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Introduction to the Journal Editor 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/journals 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:

Letter from the Editor:

Dear members and friends of WGI . . .

From 2010 (when the Journal began) until now, and for many more years to come, the essence and strength of *The International Journal of Choice Theory and Reality Therapy* has been, and will always be, the contributions by its authors who endeavor to share their insights and understanding with all of our members and friends who are located all around the world. Therefore, a mere thanks by the editor may not be enough for all of the great articles that they have shared with all of us, so kindly drop them a note yourself today, so they'll know how much you really appreciate their efforts on our behalf, even if we are spread all over the map!   And may many more seek to share their ideas and insights with us, too, as we seek to enlighten the world regarding Choice Theory and Reality Therapy and how they can actually provide many more helpful tools for use by each of you.

Sincerely,

Thomas S. Parish, Ph.D., CTRTC
Editor, The International Journal of
Choice Theory and Reality Therapy
parishts@gmail.com

P.S., Thanks for the memories, and for those that are yet to be, and may all of them be very happy, as happy as they can possibly be!

WDEP—"THAT'S NOT GLASSER. OR IS IT?"

Robert E. Wubbolding, Ed.D., LPCC, BCC, CTRTC, prof. emeritus, Xavier University

Abstract

As a teacher, I have always believed that if something is worth learning, it is worth remembering. Many lessons learned in school are the result of committing to memory various mnemonics. Even counseling and therapy systems can be facilitated by utilizing what some call "memory pegs". Albert Ellis summarized his system with REBT. Arnold Lazarus taught the BASIC ID. Elementary school teachers provide mnemonics for students to remember the planetary system. The practicality of learning reality therapy by means of an easily remembered memory peg dates to 1986 and is now widely taught and described in many textbooks. The result is that students worldwide see reality therapy as a system in which the essentials can be easily remembered. WDEP comprises four letters that serve as the basis for remembering many more skills useful for the practitioner of reality therapy. The purpose of this article is to demonstrate the indisputable fact that Glasser approved of, endorsed, and even sought to include this system in the official teachings of his Institute.

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In 1986 I began to teach the well-known acronym to counseling classes, teachers and business managers using a simple chart now widely known as "The Cycle of Counseling". With the passage of time, it grew to a very comprehensive expanded chart now available in most counseling textbooks (23rd revision, 2026). It consists in two rectangles: the bottom figure represents toxic relationships and tonic relationships. The upper rectangle summarizes the ideas of Dr. William Glasser on reality therapy constituting the delivery system used by counselors, therapists, managers, educators, and parents.

The question sometimes arises, however, "Are these interventions Dr. Glasser's ideas or mine?" The answer is, "Yes." While I have added a few interventions that are congruent with the teachings of Dr. Glasser, the principles summarized with four simple letters are those of the founder himself. He deserves full credit.

Below is documentation showing Dr. Glasser's endorsement. In fact, the first quote below is from a chapter in *Current Psychotherapies*, (1995), Corsini and Wedding, co-editors. After illustrating reality therapy with a dialogue between a therapist and a client, the authors state the following:

> "The above dialogue illustrates various components of reality therapy: asking what the client wants and eliciting the client's summary description of actions, thinking, and feelings with emphasis on actions, the client's self-evaluation and a minor plan. However, the main goal of the first session is deeper. If the procedures are used properly, the client gains a sense of hope. By using the WDEP system, the client

learns, as a side effect, that his life can improve and that he need not be locked in a psychological prison permanently. This underlying message of hope is the primary goal of the first therapy session."

In a book on metaphors, *Understanding Reality Therapy, A Metaphorical Approach*, I wrote about "Radio Station WDEP". In the introduction, Glasser states, "I consider this book essential for grasping and implementing Reality Therapy and recommend it to all who seek to understand how to regulate their lives. Wubbolding's metaphor "Radio Station WDEP" is his most important contribution in that it provides a system to help in understanding and using Reality Therapy. It is an eminently usable tool that can be learned by readers, used in agencies and schools, and taught in classrooms. I hope that this system will become a household phrase and used by therapists, counselors, teachers, and parents." (p. xii).

Finally, in writing about Institute training, Glasser and Glasser (2008) state, "We now wish to state publicly that teaching the procedures, the WDEP system, is integral to training participants wishing to learn choice theory and reality therapy and is particularly effective in our training programs. This system helps to formulate and deliver questions and offer mental health workers, educators, criminal justice personnel, organizations and others a practical method facilitating solutions that are internally motivational."

Conclusion

Clearly, Dr. Glasser saw the value of a simple, understandable and readily usable system that can be used by many people and developed by incorporating ideas from a wide range of counseling and educational theories. Consequently, people around the world, who have been familiarized with this metaphor, will benefit greatly as they seek to effectively teach and/or influence others with whom they have interacted. In fact, it has been widely recognized as an integral part of choice theory, which is being shared with people who wish to interact effectively with others, no matter where they might reside, and will continue to be shared with others for many, many years to come.

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Brief Bio—

Robert E. Wubbolding is a professor emeritus at Xavier University and has taught reality therapy and choice theory around the world specializing in cultural adaptations. He has expanded the principles of reality therapy, especially in the area of self-evaluation. Besides maintaining a private psychology and counseling practice, he has also taught courses for Johns Hopkins University, Boston College, and the University of Southern California. In other words, he's truly putting into practice what William Glasser asked us all to do, i.e., "to teach the world choice theory."

WHO IS LIKELY TO BE YOUR WORST ENEMY? A BRIEF REPORT AND AN ASSESSMENT INSTRUMENT FOR MEASURING CONNECTING (CARING) VS. DISCONNECTING (DEADLY) CHOICES

_____

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

Who might be your worst enemy?

Might it be you? How could that be so?

That we might be our own worst enemy could be a function of the habits that we acquire and/or use on a regular basis. Notably, we all seem to be creatures of habit. While some of our habits may help us to succeed, others may actually interfere with our forward progress toward success.

Habit patterns are choices that we make. Where did they come from? We can look to our "PLAYBOOK" or the reservoir of behaviors that we have previously used and believe that they will work. We can look to the behaviors of others, their acts and their aspirations, which we believe will work for us, too. We can also creatively look within ourselves for ideas and aspirations that we believe might work.

Please note that while habits may have been EXTERNALLY derived initially, they can quickly become incorporated INTERNALLY. This is especially so for children, but it applies to adults, too. Thus, many people think that they control their habits, but these habits often operate to control or strongly influence them instead!

Habits that are essential for our success and wellbeing, as well as others that actually interfere with our efforts to succeed, have been identified below by William Glasser (see: Glasser, W. (2013). They include:

CARING (or efficient) HABITS

LISTENING
SUPPORTING
ENCOURAGING
RESPECTING
TRUSTING
ACCEPTING
NEGOTIATING

Each of these "EFFICIENT HABITS" satisfy one or more needs but shouldn't create new needs!
How often do YOU employ such habits as these?
The more you do so, the better off you'll likely be. Why?
Because they can help you, without hurting yourself or others.

_____

DEADLY (or inefficient) HABITS

BLAMING
CRITICIZING
COMPLAINING
NAGGING
THREATENING
PUNISHING

Each of these "INEFFICIENT HABITS" may satisfy one or more needs but they could also create new needs, too. How often do you employ such habits as these? The <u>more</u> you do, the worse off you'll likely be! Why? Because while some needs may be satisfied by by these acts, other needs may be thwarted, in turn, causing you,

REWARDING (bribing) and/or others, various problems, e.g., pain and/or anguish, among others.

The following assessment scale, and its associated scoring keys, were developed to measure the extent to which we use the "caring and deadly" behaviors identified above:

Table #1

The INTERPERSONAL RELATIONSHIP SCALE*
Created by Thomas S. Parish, Ph.D., CTRTC

LISTENING	Never I_____I_____I _____I_____I_____I_____I Always	_____
SUPPORTING	Never I_____I_____I _____I_____I_____I_____I Always	_____
ENCOURAGING	Never I_____I_____I _____I_____I_____I_____I Always	_____
RESPECTING	Never I_____I_____I _____I_____I_____I_____I Always	_____
TRUSTING	Never I_____I_____I _____I_____I_____I_____I Always	_____
ACCEPTING	Never I_____I_____I _____I_____I_____I_____I Always	_____
NEGOTIATING	Never I_____I_____I _____I_____I_____I_____I Always	_____
COMPLAINING	Never I_____I_____I _____I_____I_____I_____I Always	_____
CRITICIZING	Never I_____I_____I _____I_____I_____I_____I Always	_____
BLAMING	Never I_____I_____I _____I_____I_____I_____I Always	_____
NAGGING	Never I_____I_____I _____I_____I_____I_____I Always	_____
THREATENING	Never I_____I_____I _____I_____I_____I_____I Always	_____
PUNISHING	Never I_____I_____I _____I_____I_____I_____I Always	_____
REWARDING (bribing)	Never I_____I_____I _____I_____I_____I_____I Always	_____

The habits in this list were originally derived from: William Glasser . . . (Glasser -2013)

Table #2

SCORING KEY for the INTERPERSONAL RELATIONSHIP SCALE
"CARING" SUBSCALE

		0	1	2	3	4	5	6		
LISTENING	Never	I____I____I____I____I____I____I							Always	X 2 = ____
SUPPORTING	Never	I____I____I____I____I____I____I							Always	X 2 = ____
ENCOURAGING	Never	I____I____I____I____I____I____I							Always	X 2 = ____
RESPECTING	Never	I____I____I____I____I____I____I							Always	X 2 = ____
TRUSTING	Never	I____I____I____I____I____I____I							Always	X 2 = ____
ACCEPTING	Never	I____I____I____I____I____I____I							Always	X 2 = ____
NEGOTIATING	Never	I____I____I____I____I____I____I							Always	X 2 = ____

CARING SUBTOTAL = _____

Table #3

SCORING KEY for the INTERPERSONAL RELATIONSHIP SCALE
"DEADLY" SUBSCALE

		0	1	2	3	4	5	6		
CRITICIZING	Never	I____I____I____I____I____I____I							Always	X -2 = ____
BLAMING	Never	I____I____I____I____I____I____I							Always	X -2 = ____
COMPLAINING	Never	I____I____I____I____I____I____I							Always	X -2 = ____
NAGGING	Never	I____I____I____I____I____I____I							Always	X -2 = ____
THREATENING	Never	I____I____I____I____I____I____I							Always	X -2 = ____
PUNISHING	Never	I____I____I____I____I____I____I							Always	X -2 = ____
REWARDING (bribing)	Never	I____I____I____I____I____I____I							Always	X -2 = ____

DEADLY SUBTOTAL =_____

Discussion

1. **The "Winners"**, of course, are those who have the highest scores in the "EFFICIENT ACTIONS area," and the lowest scores in the "INEFFICIENT ACTIONS area."

   <u>Recommendations</u>

   Individuals who score high in caring habits would be great as teachers or mentors, who wish to share what they have done with others who also will benefit from instruction in developing caring habits so that they, too, can also take their place in the "winners' circle".

2. **The "Mixed Results Group"** is made up of individuals that know how to "do" EFFICIENT ACTS but may fail to do so consistently. In addition, they may often avoid engaging in INEFFICIENT ACTS, but once again, they often none-the-less do so when they give-in to DEADLY or INEFFICIENT "whims", rather than urging themselves to perform better on those important occasions when dealing with stress, frustrations, and challenges.

   <u>Recommendations</u>

   Notably, the best advice for those in the "Mixed Results Category" is to watch the winners, and strive to do what they do, at least as a general rule. As a result, they could, in turn, become members of the Winners' Circle too!

3. **"The Unthinkable Results Group"** consist of those who likely fail to engage in highly EFFICIENT ACTS, plus they continue to keep themselves from succeeding to do better by engaging in far too many INEFFICIENT ACTS as well.

   <u>Recommendations</u>

   Those who fit into this category may have long been willing to do things that often fail, but with sufficient encouragement and proper modeling by those who have previously achieved the Winner's Circle status, they, too, can reach the same status simply by mirroring what their mentors have done. They can also benefit by using various instruments such as the Plan for Greater Happiness sheet (see Parish & Parish, Spring 2024, p. 15). In so doing, they will soon understand that our actions can readily determine how we feel, if we're able to avoid allowing our feelings to determine how we might act instead.

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Brief Bio—

Thomas S. Parish, Ph.D., CTRTC, is an emeritus professor of human development/ developmental psychology in the College of Education at Kansas State University in Manhattan, Kansas, where he taught from 1976-2005. In addition, he was the Assistant to the Dean of the College of Education from 1993-1997, plus he has served as the Editor of the *International Journal of Choice Theory & Reality Therapy* from 2010-present. Over the last fifty years he has also authored or co-authored several hundred journal articles that have appeared in more than 35 different refereed journals, as well as authored more than 250 poems and odes that have been published in various sources too.

WHERE DO "NORTH STARS" COME FROM?

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

Some might say that describing "North Stars," and what they're able to do, really has little to do with either Choice Theory and/or Reality Therapy, but aren't each of these concepts tightly connected with the choosing of "efficient behaviors," and the avoidance of "inefficient behaviors?" I certainly believe that this is so, and that, in fact, "North Stars" are often very much inclined to do these things incredibly well, and often aid others to do likewise too! This particular article, however, is intended to describe alternative ways of how to become a "North Star"-type person if and when a "North-Star"-type person isn't available to be a model for others, like "North Stars" often are.

Notably, Parish and Parish (Spring 2024) explained how "North Stars" manage to lead and guide others, assuming that they have others who wish to be led by them. If this connection occurs then those who are interested in following in their "North Star's" footsteps will likely follow them, almost beyond a doubt.

That this is possible is well documented in the literature, but the question is "Are there other ways that might work in creating "North Stars" without having a "North Star" to be "a guide from the side" or "a sage from the stage?"

To examine if this is so, I would first like to introduce the reader to some essential elements that should help streamline this ("North Starless") "North Star" developmental process.

The first element is the need for a list of words that basically describe what "North Stars" do, be it for himself/herself or for someone else as a general rule. If the reader would like to see such a list, s/he might wish to turn to the **"North Star Assessment Checklist"** (located in the article by Parish & Parish, Spring 2024, p. 14), which provides thirty-nine (39) such descriptors, of which the participant can freely choose the ones that s/he aspires to achieve and the anticipated dates that s/he will reach these goals for each descriptor so chosen.

The second element that's needed is a special goal and plan-sheet that would allow the participant to see his/her ongoing progress toward his/her selected goal(s). Initially, however, participants must first determine some essential pieces of information. For instance, the participants need to be sure that his/her plan sheet has all six (6) basic inclusions, which are:

a. Is it "simple"?	c. Is it a "do" plan?	e. Is it "independent upon you"?
b. Is it "specific"?	d. Is it "repetitive"?	f. Does it "start immediately"

The third element requires the participant to use the **"Plan for Greater Happiness Scale,"** which can also be found in the article by Parish and Parish (Spring 2024, p. 15). This instrument was originally developed by Dr. Gary Applegate (1980) and has been revised many times since then.

Notably, this scale allows each participant to identify his/her own long-term goals, short-term goals, and weekly plans, plus it also lays out a way to keep track on how s/he has done every day for the last seven days (or as long as the participant deems necessary), and then most importantly, how did s/he feel each day after s/he recorded whether s/he truly fulfilled his/her daily goal or not.

The fourth element in this process is to look (again) to the **"North Star Assessment Checklist"** periodically and to record whether or not s/he mastered the descriptors that s/he sought to master, and whether or not s/he did so in accordance with the timeline that s/he originally set for himself/herself at the outset of this endeavor. If so, imagine how pleased s/he will likely be. Also imagine how much better s/he might feel upon discovering that one or more of your spectators also developed a similar program in an attempt to reach their own goals too! Imagine, for example, that two or three individuals happened to see your "**Plan for Greater Happiness Scale"** results that were posted on someone's refrigerator. Having done so, they embarked on a similar venture to yours and had done very well too! How grand would this be for you, and for any others who endeavored to complete their own plan, too. For in so doing, the "North Star" vision will certainly brightly shine, as others seek to emulate you and your achievements, making it all seem to be perfectly sublime!

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Parish, T. S. & Parish, J. G. (Spring 2024). Who is your "North Star"? *The International Journal of Choice Theory and Reality Therapy, 43 (2), pp. 13-16.*

Said somewhat differently . . .

Please see next page . . .

The poetic version of . . . WHERE DO "NORTH STARS" COME FROM?

Some become "North Stars" because it was all in God's plan,
but many need "North Stars" to model for them as much as they can.
Truly, the "North Stars" that come by it as a true gift,
are <u>not</u> inspired by others but simply have the power to naturally uplift.

However, in ghettoes or in areas experiencing great misery,
many may need someone who can make things happen, almost magically!
Yes, for those in possession of such gifts it can be glorious, indeed,
but for those who lack such, acquiring such powers is what they really need!

Of course, Jesus Christ was wonderful while he walked the earth,
and his thoughts and actions helped many to enhance their own self-worth!
Many, like Paul* and Jacob** learned how by simply reading script,
and having done so, they never relented, nor did they ever wish to quit!

For those who haven't been so blessed, nor haven't known "North Stars,"
They will need to find other ways to acquire these very special powers.
To this end this poem may be just what many need,
so, please attend to these words and kindly do so at breakneck speed!

First, many of you love Jesus Christ and claim to know him pretty well,
and using him as your model will likely turn out really swell.
Next, we have "Goal & Plan sheets"^ that we've used routinely,
and if you, too, will use them, the results should be almost heavenly!

Thus, having your own "North Star" may not be your only key,
as to whether or not you will ever really become truly happy.
Just be sure to work your plan sheet to the best of your ability,
and aim directly at your goals and do so very speedily!

Thomas S. Parish, Ph.D., CTRTC, Editor, IJCTRT, Topeka, KS 66610

*As described in the New Testament in the Bible.
**As described in the Book of Mormon
^See: Parish, T., & Parish, J. (Spring 2024). Who is your "North Star"?
The International Journal of Choice Theory & Reality Therapy, 43 (2), pp. 13-16.

For any additional information, just e-mail me at parishts@gmail.com

APPLYING REALITY THERAPY TO MEET THE NEEDS OF LGBTGEQIAP+ CLIENTS: A CONCEPTUAL FRAMEWORK

Jill Krahwinkel-Bower*

*Please note that the author has reported no conflicts of interest and received no compensation for this published work while upholding the ethics and integrity of the policy of this journal.

Abstract

This conceptual paper explores the application of Reality Therapy principles to address the unique needs of LGBTGEQIAP+ clients in counseling. Reality Therapy, based on Choice Theory, emphasizes personal choice and responsibility in meeting five basic needs: survival, love and belonging, power, freedom, and fun. The present paper examines how these needs are manifested distinctly for LGBTGEQIAP+ individuals, who face disproportionate challenges including discrimination, stigma, and barriers to need fulfillment. Fundamental Reality Therapy techniques are discussed, including assessing clients' quality world, using the WDEP (Wants, Doing, Evaluation, Planning) system, and fostering self-evaluation. To enhance cultural responsiveness, an integration with Relational-Cultural Theory is proposed, situating clients' experiences within systemic power dynamics while emphasizing growth through authentic connections. Specific adaptations for LGBTGEQIAP+ clients are outlined, such as normalizing identity development, addressing any internalized stigmas, and affirming diverse relationship structures. The present paper also highlights the importance of counselor self-reflection, ongoing education in LGBTGEQIAP+ issues, and maintaining a stance of cultural humility. While empirical research on Reality Therapy with LGBTGEQIAP+ populations is quite limited, the approach presented here offers a promising framework for empowering clients to make positive changes while acknowledging contextual challenges. The integration of Reality Therapy with culturally responsive, trauma-informed care provides a foundation for meeting the complex needs of LGBTGEQIAP+ clients. Further research is recommended to validate this approach and ensure that it adequately addresses systemic oppression.

Keywords: Choice Theory, Reality Therapy, LGBTGEQIAP+, Relational-Cultural, Counseling

Introduction

Reality Therapy, developed by William Glasser, M.D., is a counseling approach that emphasizes personal choice and responsibility (Glasser, 1965; 2011; 2013). It is based on Choice Theory, which posits that all behavior is purposeful and designed to meet five basic needs: survival, love and belonging, power, freedom, and fun (Glasser, 1965; 2011; 2013; Wubbolding, 2000; 2015). Reality Therapy focuses on the client's present actions and choices rather than dwelling on the past, helping clients evaluate if their current behaviors are effective in getting their needs met and guiding them in making concrete plans for change (Glass, 1965; 2011; 2013 Wubbolding, 2000; 2015).

LGBTGEQIAP+ individuals face disproportionate mental health challenges, stigma, discrimination, and barriers to having their needs met compared to the general population (Smalley et al., 2018). Reality Therapy principles can provide a helpful lens for understanding and addressing the unique challenges of LGBTGEQIAP+ clients. This paper will explore how the five basic needs of Choice Theory relate to LGBTGEQIAP+ lived experiences, examine specific Reality Therapy techniques and multicultural considerations for working with this population, and propose an integration of Relational-Cultural Theory (RCT) for a culturally responsive approach.

The Five Basic Needs and the LGBTGEQIAP+ Experience

Choice Theory identifies five genetically encoded needs that drive all human behavior: survival, love and belonging, power and achievement, freedom, and fun (Glasser, 1965; 2011; 2013). This section will examine how each of these needs may be manifested uniquely for LGBTGEQIAP+ individuals.

Survival

Choice Theory positions survival, encompassing safety, security, and health, as the foundational needs that must be met before any of the others (Glasser, 2011). Research shows that LGBTGEQIAP+ individuals face disparate threats to their basic survival needs, including hate crimes, violence, homelessness, and discrimination in healthcare, housing and employment, with transgender women of color being especially at-risk (Romero et al., 2020). Hate crimes continue to be a threat for members of the LGBTGEQIAP+ communities with transgender women of color considered to be the most vulnerable. The Federal Bureau of Investigation (FBI) (2022) reported that LGBTGEQIAP+ communities recorded their highest totals of hate crimes in the past five years and increased by more than 10% since 2021. A momentous increase of nearly 40% was actually reported regarding anti-transgender incidents.

Homelessness and housing problems are another aspect of the survival need that can be left unmet for LGBTGEQIAP+ individuals. LGBTGEQIAP+ youth and adults who are homeless report harassment, violence, and other challenges in shelters and other services that may prolong their homelessness (Romero, et al., 2020). The Trevor Project (2021) report indicated that 28% of all LGBTGEQIAP+ youth experience homelessness or housing insecurity problems during their lifetime, impacting Indigenous LGBTGEQIAP+ youth more than any other racial group. Additionally, food security is a threat to LGBTGEQIAP+ youths' survival needs. In sum, 30% of these youth reported food insecurity in the last month and 19% of youth shared they did not eat in the last month when they were hungry because there simply was not enough food available for them (Trevor Project, 2021). Furthermore, the American Heart Association (AHA) (2020) reported 56% of LGBTGEQIAP+ adults and 70% of those who were identified as transgender or gender non-conforming adults reported experiencing some form of discrimination from a health care professional, including the use of harsh or abusive language.

Using Reality Therapy, a counselor prioritizes assessing and addressing the survival needs of LGBTGEQIAP+ clients, connecting them with resources and empowering them with strategies to increase their sense of security. During a recent biopsychosocial clinical assessment, a counselor working with LGBTGEQIAP+ clients would identify any unmet survival needs of the client and incorporate them into the initial treatment plan as a guide for focusing on survival needs first. More, counselors using Reality Therapy understand gender-affirming care is a survival need and use their ethical responsibility (ACA, 2014) to advocate for LGBTGEQIAP+ clients by referring to affirming and competent medical and mental health providers.

Love and Belonging

Glasser (1965, 2011, 2013) believed that most long-lasting psychological problems stem from relationship issues, emphasizing the essential role of satisfying connections in mental wellbeing. Reality Therapy and Choice Theory stress the importance of fostering better relationships by identifying needs for belonging and sources of disconnection.

LGBTGEQIAP+ individuals frequently face family rejection, social stigma, and isolation; over two-thirds of homeless LGBTGEQIAP+ youth mention family rejection as the reason (Durso & Gates, 2012). It is important to note most LGBTGEQIAP+ individuals' chosen family compliments rather than competes with biological/bio-legal family. Further, individuals older than 55 and individuals who are transgender are less likely to include biological/bio-legal family as part of their current family composition (Hull & Orty, 2018). Even as societal acceptance has grown, almost half of LGBTGEQIAP+ people still encounter discrimination in their workplaces and communities (Sears & Mallory, 2011),

with an alarming 90% of transgender individuals reporting harassment and mistreatment (Grant et al., 2011).

A counselor using Reality Therapy assessed the quality of an LGBTGEQIAP+ client's family, as well as their romantic, friend and community relationships. Chosen family, shared identity communities, and other supportive connections can provide vital sources of affirmation and validation (Ceatha et al., 2019). For example, a counselor using Reality Therapy will identify the unmet needs of a client in relation to their love and belonging and make an intentional effort to help the client make better connections with their born or chosen family, co-workers, neighbors; or even create new connections that were not previously established. Additionally, the therapeutic relationship itself can model healthy interaction as the counselor collaborates with the client to evaluate choices, set goals, build relational skills, grieve relationship losses, and create a nurturing support network.

Power

In Choice Theory, power refers to achievement, competence, recognition, and/or respect (Wubbolding, 2000; 2015). Systemic barriers and minority stress can hinder LGBTGEQIAP+ people from fully meeting their power needs. For example, LGBTGEQIAP+ students face educational inequalities despite comparable potential (Sansone, 2019), and as previously noted by Sears & Mallory (2011) LGBTGEQIAP+ individuals continue to experience significant amounts of discrimination in their workplaces and communities.

These inequalities and discriminations can impact a client's overall occupational satisfaction including, but not limited to, their ability for promotion or advancement in their jobs. Using a Reality Therapy lens, counselors can help LGBTGEQIAP+ clients set meaningful goals, identify strengths, find sources of mastery and affirmation, and connect with LGBTGEQIAP+ mentors/leaders all which can create accomplishments to foster a sense of pride and empowerment. For example, a counselor might recognize an LGBTGEQIAP+ client's struggle for recognition or advancement at his/her place of employment and work with him/her in session to find ways the client can meet his/her power and achievement needs at work. Additionally, using Reality Therapy a counselor could look for other sources of recognition and achievement through hobbies and/or community activities. Furthermore, counselors might find themselves in the role of advocate to be a voice for their clients who might be experiencing various forms of oppression at school and/or at work (ACA, 2014).

Freedom

Glasser (1965; 2011; 2013) defined freedom as the need for autonomy, independence, and having choices. LGBTGEQIAP+ people's freedom is often externally constrained by

oppressive laws, policies and/or attitudes around sexual orientation and gender identity (Hagai et al., 2020). In 2023, a record of over 520 anti-LGBTGEQIAP+ bills were introduced in state legislatures across the country (Human Rights Campaign, 2023) that directly impact LGBTGEQIAP+ clients' needs for freedom. Counselors can help LGBTGEQIAP+ clients explore ways to affirm their identities even in unsupportive climates; identify spheres where they have more control, like self-expression, relationships, and/or advocacy; and make self-determined choices while acknowledging societal limitations using a Reality Therapy approach. For example, a counselor might have a client who is part of an organization with limited choice in restrooms; using a Reality Therapy lens, the counselor would not only advocate for all LGBTGEQIAP+ clients (ACA, 2014) to use the restroom of their choice but would also teach and help the individual client to self-advocate to enhance their freedom need. The counselor would likely role-play with the client a conversation the client might have with their supervisor about incorporating gender-neutral restrooms.

Fun

Fun represents the need for play, pleasure, and/or enjoyment (Glasser, 1965; 2011; 2013). However, LGBTGEQIAP+ people often face exclusion or harassment in sports and leisure spaces (Ceatha et al., 2019). Using Reality Therapy, counselors assess LGBTGEQIAP+ clients' access to enjoyable activities that align with their interests and affirm their identities, might attempt to connect them to LGBTGEQIAP+ recreational groups, creative outlets, and celebratory spaces. For example, if a trans youth client is being barred from participating in school sports, a counselor, using a Reality Therapy approach, might help the client to identify recreational sports teams outside of school for them to participate in, while the counselor advocates (ACA, 2014) should attempt to help all trans youth to participate in school organized sporting events.

Counselors addressing minority stress and internalized stigmas can also remove mental barriers to experiencing fun. Pellicane & Ciesla (2022) found LGBTGEQIAP+ clients who experienced rejection, internalized transphobia, and concealment also experienced increased levels of depression, which can impact one's ability to meet their need for pleasure. By acknowledging, validating, and addressing LGBTGEQIAP+ clients minority stress in sessions, a counselor, using a Reality Therapy lens, can help clients to balance feelings of depression while simultaneously experiencing moments of true joy.

Applying Reality Therapy Techniques

Reality Therapy can help counselors formulate useful interventions that can be utilized in short-term, brief counseling interactions. Techniques are action-centered, cognitive-

centered, and/or emotionally-centered to help clients meet their basic needs in counseling. While these counseling interventions are easy to comprehend and implement, to be fully effective, counselors must engage in thoughtful reflection and ongoing self-evaluation of the many diverse applications that are available to them (Wubbolding, 2017).

Quality World and Need Deprivation

According to Glasser (1965; 2011; 2013), humans are motivated to meet their needs through idealized mental images of important people, beliefs, possessions, and/or experiences that are stored as memories in their quality world. These pictures can develop in unrealistic ways from unmet various needs (Wubbolding, 2015).

LGBTGEQIAP+ people are influenced by heteronormative or normative expectations that cause cognitive dissonance within their realities (Haskins & Appling, 2017) that may impact their quality world images. Family rejection may shatter quality world pictures and create intense need deprivation. Using Reality Therapy, a counselor must recognize the power of clients' idealized images while collaborating to uncover the core unmet needs underneath, grieve losses, and construct a quality world more congruent with their authentic identities.

Unsatisfying quality world images and resulting behaviors can certainly stem from a lack of role models, internalized stigma, and/or systemic limitations as much as individual choices. Counselors should also avoid blaming and making excuses and focus upon showing acceptance while facilitating a positive self-evaluation (Wubbolding, 2017). Practices like connecting LGBTGEQIAP+ clients with affirmative representations and reframing identity as a source of unique perspective and resilience can expand their quality world options. A true therapeutic relationship has been found to occur when the client truly places the counselor in their quality world.

When working with LGBTGEQIAP+ clients, a counselor might ask a client to write words or draw images of the important people, places, beliefs, possessions, and experiences in their lives. If the client puts their born family into their quality world while offering experiences of family rejection, the counselor might sense the client's need for love and belonging might not be fully met. Using the WDEP self-evaluation technique, a counselor can help the client determine what, if any, action they might take to increase their satisfaction of their love and belonging need.

Self-Evaluation and the WDEP System

Self-evaluation is a core principle in Reality Therapy; clients are guided to assess their own behaviors and align their actions with their values and goals. Wubbolding (2018) describes a fundamental form of self-evaluation using the "fork-in-the-road" metaphor, helping clients choose between effective and ineffective behaviors.

The WDEP system operationalizes this process: Wants, Doing, Evaluation, and Planning (Wubbolding, 2000; 2015). The counseling session begins by exploring the client's Wants, which are closely tied to their quality world of valued people, beliefs and hopes. A counselor might ask "What relationship is the most important to you right now?" Current actions (i.e., Doing) are examined - is what the client doing helping them get what they want? This may involve exploring identity disclosure, self-advocacy, coping strategies, etc. A counselor might ask "What are you doing to nurture said relationship?"

The counselor helps the client to recognize connections between their emotions, behaviors, and desires. If current actions are ineffective, the Evaluation stage guides the client into considering need-satisfying alternatives. A counselor might ask, "How well are your efforts working?" Finally, the counselor and client could develop a plan of SMART goals (Specific, Measurable, Achievable, Relevant, Time-bound) and commit the client to immediate implementation (Wubbolding, 2015). A counselor might ask "What changes do you want to make?" Throughout this process, the counselor, using Reality Therapy, expresses belief in the client's capacity for positive change.

The WDEP system's adaptability allows it to be tailored to the diverse needs of LGBTGEQIAP+ clients. Counselors can address internalized shame as well as seek to instill hope (Budge, 2014), thereby helping clients navigate complex emotions through meaning-making (Ungureanu & Robey, 2023) and validate challenging external circumstances like stigmas and discrimination while focusing on areas that the client could control.

Relational-Cultural & Trauma Informed Integration

It is a misconception that Reality Therapy is primarily a westernized approach to counseling (Wubbolding, 2004). However, most of the research about its effectiveness across cultures dates back to the late 80's and early 90's when several researchers explored the effectiveness of Reality Therapy with individuals who were identified as African-American males (Okonji,1995 as cited in Wubbolding, 2004); Korean (Kim & Hwang, 1997 as cited in Wubbolding, 2004), as well as individuals involved with the criminal justice system in Visnja Gora and Hong Kong (Chung, 1994; Lojk,1986 as cited in Wubbolding, 2004).

To bring a more current culturally responsive approach, Reality Therapy can be enhanced by principles from Relational-Cultural Theory (RCT). RCT views the self as relational, with growth occurring through authentic connections, and examines how systemic power imbalances lead to chronic disconnections for marginalized groups (Haskins & Appling, 2017). An RCT-informed counselor would help LGBTGEQIAP+ clients make sense of their relational disconnections in a societal context, empowering them to "discover the control they have over their behaviors and choices when they may be experiencing systemic

marginalization and oppression" (Haskins & Appling, 2017, p. 97). The counselor fosters a therapeutic relationship of mutual empathy and empowerment, harnessing the power of affirmative connections to meet the five basic needs (i.e., survival, love and belonging, power and achievement, freedom, and fun) of their clients.

Integrating RCT allows Reality Therapy to address the relational and cultural needs of LGBTGEQIAP+ clients with greater depth. It situates their challenges and choices in the context of structural power, privilege, and oppression. Counselors must compassionately witness the impact of minority stress while using the WDEP framework to emphasize client agency. The therapeutic relationship itself becomes a vehicle for a corrective relational experience, modeling affirmation and empowerment.

Experiences of rejection, discrimination, victimization, and identity-based stigma can be traumatic for LGBTGEQIAP+ individuals. A trauma-informed approach prioritizes safety, trustworthiness, choice, collaboration, and empowerment in the counseling relationship (Anyikwa, 2016). This aligns with Reality Therapy's emphasis on creating a therapeutic alliance of trust, empathy, and client autonomy. Counselors using Reality Therapy will integrate knowledge of LGBTGEQIAP+ minority stress throughout treatment, validating the impact of oppressive systems without pathologizing one's identity.

Cultural responsiveness is essential for effectively using Reality Therapy with the diverse LGBTGEQIAP+ community. Counselors must engage in self-reflection to examine their biases, increase their LGBTGEQIAP+ cultural competence, and embrace a stance of cultural humility (Moe et al., 2014). Clients' behaviors and quality worlds are contextualized within their cultural, familial, and community values. Intersectionality is key, as individuals may face unique needs and strengths at the intersections of multiple marginalized identities. Counselors can empower clients to define their own identity labels, romantic and relational structures, and/or paths of resilience.

Implications for Clinical Practice & Policy

Several specific techniques can make Reality Therapy more affirmative and effective in the clinic with LGBTGEQIAP+ clients. Additionally, Reality Therapy counselors explore ways to improve policy that support and uplift LGBTGEQIAP+ clients' experience.

·   Engaging in the 7 caring habits (i.e., supporting, encouraging, listening, accepting, trusting, respecting, and negotiation differences) (Glasser, 2013) is the foundation for any counselor embracing a Reality Therapy approach with LGBTGEQIAP+ clients.

·   Normalizing and validating LGBTGEQIAP+ identity development as a lifelong journey with common milestones and variability. It has been noted the *coming out* is not a single experience, yet an experience many LGBTGEQIAP+ people face even daily. Utilizing Reality

Therapy, counselors help clients in their self-evaluation process of how, when, and to whom they share their LGBTGEQIAP+ identity. As Alegre (2015) noted, counselors assist clients in constructing an affirmative quality world and identifying achievable steps for coming out and identity integration within different contexts.

· Recognizing the impact of systemic oppression, minority stress, and trauma (Asner-Self & Cunningham, 2015) on LGBTGEQIAP+ clients' internal control, relational disconnections, and meeting of their basic needs is essential. In order for Reality Therapy to be as effective as it can be with LGBTGEQIAP+ clients, counselors must adopt a social justice framework while discussing the tenants and utilizing the techniques available in Reality Therapy.

· Helping clients to identify how internalized heterosexism, cisgenderism, and shame (Budge, 2014) are affecting their behaviors, quality world, and self-evaluation is also essential. Reality Therapy counselors acknowledge how society has had a great impact on how LGBTGEQIAP+ people view themselves and behave in the world, sometimes maladaptive to meeting their own basic needs. Wubbolding (2013) suggested by asking clients "What happened to you?" allows counselors to critique contextual influences like systemic heterosexism and cissexism.

· Affirming LGBTGEQIAP+ identity as a source of meaning and community for clients specific to their unique perspective and cultural values. Counselors embracing a Reality Therapy lens understand LGBTGEQIAP+ identity is likely a quality world image clients hold of themselves and their love and belonging needs will vary in completeness based on each client's unique circumstances.

· Adapting language to be LGBTGEQIAP+ inclusive and mirror client's terminology for identity and relationships (ALGBTIC, 2013). By using terminology like partner and chosen family while including friends and community as intimate relationships, a counselor can focus on one of the main tenants of Reality Therapy: quality of interpersonal relationships (Glasser, 1965; 2011; 2013) outside the heteronormative definition. Regarding policy, Reality Therapy-focused counselors advocate for agencies to modify language in their electronic health record systems to be more inclusive and affirming.

· Facilitating access to LGBTGEQIAP+ affirmative social services, community supports, and mental healthcare referrals as part of holistic treatment (ALGBTIC, 2013) to help clients meet their survival and love & belonging needs.

· Continuing education in LGBTGEQIAP+ affirmative approaches and engaging in ongoing consultation and reflexive practice to enhance multicultural competence (Moe et al., 2014). Regarding policy, counselors working from a Reality Therapy lens, campaign for reform concerning continuing education requirements to mandate more hours of clinical

training for working with diverse populations. Most clinicians are not explicitly trained on LGBTGEQIAP needs and concerns during their Master's or Doctoral programs and very few states require specialized training to obtain clinical licensure.

Empirical Support and Limitations

Reality therapy is recognized as a valid therapeutic modality and is used in 90% of the more than 200 armed forces clinics treating drug and alcohol abuse. Additionally, one study found alcohol and drug counselors ranked only the traditional 12-step model more effective than Reality Therapy in addictions (Wubbolding, 2000). However, research specifically examining Reality Therapy and Choice Theory with LGBTGEQIAP+ populations is currently limited. Evidence exists for the utility of Reality Therapy tenets and the effectiveness of conceptually related approaches for this population. Budge (2014) found that instilling hope, externalizing internalized stigma, and allowing client's self-determination were helpful strategies for LGBTGEQIAP+ clients in the early stages of coming out. These aims align with Reality Therapy's optimistic, present-focused, autonomy-enhancing stance. Studies have shown the importance of affirmative, culturally responsive counseling and relational support for LGBTGEQIAP+ mental health (Budge et al., 2019; Ceatha et al., 2019) lending credence to the integration of Relational-Cultural Theory and multicultural humility with Reality Therapy. Trauma-informed adaptations are supported by findings that LGBTGEQIAP+ people have increased exposure to trauma and adverse childhood experiences (Schneeberger et al., 2014). However, the dearth of direct empirical examination of Reality Therapy with LGBTGEQIAP+ clients is a notable limitation. Qualitative research exploring how LGBTGEQIAP+ clients experience Reality Therapy techniques would be most valuable. Randomized clinical trials comparing culturally adapted Reality Therapy to other evidence-based treatments for LGBTGEQIAP+ mental health outcomes are also needed. Case studies and theoretical discussions (e.g., Alegre, 2015) provide preliminary guidance for conceptualizing LGBTGEQIAP+ issues through a Choice Theory framework, but empirical validation still lags behind. Further research is warranted to understand how the core tenets of Reality Therapy resonate with LGBTGEQIAP+ lived experiences and produce therapeutic change.

Conclusion

Reality Therapy offers a valuable framework for counseling LGBTGEQIAP+ individuals by emphasizing their agency to make need-satisfying choices in the present, even amid constraining circumstances. Viewing the five basic needs of Choice Theory through an LGBTGEQIAP+ lens reveals common challenges and unique pathways to fulfillment.

The WDEP system provides a practical template for helping LGBTGEQIAP+ clients gain self-awareness and turn insights into achievable plans for change. Enhancing Reality Therapy with relational-cultural principles fosters therapeutic relationships of mutual empowerment and grounds the counseling process in cultural responsiveness. However, empirical research on Reality Therapy with LGBTGEQIAP+ populations is limited. Studies are needed to understand how LGBTGEQIAP+ clients experience Choice Theory tenets, to test the efficacy of culturally adapted Reality Therapy, and to ensure the approach does not minimize the impact of systemic oppression. Nevertheless, this integration of theory, cultural attunement, and concrete planning offers a promising foundation for adapting Reality Therapy to LGBTGEQIAP+ needs. By embracing multicultural humility, trauma-informed care, and relational-cultural perspectives, counselors can use Reality Therapy to effectively empower LGBTGEQIAP+ clients on their journey of self-determination and need fulfillment within unjust social realities.

According to William Glasser International, to date there are 104,215 number of individuals trained in the concepts of Choice Theory and Reality Therapy while14,162 number of individuals are officially certified (CT/RT) worldwide. However, master's students often report learning very little about Choice Theory/Reality Therapy in their training programs.

Ultimately, without extensive knowledge and understanding of the tenets of Reality Therapy, there is the potential for counselors to minimize the impact of systemic oppression, as Reality Therapy's emphasis on internal control of behavior could be misinterpreted as blaming the individual. While Reality Therapy aims to enhance client empowerment, its largely intrapsychic focus risks neglecting socio-structural influences on marginalized clients' agency if not integrated with a multiculturally responsive, trauma-informed, and systemically aware approach. Therefore, before counselors begin incorporating Reality Therapy into their clinical practice, refresher or advanced trainings are recommended. Further, counselors and researchers should actively examine ways to make Reality Therapy more liberatory and structurally competent.

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Brief Bio—

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Jill M. Krahwinkel-Bower received her Ph.D. in Counseling & Counselor Education from North Carolina State University (2013) and received her Master's in Education, with an emphasis in Mental Health Counseling, from Western Kentucky University (2006). She became Reality Therapy Certified (2008). Prior to that, she received certification as a Juvenile Sex Offender Counselor through the University of Louisville (2007).

Dr. Krahwinkel-Bower has been a Counselor Educator since 2014 and has been counseling since 2006 with a variety of clinical experiences working with adults, adolescents, children, and families on needs related to depression, anxiety, trauma, bereavement, adjustment, relationships, self-esteem, wellness management, substance use, and more. She offers a culturally responsive, social justice-oriented approach that concentrates meeting the needs of LGBTQ+, Black, Indigenous, and People of Color (BIPOC) communities. Dr. Krahwinkel-Bower has experience working in many different types of clinical settings— outpatient, residential facilities for children, foster care, court ordered addiction treatment, plus nonprofit, & private practice. Her approach to counseling is rooted in Reality Therapy with emphasis on Relational Cultural Theory, emphasizing that the counseling relationship is the agent of change to help clients meet their desired goals.

She actively follows best practices in the field and her area of focus when doing research includes counselors' cultural competence when working with diverse clients and counselor clinical skill preparation. Dr. Krahwinkel-Bower also provides clinical supervision for master-level intern students and graduates working toward their licensure as professional counselors. She advocates at the state and national level, attends and presents at regional and national conferences, and volunteers within her local community.

BEHAVIOR IS YOUR CHILD'S LANGUAGE

Dr. Nancy Buck, CTRTC

Who started the belief that a parent's job is to control his child? Did it start forever ago with the notion that children should be seen and not heard? Is it just an extension of the notion that women are meant to be controlled by their husbands, and so are their children? After doing a little research I learned that it started in the 15th century with John Mirk who made this statement, especially directed toward young women. Phew! I'm glad I waited to be born until the 20th century!

Attempting to control a child's behavior, or anyone's behavior for that matter, is folly! The only person's behavior anyone can control is his/her own. But that doesn't mean that parents should ignore or approve of their child's misbehavior. Instead, start thinking of your child's behavior as their *language*.

Think about a child in a playground who is bullying other children. As he's beating on another child he may be saying "Be my friend!" These aren't the kinds of actions that will attract other children to play with him, but he is telling others what he wants. Rather than punishing this child into obedience, what he needs is someone to teach him more effective and responsible behaviors to help him to make and keep friends.

Or think about the child who releases her mother's hand and runs away from her. If you watch this kiddo, what you might see is her running toward the swings in the playground. This child was not running away from her mother. She was running toward the swings. If Mom doesn't realize this behavior as the language that her daughter was communicating, she may misunderstand and worry that her daughter is running away from her. Scolding and admonishing makes no sense. Talking and teaching her daughter to tell Mom where she is running off to before she leaves helps Mom support and encourage her daughter's delight.

All behavior is purposeful. Everything that we do, from birth until death, is an attempt to meet one or more of our needs to get what we want. When your child cries, he's crying to get something that he needs and wants. When you scold or punish your child, you are doing that to get something that you need and/or want. Every child's misbehavior or naughty action is a child's best attempt to get what he needs and/or wants. Every parent's response, in turn, is his/her best attempt to get what s/he needs or wants.

Every behavior is purposeful, but not all behavior is effective. Let's go back to our bully. He wants friends and other kids to play with him. But his teasing, taunting, and annoying other kids only get him negative attention, and it's not effective in helping him make friends or choose to spend any time with him. Bullying is purposeful, yes. But it is not effective. This kiddo needs help learning how to make and keep friends.

All behavior is purposeful. Not all behavior is effective. And not all purposeful and effective behavior is responsible and respectful. Behaving responsibly means the ability to meet your own needs without interfering with another person's ability to meet their needs. Respectful means showing regard for the feelings and wishes of others and yourself. The little girl who released her mother's hand succeeded in getting to the swings, meeting her need and want.

But she was not responsible or respectful to her mother. Of course, this was not her intention. The child was not trying to scare or be mean to her mother. In fact, she wasn't considering her mother at all. As parents our job is to teach children how to behave effectively, responsibly, and respectfully.

This may sound and feel like a daunting task. That's because it is. But you've already started. Every time you deal with your misbehaving child you are engaging with your child and his behavior. I'm suggesting, nay, urging you to do it differently.

Well before your child has words and the ability to communicate using verbal language, your child is behaving. A crying child is communicating distress to you. Parents start by guessing what their baby wants when he is crying. Is he hungry? Does he want to be picked up? No matter what you try, the baby is still crying. You try swaddling tighter, or removing the swaddle, allowing the baby greater freedom and range of motion. Be's still crying. You hold your baby, walk and bounce your baby, sit and rock together, anything and everything you can think of. As a parent, you are well aware that your baby's crying is purposeful. Your baby is telling you that there is something that he needs and wants. No parent would ever accuse their crying infant of misbehaving. Without being taught, most parents know that when a baby cries, it's for a purpose. Our aim is to figure out what that purpose is and help the baby to get it.

I clearly remember saying to my crying child, "Please tell me what you want?" If you could only tell, I would get it for you!" I felt helpless and frustrated. I'm betting that I was not the only patent that was experiencing these kinds of dilemmas.

Eventually, most parents begin to decipher the request from their crying baby. "That's her sleepy cry." Or "I know that cry, he wants his diaper changed." Or "Somebody's hungry. It's feeding time." Every parent or grandparent knows the universal language when a toddler holds her arms up to you. She's expressing her desire to be picked up. My daughter-in-law taught me about **Baby Sign Language** that parents can start teaching and using with their babies as early as 6 months, facilitating communication between parent and child. Amazing!

Something changes though, once children learn and use verbal language. Parents, teachers, and other adults have forgotten that a child's behavior is still their language. Instead, we ascribe negative intentions to a child's misbehavior when the kiddo doesn't do what we want. We make an assumption that children always know and want the same thing that we want and so they will behave cooperatively. When they don't, we say they are misbehaving. If we are heading north because we want to go north, and our child is heading east because she wants to go east, is she misbehaving?

Let me teach you a little magic.

When a child starts to misbehave, do not address the behavior as if that is your child's problem. Children's misbehavior is a parent's or an adult's problem, not the child's problem. So, start by solving the child's problem first, then the adult's problem will also be solved. What is your child's problem? There is something your child wants that he doesn't know how to get it any other way than by misbehaving. Once you learn what your child wants, teach him or her how to get it responsibly, respectfully, and effectively. Start by asking your child what does s/he want?

Here are some key questions that might help resolve the pending dilemma:

1. What do you want, that you are trying to get by arguing?
2. What do you want, that you are trying to get by running around?
3. What do you want, that you are trying to get by refusing to go to bed?
4. What do you want, that you are trying to get by hitting your brother?

Most of the time your child will tell you what s/he wants! That's the magic! Once you understand what your child wants, ask her if she's willing to learn how to get what she wants responsibly and respectfully? Chances are good that she will say yes. Please understand, it's not that she wants to learn to be responsible and respectful. She simply wants what she wants and will do whatever it takes to get it, including learning how to behave responsibly and respectfully. You teach her. She learns. Now your kiddo is getting what she wants responsibly and respectfully. And you also have what you want, a responsible and respectful kiddo. But just because you taught her once doesn't mean she has that behavioral choice solidly in her repertoire of behaviors. Most likely, you may need to repeat this lesson more than once.

Another strategy is to talk to your kiddo before you face a potential of mismatched goals. To begin with, try to make a plan for mutual success. For instance, my pre-school sons and I would often run our daily errands in the morning. Before we got in the car I would tell them the agenda: the bank, the grocery store, the playground, and then home. First stop was the bank. Before we get out of the car, I would ask them what the rules were which included how they would behave. We had done this "rule review" routine enough times that they knew and would recite them. Then, I would ask them a crucial question: "Do you have it in you today to follow these rules?" Basically, I was asking them to self-evaluate, knowing that their answers would determine our next steps.

Almost always they said they did. One time, though, Paul said he didn't, so we went home. I wasn't angry. I wasn't trying to punish or shame him. I just didn't want to go into the bank with one, and maybe two preschoolers who were ready to run, play and be loud. Paul was telling me that on this particular day he could not follow the rules. Why would I want to go someplace when my child was telling me that he couldn't cooperate today? Instead, I chose to delay my trip until the evening when my husband would be able to stay home with the boys while I completed my chores.

Get curious and use your intuition when your child is misbehaving. Remember, everything your child is doing is an attempt to get something that he wants. When your child grabs a toy from his brother, instead of labeling it a misbehavior, start remembering that he is grabbing that toy to get something that he really wants. Assumably, he can't think of any other way to get what he wants, Now, is the perfect time to teach him effective, responsible and respectful behaviors. And now is the time that he likely wants to learn it. Of course, his goal initially wasn't to learn more effective behaviors. Rather, his goal was to get the toy. Nevertheless, this seemed to be a good time to start teaching him when he might be most motivated to learn!

I remember another stretch of time during my children's kindergarten days when I felt like I was regularly correcting, directing, and/or asking David for his cooperation. "David, do

this." "David, stop doing that." "David, please come here." At times, I was aggravated. He knew better than to do those things that he was doing. While none of it was dangerous, it was truly annoying!

That's when it dawned on me. All behavior is purposeful. What was David getting, while he was being so annoying? Attention! I wasn't immediately convinced because too many adults are too quick to declare that all children ever want is "attention". I knew that wasn't true. Sometimes they want more fun, or freedom, or power. And sometimes they actually do want attention. Therefore, I decided to put my new plan into action.

"David, come let's read a book together." "David, let's play kickball." "David, I need a big hug please." Yes! Getting curious and following my intuition helped me to understand that what my child needed and wanted was more love, belonging and connection with me. His seemingly annoying behavior got him more of me. For him, however, attention from his annoyed mother was better than no attention at all. Consequently, I changed my behavior and started having more fun and "connecting time" with him.

Hence, all behavior truly is each person's best attempt to get what s/he needs and/or wants. That means, in turn, that all behavior is a form of communication and/or language. Learning to understand that your child's language includes their various behaviors is an amazing tool that should be very helpful to parents who wish to better communicate with their children. Using it wisely should be incredibly beneficial to all concerned as you endeavor to do the most important job of your life – PARENTING!

Note—

Please note that Nancy Buck personally selected this article to share with everyone. It was taken from her Substack articles: Growing Good Family & Mental Health.

Additional Note— The author (i.e., Nancy Buck) has granted her permission for the *International Journal of Choice Theory and Reality Therapy* to reprint her article entitled: "Behavior is Your Child's Language," which originally appeared in the Substack publication entitled *Growing Good Family and Mental Health.*

Brief Bio— Fresh, funny, and unafraid, Nancy S. Buck, Ph.D., RN tackles the tough topics facing all families today. She is a developmental psychologist, expert in children's motivation and behavior and a parenting coach. Nancy is devoted to helping families develop, improve and maintain good mental health and happiness. Her mission? To make the world a better place for one child and one family at a time. www.drnancybuck.com

Reference Info: Publication date: April 28, 2024, #57, Dr. Nancy Buck, GROWING GOOD FAMILY & MENTAL HEALTH.

MY CHILD IS NOW A TEENAGER! ALAS! PARENTING CHANGES WHEN CHILDREN BECOME ADOLESCENTS!

Nancy Buck, Ph.D., Developmental Psychologist, Senior Faculty Member, Founder & President of Peaceful Parenting Inc, the Choice Theory psychology application to parenting, and more!

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As parents of teenagers, we are faced with the thrill and dilemma of our children's maturation and desire for increased freedom. If all is well, we have taught them the skills necessary to handle the big, wide, wonderful world without us. But how do we know if all is well? We may be reassured by how our children behave in our presence, but how do we know what they do when we're not around? We may even feel confident in our child's skills, abilities and demonstrated maturity in handling increased freedom. But what about the other teenagers with whom our child spends time? Can we trust them? Can we trust that the parents of other children have done a good job too? It is difficult to trust our children when they are teenagers, even when we have worked to build that trust for many years. How will our children ever learn how to handle themselves without us if we are always around? At some point, as frightening as it may be to us, we must let go, at least a little bit, so that our children can learn to fly without us.

As long as we stay involved and connected with our child, we must also trust that if s/he gets into difficulty or runs into a problem that s/he feels s/he can't handle alone, s/he will discuss this with us. That said, there is still a tremendous desire on parent's part to want to check on what their son or daughter is up to. This curiosity and urge to keep your children safe may lead some parents to pry or spy on their child. Recently, a friend of mine told me she found a letter in her son's room that was sent to him from a girl. This mom did not deliberately set out to snoop on her son but was bringing clean laundry to his room and came upon the letter. Driven by curiosity, she spent time trying to rationalize why opening his private letter would be okay. She was also suspicious of her own motivation and called me for advice. "Is what you are about to do going to improve your relationship?" As soon as I asked my friend this question, she knew she must walk away from her son's letter, unopened.

During adolescence children crave increased privacy, helping them feel a greater sense of power and freedom. As children guard their privacy, parents grow increasingly suspicious and fearful. But if you let your suspicions and fears lead to breaking into your children's private letters, emails, texts and phone calls, what will that do to your relationship? What's a parent to do? Here are some solutions that may help:

1. Choose to trust your child. Trusting is a choice. As difficult as that may feel, if we don't trust our children how will we ever teach them that they are trustworthy?

2. Tell your child that you trust him/her. Let him/her know you believe and trust that s/he can handle most situations on his/her own. You also know and trust that s/he will come and ask you for advice and/or help when s/he needs to. Ask yourself, "Is what I'm about to do or say going to improve our relationship?" If the answer is "No" then don't do it or say it. If the answer is "Yes" then say it or do it. If the answer is "I'm not sure," then ask your child what effect asking your question or making the statement will have on your relationship. Allow your kiddo's answer to guide you. No one ever said that being a parent is easy.

Perhaps no one ever told you about the fears that would be part of your parenting job. During the worry time of parenting a teen we can better maneuver our way by frequently self-evaluating our own behaviors. If we do, we have a greater chance of maintaining positive choices and remain in a loving connected relationship together. Your child will learn that you trust him/her. You will have demonstrated that YOU are trustworthy. SO, JUST LET GO TO HELP YOUR CHILDREN TO GROW.

This article, along with others about Peaceful Parenting, and GROWING GOOD MENTAL HEALTH, can be found on substack.com Become a free or a paid subscriber to receive articles sent directly to your email on Sundays and Thursdays. Audible! Audible! Audible! My book "A Choice Theory Psychology Guide to PARENTING: The Art of Raising Great Children," is now available on Audible. The price has been reduced for a brief time, so please don't delay!

Bottom line: Your relationship with your adolescent children is worth protecting! So, whatever you do, be sure that you treat him/her as a precious jewel! Undoubtedly, having done so, you'll be glad that you did!

Brief Bio— Fresh, funny, and unafraid, Nancy S. Buck, Ph.D., RN tackles the tough topics facing all families today. She is a developmental psychologist, expert in children's motivation and behavior and a parenting coach. Nancy is devoted to helping families develop, improve and maintain good mental health and happiness. Her mission? To make the world a better place for one child and one family at a time. **www.drnancybuck.com**

Note— The author (i.e., Nancy Buck) has granted her permission for the *International Journal of Choice Theory and Reality Therapy* to reprint her article entitled: "My Child is Now a Teenager! Alas! Parenting Changes When Children Become Adolescents!" This article originally appeared in the Substack publication entitled *Growing Good Family and Mental Health*.

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THE US ARMY RANGERS LEAD THE WAY with Choice Theory by Its Side!

Dr. Janet Morgan . . . as a US Military Provider

I often look at topics that concern the US Military through a Choice Theory lens. Working with the US Army Rangers has been an honor and researching how Military Leadership and Choice Theory Leadership intercept has been an interesting endeavor. Choice Theory presents a unique perspective on Leadership (Lead Management) as compared to the style of Leadership assessment from the US Army Rangers. The US Army Rangers offer one of the most strenuous physical and mental training courses in the Armed Forces and defining it has been a challenge, as it is often called both, or either, an assessment/training course, and/or a leadership course. "The US Army Ranger Course is the Army's toughest course and the premier small unit tactics and leadership course." (https://www.moore.army.mil/Infantry/ARTB/StudentInformation/)

So, what is it? In an article, Ranger School is not a Leadership School (12.06.16, Modern War Institute at West Point), John Spencer posits that Ranger training is more a "leadership and character assessment than a leadership school". He further states that the program teaches individuals "whether they can lead (or follow) when tired, hungry, physically on the edge of exhaustion, and/or pushed to their often previously untested limits—but not necessarily HOW to do so." In addition, he states that "these skills will be tested throughout the course, but they are not taught. What students are taught before they go on graded patrols, are squad and platoon tactics, the use of weapons, field craft, and other tactical and technical skills."

In contrast to the above article, David Burnett wrote an article entitled, "Ranger School: My experience through the toughest Leadership School in the world." (www.trainlikearanger.com. February 27, 2022) where he described that the evaluation and success of Ranger Candidates were based on HOW they performed in Leadership roles. This leads me to question the definition of leadership. Oxford dictionary defines leadership as the "action of leading a group of people or an organization" and continues that "leadership is about taking risks and challenging the status quo." May 9, 2024. The Merriam-Webster Dictionary defines leadership as 'the office or position of a leader, the capacity to lead, and the act or instance of leading." The Army (FM 6-22) defines Leadership as the "process of influencing people by providing purpose, direction, and motivation, while operating to accomplish the mission and improve the organization." The Ranger Handbook defines Leadership as "the most essential element of combat power, gives purpose, direction, and motivation in combat. The leader balances and maximizes maneuver, firepower, and protection against the enemy." (https://www.milsci.ucsb.edu/sites/default/files/sitefiles/resources/Ranger%20Handbook.pdf)

The Center for Leadership (https://www.ccl.org/articles/leading-effectively-articles/whatis-leadership-a-definition/) states that "Based on our decades of pioneering research and experience, we define leadership as a social process that enables individuals to work together to achieve results that they could never achieve working alone." They continue to describe Leadership as "adaptive" and that the team, or group, is mission or vision-oriented, rather than simply one individual. In addition, the Center focuses on the difference between

Managers' roles, "planning, organizing, solving problems" and the Leaders' role of "influencing, inspiring and bringing out the best in others. The conclusion is that Leadership can be "defined by its outcomes involving Direction, Alignment and Commitment."

In a recent blog article (https://www.achieveit.com/resources/blog/boys-boat-10-lessonsstrategy-execution-teamwork/), Amanda Ferenczy posits there are 10 lessons from the book, Boys in the Boat, (https://www.danieljamesbrown.com/books/the-boys-in-theboat/), involving teamwork that appear to align with the HOW that Rangers strive for in Leadership: 1. A great team must share a vision. 2. Overcoming adversity and makes the team stronger. 3. Excellence comes from focus. 4. Don't micromanage. 5. Empower your team with the courage to change strategy. 6. Hold people accountable. 7. Plan, execute, monitor, repeat. 8. Goals must be aligned across the entire team. 9. Goals must transcend the attainment of wealth. 10. Let it run.

In the book, Leadership Simple (Steve Morris and Jill Morris, Imporex International, Inc. 2003) posit that "In looking at the leaders we've worked with in over forty years in business, we've found one characteristic that stands out in all the great ones; the ability to self-evaluate and lead others to do the same. We call this Lead-Management. Lead-Management is about leading by applying a simple process of self-evaluation." They are both Choice Theory certified and teach CT/RT around the world. They describe the process of teaching self-evaluation as, "In reality, leadership is a conversation, a verbal journey between people. Lead management is a system that permits leaders and the people they lead to navigate through a maze of each other's wants, perceptions and behaviors. It is a template for a specific kind of conversation that drives business success through people, rather than in spite of them." In addition, the authors assert that Lead Management replaces boss management. Boss managers tell people what to do, rather than lead them through a process of self-evaluation. Boss managers cut off the learning process that creates a consistent high-performance result. Boss Management truly seems to coerce rather than lead, while Lead Management seeks to inspire."

In Brian Patterson's book, Connect & Lead (Connect and Lead, Brian Patterson, 2020), he expands the leadership principle by stating that, "People execute the process, but we must see them as independent actors and understand the psychology of the individual to truly lead well." We are all leaders. We lead ourselves first and foremost. How we lead is our decision. Based on the concept that the only person's behavior we can control is our own (Choice Theory, 1998, Dr. William Glasser) we consider the locus of control; what is in our control and what is not in our control. We self-evaluate as leaders and help others that we lead to do the same. We self-evaluate when we ask ourselves what we want, what we perceive, or what total behaviors we are choosing to get what we want. In essence, we are integrating our total behavior; what we feel, what our bodies are experiencing (at that moment), what we are thinking, and what we are doing, our behavior.

As leaders of a team, even as leaders of our families, we facilitate leadership by asking others to self-evaluate themselves. It is evident in Ranger School that leadership evaluation is heavily determined by the HOW. Self-evaluation questions may help Ranger candidates achieve the HOW. Examples include: 1. What do I want? (Wants) 2. What am I doing to get what I want? (Behaviors) 3. Is what I am doing helping me get what I want? (Perception) 4.

What else can I do? (Behavior, evaluate the options) 5. What will I do to get what I want (Behavior and Plan)?

We can only control our own behavior, but we do have influence with other people. Leadership is in the HOW we influence others. Missions belong to the participants of a group. All participants are cooperatively responsible for the outcomes of a mission and HOW the leader creates an atmosphere of ownership is imperative in the result or objective. We can teach self-evaluation to our team to help achieve an overall goal or mission. There are many ways to ask self-evaluation questions. Examples include: 1. What is your (our) ultimate objective in this situation? (Mission) 2. What are you (we) trying to achieve? (Mission) 3. What are you trying to achieve when you choose that? 4. What outcome are you aiming for? 5. Can you think of another way to achieve that goal? or 6. How is what you are choosing to do helping us (or the team) achieve our overall goal? Leadership is a way of being. First, we learn how to know ourselves and understand our locus of control. We self-evaluate by asking ourselves, how do I want to be in this situation? Asking self-evaluation questions helps us create the HOW. Leadership is extended by inviting others into the process of self-evaluation, thereby instituting personal involvement, accountability, commitment and responsibility.

Ranger Creed Recognizes that I volunteered as a Ranger, fully knowing the hazards of my chosen profession, and that I will always endeavor to uphold the prestige, honor, and high esprit-de-corps of my Ranger Regiment. Acknowledging the fact that a Ranger is more than an elite Soldier who arrives at the cutting edge of battle by land, sea, or air, I accept the fact that as a Ranger my country expects me to move further, faster and fight harder than any other Soldier. Never shall I fail my comrades. I will always keep myself mentally alert, physically strong, and morally straight and I will shoulder more than my share of the task, whatever it may be, one hundred percent and then some. Gallantly, I will show the world that I am a specially selected and a well-trained Soldier. My courtesy to superior officers, neatness of dress, and care of equipment shall set the example for others to follow. Energetically, I will meet the enemies of my country. I shall defeat them on the field of battle, for I am better trained and will fight with all of my might. Surrender is not a Ranger word. Plus, I will never leave a fallen comrade to fall into the hands of the enemy and under no circumstances will I ever embarrass my country. Readily, I will display the intestinal fortitude required to fight on to the Ranger objective and complete the mission, though I be the lone survivor.

Finally, self-evaluation questions appear to align with the definitions of Leadership by both the Army Rangers and Choice Theory, and both will strive to influence people by providing them purpose, direction, and motivation.

Brief Bio—

Dr. Janet Morgan, NCC, LPC, CT/RTC, EMDR, MFLC, BC-TMH and is also a U.S. Army Veteran

Janet is in private practice in Helen, Georgia and has been with WGI since 1992. Her clinical practice is comprised of a significant percentage of military, active duty, and retired. She specializes in Trauma, Anxiety, Grief & Loss.

Besides Janet's private practice, she also serves as a Director of the William Glasser International Board and is the Research Coordinator for the William Glasser International Organization. She is also a faculty member of the WGI lectures on Choice Theory and Reality Therapy, plus she serves as a member of the Editorial Board for the International Journal of Choice Theory and Reality Therapy.

Send requests for additional information regarding this subject to: jmfainmorgan@2gmail.com

The Alphabetized List of CT/RT Brief Bios

Due to Circumstances Beyond Our Control, Our Original Set of Brief Bios Are No Longer Available to Us for Reprinting at This Time. Nevertheless, Here is Our Alphabetized List of Brief Bios, and Instructions Regarding How These Brief Bios Can Be Located Within the Friendly Confines of Our Journal.

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To: **Our WGI members** . . . **Thanks for the memories!**
Yours truly,
Tom Parish, Editor, IJCTRT

THE BARNES BOFFEY "HONOR ROLL" of REALITY THERAPISTS & MORE

Barnes Boffey (Spring 2017) provided an "Honor Roll" of names of people "whose shoulders you stand on even though you don't know it, many of whom gave their entire professional lives to make sure these ideas (i.e., Reality Therapy, Choice Theory, Quality School, Positive Addiction, plus many others) would be preserved and continue to be taught. These were the people who gave in a way they wouldn't have and couldn't have given were it not about love" (p. 60). Notably, "the thing Barnes loved most about the training was that Bill Glasser used these ideas to talk about something bigger than just gaining skill. (Truly), it wasn't simply about learning techniques to take back to the workplace. When you heard Bill speak, even then, you couldn't help but hear the message: "These ideas can change the world." (p. 60) In Barnes' estimation, "When Bill said that he was going to change the world, I believed him . . ." (p. 60).

Most importantly, however, was that many, many others who also believed Bill, and as a result William Glasser International is alive and well today, and the journals that we have relied upon since 1981 are still being sent out to the members and friends so that they can be provided with essential advances and insights from our contributors who will continue to do so for the foreseeable future.

The people that Barnes Boffey was so very impressed with, and who he cited in his Keynote address at the WGI-US Conference celebrating 50 years of Reality Therapy, are as follows:

Susie Hallock Bannigan	Alex Bassin	This certainly was a
Sam Buchholz	Ed Ford	Legendary group,
Barbara Garner	Naomi Glasser	who will likely be
Perry Good	Diane Gossen	remembered for
Dick Hawes	Al Katz	their loyalty to
Rose Kim	Brian Lennon	RT/CT and more.
Larry Litwack	Leon Lojk	No doubt, they have
Ann Lutter	Judy McFadden	certainly taught the
Jeanette McDaniel	Doug Naylor	world Choice Theory
Fitz George Peters	Tom Smith	and Reality Therapy…
Doug Walker	Bob Wubbolding	Now it's our turn!

While Barnes Boffey honored Bill Glasser and many of the Founders of Reality Therapy, Barnes should also be recognized for his contributions, too, in the First Fifty Years of Reality Therapy. To Barnes and all those listed above . . . Thanks, for the memories!

TRIBUTE TO AL KATZ, PIONEER OF CHOICE THEORY

Al Katz, born on April 10, 1941, passed away on September 26,2024, leaving behind an immense legacy that shaped the lives of countless individuals. A trailblazer in the field of psychology and a lifelong advocate for Choice Theory, Al's contributions were instrumental in spreading the work of Dr. William Glasser, whose Reality Therapy and Choice Theory have transformed how we understand human behavior.

In the late 1960s, Al began his pioneering work in education and mental health, starting classroom meetings in the Bronx public schools. His approach was rooted in the belief that every individual has the power to choose their actions and take responsibility for their own well-being. As a school psychologist, Al's application of these principles helped hundreds of children and young people navigate life's challenges, ensuring that each one felt seen and heard.

One of the first certified by Dr. Glasser himself, Al was a key figure in bringing Reality Therapy to the East Coast and later served on the inaugural International Board. He and his dear friend, Roger, began hosting workshops at Ladycliff College, with Al earning the respect and admiration of both colleagues and students alike. His leadership extended to chairing the International Conference, where his wisdom and humor were appreciated by many.

Al's ability to distill the complex teachings of Choice Theory into practical, accessible advice made him a beloved educator. His students,colleagues, and those fortunate enough to know him describe his sense of humor and kindness as defining traits. Whether it was his light-hearted jokes or the wisdom he shared with ease, Al had a unique ability to make people feel comfortable, understood, and empowered.

His contributions didn't end at education. Al was also a prolific author and a beloved mentor to a generation of therapists, psychologists, and educators. As Apple Al, he was lovingly described as "better than the Apple support line" for his thoughtful advice and his patience. His sharp wit and remarkable storytelling will be remembered as much as his groundbreaking work.

The words written about Al at one of the International Conferences capture his essence beautifully: "If you could charge one cent for every person who popped you into their quality world, you would be a millionaire today. You have been, and continue to be, inspirational to all of us."

To his family—his cherished children, grand daughters, and son-in-law—Al spoke of you with pride and love. His presence filled lives with warmth, humor, and wisdom, and his loss leaves a chasm that words cannot fill.

Al Katz will be remembered as a visionary thinker, a compassionate human being, and a true friend. His influence will live on in the countless lives he touched, and his legacy will continue to guide those who follow in his footsteps.

Al leaves behind his loving wife Susan, a former elementary school teacher, daughter Julie, son Rob, son-in-law Trevor, grand daughters Matilda and Amelia.

May his memory be a blessing.