful hints regarding how to conduct job searches, as well as other tips on how to interview well when invited to do so.

We All Make Mistakes! These words have been uttered many times by many people, and they have probably been said primarily because we truly do all make mistakes!

Notably, in past years, the first author has served in various occupations and has learned much while he did so. One of those career opportunities was being employed as a director of personnel overseeing the hiring of hourly and non-salaried personnel for a large manufacturing company located near Chicago, Illinois. While in this position he saw people who were highly motivated and wanted to work, regardless of what they were asked to do, and others who actually didn't want to work, and conveyed this message in various subtle ways. In between, there were a myriad number of job-seekers who were looking for employment in order to put food on their tables, gas in their cars, and roofs over their heads for themselves and for their families.

The people, described above, often had one thing in common, i.e., they all were guilty of tripping themselves up while they were engaging in the job search and job interviewing process. More specifically, they all did make mistakes, but the authors quickly came to understand that the bulk of these people were never really taught how to go through the job search/job interview process, and to be mindful of what they needed to do, and/or not do, if they really wished to join the ranks of the gainfully employed during a period of time when we are undergoing historically high levels of unemployment across America and around the world!

Notably, in 2011, Parish and Burdenski published the "Checklist for Successful Interviews," which provided those specific "do's and don'ts" regarding what one needs to do in order to get the job that he or she is applying for, by removing a lot of the uncertainty that many face as they go through the interviewing process. Job-seekers are encouraged to keep this checklist in mind, always looking it over twice, once shortly before the interview (so that they know what to do, and it's all fresh in their mind), and then a second time shortly after the interview in order to determine how well they did, and be aware of what they will need to do next time.

While the "Checklist for Successful Interviews" has been very well accepted, based upon the feedback received, there are other things that the potential interviewee also needs to consider both within the interview room and during the rest of the job search process as well! The following "Job Interviewees' Alphabet" addresses similar items to its forerunner (i.e., the "Checklist for Successful Interviews"), plus other key points to assist the job-seeker as he or she endeavors to become successful at procuring a job in these very difficult times.

Insert Table 1 about here.

Notably, the successful interviewee will likely be able to add to the following “Job Interviewees’ Alphabet” beyond the twenty-six tips that we offer to the reader here, but there are other resources that can also be very helpful too. Here are some of our absolute favorites:

S. Covey’s (1990) *Fourth down and life to go: How to turn life’s setbacks into triumphs*. Salt Lake City, UT: Bookcraft.

W. Glasser (1977) *Positive addiction*. New York: Harper & Row, 1977.

O. Mandino’s (1968) *The greatest salesman in the world*. New York: Bantam Books.

P. McWilliams’ (1991) *You can’t afford the luxury of a negative thought*. The Life 101 Series paperback, distributed by Amazon Books, Inc.

T. Parish & R. Rothmeyer’s (2007) ABC’s of Life’s little lessons. *Education*, 27 (4), 610.

We hope that this very brief article, presented here, will add to your toolbox regarding things that you could do, or could avoid doing, in order to secure employment. Best wishes to you and may all of your job search desires be realized soon!

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Parish, T. S., & Burdenski, T. (2011). Pathways to employment and personal happiness can be found by attending to employers’ and our own “Quality Worlds.” (Notably, the Checklist for Successful Interviews is embedded within this article). *International Journal of Choice Theory and Reality Therapy*, 31 (1), 44-47.

Brief Bios—

Thomas S. Parish, Ph.D., CTRTC, is the Editor of the *International Journal of Choice Theory and Reality Therapy* and is an emeritus professor at Kansas State University in Manhattan, KS. To date, he has authored or co-authored hundreds of journal articles, many focusing upon Choice Theory and/or Reality Therapy.

Rena Rothmeyer graduated from Hawkeye Community College in Waterloo, Iowa, with a degree in photography in 2013, and has been employed by the U. S. Postal Service ever since.

Table 1

The Job Interviewees' Alphabet

(Or the Things That We Should All Do Initially to Get a Job!)

Thomas S. Parish and Renae Rothmeyer

Getting a job is often a difficult thing to do, but if you follow these few simple tips any job can be yours as a general rule!

<u>A</u>	Arrive early, and don't be a "Johnny-come-lately."
<u>B</u>	Bring a smile to share for a while.
<u>C</u>	Connect with your interviewer and others, too, if you think the job is really right for you!
<u>D</u>	Dress for success, and never allow yourself to get upset!
<u>E</u>	Eye contact must be stressed, if you really wish to do your best!
<u>F</u>	Friendly and <u>not</u> fidgety you should be if you want others to treat you like you're family!
<u>G</u>	Go alone, and never with others, even if they are your favorite sisters or brothers.
<u>H</u>	Hone in on what the interviewer wants best, if you wish to succeed better than all the rest.
<u>I</u>	Interview for jobs while you already have one, otherwise your efforts won't be much fun!
<u>J</u>	Just be comfortable with yourself and be proud, too, for no one else is likely better than you!
<u>K</u>	Know your stuff and always do your best, while never settling for anything less!
<u>L</u>	Leave a lasting positive impression, leaving them wonder if you came straight from heaven.
<u>M</u>	Motivate yourselves and others, too, for anything less will never do.
<u>N</u>	Never criticize anyone, for if you do, your job is lost, and you may be too!
<u>O</u>	Offer less and listen more, if you want the job, and not the door!
<u>P</u>	Possess enthusiasm for the job, and don't act like just another slob!
<u>Q</u>	Questions should be held until the end, but from the outset, be sure to act like a friend!
<u>R</u>	Read over your "thank you" notes again and again, making sure that you didn't offend.
<u>S</u>	Sense others' needs and attend to them and be sure to do so again and again!
<u>T</u>	Take care that you don't jump too fast, for their first offer likely won't be their last!
<u>U</u>	Utilize your interview to practice for others yet-to-come, so you'll be ready for the next one.
<u>V</u>	Validity is often an invaluable key, so be sure that everything you say is said honestly.
<u>W</u>	Wait and let silence be your friend, for in so doing, you'll more likely get the job in the end!
<u>X</u>	eXcellence is always best, and anything less may likely limit your interviewing success.
<u>Y</u>	Your goals and plans will tell others where you stand, so never write them in the sand!
<u>Z</u>	eZ your interview may not be, but if it goes well, you'll likely leave it being very happy!

Notably, you should look over this "Interview Alphabet" before each interview, and then be sure to do it again afterward too! This is so you can answer the question, "How well did you do?" Best wishes . . . from Tom & Renae

THE ART OF FOSTERING BETTER RELATIONSHIPS

Janet Morgan, Ed.D., CTRTC

Abstract—

At the heart of Choice Theory and Reality Therapy is the need for people to seek out positive, friendly relationships. For instance, in 1965 when William Glasser wrote the book *Reality Therapy*, he emphasized the need for the counselor to become a friend, as quickly as possible, with the client since that would prompt in the client a willingness to more likely open up and be honest about what was really bothering him/her. Additionally, I am also reminded that true friends are able to help people to like themselves, which may often underlie where deeper concerns might be found in many clients.

With the above abstract as a backdrop, it seems incumbent that we need to talk about “relationships.” To begin with, all around us there seems to be endless media chatter that can generally overwhelm us. Basically, it often distracts us from what’s important, which is our relationships with others. The Golden rule states that we need to treat others the way we wish to be treated. The Platinum rule shifts the focus and posits that we really need to treat people the way they want to be treated (<https://smlr.rutgers.edu/content/building-relationships-platinum-rule>). Either way, these rules generally provide a good foundation upon which we can foster better relationships with others. However, to build that relationship, we must first get to know one another. What follows are some simple tips regarding how we can achieve this end (i.e., get acquainted), and ultimately become his/her/their friend in the process!

Initially, a great way to get started is to ask questions about the other person’s beliefs and/or ideas about everything! How do we know what to ask? Jerry Seinfeld, the famous comedian, had a “special trick” or “icebreaker” to become acquainted with others. “Here’s Jerry’s trick for talking to people—at least initially—just ask them questions to which their answer is always a number.” Hence, there’s always an answer. This is Seinfeld’s stealthy technique to starting a conversation. For example, ‘How long have you lived here? What time do you start work? ‘How many days a week are you in your office?’

Be mindful, however, that you don’t trip yourself by letting the person you’re talking to only offer one-word answers, like “yes” or “no”! After all, you may still know too little about the other person to develop a real conversation. My job as a Professional Counselor has taught me a great deal about the art of asking “open-ended questions” to get to know more about the person with whom I am engaged. Questions are a significant part of my profession and I love hearing great questions because they lead to insightful answers where people reveal much about themselves. Timing is important as well. Some intimate questions must be put aside for a time, until the people are more comfortable sharing certain details about themselves. In building relationships, however, there are some useful questions that will help create needed insights, such as: ‘What have you been doing for fun lately?’ ‘How have you and your family kept connected during the COVID-19 pandemic?’ ‘How have you adapted to the changes in lifestyles since the pandemic?’ ‘What are your favorite meals to eat when you go to restaurants?’ These are good open-ended questions because as you

listen to the answers you can build upon them. The difficult practice here is to build on the answers you hear and not respond to the answers about yourself. For example: The answer to the first question may be something like: "Well, at first I was so isolated that hiking trails in the woods was the best feeling in the world?" Instead of responding with some activity that you have done (A Tit-for-tat conversation). Remember that the idea is to keep the focus on the other person. "So, the isolation was really tough?" OR "What are some hikes you have had that you enjoyed the most?"

Dr. Bob Wubbolding (2017), in his book *Reality Therapy and Self-Evaluation*, devoted Chapter Two to Human Motivation: Why Do People Do What They Do? In this chapter he posits that "As people interact with the world around them, they develop specific wants, or pictures, related to each need. This collection of wants is referred to as their quality world, a world that resulted from evaluating their experiences (that is, their interactions with the world around them). Questions that point to quality world pictures help us learn what people are striving for, or what makes them happy. From this I have learned that people have unique and specific belief systems and the only way for me to get to know them and what they want or like in the world, is to ask them questions. I occasionally work with couples and one of the first questions I often ask each partner is, "How did you meet and what attracted you to him or her?" Dr. John Gottman (2018), postulates that "happy marriages are based on a deep friendship." His research led him to write his most recent book, *Eight Dates, Essential Conversations for a Lifetime of Love*, that is filled with some very useful ideas and questions that should be beneficial to nearly everyone. The internet also has lists of questions you can ask of each other (<https://lifelifehack.com/dont-make-small-talk-ask-questions-instead-1465544922>), and there are loads of games you can purchase that focus on initiating conversations, intimate or otherwise (<https://www.tabletopics.com/>). These are only two resources, but other internet searches should also be helpful for the reader as s/he searches for ways to provide insights for him/her and for his/her/their clients too!

References

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Brief Bio—

Janet Morgan has been a member of the William Glasser Organization since the 1990's. The premise that "we choose our behaviors" drew her toward learning the theory and it's been part of her belief system since hearing those words. Janet Has worked in many fields, education, domestic violence, the medical community, social services, school counseling and private practice. Her passion is working with the military and their families, as that is her personal background. Today, Janet is in private practice working mainly in Telehealth (video counseling) and training WGI Practicum Students in CT/RT Theory. Janet has a passion for CT/RT and dedicates much of her time to the WGI Research Committee and to those conducting research all over the world.

UTILIZING REALITY THERAPY and CHOICE THEORY IN SCHOOL COUNSELING to PROMOTE STUDENT SUCCESS and ENGAGEMENT: A ROLE PLAY DEMONSTRATION and DISCUSSION

Ahmet Can, Ph.D. and Patricia A. Robey, Ed.D

Abstract

The guidance/curriculum component of the American School Counseling Association (ASCA) National Model is designed to promote mental health and to enhance academic achievement. The role of school counselors is to deliver short-term individual and group services. The large ratio of students to school counselors necessitates the use of approaches that can provide effective interventions for students within a short period of time. The Reality Therapy process helps students move from a problem focus to choosing more effective behaviors. This article provides a brief example and discussion of how Reality Therapy and Choice Theory can be successfully employed in a school counseling scenario.

School Counselors play an important role in helping all students in their academic, personal/social and career needs and challenges. School counselors are certified and/or licensed educators who hold, at minimum, a master's degree in school counseling. They address the academic, career, and personal/social/emotional development of all students through implementing a comprehensive school counseling program which consists of the following components: *define, manage, deliver, and assess* (ASCA, 2019). Throughout the day, school counselors meet with students individually and in group settings that focus on the current needs of the students. These meetings can involve coping with academic challenges, helping students through difficult personal/social situations, or possibly discussing future career options. Additionally, professional school counselors collaborate with teachers, administrators, and parents in order to maximize student achievement and ensure students reach their highest potential. Throughout the school year, professional school counselors step into the classroom to deliver guidance lessons that further promote student development. School counselors use data to make informed decisions on what the student body needs for support, and spend time advocating for their students in individual education plan meetings and other student-focused meetings.

School closures and the need for alternative delivery of services from school systems due to COVID-19 has created a challenge for educators and support personnel, including school counselors. The American School Counseling Association (ASCA) National Model Executive Summary defines an appropriate activity for school counselors as providing students with *short-term* individual and small-group counseling services.

(<https://www.schoolcounselor.org>) Students who need long-term counseling, however, should be referred to outside sources.

Even with this directive, the need to provide short-term, brief therapeutic services can be a daunting task, given the ratio of students to school counselors. Although ASCA recommends a 250-to-1 ratio of students to school counselors, the national average was actually found to be 430-to-1 for the 2018 -2019 school year. In the United States, data from 2018-2019 indicated that only two states, Vermont (191) and New Hampshire (219), actually met the above-mentioned standard. In Illinois, home state of this article's authors, the ratio is 626

students to 1 school counselor. Notably, the highest ratio is in Arizona, with a staggering report of 905 students to one counselor. (<https://www.schoolcounselor.org>)

Brief Therapy

Given the expectation that the need for individual school counseling services will be increasing due to the mental health challenges resulting from the influence of COVID-19, it becomes imperative to utilize a therapeutic approach to school counseling that can be brief and still effective. Brief counseling has been utilized since the 1980s, and includes a variety of therapeutic approaches (Wells & Gianetti, 1990).

The process of brief therapy can be identified by the number of expected sessions or by the use of planning short-term interventions that focus on behavioral change as an outcome of each session (Bruce, 1995; Littrell, Malia, & Vanderwood, 1995). Bruce (1995) defined four components of a Brief Counseling Model. In the Reality Therapy process these components can be identified through: 1.) developing the relationship; 2.) focusing on strengths, available support, and past successes; 3.) working collaboratively, with the counselor offering information as is helpful; and 4.) creating a plan with clear, concrete, time-oriented goals.

Reality Therapy and Choice Theory

Reality Therapy was introduced by Dr. William Glasser in 1965, but the process itself has continued to evolve over time. Most significantly, with the introduction of the book *Choice Theory* (also written by Dr. Glasser) in 1998, the Reality Therapy process changed to include a new understanding of human behavior and motivation. Therefore, counselors need to have a firm grasp of Choice Theory before working with clients since part of the therapeutic process is teaching clients to understand themselves and others through the lens of Choice Theory (Glasser, 2001).

The Reality Therapy process fits naturally within the context of a brief counseling model. Reality therapy has been described, along with solution-focused therapy, as “popular, short-term, counseling interventions school counselors use in counseling students for a variety of problems” (Yarbrough & Thompson, 2002, p. 307). With the understanding of Choice Theory as the foundation for Reality Therapy, counselors already have a general understanding of their clients before meeting them in sessions. In brief, according to Choice Theory, all behavior is purposeful, and is motivated by the desire to get what we want, which will satisfy one or more of our basic needs, especially in relationship with others and/or with oneself (Glasser, 1998).

Notably, then, Choice Theory and Reality Therapy provide school counselors with a systematic way to address students’ needs and wants, in both their personal and/or their educational lives. The Reality Therapy process helps students make better choices because it teaches students to focus only on what they can control - themselves. Professional school counselors can use Reality Therapy and its techniques and interventions effectively with students in individual planning, guidance curriculum, responsive services, and delivery (both individual & group counseling) when providing school counseling services for all students in schools.

Role Play Demonstration

Role play is an effective technique that can be used in teaching, supervision, and within counseling sessions. While we realize that there are many factors that influence student happiness and success in school, brief therapy is limited in the sense that the focus is intentionally based on the situation that is currently being presented.

The following is edited from a 20-minute role-play to highlight specific information relevant to the discussion of Choice Theory and Reality Therapy.

Scenario: Erica is a 14-year-old in her first year of high school. She was referred to the school counselor by her math professor because she is failing the class.

Counselor: Welcome to my office! I know that you were referred from your math teacher, Ms. Jackson, to talk with me about your problems with math, but I'm also interested in learning a little bit more about you. So what would you like to talk about today? *(Building relationship)*

Erica: Well I'm really having a hard time. It's embarrassing because I'm so far behind the other kids. I come from a different school and some of the kids in the class are so much more advanced than I am in math. One day I actually was so frustrated that I started crying in the class and then everybody laughed and so then I just stopped going to class.

Counselor: I understand that it has been a difficult time for you. So can you tell me more about how school is going for you outside of the math class? *(Empathy and gathering information)*

Erica: Right now I'm in a new school and I feel really lonely. I don't have any friends here. I mean, how do you make friends when you can't even be in the same place together?

Counselor: Sounds like there are two important things going on now. First, you are facing problems with learning your math course online and secondly, you feel lonely because you don't have any friends and don't know how to make one in your new school. Ideally, what would you like to see happening for you at school right now? *(Identifying needs that are not being met; shifting focus from problem talk to quality world picture of ideal solution)*

Erica: I want to have someone that I can ask for help if I have a problem with the homework, and I wish I had some friends I could just call up and talk to just for fun.

Counselor: I see that you are doing well in some of your other classes. What's been helpful for you in those classes? *(Looking for effective behaviors that might be utilized to address the current math-class situation; focusing on strengths, available support, and past successes)*

Erica: Well, the other courses aren't as hard as math. I've always been really good in my English and Art classes. I love art, it's fun, and I feel good about myself when I'm doing art. English is fun because we have conversations with each other about the books that we have read.

Counselor: When you say you feel good about those courses, what are you thinking or feeling in those courses? What do you do that has worked better in English or Art courses than in Math? *(Identifying components of effective total behavior; drawing on past behavior that might be applied to the current situation)*

Erica: Well, when I go to class I'm feeling happy because they're fun and I feel confident. I know I can do a good job in those classes and I'm getting good grades, so that's proof right there that I'm smart. And the teachers are nice in there. I'm not nearly so interested in my math course.

Counselor: So you know that you're smart, you are just having trouble with math. What have you tried so far in your math course to do better? *(Focusing on strengths; assessing what student has been doing regarding the current problem)*

Erica: I just try to work on it by myself as best as I can.

Counselor: It sounds like you would like to do better in math but so far your efforts have not been successful. What else could you try? *(Evaluating effectiveness of prior behavior; beginning to generate options for future success)*

Erica: I'm a little nervous about talking to the teacher. You know, it's hard to say that you need help. I don't like feeling stupid and I'm afraid the teacher is going to be mean to me.

Counselor: We've talked about a lot of things so far today. You feel uncomfortable in a new school, you are having trouble in math, and you want to make some new friends. On the other hand, you are doing well in Art and English, and you do have some friends in those classes. Somehow you found a way to have friends there. I wonder if you could use some of those same strategies to make friends in math? And maybe to approach the teacher? *(Identifying strengths; encouraging student to utilize strengths in the current situation)*

Erica: Well that's true, I did find some people to talk to in those classes. And I don't want to fail math. If you could help me figure out a way to talk to Ms. Jackson then I can do it, but I don't know how.

Counselor: I will be happy to help you to find a way for you to communicate with your teacher in a better way. Can you think of a time in your life when you found the courage to face a difficult problem? What did you do then that might help you now? *(Offering support and helping student draw on previous successes to generate a plan; active involvement by both counselor and student in the process)*

Erica: Well, once I was too nervous to talk to my softball coach about getting a chance to pitch, so I asked my mom to meet with him and me. My mom told me to write a note about what I wanted to say and that helped. So I guess I could write an email to the teacher, then I don't have to just be right in her face and that feels a little safer.

Counselor: I'm so glad to hear this Erica. Do you think that is a workable plan for you now? *(Evaluating and working toward getting a commitment for putting the plan into action)*

Erica: Well yeah, I mean I wish I didn't have to, but I need to do something. Can I write an email and then send it to you and would you look at it and see if it sounds OK? And then if you think it's OK then I'll send it.

Counselor: Yes, I would be happy to help. What is the timeline for you to do this? *(Offering support and getting details on the plan; establishing clear, concrete goals)*

Erica: I can do it tonight and then I'll send it to you. I know you're busy but when you get it back to me then I can just send it to my teacher, if that's OK with you.

Counselor: That sounds workable. I am available and would love to help you in this, Erica. How are you feeling now that we have a plan of action? *(Assessing student's motivation toward putting the plan into action; creating a plan with clear, concrete, time-oriented goals.)*

Erica: Still nervous, but I'll do it.

Counselor: Before you leave, I want to talk about your wish to make more friends. Did you know our school set up a social club that is designed for all students to share their interests and talk about anything they want to during the club meeting? It might be helpful for you to make new friends and make connections with your classmates in or out of the classroom. The club is happening every Wednesday from 4:00 pm to 6:00 pm. *(Addressing student's need to make friendships and providing information)*

Erica: That sounds really good I didn't even know that so that helps a lot. Thank you!

Counselor: I'm happy to help. Let's do a check-in. Where do you see your level of anxiety right now on a 1-10 scale where 10 is really anxious and 1 is not anxious at all? *(Using scaling for evaluation to help student see that she has made progress toward her problem)*

Erica: Right now, I think I feel like maybe a four because I'm happy about the club and you're gonna help me with writing that email.

Counselor: I'm glad to hear that. I'd like to follow-up with you to see how things are going. Would you still like to schedule a meeting for Thursday at 3:00pm? *(planning follow-up)*

Erica: Yes, I would like that.

Counselor: Good! I'll see you then at 3:00 pm on Thursday. *(In follow-up sessions, the counselor would check on Erica's success with her plan, address other concerns, provide outside referrals as necessary, and would teach Erica Choice Theory so she would better understand herself and develop more effective strategies for long-term life success.)*

Discussion

When utilizing role play as a teaching tool, the discussion is important for self-evaluation for the counselor, but also to highlight the intention, concepts and/or techniques that are relevant for the purpose of the demonstration.

Dr. Robey: In this role play counseling demonstration, you had a student, Erica, who was referred to you by the math teacher because Erica was not doing well in her math class. You also heard that she had other issues that were influencing her success (or lack of it) in school. As a school counselor what goals did you have in mind when you met with Erica?

Dr. Can: My number one goal was to develop a therapeutic rapport with Erica, so she feels safe, respected, and I can gain her trust. This means I should allow Erica to disclose information to me, despite what I already know. Erica is somewhat unattached from her peers in her classes. We understand from Choice Theory that disconnection from others is usually a primary source of problems. When looking at adolescents, they want a sense of belonging or peer acceptance and since Erica is struggling in her academics, she may feel like she no longer belongs in school. Erica needs to make positive connections with peers in school, and the sooner the better. Furthermore, a counseling support group would benefit Erica because she will gain a sense of belonging, she will have interpersonal interactions

with her peers, and she will have support from peers who are dealing with similar problems like she is. This can change her perspective on school, thus motivating her to create a change. I also think getting her involved in some kind of peer group or club in the school would allow her to establish new connections with peers and enhance her engagement with the school as a whole. I would also collaborate with her math teacher to see how as a team we can support Erica and get her back on track. At the same time, I would also let Erica know about other resources in school (tutoring, meeting with instructors, joining other clubs) and that as her counselor, I am here to support her academic and personal-social needs whenever she needs me.

Dr. Robey: What Reality Therapy and Choice Theory techniques did you use to help her in this session?

Dr. Can: Reality Therapy (RT) provides school counselors with a systematic way to address students' needs and wants, in both their personal and educational lives. The therapeutic goals for Reality Therapy are for the client to get connected/reconnected with the people they choose to put in their quality world and to help clients learn better ways to fulfill basic needs and assist clients in making more effective and responsible choices related to their wants and needs. In this session, my goal was to challenge Erica to examine what she is doing. I have a mentoring role in this process; I assist the client in evaluation of her behavioral direction (e.g., help to find her in a different way to communicate with her math teacher), including specific actions, wants, perceptions, level of commitment, possibilities for new direction, and action plans. In this session, Erica, quickly began to appreciate this caring and accepting environment. I thought about the *WDEP system* (Wubbolding, 2000), wants, doing, evaluation, plan, to guide my thinking through the process. I asked the client what she wants? What is she doing to get it? I also assisted Erica in evaluating how her actions are helping her achieve what she wants. What has she tried so far to help her problem? How has that been working? Is she getting what she wants? What else could she try? Erica and I also explored how her behaviors are not working. Erica was assisted in creating a plan to reach her goals in this session in order to find a new way to communicate with her math teacher. After getting new information Erica decided to join a support club in school. The new focus is on how she can make better choices. These techniques help Reality Therapy counselors understand and teach students the basic principles of Choice Theory, the five basic needs, and the quality world.

Dr. Robey: Ordinarily in Reality Therapy we don't focus a lot on emotions but there are times when it seems to make sense to do this. Talk a little bit about the importance of the scaling technique and why you introduced that into the conversation in this session.

Dr. Can: Scales are one of the most accessible and flexible tools for establishing goals and identifying progress and are also easily understood from young children to adolescents in counseling. Scales are essentially conversational frameworks that encourage clients to create their preferred future and provide indicators of progress towards their goals. Finally, scales can be constructed to encourage useful conversations about almost any situation and also elicit helpful details about the present and past, as well as the future.

Dr. Robey: You also talked to Erica about past experiences. What was your intention with doing that?

Dr. Can: One of the Choice Theory core beliefs is that past events have a great deal to do with what we are today, but we can't change the past. What we can do, though, is change

our behavior so we can satisfy our basic needs in the present and make plans for future successes (Glasser, 1998). In this session, I think it is important for me to identify her current reality. I asked the client what she wants. What she is doing to get it? What has she tried so far to help resolve her problem(s)? How has that been working? The student identifies and describes present behavior and evaluates the present behavior and is likely to change this behavior only if she believes that it is not working. Erica was encouraged to identify alternative behaviors to better meet personal needs. At the end of the session Erica chose one new behavior and was willing to commit to trying it. In this session, even in a short amount of time she came up with a concrete plan to take action. Ideally, what I want to see is that she starts to make some sort of movement, even if it's just a small step toward success in her personal and/or academic needs in school.

Dr. Robey: If you could go back and do this demonstration again is there anything that you would do differently?

Dr. Can: I would have explored more what she includes in her quality life and ideal world. Questions to help understand Erica's quality world might include: Who are the most important people in your life? If you become the person you want to be, what will you be like? What is something you have done that you are really proud of? What does it mean to be a friend? What are your most deeply held values in life?

Dr. Robey: What recommendations would you offer to readers of this article or to school counselors about how to help students who are struggling with similar issues to the ones that Erica is struggling with right now?

Dr. Can: Professional school counselors play an important role in creating an equitable, inclusive school culture promoting success for all in schools. Students often face many situations that they cannot change, especially in these most trying and unprecedented times. For school counselors there are two essential questions: (1) How can I provide opportunities for students to address life choices in real time? and (2) How will I provide good experiences for students as they learn how to address life choices? Reality Therapy provides an effective approach to helping students make better choices because it teaches the student to focus only on what they can control, themselves. Most importantly, however, is that Reality Therapy practitioners can help students create structured plans for change.

School counselors are responsible for the development and organization and implementation of the curriculum; and effective relationships must be established with teachers, ancillary staff, parents, administrators, community members and students. The theory's emphasis on the importance of the counselor possessing the personal qualities of warmth, congruence, authenticity, empathy, respect, acceptance, and openness for each person, creates the opportunity for school counselors to develop positive therapeutic relationships and gain respect, cooperation, and support from all stakeholders. School counselors help students regarding academic, career, and social-emotional development. School counselors provide individual and group counseling services in order to help students minimize or eliminate barriers to educational performance and personal-social development. School counselors spending endless hours in their offices is a way of the past. More recently, we need to strive to be with the students, whether that is at the entrances of the building at the beginning of the day, in the halls during passing periods, in the cafeterias during our lunch periods, spending our free time at school games and activities in order to connect with students, or meeting with students individually or in groups. The persistent attempts at making

connections and sharing in open dialogue is the real key in order to create change and have a real impact on our students.

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Brief Bios--

Dr. Ahmet Can is an Assistant Professor and Program Coordinator for the Masters in Counseling Program in the Division of Psychology and Counseling at Governors State University where he teaches courses including Applied School Counseling with Diverse Students, Development of School Counseling and Practicum & Internship courses in School Counseling. Dr. Can worked as a school, college, mental health counselor and clinical supervisor in a variety of settings including a primary, middle, and high school, college counseling center, and within higher education. Dr. Can currently serves on the editorial review board for the journal of Child and Adolescent Counseling. He is an active member in several professional organizations including the American Counseling Association (ACA), Association for Counselor Education and Supervision (ACES), Chi Sigma Iota (CSI) and American School Counseling Association (ASCA).

Patricia A. Robey, Ed.D., LPC, CTRTC, is a professor and chair in the Division of Psychology and Counseling at Governors State University. She is also a Licensed Professional Counselor and a senior faculty member and trainer for Glasser Institute for Choice Theory – US and William Glasser International. Pat has authored and co-authored numerous articles and book chapters on applications of Choice Theory and Reality Therapy and is lead editor of the book *Contemporary Issues in Couples Counseling: A Choice Theory and Reality Therapy Approach*.

REALITY THERAPY: A BOON TO RECUPERATE FROM EMPTY NEST SYNDROME

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Abstract: The Empty nest can be a terrible phase full of sadness, loneliness, and insecurities for parents as the loss of a child's dependency can create an upheaval in their lives whereas, on the contrary, it can also be an exciting time for them. The empty nest life can become a more enriching, productive, and creative time by reviving relationships with one's partner, or renew old friendships, hobbies, interests, continuing personal growth, self-acceptance and perceiving the moving out of children as a new adventure for development rather than a loss. The objective of the present study was to find out the ways or techniques which can help parents cope with the empty nest syndrome as they deal more effectively with their lives.

In the present piece of research, Reality Therapy (William Glasser, 1965) will help parents to work on their grief due to the absence of their child(ren) from their home, while they learn how to cope with the emptiness associated with the so-called empty nest syndrome. In all, 50 parents were selected to be participants who were high on the Empty Nest Syndrome. Notably, these parents all had adult children who left their homes in pursuit of educational or professional growth within the last 1-2 years. Furthermore, half of them (N=25) were randomly assigned to the experimental group and provided with Reality Therapy, while no intervention was provided to the participants of control group (N=25). The age range of the participants was 45-65 years. The statistical tools used for the analysis of the data were paired t-tests. The standardized measurement tools used for this study were the Empty Nest Syndrome scale by I.C. Mbaeze and Elochukwu Ukwandu (2011), the UCLA Loneliness Scale version 3 by Russell, Peplau, & Ferguson (1978), the Parent Protection Scale by Thomasgard, Metz, Edelbrock, & Shonkoff, (1995), and the Stress Resiliency Profile by Thomas & Tymon (1974). This was an intervention-based study which sought to employ Reality Therapy to reduce the level of the empty nest syndrome, amount of parental overprotection, plus reduce loneliness and increase stress resilience in participants in the experimental group as compared to the participants in the control group. Findings of the study confirmed the proposed hypotheses. Implications and future suggestions will also be discussed and highlighted.

Keywords:

Empty nest syndrome, Loneliness, Parental Overprotection, Stress Resilience, and Reality Therapy.

Introduction

Empty nest is not just a millennial concept. This is a potentially distressing phase that has existed for eons that parents have often had to go through. However, for the Indian culture, Empty-Nest is a contemporary concept that makes it difficult for Indian parents to adapt to this stage of the family life cycle. Every stage of the family life cycle is a bit of a challenge because of the roles and responsibilities and the shifting stages, positions, and needs (Framo, 1994). The family life cycle begins with the "*Unattached Young Adult*," in which the individual leaves the family of origin and enters the family of procreation predominantly through nuptials. Following "*Coupling*," which is entirely couple-centered, "*Expansion*," in which a couple enters the stage of parenthood due to the addition of children, which brings joy, excitement, but at the same time amplifies stress and responsibility. Framo (1994) states that our culture has painted a rosy picture of marriage and parenthood that is partly contrary to reality. Couples are often distressed at this stage because of the challenges they have to face while maintaining a balance between parenting and married life. At this stage, the life of parents revolves around children, and their primary goal is to guide them to develop autonomy in a secure way. However, gradually with time the parent-child relationship begins to transform, and as children grow into adolescence, the family begins to unfold the next phase of the family life cycle which is "*Contraction*". At this stage, parents and children prepare to move forward but in different directions and ways. On one side, children prepare to leave the house to achieve further milestones of their lives, whereas on the other side, parents prepare to go back to the point of the family cycle from where they had started. This phase is known as Empty-Nest, in which the children leave home for either education, career opportunities, or any other purpose, leaving the parents at home (Wei Kong, 2010).

Earlier, the phenomenon of Empty Nest Syndrome used to be a concept of western culture. However, due to cultural diffusion, urbanization, and a modern nuclear family setting, this phenomenon is gaining popularity across different cultural groups including Indian culture. Formerly, Indian culture has always had extended family settings, and when children had to leave home largely because of their educational or career purposes, parents always seemed to be engaged in the responsibilities of other family members. Likewise, it used to be a tradition then, after getting married the son and his wife used to stay with the son's extended family. Consequently, the parenting role was automatically extended to grandchildren. Besides, fathers have always been the sole breadwinner of the family, and mothers have played a full-time parenting role. However, in today's evolving time, after marriage, adults are opting for nuclear family settings, and both parents have started working because of which it becomes difficult for them to spend enough quality time and establish a secure attachment with their children.

Therefore, when the time of "*launching children*" comes, parents start feeling lonely, stressed, and insecure over the loss of their identity as a parent and active parenting. Moreover, at this time parents concurrently deal with life events such as menopause, death of a spouse, or retirement which may increase symptoms of Empty Nest Syndrome. Parents may start giving shelter to all sorts of negative thoughts which make them think that they're alone, their children won't be dependent on them anymore, nothing is left in their life and they don't have a purpose anymore. Their minds may get so busy thinking negatively that it gets hard for them to find the light at the end of the tunnel, hence they fail to cope well and to find ways to come out from these trying times.

This study aims to examine the effectiveness of Reality Therapy on parents experiencing Empty Nest Syndrome and help them to deal effectively with the new chapter of their lives.

Although there are many studies explaining the factors leading to Empty Nest Syndrome and its aftermath on parents' mental well-being, to best of our knowledge, only one single intervention-based study on one participant (Mother) experiencing Empty Nest Syndrome was performed to reduce any depressive affect and to shift the focus from her children's lives to her own (Oliver, R. 1988). Therefore, the objective of the present study was to analyse the therapeutic effect of Reality Therapy on parents experiencing the Empty Nest Syndrome due to parental overprotection, loneliness and/or low stress resilience.

Intervention

Reality Therapy was used for this study because it belongs to those systems of therapy that see the participants as inner-directed. Reality Therapy was developed by William Glasser (1965). It's a counselling method based on Choice Theory, which aims to help people in developing more effective control over their lives. Reality Therapy is particularly designed to facilitate individuals that no matter how distressing the past was, their future should be more in line with their current and future choices (Glasser, 1965, 2000; Wubbolding, 2000). Thus, it helps an individual to focus on the "here and now," while dealing with emotionally distressing situations, work on grief, and also learn to cope with difficult events. The primary goal of Reality Therapy is helping individuals to identify their needs and wants, evaluate behaviour, and make plans for fulfilling needs. Furthermore, Wubbolding (1992) extended Reality Therapy and formulated a system to be followed during the counselling sessions which is WDEP. Therapy here revolves around this system and the four questions:

1. What do you want? (Want)
2. What are you doing to get what you want? (Doing)
3. How will you know if what you are doing is working? (Evaluate)
4. What will you do to get what you want? (Plan)

Literature Review

Research work on Empty-Nest can be traced from 1950's or 1960's (Sussman, 1955; Axelson, 1960; Deutscher, 1964) plus, this concept also attained more attention from researchers in 1970's too (Crawford & Hooper, 1973; Glenn, 1975; Harkins, 1978; Resnick, 1979). The transition to the empty-nest begins with the launching of first child and ends with the departure of the last child (Feeney, Peterson, & Noller, 1994; Hagen & DeVries, 2004; Ellicott, 1985; and White, 1994). However, a rapid increase in longevity holds a significant role in the emergence of the empty-nest phase (Deutscher, 1964; Raup & Myers, 1989), which has consequently increased the post-parental period (Cassidy, 1985; Rodgers, & Witney, 1981; Schram, 1979).

Contraction or the empty-nest phase is often associated with the notion of the *empty-nest syndrome*. This term refers to instances in which emeritus parents (Gutmann, 1985) experience unhappiness, identity crisis, worry, loneliness and/or depression from their last offspring's departure from home (Borland, 1982; Cassidy, 1985; Mitchell & Lovegreen, 2009). Despite the difference between terms, empty-nest refers to one of the stages of the family life cycle and empty-nest syndrome refers to the negative reactions towards the transition which are often used interchangeably (Kearney, Susan M., 2002) since this empty-nest phase is generally interpreted as problematic (Dare, J. S., 2011). Notably, though, the empty-nest is actually different for every parent.

Determinants fostering empty-nest syndrome

Multiple reasons can be listed for the emergence of the empty-nest syndrome as it is that stage of transition where parents experience other stressors associated with middle age which also influence the empty nest syndrome or the significant changes happening around the same time, such as menopause, retirement, aging, divorce, or death of parents (Dare, 2011). Several factors contributing to the empty-nest syndrome might also be unstable or unsatisfactory marriages, gender (Bures, Koropecj-Cox, & Loree, 2009; Yetter, 2010), those who have difficulty with separation and change, those who are full-time parents, single parents, or who worry that their children aren't ready to take on adult responsibilities or ready to leave home, who rely on their roles of self-identity, fear of role loss and who consider change as stressful, rather than challenging or refreshing. Although there are numerous factors which lead to the empty-nest syndrome, the present piece of research has focused on parental overprotection, loneliness and stress resilience.

As mentioned above, an overprotective parent is the one who is highly supervising, experiences difficulties when separated from the child, discourages independent behaviour and tends to be highly controlling (Thomasgard, & Metz, 1997). It becomes extremely difficult for overprotective parents to overcome empty-nest syndrome because they constantly worry that their children aren't ready to leave their home, to make decisions independently, or to function without them and take on adult responsibilities. As a consequence, parents start feeling lonely which is an epidemic that may occur when people go through times of profound changes in their lives. It is a condition of emotional distress that arises when people feel they are rejected by other people, particularly by their family (Rook, 1984; Donaldson & Watson, 1996). However, to successfully overcome such distressing situations, individuals need to be high on stress resilience (which is a process of "bouncing back") or making adjustments at the time of distress, trauma, tragedy and/or significant stress such as family problems, relationship problems, financial problems etc. Therefore, this research was mainly aimed at finding techniques to help parents bounce back from the empty-nest syndrome.

Objectives:

To study the therapeutic efficacy of Reality Therapy using an experimental and control group design with the following as variables.

- Empty Nest Syndrome
- Loneliness
- Parental Overprotection
- Stress Resilience

Hypotheses:

Following hypotheses were tested:

- Reality Therapy would significantly reduce the level of *Empty Nest Syndrome* of participants in the experimental group as compared to participants in the control group.
- Reality Therapy would significantly reduce the level of *Loneliness* of participants in the experimental group as compared to participants in the control group.
- Reality Therapy would significantly reduce the level of *Parental protection* of participants in the experimental group as compared to participants in the control group.
- Reality Therapy would significantly increase the level of Stress Resilience in the experimental group as compared to participants in the control group.

- The post intervention scores of participants of experimental group on all variables (Empty Nest Syndrome, loneliness, parental protection and stress resilience) would significantly differ as compared to their pre-intervention scores.
- There would be no significant difference in pre- and post-scores of participants (Empty Nest Syndrome, loneliness, parental protection and stress resilience) in control group.

Research Design:

Sample

Data were gathered using a purposive random sampling method from Mohali, Chandigarh and Panchkula (India). The inclusion criteria for participants were 1) those whose children moved away from home for their educational, professional, personal growth or other purposes in life; 2) participants should be between 45 and 65 years; and 3) the status of the relationship should be married.

Procedure

After obtaining the written informed consent of the parents, participants were informed about the confidentiality of the data they provided and the necessity for their honest and accurate responses. To begin with, the questionnaires were distributed to parents and instructions were given on how to fill out the questionnaires during one-on-one sessions. Once completed, the questionnaires were collected. After collection of the questionnaires, the researchers examined and eliminated the questionnaires that had any incomplete information. Then the researchers screened the participants with questionnaires by using the Empty Nest Syndrome Scale. A total of 50 participants who were high on empty nest syndrome were further randomly bifurcated into an experimental group (N=25) and a control group (N=25). Participants of the experimental group were provided six sessions (60 minutes each) in the time span of six weeks.

The aim of the first session was to build rapport within the group and to introduce participants with the procedure and benefits of Reality Therapy. Followed by an equal breathing technique, the participants were given the assignment to think about the "W" questions 1) What do you want? 2) What do you want instead of the problem? 3) What you want from your family and friends? 4) What do your family and friends want from you?

The second session started with the discussion of the assignment for 20-25 minutes and afterwards the participants were acquainted with the basic concepts of Reality Therapy, specifically, basic human needs, quality world and real world. The session was followed by cord-cutting meditation and concluded by giving assignments regarding the "D" questions 1) What are you doing to satisfy your needs? 2) When you act this way, what do you think? 3) When you think/act this way, how do you feel? 4) How do your thoughts/ actions affect your health?

In the third session Reality Therapy was preceded with the discussion of the assignment for 20-25 minutes and participants were introduced with the concept of ineffective self-talk and effective self-talk. After the discussion, participants were introduced to another relaxation technique, JPMR, and the session ended with the assignment focusing upon the "E" questions 1) Is what you are doing helping you get what you want? 2) Is it taking you in the direction you want to go? 3) Is what you want achievable?

The fourth session started with the discussion of the assignment. In this session the participants were helped in restructuring their thinking, perceiving their behaviours, and taking more satisfying actions. The session was concluded with an assignment on "P," which was to make an action plan for their behavioural change.

In the fifth session the action plans of all the participants were discussed and they were asked the following questions 1) If you follow through on your plans, how will your life be different? 2) How will you be living a more need-satisfying life? 3) Are you clear about what you are going to do? 4) Does the plan fulfil the characteristics of an effective plan? After the discussion, participants practiced Equal Breathing and the session was concluded with the suggestions given to the participants that they must try to implement the action plans with full commitment and honesty.

The sixth and last session consisted of two parts. The first part was all about feedback and the participants were advised to practice cord-cutting, meditation, equal breathing, and JPMR on a regular basis which will help them to handle stressful situations calmly and to make better choices. The second half was post-intervention in which participants were provided with the post-intervention questionnaires. Afterwards, the scores of both the experimental and control groups were analysed to help assess the efficacy of Reality Therapy.

Measurement

- **Empty Nest Syndrome Scale**

The Empty Nest Syndrome scale was developed by I.C. Mbaeze and Elochukwu Ukwandu in 2011. This scale consists of three parts, part A (Demographic details), part B is a 5-point Likert scale of (SA, A, U, D and SD) composed of 16 items measuring Empty Nest Syndrome. The Cronbach's alpha of this scale is 0.81. Part C consists of 13 items measuring adjustment pattern of the aged. However, for this piece of research the researcher has used only part A and part B.

- **Parental Protection scale (PPS)**

Parental Protection scale (Thomasgard, Metz, Edelbrock & Shonkoff, 1995) consists of 25 items and responses to them were scored from 0-3 "(0=never, 1= sometimes, 2= most of the time and 3 = always)".

The Cronbach's alpha of PPS is 0.73. The higher the score, greater the protection.

- **UCLA Loneliness Scale**

Loneliness was measured by 20-item, UCLA-LS (Russell, Peplau & Ferguson, 1978) in which participants rated each of the 20 statements. The responses ranged from 4 (often) to 1 (not at all), with a possible total score range of 20–80. The higher the score, the more loneliness the person experienced. This instrument had an internal consistency alpha that was equal to .94.

- **Stress Resiliency Profile**

The Stress Resiliency Profile (Thomas & Tymon, 1994) is comprised of an 18-item scale and three subscales. It provides a 7-point response scale. Cronbach alphas for the three subscales in the two studies by Thomas and Tymon have been as follows: deficiency focusing (.89, .82), necessitating (.75, .70), and skill recognition (.82, .84; 1995). Higher scores on deficiency focusing and necessitating indicate lower stress resiliency, and higher scores on skill recognition indicate higher stress resiliency.

Research Design and Data Analysis

A pre/post experimental/control group design was used to assess the therapeutic efficacy of Reality Therapy on the empty nest syndrome, parental overprotection, loneliness, and stress resilience. Data were analysed by using a paired t-test to determine the significant differences between the mean of two groups sharing the same features (empty-nest syndrome, parental overprotection, loneliness, and stress resilience). Moreover, the paired t-test helped to reduce the impact of extraneous factors that could create variations in the research or result.

Results

A total of 50 participants who were high on the empty-nest syndrome, parental overprotection, loneliness and low on stress resilience were screened in for this research, which were further bifurcated into experimental (N=25) and control (N=25) groups. The analysis of data supports the hypotheses. Regarding the empty-nest syndrome scores, the t value obtained for pre-test and post-test of the experimental group is $9.058 > p$ (see Table 1) shows the significant difference between them. On the contrary, the t value obtained for control group is $-0.133 < p$ (see Table 1), which shows no significant difference between pre- and post-empty-nest syndrome scores. Moreover, the decrease in the mean levels of empty-nest syndrome (figure 1) in post-test as compared to pre-test of experimental group shows the efficacy of Reality Therapy.

Table 1: Analysis of Empty-nest Syndrome in experimental and control group.

Paired Samples Statistics						
Group		Mean	N	Std. Deviation	Std. Error Mean	t
Experimental	Empty nest syndrome (pre-test)	62.3400	25	5.02850	1.00570	9.059
	Empty nest syndrome (post-test)	51.5200	25	4.46393	.89279	
Control	Empty nest syndrome (pre-test)	63.3800	25	7.15495	1.43099	-0.133
	Empty nest syndrome (post-test)	63.4400	25	7.60663	1.52133	

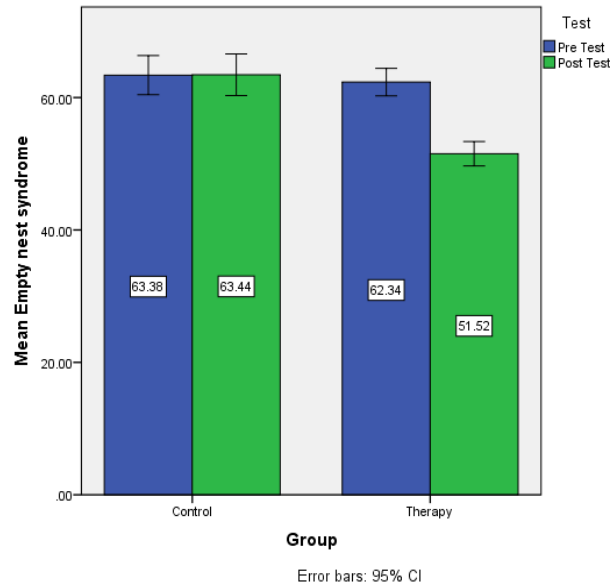


Figure 1: Level of Empty-nest Syndrome in experimental and control groups.

In the case of parental over-protection, the acquired t value of the pre-test and post-test of experimental group is $6.981 > p$ (Table 2), which shows the significant difference between them. In contrast, the t value of control group in terms of pre-test and post-test is $-0.204 < p$, which shows no significant difference. In addition, the decrease in the mean levels of parental overprotection (Figure 2) in post-test as compared to pre-test of experimental group provides evidence for the effectiveness of Reality Therapy.

Table 2: Analysis of Parental Overprotection in experimental and control groups.

Group		Mean	N	Std. Deviation	Std. Error Mean	t
Experi- mental	Parent Protection (Pre-test)	95.16	25	8.721	1.744	6.981
	Parent Protection (Post-test)	79.52	25	13.330	2.666	
Control	Parent Protection (Pre-test)	97.32	25	8.601	1.720	-0.204
	Parent Protection (Post-test)	97.40	25	8.475	1.695	

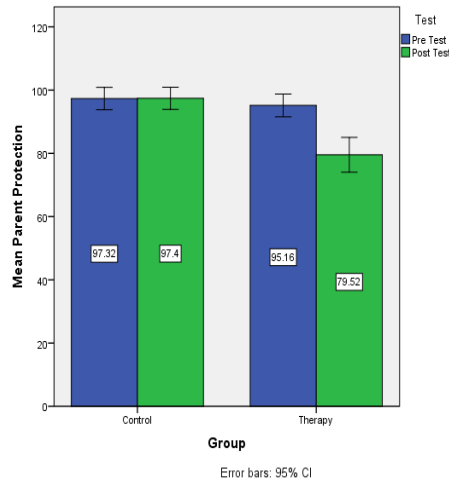


Figure 2: Level of Parental Overprotection in experimental and control groups.

The t value of Loneliness in pre-test and post-test scores of experimental group is $6.786 > p$, which represents a significant difference between them. On the other hand, no significant difference is observed in the control group as t value is $1.072 < p$. Likewise, the decrease in the mean levels of loneliness in pre-test as compared to post-test shows the efficacy of Reality Therapy (Figure 3).

Table 3: Analysis of Loneliness in experimental and control groups.

Paired Samples Statistics						t
Group		Me an	N	Std. Devia tion	Std. Error Mean	
Experimental	Loneliness (Pre-test)	66.28	25	5.842	1.168	6.786
	Loneliness (Post-test)	55.36	25	9.133	1.827	
Control	Loneliness (Pre-test)	67.80	25	6.131	1.226	1.072
	Loneliness (Post-test)	67.48	25	6.628	1.326	

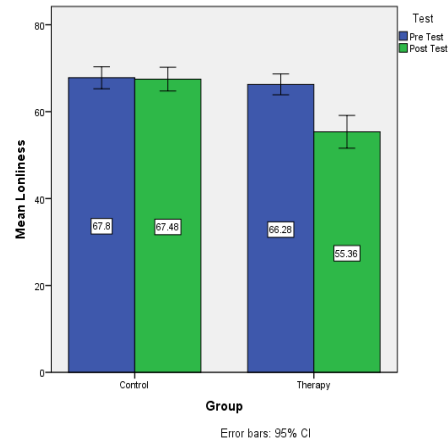


Figure 3: Level of Loneliness in experimental and control groups.

As shown in the Table 4, the obtained t value of stress resilience in pre-test and post-test of the experimental group is $-19.672 < p$. However, the t value $-.745 < p$ shows no significant difference in pre-test and post-test of control group. The difference between the mean of the pre-test and post-test of experimental groups shows the effectiveness of Reality Therapy (Figure 4).

Figure 4: Level of Parental Stress Resilience in experimental and control group.

Group		Mean	N	Std. Deviation	Std. Error Mean	t
Experi- mental	Stress Resilience (Pre-test)	42.08	25	4.991	.998	-19.672
	Stress Resilience (Post-test)	103.44	25	16.333	3.267	
Control	Stress Resilience (Pre-test)	41.52	25	4.114	.823	-.745
	Stress Resilience (Post-test)	42.04	25	5.856	1.171	

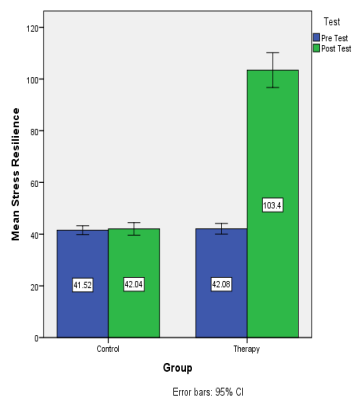


Figure 4: Level of Stress Resilience in experimental and control group

Discussion

This study was designed to empirically assess a therapeutic technique which can help parents to use their post-parenthood phase as a new beginning with new hopes and fresh aspirations. The results show the significant efficacy of Reality Therapy on the parents experiencing Empty Nest Syndrome post-intervention and are in line with the hypotheses. The results are in line with Roger's personality theory 1959 (Dolliver, 1995), that fully functioning people are those who enjoy their lives to the fullest and are considered as psychologically healthy people. During the contraction phase of the family life cycle, parents may experience profound despair, loss of self-esteem, inactivity, difficulty in thinking, concentration, sleepless nights, loss of appetite, sexual desires, inability to deal with daily affairs and inability to relate with anything in life in a positive manner (Olson, 1993) which leads to the Empty Nest Syndrome. This syndrome may make it difficult for parents to deal effectively with this significant phase. As the results of the present show, with the help of Reality Therapy, parents in the experimental group were able to shun the clouds of overthinking and begin to think rationally. Initially, due to the Indian belief system, parents were adamant about not accepting the fact that they have life beyond their children; but with discussions and activities during sessions they started to discover things that they love and make them happy, even when their children are no longer in the home.

Furthermore, When the children of overcontrolling parents leave home, parents may experience the feeling that they have no purpose left in life and fear of parental role loss may make them more prone to the empty-nest syndrome. The results of this study suggest that Reality Therapy was able to bring down the over-protectiveness of the parents by helping them to understand the consequences of behaviours like determining all day activities of their children, making decisions for them (Putz, 2012), constantly guiding them, and engaging in strict and demanding relationships with their children (Perry, Dollar, Calkins, Keane & Shanahan, 2018).

After the contraction stage, parents may start feeling lonely due to the void in their day-to-day inter-personal relationships and this phase of the family life cycle may be one of the most stressful phases as compared to the other phases of the family life cycle or life stressors (Crawford & Hooper, D. 1973; Hobdy, et al. 2007). Thus, the pre- intervention result support the study by Alexon (1960) explaining a momentous increase in loneliness among parents during post-parental transition and a decrease in social activities which is in line with a study by Nomaguchi and Milkie (2003) that one of the perks of becoming a parent is an increase in social interaction and participation. Therefore, the post-intervention shows the decline in level of loneliness among parents. During the group sessions when parents interact with other participants and realize that they are also in the "same boat" it gives them a sense of relief and that they're not alone. In addition, they develop an emotional bond with the other participants of the group which eventually increase their social interaction and participation too.

Bleuler(1963) and Rosenthal (1963), explain in the diathesis stress model that if an individual who is vulnerable encounters stressful situations, they're more prone to develop mental health problems. Further, they added if an individual without a biological stress frequently encounters stressors, these are likely to affect the person's mental health. Zhang, et al. (2017) noted that the lack of stress resilience is a predictable factor for loneliness and an inability to cope with difficult events such as the post-parenthood phase. Hence, Reality Therapy effectively worked with individuals who were low in stress resiliency by helping them to bounce back from stressful situations. Hence, through Reality Therapy parents are able to redirect their lives by exploring their interests, developing new relations,

rekindle their married life and increase their ability to look forward toward a more positive future and enjoy their empty nest as they've earned it.

Conclusion

This study sheds light on the effects of empty nest syndrome, parental overprotection, loneliness and stress resilience on the empty-nest population. The results of the study suggest that awareness of empty-nest syndrome and coping strategies such as Reality Therapy can prove to be a positive life-changing experience for these empty-nest populations, helping emeritus parents to become more socially active citizens. Reality Therapy might be used by institutions for the betterment of empty nesters. Governments might even organise events and workshops based on Reality Therapy involving emeritus parents to keep them psychologically and physically active.

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Promoting “scholarship, research, professionalism and excellence in the mental health field.” An Interview with Lauren Joyce, Chair of the Student Leadership Committee

Patricia A. Robey, Ed.D., L.P.C., CTRTC

Abstract

Lauren Joyce is a member of the Glasser Institute for Choice Theory - US (GIFCT-US) and is founder and chair of the GIFCT student leadership committee. The mission of the Student Leadership Committee is “to build leadership across a prestigious student organization through the lens of Choice Theory/Reality Therapy and to promote scholarship, research, professionalism, and excellence in the mental health field”. In this interview, Joyce shares how she was introduced to Glasser’s ideas and what her plans are to engage students in learning, understanding and applying Glasser’s ideas.

Interview

Robey: Thanks for taking the time to talk with me today, Lauren. I’m excited to learn a little more about you! To begin, please tell me a little about yourself.

Joyce: Thank you so much for this opportunity, I am excited to speak more about the GIFCT student leadership committee! I am currently a student working towards a Master’s in clinical mental health counseling at Southern New Hampshire University. This summer I will begin my internship hours working with mandated clients from the criminal justice system in NYC and then plan to obtain licensure in the state of New York. Following completion of my master’s program, I aim to start a Ph.D. in counselor education and supervision while I begin my work as a mental health therapist. I not only have a drive to help individuals with mental health complications, but I also have a passion for advocating and helping fellow students any way that I can.

Robey: How were you introduced to Glasser's ideas and what excited you about them?

Joyce: I first was introduced to Choice Theory and Reality Therapy in my theories course that I took in 2019. Out of all the theories that I learned about, I felt that Glasser’s were most conducive to being put into practice in my everyday life. After learning about his theories, I felt that I could be more in control of my life and how I operate as an individual; this is something that I hope to continue to teach in my line of work.

Robey: Tell us about how you have put Glasser's ideas into action in your personal and professional life.

Joyce: During the summer of 2020, I was fortunate enough to have been extended a CT/RT basic intensive training course. After learning more in depth about Glasser’s theories, I truly started to feel happier as a person. I started to practice his ideas of internal control and not letting issues outside of me dictate the how I behave and feel. Emotionally, this has given me a sense of more freedom within myself. My anxiety has lessened with the idea that I am only able to control myself and my choices; if I make the best decisions for myself, that is the best that I can do. Professionally, I have been able to implement and extend Glasser’s theories on lead management. When I conduct monthly meetings with the student members I always state how we all are a team, and I am always open to hearing everyone’s ideas

and thoughts. I have learned more from the student members than I did when I was in the process of creating this committee, which I feel like is a key part of lead management.

Robey: What are some challenges you faced as you attempted to integrate these ideas into your professional work?

Joyce: Since I am not a practitioner yet, I have yet to implement these theories regularly. I hope to work for a private practice where I can utilize CT/RT; though, this might be a cause for concern since CT/RT is technically not “evidence-based”. To combat this, I would hope to integrate CT/RT in addition to another theory such as CBT.

Robey: What is your current role within the Glasser organizations?

Joyce: I am a GIFCT-US member at large and I founded the GIFCT student leadership committee which I chair; I serve as a liaison between the two. I conduct monthly meetings with the student organization and try to schedule speakers regularly to discuss Glasser’s theories with the students. I also publish monthly newsletters, facilitate the blog page which can be found on the wglasser website (<https://wglasser.com/>), and support students through their educational and career journeys. I really try to provide more opportunities for students to grow their resumes and leadership skill sets.

Robey: Tell us a little more about the Student Leadership Committee. What is the purpose of the committee? How many people are currently involved?

Joyce: Our mission is “to build leadership across a prestigious student organization through the lens of Choice Theory/Reality Therapy and to promote scholarship, research, professionalism, and excellence in the mental health field”. Currently, we have about seven students who are involved, and our purpose is to support them academically while also promoting the theories of William Glasser. Students often times find their educational journey to be a confounding and nonlinear process; there are many different aspects that go into obtaining higher education and pursuing careers relative to the mental health field and this committee strives to aid our students through this process. For example, a few of our students are collaboratively working on publishing their research which will help to make them more marketable during the process of applying for higher education and/or jobs.

Robey: What needs to happen to get students interested and involved with Glasser’s work and organizations?

Joyce: I think that Glasser’s theories need to be more easily accessible to students. Students are provided with ample amounts of information related to other theories such as CBT and DBT. I think it would be beneficial to better market resources related to Glasser’s theories so that students can have the ability to learn more about them. The student committee is currently working on this; We are continuing to write blog posts on CT/RT and are working to post them on the GIFCT Facebook page. Our next step is to create an Instagram page where we can continue to promote Glasser’s theories in hopes that students and working professionals will become more aware of CT/RT and the benefits they hold.

Robey: What stops students from getting involved? How would you address these issues?

Joyce: I think the biggest deterrent from getting students involved is just a lack of knowledge. This leadership committee launched only four months ago, and we still have a long way to go in building the committee.

Robey: How can the current members and faculty of WGI and member organizations support you in your efforts?

Joyce: Members and faculty of WGI could support the student committee by offering their time and presenting their knowledge of Glasser's theories at our student meetings. Something that could also be highly beneficial would be current members promoting the student committee to their colleagues or other professionals who could share information with students who may not know that this leadership committee exists.

Robey: What do you hope to see as the future of William Glasser International? GIFCT?

Joyce: I hope to see more mental health counselors utilizing CT/RT when working with clients. I hope that the student committee can further advance this goal and strive to teach individuals who are new to the mental health field the benefits of utilizing CT/RT with clients.

Robey: I feel very optimistic about the future of WGI, GIFCT, and all the member organizations, but I agree we all have a challenging job in keeping Glasser's ideas alive and even in expanding them to adapt to new knowledge and practice. I appreciate your commitment and hard work with GIFCT. As you think about your involvement with the organizations and your role within them, what would you like to be remembered for?

Joyce: I would like to be remembered as just a helping hand; someone who advocated for students and their professional growth. I would like to also be known as one of the people who cared about Glasser's theories and worked to promote them in a way that others too could utilize them in their personal and professional lives.

Robey: As we wrap up our time together, I wonder what you would like to add that I haven't asked you about?

Joyce: I just want to thank you for taking the time to speak with me about the student leadership committee. This is my first time creating and forming a committee, so I am completely open to hearing any constructive feedback or ideas and I welcome anyone to reach out to me directly regarding this organization.

Biography

Patricia A. Robey, Ed.D., LPC, CTRTC, is a professor and chair in the Division of Psychology and Counseling at Governors State University. She is also a Licensed Professional Counselor, and a senior faculty member of Glasser Institute for Choice Theory -US and William Glasser International. Pat has authored and co-authored numerous articles and book chapters on applications of choice theory and reality therapy and is lead editor and author of the book *Contemporary Issues in Couples Counseling: A Choice theory and Reality Therapy Approach*.

AN ONGOING INVITATION FOR YOUR "BRIEF BIO"

Number of "Brief Bios" already included in the two most recent issues of the
International Journal of Choice Theory and Reality Therapy

	Fall, 2020	Spring, 2021	
	<u>Vol. 41 (1)</u>	<u>Vol. 41 (2)</u>	<u>Total</u>
United States of America	42	03	45
Canada	13	00	13
Australia	08	00	08
United Kingdom	03	00	03
Croatia	02	00	02
Slovenia	02	00	02
Ireland	01	00	01
Japan	01	00	01
New Zealand	01	00	01
Philippines	01	00	01
South Korea	00	00	00
ALL other countries	00	00	00
TOTAL INCLUDED in Vols. 40 (1) and 40 (2)			<u>75</u>

Obviously, having received and published only 75 "Brief Bios" to-date, there are many of you that have not yet submitted your own personal CT/RT "Brief Bio," but we are still inviting you to do so!

Of course, if your "Brief Bio" is already included among those noted in the above group, we personally thank you and congratulate you for making the wise choice of informing others of your accomplishments within the areas of Choice Theory/Reality Therapy/Quality Schools/Lead Management or other areas originally created by Dr. William Glasser. However, for those who have not chosen to follow suit and get your "Brief Bios" into the Journal we really don't understand why. For by having done so there truly are some significant benefits that may accrue to those who are so listed (e.g., getting the word out that you're a member of WGI and that you have contributed to the work in one or more ways, that you are doing things currently that could be especially useful to many organizations

that are struggling in these difficult times, and/or that you have been mightily endeavoring to do what you can to teach the world all about these concepts).

Notably, though, if you have not been listed among these "Brief Bios" yet, you really can't be so benefitted since your listing hasn't been made widely available to others describing what you have done, are doing, and/or plan to do regarding these key concepts that Dr. Glasser has shared with us, and that we could be sharing with others. Consequently, whatever your efforts have been, are, or will be, might be missed by those in need of your expertise. Simply put, Dr. Gary Applegate (1980) once shared with me the idea that "Invisible is miserable," and as a result, for many people, even many within WGI, they might say upon hearing your name, "Well, I really can't recall ever hearing of him/her/YOU!" Is that really what you want?

If not, kindly send us your "Brief Bio" as soon as possible so that it can be included in one of the forthcoming issues of the *International Journal of Choice Theory and Reality Therapy*, and then they will be cumulatively listed again in three (3) years when the final "Who's Who in Choice Theory/Reality Therapy" is published in both English and in one other language of your choice that you deem most useful for you and/or your future clients/associates too. (Please note that you may need to provide the non-English version of your "Brief Bio," but the resulting visibility should be well worth it!) Of course, it's definitely your choice, but the wisest choice is to do as we are requesting, especially since your "Brief Bio" will be included in the Journal and you will not be asked to pay a single penny for this service! Basically, we simply wish to recognize each of you for what you've done in sharing Glasser's ideas, and helped others in various ways, and/or how you will help others in similar ways in the future too! For this reason, we wish to provide you with the credit that you're due, but only if you really want us too!

Just send your "Brief Bio" to the following address and be sure to indicate on it "Brief Bio" so it can be easily identified as such. Thank you!

parishts@gmail.com

Brandi Roth, Ph.D., Biography and Personal Statement

Background Highlights:

- Brandi Roth, Ph.D., Psychologist (California license PSY11855), Educator, Author and Faculty member of the William Glasser National and International Institutes
- National and International Choice Theory and Reality Therapy presenter from 2000 to 2020 including at the following locations:
 - United States of America: New Jersey, Colorado (Colorado Springs), California (San Francisco, Beverly Hills, Los Angeles, Anaheim), and Texas (San Antonio)
 - International: Cairo, Egypt; Dublin, Ireland; Slovenia and Croatia

Biography Highlights:

Brandi Roth, Ph.D. is a Licensed Psychologist in private practice in Beverly Hills, California. She is a senior faculty member of The William Glasser Institute (WGI). Her counseling practice specializes in relationship connections between adults, children and families. Her clients include a wide spectrum of people from all walks of life and all ages from younger children to octogenarians. She is a consultant to therapeutic and educational organizations in the public and private sectors. Dr. Roth is the co-author of numerous books and publications. She has written about how to help parents and students select appropriate schools for their children's education. She has also written articles and books incorporating Reality Therapy and Choice Theory techniques. Prior to becoming a psychologist, Dr. Roth spent two decades working for the Los Angeles Unified School District, first as a classroom master teacher and then as an educational specialist assisting children with special needs achieve success in regular classroom settings. Dr. Roth was a founder and faculty member establishing the Schools Attuned program in Southern California. Over 1500 teachers received training to recognize the unique differences in how students learn, and ways to develop and implement strategies for school success.

Statement about Dr. William Glasser's impact on my life.

William (Bill) Glasser, M.D., became my mentor, my colleague, my editor, my supporter, and most of all, my friend. He changed my life, as he did for so many others, and as he continues to do through the legacy of his ideas and his special ways of looking at people in their lives. Bill's passion for teaching through Role Play was both unique and helpful.

In 1969, Bill published *Schools Without Failure*. At that time, I was teaching disadvantaged students in the Los Angeles Unified School District. As a result of his writings, I was immediately changed as an educator. I had an expanded toolbox of ideas to help children achieve greater success. I implemented class meetings and problem-solving strategies based on his ideas. I was able to see transformation in a quality classroom of collaborative students.

A few decades later, I met Bill. We began a many-year journey of friendship, learning, training, travel, and fun. It was a privilege to travel throughout the world with him - to speak on podiums with him - to role-play scenarios with him and to write articles, seminar presentations and books incorporating Bill's ideas. In addition to working with Bill, I was privileged to receive outstanding and quality training and mentoring from Carleen Glasser and many other wonderful senior faculty in the Glasser Institute.

Bill's genius was his multifaceted thinking and endlessly creative writing. His ideas and theories are useful and apply to multiple domains - in the workplace, personally, in counseling and in school settings. He never stopped developing ideas and theories. He was open to hearing about new ideas. His legacy of writing, teaching, generosity, sharing of

ideas and viewpoints and his kindness will always influence my work and my life. I look forward to continuing my lifelong work of helping and applying the valuable skills of self-evaluation, advocacy, and collaboration.

Publications:

- Choosing the Right School for Your Child, Roth, B., Van Der Kar-Levinson, F. (1995,1998,2008). Association of Ideas Publishing. A nationwide guide and workbook for families exploring choices about elementary, middle, and secondary schools for their children.
- Secrets to School Success Guiding your child through a joyous learning experience, Roth, B., Van Der Kar-Levinson, F. (2002), Association of Ideas Publishing. This book guides families through the adventures of an effective and joyous elementary, middle, and high school experience.
- Relationship Counseling with Choice Theory Strategies, Roth, B., Goldring, C. (2005,2008, 2020), Association of Ideas Publishing. This seminar handbook presents tools and tips to guide couples and individual clients toward successful and happy connections using Choice Theory and Reality Therapy strategies. The problem-solving framework provides steps to resolving dilemmas. Participants learn to assess relationships and levels of behaving, to understand the impact of past relationships on the present relationship and ways to self-evaluate. Strategies are provided for increasing relationship happiness. (Available by contacting Dr. Roth)
- Role-Play Handbook: Understanding and Teaching the New Reality Therapy, Counseling with Choice Theory Through Role-Play, Roth, B., Glasser, C. (2008), Association of Ideas Publishing. This book is designed for counselors, teachers, companies, individuals, William Glasser Institute (WGI) faculty and students. This guide teaches Dr. Glasser's theories on Reality Therapy, Choice Theory, Lead Management and Quality Schools through role play. (Available by contacting Dr. Roth or from the William Glasser's Book Store at wglasserbooks.com)
- Contemporary Issues in Couples Counseling: A Choice Theory and Reality Therapy Approach, Robey, P.A., Wubbolding, R.E., Carlson, J. (2012), Taylor & Francis Group, LLC. (2012). Dr. Roth contributed the chapter entitled "The Celebrity Challenge: Counseling High-Profile Clients."
- Happy – Unhappy: The Tug of War in Relationships (in development) Roth, B. (2020) A toolbox for increasing happier and more successful relationships. Describes how decision-making and expectations affect communication. Highlights ways of taking responsibility for building connection and adapting to change. Includes coping strategies for challenges and the unexpected.

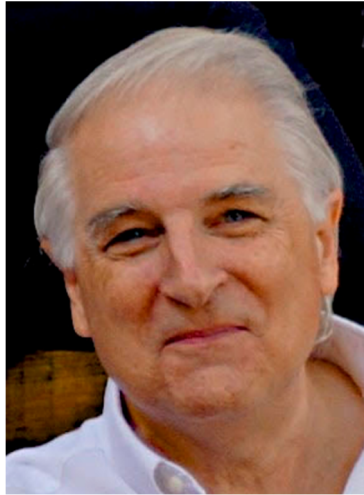
Selected Journal contributions:

- Roth, B. (2006). The Art of Teaching Through Role-Play and Choice Theory: A World of Difference. *International Journal of Choice Theory*, 1 (1), 21, 24.
- Wubbolding, R. E., Brickell, J., The Work of Brandi Roth. *International Journal of Choice Theory and Reality Therapy*, Vol. XXXIII (2), Spring 2014, pp. 7-11.

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Stephen Tracy



Dr. Stephen Tracy is a lifelong public school educator and an advocate for parent choice in education. He has served as superintendent of schools for the town of New Milford, the city of Derby, and the Connecticut Department of Children and Families, and as a senior vice president for Edison Schools. Prior to that, he taught American History with the Lakeland, New York, public schools and served as assistant superintendent of schools in Farmington, Connecticut.

Dr. Tracy received his undergraduate degree from Princeton University, his master's degree from Columbia University and his doctorate from Harvard University. He is a member of the boards of directors of the Glasser Institute for Choice Theory (US), Ability Beyond and Healing the Children Northeast. He and his wife, Mary, manage a small dairy farm in Goshen, Connecticut, where they have resided since 2004. They have three adult sons.

January 25, 2021

Sandra Wubbolding

Sandra Trifilio Wubbolding, married to Bob 39 years. I earned my first wages as a ballet teacher. I was a student of Madame LaCour, former prima ballerina, and was the only one in my class not to become a professional ballerina. My best friends and high school classmates Suzanne Farrell, prima ballerina in the New York City Ballet and Donna Ficker, New York City Rockette. I became a teacher and taught high school French and Math. After earning a Master's Degree in Education with a concentration in French, I met Bob at a class party. We married November 20, 1982. Naturally, I became involved in Reality Therapy meetings, conventions, and trainings, and personally achieved the level of Practicum Supervisor. Naomi Glasser and I became close friends, shopping buddies, party arrangers, and menu planners for the faculty parties. She always referred to me as her "little sister." A highlight for me was planning and co-chairing the 1990 Convention in Cincinnati, a dazzling and sparkling event attended by 450 people from around the world. This marked the Silver Anniversary of Glasser's first major book *Reality Therapy*. Sadly, Naomi died in December, 1992. In 1995-96, my best friend Carleen, school counselor Schwab Junior High, Bill and I spent much quality time together. At the present time, I edit Bob's writing: 18 books and at least 150 professional articles published in a wide variety of journals. In summary: he talks, I type!! It's a lot of fun and very satisfying for both of us.

Topical Guide to Articles Published in the *International Journal of Choice Theory and Reality Therapy* (Vols. 36-40/Fall 2016 - Fall 2020):

<u>Abbreviated Topic(s)--</u>	<u>Vol.</u>	<u>pp.</u>
1. Introductions, Invitations, and More		
1-1 Editorial Board Introductions and Invitations.	36 (1)	3-5
1-2 Editorial Board	36 (2)	4-5
1-3 An Invitation	36 (2)	4-5
1-4 Editorial Board Introductions	37 (1)	4-6
1-5 An Invitation	37 (1)	7-9
1-6 Call for Submissions	37 (1)	10-11
1-7 Introduction to the Journal	37 (2)	3-8
1-8 An Invitation	37 (2)	9-10
1-9 Call for Submissions	37 (2)	11
1-10 WGI Member Affiliates	37 (2)	12
1-11 Introduction to the Journal	38 (1)	2-3
1-12 An Invitation to Submit to the Journal	38 (1)	4
1-13 An Invitation to Submit Your Brief Bio	38 (1)	5
1-14 Introduction and an Invitation	38 (2)	2-5
1-15 Introduction and More	39 (2)	2-4
1-16 Regarding the CTRT "Who's Who"	39 (2)	5-7
1-17 Listing of "Who's Who Brief Bios"	40 (1)	2-4
1-18 Introduction to the IJCTRT Editorial Board	40 (1)	5
2. Basic Needs/Basic Choices Analysis		
2-1 Digital Choices/Fulfillment of CT's 4 Basic Needs	36 (1)	92-103
2-2 Attending to Basic Needs	37 (1)	47-56
2-3 It's a Great Time to Think About Those in Need!	40 (1)	49
3. Business, Industry, and/or Management		
3-1 Using LM Principles to Reduce the Academic Achievement Gap	38 (1)	21-32
3-2 Counseling with Leadership Training	37 (2)	56-57
3-3 Import of the Francophone Com. in Spreading CT/RT	39 (2)	10-11
4. Health and/or Wellness Issues		
4-1 Using RT with Clients Experiencing Chronic Pain	38 (1)	21-32
4-2 How to Get People Severely (Positively)Addicted	38 (1)	33-36
4-3 Counselors in Crisis Management: A Malaysian Study	38 (1)	37-46
4-4 Realizing Health: The Path of Mindfulness and CT	38 (1)	63-76
4-5 RT Derailing the Route to Depression	38 (2)	31-32
4-6 Applying CT to the COVID-19 Pandemic	40 (1)	32-40
4-7 Improving Our Choices Thru Effective Goal Setting	40 (1)	41-44
4-8 Coronavirus	40 (1)	48

5. Romantic, Marital, Familial, and Non-familial Relationships

5-1 CTRT and Counseling Grief	37 (1)	54-63
5-2 Colliding Worlds, Colliding Gold	37 (2)	24-35
5-3 Review of the Undefeated Parent and Managing Kids' Stress	37 (2)	73-74
5-4 Using RT Training to Improve Relationships and Wellbeing	37 (2)	111-
5-5 Using CT to Compare Quality World Pictures of Groups	37 (2)	122-
5-6 Comparing Heterosexual and Gays' Basic Needs Using CT	37 (2)	159-
5-7 Grieving Through Art Expression and CT with Young Adults	38 (1)	47-57
5-8 Using CT to Reduce the Academic Decline and Improve Rel.	39 (1)	20-26
5-9 Choice Theory vs. Common Sense: Relationships	39 (2)	17-21
5-10 It's a Great Time to Think About Those in Need!	40 (1)	49

6. Reality Therapy, Choice Theory, and Other Perspectives

6-1 Choice Theory and Human Behavior	37 (1)	31-34
6-2 Roses and Reality Therapy	37 (1)	35-40
6-3 Choice Theory, Quality Literacy and Community Literacy	37 (1)	45-53
6-4 CTRT and Counseling Grief	37 (1)	54-63
6-5 Mindfulness, Choice Theory and Reality Therapy	37 (1)	64-72
6-6 Illustrated Cards with CTRT Intervention	37 (1)	73-80
6-7 CT and Co-leader Relationships	37 (1)	81-91
6-8 Digital Choices and CT's 4 Basic Needs	37 (1)	92-
6-9 Multiculturalism of Choice Theory	37 (2)	14-16
6-10 Ways to Merge Two Theories to Nurture Mediation	37 (2)	40-49
6-11 The Quality World-A Neurological Explanation	37 (2)	58-66
6-12 Multicultural Guidelines and CT/RT	37 (2)	67-73
6-13 CT and RT in Individual and Group Counseling in Malaysia	37 (2)	75-85
6-14 Using RT to Make Sense Out of Clients' Problems	37 (2)	86-96
6-15 Using RT Training to Improve Relationships and Wellbeing	37 (2)	111-
6-16 Using CT to Compare Quality World Pictures of Groups	37 (2)	122-
6-17 Comparing Heterosexual and Gays' Basic Needs Using CT	37 (2)	159-
6-18 Aligning CT Psychology with Cognitive Psychology	38 (1)	13-20
6-19 Controversial Issues and How to Use RT . . .	38 (1)	58-62
6-20 Multicultural Guidelines and CT/RT	38 (2)	36-42
6-21 Review of Two Choice Theory Books	39 (2)	12-13
6-22 Mapping Meaningful Work with CT	40 (1)	6-12
6-23 Counselors Working with Children Using RT Art Therapy	40 (1)	13-22
6-24 Applying CT to the COVID-19 Pandemic	40 (1)	32-40

7. RT/CT History, Research, and Future Prospects

7-1 Essays Regarding the History of WGI	36 (1)	6-8
7-2 Legacy of William Glasser	36 (1)	9-16
7-3 Up-Close and Personal with Wm. Glasser	36 (1)	17-30
7-4 Introduction to IJCTRT History	36 (2)	6-10
7-5 That was Then . . .	36 (2)	13-17
7-6 Carleen's Quality World Picture of Bill (Glasser)	36 (2)	18-20

<u>Abbreviated Topic(s)—(Con't)</u>	<u>Vol.</u>	<u>pp.</u>
7-7 Naomi Glasser and Sandra Wubbolding—Like Sisters!	36 (2)	21-22
7-8 A Son's View of Growing-up Glasser	36 (2)	23
7-9 Memories of Linda Harshman	36 (2)	24-27
7-10 More Memories of Linda Harshman	36 (2)	28-29
7-11 History of The Institute of Reality Therapy	36 (2)	30-37
7-12 The Glasser Organization: WGI	36 (2)	38-49
7-13 The History of IJCTRT and More	36 (2)	50-54
7-14 Reflections of RT Silver Jubilee Convention in Cincinnati	36 (2)	55-59
7-15 RT Past: Celebrating 50 Years of RT	36 (2)	60-76
7-16 From Ventura to Corona: A Life That Mattered	36 (2)	77-82
7-17 The Glasser Scholars Program	36 (2)	83-86
7-18 The Corning, NY Quality Community Project	36 (2)	87-89
7-19 From Young Woman to Sn. Citizen: One Woman's Journey	36 (2)	90-97
7-20 Aunt Martha Adopts RT	36 (2)	99-
7-21 History of RT in Canada	36 (2)	103-
7-22 Thirty Years of RT in Ireland	36 (2)	117-
7-23 Dr. Glasser's Work in Ireland	36 (2)	123-
7-24 Highlights of the CT/RT/LM Trip in the UK	36 (2)	129-
7-25 The Founding of CT and RT in Japan	36 (2)	139-
7-26 CT and RT in Korea	36 (2)	144-
7-27 CTRT in Singapore	36 (2)	148-
7-28 Australia's Choice: Growing with Glasser (1979-2016)	36 (2)	152-
7-29 Leon Lojk and His life-long journey, 1937-2014	36 (2)	166-
7-30 Keynote to 5 th EART Faculty Retreat: Glasser's Ideas	36 (2)	171
7-31 Introduction to the Future Edition of CT/RT	37 (1)	7-9
7-32 What Lies Ahead for US, as well as for CT/RT?	37 (1)	13
7-33 Dr. Glasser's Vision for Surviving the Future?	37 (1)	14-17
7-34 The Three-fold Legacy of William Glasser, M.D.	37 (1)	18-22
7-35 The Future of CT Psychology from Peaceful Parenting	37 (1)	23-26
7-36 A Leap into the Future with CT	37 (1)	70-74
7-37 The Future; "A Time Regarded as Still to Come"	37 (1)	87-88
7-38 The Future of WGI	37 (1)	89-91
7-39 The Future of WGI looks Bright!	37 (1)	92
7-40 Grieving Through Art Expression and CT with . . . Children	38 (1)	47-57
7-41 Quotes from William and Carleen Glasser	38 (2)	58-74
7-42 Legacy More: The Fourth Component	39 (1)	41-47

8. RT/CT Practice

8-1 From Theory into Practice	37 (1)	75-86
8-2 RT: From Theory to Practice	37 (2)	130-

9. RT/CT Practice

9-1 The Glasser Scholars Program	36 (1)	83-86
9-2 Re-envisioning Reflective Supervision	37 (1)	57-66
9-3 An Exercise to Teach People About Habits	37 (2)	36-39
9-4 Counseling with Leadership Training	37 (2)	56-57
9-5 Mentoring as Conversation	37 (2)	97-
9-6 Using RT Training to Improve Relationships and Wellbeing	37 (2)	111-

<u>Abbreviated Topic(s)—(Con't)</u>	<u>Vol.</u>	<u>pp.</u>
9-7 131 Metaphors to Learn and Teach CT and RT	39 (1)	27-40
9-8 The Five Parts of Evaluation Questions	39 (2)	14-16
9-9 Exercises and an Interview to Teach total Behavior	40 (1)	23-26
9-9 Effects of RT Training on Nursing Students' Happiness	40 (1)	27-31
 10. Schools and/or Educational Models		
10-1 Truancy Among Students at a High School in Malaysia	36 (1)	104-
10-2 Self-evaluation Dialogue in Early Childhood Education	37 (1)	27-31
10-3 Applying CT and LM in School Cohesion and Performance	37 (1)	32-40
10-4 Using ACT Method on WDEP Process to Aid Teaching	37 (1)	41-46
10-5 Using RT to Enhance Academic Achievement . . .	37 (1)	47-56
10-6 The Power of Choice for Toddlers	37 (2)	50-55
10-7 Malaysian Youth: Learning CT/RT is Fun and Impactful	38 (2)	43-57
10-8 Using CT to Reduce the Academic Achievement Gap	39 (1)	20-26
10-9 Counselors Working with Children Using RT Art Therapy	40 (1)	13-22
 11. Religion and/or Spirituality		
11-1 CT and Interfaith Dialogue to Promote Diversity	37 (2)	17-23
11-2 RT and Spiritualism	38 (2)	6-7
11-3 Integrating Spiritualism with RT	38 (2)	8-11
11-4 RT/CT and Religion	38 (2)	16-20
11-5 Forgiveness as an Effective Total Behavior	38 (2)	21-27
11-6 The Greatest of These is Love!	38 (2)	28-30
11-7 The Role of Choice, Viewed Anciently and Today	38 (2)	33-35
 12. Tributes/Reflections/Testimonials/Odes		
12-1 Up-close and Personal with William Glasser	36 (1)	17-30
12-2 My Quality Picture of Bill (Glasser)	36 (2)	18-20
12-3 Naomi Glasser and Sandra Wubbolding—Like Sisters	36 (2)	21-22
12-4 Growing Up Glasser	36 (2)	23
12-5 Memories of Linda Harshman	36 (2)	24-27
12-6 A Tribute to Thomas S. Parish	37 (1)	98-
12-7 More Tributes to Thomas S. Parish	37 (1)	101
12-8 Remembering Dr. Jeffrey Tirengel	37 (2)	13
12-9 A Tribute to Jean Seville Suffield	37 (2)	170-
12-10 A Tribute to Carleen Glasser	37 (2)	172
12-11 A Tribute to Shruti Tekwani	37 (2)	173
12-12 A Tribute to Sylvester Baugh	37 (2)	173
12-13 A Tribute to Nancy Buck	37 (2)	174
12-14 A Tribute to Chaplain Rhon Carleton	37 (2)	175
12-15 A Tribute to Nancy Herrick	37 (2)	176
12-16 A Tribute to Carleen Glasser	37 (2)	177
12-17 A Tribute to Pat Robey	37 (2)	177
12-18 A Tribute to Dr. Fitz-George Peters	37 (2)	178
12-19 A Tribute to Carleen Glasser	37 (2)	179
12-20 A Tribute to Emerson Capps	37 (2)	180

<u>Abbreviated Topic(s)—(Con't)</u>	<u>Vol.</u>	<u>pp.</u>
12-21 A Tribute to Jeri Ellis	37 (2)	180
12-22 A Tribute to Beverly LaFond	37 (2)	180
12-23 A Tribute to Mike Fulkerson	37 (2)	181
12-24 A Tribute to Bob Wubbolding	37 (2)	181
12-25 A Tribute to Nancy Herrick	37 (2)	181
12-26 A Tribute to Bette Blance	37 (2)	182
12-27 A Tribute to Jean Seville Suffield	37 (2)	182
12-28 A Tribute to Shearon Bogdanovic	37 (2)	182
12-29 A Tribute to Carleen Glasser	37 (2)	182
12-30 A Tribute to Tom Parish	37 (2)	183
12-31 A Tribute to John Cooper	37 (2)	183
12-32 A Tribute to William Glasser	37 (2)	183
12-33 A Tribute to Carleen Glasser	37 (2)	183
12-34 A Tribute to Bob Wubbolding	37 (2)	184
12-35 A Tribute to Jean Seville Suffield	37 (2)	184
12-36 A Tribute to Pat Robey	37 (2)	184
12-37 A Tribute to Janet Morgan	37 (2)	184
12-38 Cites 87 Tributes and 12 Interviews	39 (1)	5-13
12-39 A Tribute to Tom Parish	39 (1)	14
12-40 A Tribute to Bob Cockrum	39 (1)	15
12-41 The 3 R's: What is Right?	39 (1)	16-19
12-42 A Tribute to Tom Parish	39 (2)	8-9

13. Interviews

13-1 An Interview with Thomas S. Parish	37 (1)	93-97
13-2 An Interview with Pat Robey	39 (1)	48-52
13-3 An Interview with Lois De-Silva-Knapton	39 (2)	22-27
13-4 An Interview with Robert G. Hoglund	39 (2)	28-38

14. Brief Bios	Country	Vol.	pp.
14-1 R. Ahrens	Canada	40 (1)	50
14-2 B. Allen	USA	40 (1)	51
14-3 S. Aoki	Japan	40 (1)	52-53
14-4 J. Archibald	Australia	40 (1)	54
14-5 F. Bazzocchi	USA	40 (1)	55-56
14-6 B. Blance	New Zealand	40 (1)	57-58
14-7 J. Brickell	UK	40 (1)	59-60
14-8 S. Brierley	Canada	40 (1)	61-62
14-9 C. Brown	Canada	40 (1)	63-64
14-10 T. Burdenski	USA	40 (1)	65-66
14-11 S. Carter-Jackson	USA	40 (1)	67
14-12 R. Carleton	USA	40 (1)	68-69
14-13 W. Casstevens	USA	40 (1)	70-71
14-14 C. Castaneda	USA	40 (1)	72
14-15 G. Smith-Cisse	USA	40 (1)	73-74
14-16 L. M. Collier	Canada	40 (1)	75-76
14-17 J. H. Cooper	Australia	40 (1)	77-78
14-18 A. P. Cvitanovic	Croatia	40 (1)	79-80

<u>Abbreviated Topic(s)—(Con't)</u>		<u>Vol.</u>	<u>pp.</u>
14-19 L. DaSilva-Knapton	USA	40 (1)	81
14-20 D. Daub	USA	40 (1)	82
14-21 W. Dryden	Canada	40 (1)	83-84
14-22 M. Duncan	USA	40 (1)	85-86
14-23 F. Dunn	USA	40 (1)	87
14-24 J. L. Ellis	USA	40 (1)	88-89
14-25 M. Fulkerson	USA	40 (1)	90-91
14-26 G. Garnaut	Australia	40 (1)	92
14-27 C. Glasser	USA	40 (1)	93
14-28 Wm. Glasser	(USA)	40 (1)	94-96
14-29 D. Gossen (Hetherington)	Canada	40 (1)	98
14-30 J. V. Hale	USA	40 (1)	99-
14-31 J. Hatswell	Australia	40 (1)	101-
14-32 N. Herrick	USA	40 (1)	103-
14-33 S. Holland	USA	40 (1)	105
14-34 I. Honey	Australia	40 (1)	106-
14-35 S. Humphries	Scotland/UK	40 (1)	108-
14-36 D. Jackson	USA	40 (1)	110-
14-37 M. Kakitani	Japan	40 (1)	112
14-38 G. Gessell	USA	40 (1)	113
14-39 C. Kretzmann	USA	40 (1)	114
14-40 B. Lennon	Ireland	40 (1)	115-
14-41 D. Lennenberg	USA	40 (1)	117-
14-42 L. Litwack	(USA)	40 (1)	119
14-43 B. Ljok	Slovenia	40 (1)	120-
14-44 L. Ljok	(Slovenia)	40 (1)	122-
14-45 R. Martin	USA	40 (1)	125-
14-46 C. P. Mason	USA	40 (1)	127-
14-47 N. J. Mateo	Philippines	40 (1)	129-
14-48 S. Matwijkiw	Australia	40 (1)	131-
14-49 M. C. MacIntosh	Canada	40 (1)	133-
14-50 J. More	USA	40 (1)	135-
14-51 J. Morgan	USA	40 (1)	137-
14-52 K. Olver	USA	40 (1)	139-
14-53 L. Palmatier	(USA)	40 (1)	141-
14-54 J. G. Parish	USA	40 (1)	143-
14-55 T. S. Parish	USA	40 (1)	145-
14-56 R. K. Patterson	USA	40 (1)	148-
14-57 E. Perkins	USA	40 (1)	150-
14-58 M. W. Price	USA	40 (1)	153
14-59 T. A. Richards	Canada	40 (1)	154-
14-60 L. B. Robbins	USA	40 (1)	156
14-61 P. Robey	USA	40 (1)	157-
14-62 J. D. Sauerheber	USA	40 (1)	159-
14-63 B. Smith	USA	40 (1)	161-
14-64 R. Stones	USA	40 (1)	163
14-65 J. S. Suffield	Canada	40 (1)	164-
14-66 K. S. Suich	Australia	40 (1)	167-
14-67 L. Sumida	Canada	40 (1)	169-
14-68 J. Tonsic-Krema	Croatia	40 (1)	171
14-69 T. S. Totten	USA	40 (1)	174

<u>Abbreviated Topic(s)—(Con't)</u>		<u>Vol.</u>	<u>pp.</u>
14-70 L. Triche	USA	40 (1)	176
14-71 R. Wubbolding	USA	40 (1)	177-
14-72 R. Coutu	Canada	40 (1)	180
14-73 C. Marcotte	Canada	40 (1)	180
14-74 L. Dupuy	Canada	40 (1)	180

THAT'S ALL, FOLKS!

AUTHORS' GUIDE TO ARTICLES PUBLISHED IN THE *INTERNATIONAL JOURNAL OF CHOICE THEORY AND REALITY THERAPY* (Vols. 36-40/Fall, 2016-Spring, 2020)

<u>AUTHOR</u>	<u>VOL.</u>	<u>PAGES</u>
Alexander, J.	36-1	92-103
Anonymous	38-2	12-15
Arellano, Y.	38-1	47-57
Arshiha, M.	40-1	27-31
Azmy, S.	38-2	28-30
Bakovic, A.	37-2	111-121
Bertolini, K.	37-1	41-46
Billings, L.	37-2	73-74
Boffey, B.	36-2	60-76
Brickell, J.	36-2	83-86
Brickell, J.	36-2	129-138
Brown, C.	36-1	45-53
Bruce, J.	37-1	87-88
Buck, N.	36-2	90-98
Buck, N.	37-1	23-26
Burke, M.	38-1	21-32
Burke, M.	39-1	20-26
Butorac, D.	36-2	171-161
Butorac, D.	37-1	75-86
Butoruc, D.	37-2	111-121
Butorac, D.	39-2	17-21
Carleton, R.	36-2	139-143
Carrigan, M.	37-2	97-110
Cervantes, S.	38-1	13-20
Christiansen, T.	36-1	64-72
Cooper, J.	37-2	3-8
Czarny, R.	37-2	40-49
Davis, E.	40-1	13-22
Dermer, S.	39-1	48-52
Dryden, W.	36-1	45-53
Duncan, R.	37-2	56-57
Dunham, S.	39-1	48-52
Dye, L.	37-1	47-56
Dziordz, W.	38-2	16-20
En, D.	38-1	37-46
Fall, K.	36-1	81-91
Fleming, S.	36-2	152-165
Fulkerson, M.	39-1	15
Gelinas, E.	36-2	103-116
Ghadirian, F.	40-1	27-31
Glasser, C.	36-1	17-30
Glasser, C.	36-2	18-20
Glasser, C.	37-1	14-17
Glasser, M.	36-2	23
Goguer, G.	37-1	67-69

AUTHOR **VOL.** **PAGES**

IJCTRT Authors' Guide, 2016-2020 . . . page 2

Graham, M.	38-1	47-57
Hale, J.	37-1	57-66
Hartwig, E.	36-1	81-91
Hatswell, J.	37-1	32-40
Holland, C.	37-2	17-23
Hughey, A.	38-1	21-32
Hughey, A.	39-1	20-26
Ismail, N.	36-1	104-121
Jackson, D.	38-2	8-11
Jegathesan, A.	36-1	54-63
Jegathesan, A.	37-2	11
Jegathesan, A.	38-1	37-46
Jegathesan, A.	38-2	43-57
Jusoh, A.	36-1	104-121
Jusoh, A.	37-2	75-85
Kakitani, M.	36-2	139-143
Krasnzelic, V.	37-2	111-121
Lacey, P.	36-2	152-165
LaFond, B.	37-1	92
Larijani, T.	40-1	27-31
Layejh, B.	40-1	27-31
Lee, T.	40-1	13-22
Lennon, B.	36-2	38-49
Lennon, B.	36-2	117-122
Lim, S.	36-1	73-80
Lojk, B.	36-2	166-170
Lojk, B.	37-2	86-96
Lojk, L.	36-2	171-181
Lojk, L.	37-1	75-86
Lojk, L.	37-2	1112-121
MacGregor, I.	40-1	32-40
Majd, A.	37-2	111-121
Majd, A.	37-2	159-169
Maras, T.	37-2	111-121
Mason, C.	37-1	47-56
Mason, C.	38-1	21-32
Mason, C.	39-1	20-26
Maune, B.	36-2	99-102
McIntosh, M.	36-2	103-116
Mercer, M.	39-1	48-52
Mirzaei, S.	37-2	122-129
Mirzaei, S.	37-2	159-169
Montagnes, J.	36-2	103-116
Morgan, J.	37-1	12
Morgan, J.	39-1	14
Morgan, J.	40-1	45-47
Mott, P.	37-1	27-31

AUTHOR **VOL.** **PAGES**

IJCTRT Authors' Guide, 2016-2020 . . . page 3

Mottern, R.	37-2	58-66
Ng, J.	38-2	43-57
O'Donnell, D.	36-2	30-37
Olver, K.	36-2	13-17
Olver, K.	37-1	89-91
Olver, K.	37-2	14
Ong, C.	36-2	149-152
Page, B.	36-1	92-103
Parish, J.	38-2	33-35
Parish, T.	36-1	3-5
Parish, T.	36-2	4-5
Parish, T.	36-2	11-12
Parish, T.	36-2	50-54
Parish, T.	37-1	10-11
Parish, T.	37-1	4-6
Parish, T.	37-1	13
Parish, T.	37-2	9
Parish, T.	38-1	2-3
Parish, T.	38-1	4
Parish, T.	38-1	5
Parish, T.	38-2	2-5
Parish, T.	38-2	33-35
Parish, T.	39-1	5-13
Parish, T.	39-2	5-7
Parish, T.	40-1	41-44
Parish, T.	40-1	49
Pedigo, T.	36-1	64-72
Pedigo, T.	38-1	64-76
Perkins, E.	36-1	35-40
Perkins, E.	36-1	41-44
Perkins, E.	38-2	6-7
Posavec, M.	37-2	111-121
Qin, L.	38-1	37-46
Rainey, S.	36-1	92-103
Rapport, Z.	37-2	36-39
Rapport, Z.	38-1	33-36
Rapport, Z.	38-2	58-74
Rapport, Z.	39-1	27-40
Rapport, Z.	39-2	12-13
Rapport, Z.	39-2	14-16
Rapport, Z.	40-1	23-26
Robey, P.	36-1	6-8
Robey, P.	36-1	64-72
Robey, P.	36-2	6-10
Robey, P.	37-1	4-6
Robey, P.	37-1	93-97
Robey, P.	38-1	13-20

AUTHOR **VOL.** **PAGES**

IJCTRT Authors' Guide, 2016-2020 . . . page 4

Robey, P.	38-1	64-76
Robey, P.	39-2	22-28
Robey, P.	39-2	29-38
Robey, P.	40-1	6-12
Roche, L.	37-2	50-55
Roth, B.	37-2	13
Rouhollahi, M.	36-1	31-34
Roy, J.	36-2	77-82
Saatchi, B.	40-1	27-31
Sahebi, A.	37-2	111-121
Sahebi, A.	37-2	159-169
Sauerheber, J.	38-1	47-57
Seehusen, C.	38-1	6-12
Shoba, C.	36-1	54-63
Sindlinger, J.	37-1	57-66
Stones, R.	37-1	32-40
Suffield, J.	36-2	24-27
Suffield, J.	36-2	103-116
Suffield, J.	37-1	70-74
Suffield, J.	37-1	98-100
Suffield, J.	39-1	16-19
Suffield, J.	39-2	10-11
Suich, S.	37-2	24-35
Thanaraj, A.	36-1	54-63
Towns, L.	40-1	13-22
Tuskenis, A.	38-1	64-76
VanAleet, M.	36-2	87-89
Vincenzes, K.	40-1	32-40
Vujaklija, A.	40-1	6-12
Walker, M.	37-2	17-23
Walker, W.	40-1	48
Wubbolding, R.	36-1	9-16
Wubbolding, R.	36-2	28-29
Wubbolding, R.	36-2	55-59
Wubbolding, R.	36-2	83-86
Wubbolding, R.	36-2	144-147
Wubbolding, R.	37-1	18-22
Wubbolding, R.	37-2	67-72
Wubbolding, R.	38-1	58-62
Wubbolding, R.	38-2	36-42
Wubbolding, R.	39-1	41-47
Wubbolding, R.	39-2	8-9
Wubbolding, S.	36-2	21-22
Wubbolding, S.	36-2	55-59
Wubbolding, S.	36-2	83-86
Wubbolding, S.	36-2	144-147
Wubbolding, S.	39-2	8-9