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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 350 articles that have appeared in more than 30 professional refereed journals. Dr. Parish and his wife recently served as consultants for the LDS Family Services Group in Independence, MO, and they currently co-own Parish Mental Health and Life Coaching 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!

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Jeri Ellis, Ed.D., Licensed professional counselor in Atlanta, GA, and has also served for many years on the Research Committee for William Glasser International.

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-Hello to one and all—

Question: What have you published lately? Have you submitted anything to *The International Journal of Choice Theory and Reality Therapy? If not, NOW is the best time to do so!* The next deadline for this Journal is February 15, 2026, and our range of topics is broad and very simple. The Journal basically wants YOU to focus upon what's important to you, and to many others too! Truly, HEURISTIC VALUE is the key for you, for me, and for everybody. Just don't forget that Dr. Glasser expects us to teach the entire world Choice Theory, and this is a very important moment in time for all of us to do so. So, send me a manuscript or two, and by all means, encourage others to do so too! Thank you! Tom Parish, Editor, IJCTRT

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 simply go to the following website:
   https://bit.ly/wgi-int-journal
   Notably, there are NO passwords needed, and EVERYTHING that we have published since the inception of the Journal in 2010 can be found 24/7 at this website, without any cost to you.

2. **Incidentally, every five years a topical guide as well as an authors' guide appears in the IJCTRT to provide the reader with summary information regarding what has been published in the Journal within the last five years.** This summary information can be found every five years throughout the sixteen years that the Journal has been in existence and will continue to be published throughout the foreseeable future.

3. **How do you gain access to the past CT/RT journal articles from 1981-2009?**
   To gain access to the **Journal of Reality Therapy (1981-1997), or the International Journal of Reality Therapy (1997-2009), and/or the International Journal of Choice Theory (2006-2008)** the reader merely needs to go to the following website:
   https://msutexas.contentdm.oclc.org/digital/collection/ijrt-archive then under the Links Aera, click on the hyperlink "International Journal of Choice Theory and Reality Therapy," which will take you to the journal page. On this page there will be hyperlinks to abstracts and a form to request a copy of any full article(s), and/or abstract(s) which is (are) available to you free-of-charge. Upon entry, you'll be able to enjoy all of the history regarding Reality Therapy, Choice Theory, Control Theory, Lead Management, and Quality School concepts, plus other ideas and insights from

Wm. Glasser and his associates that were published in these journals over this entire twenty-eight-year period (1981-2009).

4. **Regarding the "Evaluation Criteria for this Journal," all submissions should be in compliance with the following criteria:** Be clearly and concisely written.
   a. Provide Choice Theory/Reality Therapy insights.
   b. Provide heuristic value.
   c. Be broadly applicable.
   d. Be recommended by two or more members of our Editorial Board.

5. **Evaluation criteria for all research-based submissions should be as follows:**
   a. Each study should be deemed to be "internally valid" (i.e., possess solid control of important independent 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., be consistent).
   d. Instrumentation within each study should be deemed to be "valid" (i.e., be consistent or tests what the study seeks to test).
   e. Hypotheses/Questions should be directly/completely stated.

Having read over these guidelines for potential contributors and having studied the criteria for evaluations of their submissions, there are only a few things that you (i.e., the investigator(s) have left to do, i.e., each investigator needs to abide by the following three (3) 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 submission, 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 would deem your submission to be, i.e., "an IDEA/INSIGHT paper." "an INNOVATION paper," "a RESEARCH-BASED REPORT," or "SOME OTHER TYPE of PAPER," e.g., "BOOK REVIEW," "POEM/TRIBUTE," "a WHITE PAPER."

Best wishes to you (and to your co-authors too) in all of your future writing endeavors,
Tom Parish, Ph.D., CTRTC, Editor, *The International Journal of Choice Theory & Reality Therapy*

HELPING COLLEGE STUDENTS TO SUCCEED: USING A CHOICE THEORY FRAMEWORK

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Abstract

This manuscript is about Choice Theory and how higher education professionals can use this paradigm to help college students to enhance their focus in their decision-making and implement basic strategies to bring about change. Faculty members play key roles in successful college student retention and degree completion. In addition, they play vital roles in supporting college student mental health, including recognizing and referring students to appropriate resources (American College Health Association, 2015).

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One of the most interesting stages of life that provides an opportunity for students to explore is the 'college phase.' Life at college is the time when the teenage years end and young adults dive deep into the ocean of new beginnings and possibilities. This golden period allows each student to meet different people, interact with them, learn about their cultures, and grow as a person. However, the first year of college often proves to be the most difficult for many undergraduate students (Fogle & Pettijohn, 2013); they seem to encounter a complex landscape of challenges that have the potential to profoundly affect their academic performance, mental health, and overall well-being.

According to Fogle and Pettijohn (2013), college students experience stress from sources such as poor self-care habits, educational demands, daily hassles, and perceived lack of control in various situations. While some studies reported only minor academic-related stressors, most studies found that academic stressors were the major source of stress for college students (Muirhead & Locker 2008; Nicholl & Timmons, 2005; Ong & Cheong, 2016). In addition, dropout rates skyrocket when students feel disconnected and/or overwhelmed (Li, Chen, & Duanmu, 2009).

Regardless of their concerns or the reasons for their concerns, it is important for those who work with undergraduate and graduate students to build the competence necessary to help them succeed. Faculty members play key roles in successful college student retention and degree completion. Also, they play vital roles in supporting college student mental health, including recognizing and referring students to appropriate resources (American College Health Association, 2015). By giving up many of the principles and practices teachers have been using since they began to teach, Dr. Glasser (2008) suggests that they will be able to create a joyful, cooperative environment that will allow them to move from an external control environment, which destroys student-teacher-classroom relationships, to a choice theory environment, that actually connects teachers and students.

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In *Every Student Can Succeed,* Glasser (2008) explains how to reach and teach every student in your school. He suggests implementing reality therapy which is based on choice theory as is explained in several of his books (1998, 2001, 2003). This approach has been effectively applied to schools, parenting issues, and counseling and psychotherapy. It provides a delivery system for helping individuals take more effective control of their lives.

In 1967, Dr. Glasser founded the Institute for Reality Therapy for the purpose of teaching this theory. He proceeded to expand his thinking with the addition of choice theory and applied this theory to almost every aspect of reality therapy. During this time, he also extended the use of choice theory into the schools.

The name of the institute was soon changed to the William Glasser Institute so that anyone interested in his ideas or his applications of his ideas could easily contact him. Over the years, the teaching and training provided by the institute has greatly expanded. The basic effort of the William Glasser Institute today centers on an intensive educational training program for individual professors who want to use his ideas in their work with others. The Institute provides several programs which include a Basic Intensive Week.

Choice Theory

Choice Theory was developed by William Glasser (1998); it explains why and how people function. Choice theory teaches that we are born with and motivated by five genetically encoded basic needs that drive us all our lives (Glasser, 1998). These needs are survival, love and belonging, freedom or independence, power or achievement, and fun. Depending upon the individual, these needs vary in strength; however, each person has all five. According to this approach, soon after birth and continuing throughout life, individuals store information inside their minds and build a file of "wants" called the Quality *World*. This world is completely based on our wants and personal needs, and these are very specific to each individual. This somewhat imaginary world consists of specific images of people, activities, beliefs, events, situations, and possessions that fulfill our needs (Wubbolding, 2000, 2011a).

People are the most important component of the *Quality World,* and these are the individuals that clients care about and want most to have a relationship with. Choice theory explains that everything we do is chosen and every behavior is our best attempt to get what we want to satisfy one or more of our basic needs (Glasser, 2001). For therapy *to* be successful, the therapist must be the kind of person the client would consider putting in his/her *Quality World* (Glasser, 2001).

Choice theory practitioners stress the importance of the therapeutic relationship which is the foundation for effective counseling outcomes (Wubbolding & Brickell, 1999). The atmosphere is one of firmness and friendliness (Wubbolding, 2000). Choice theory counselors are usually able to develop effective therapeutic relationships with students because they possess the personal qualities of warmth, congruence, sincerity, acceptance, understanding, concern, openness, and respect for the individual (Corey, 2009). They use attending behaviors, listening skills, suspension of client judgment, facilitative self-disclosure, summarizing, and focusing to create the type of climate that leads to client participation (Wubbolding, 2000). The artful integration of these skills is paramount to a trusting and supportive relationship between the professional and the client/student.

Choice Theory teaches that total behavior is made up of four distinct components – acting, thinking, feeling, and physiology – that impact all of our thoughts, feelings, and actions. Although this theoretical approach emphasizes thinking and acting, the primary emphasis is on what the client is doing and how the doing component influences the other components of total behavior. Behavior is purposeful; it is designed to close the gap between what we

want and what we perceive we are getting. Our behaviors come from within, therefore, we choose our destiny.

Reality Therapy

Reality Therapy is a method of counseling and psychotherapy that was developed by William Glasser (1965); it is based on Choice Theory principles. It has been effectively applied to P-12 schools (Glasser, 1990c, 1993), parenting (Glasser, 2002) and counseling and psychotherapy (Wubbolding, 2000, 2004; Wubbolding & Brickell, 1999). This approach has been taught and is now being practiced in the United States, Canada, Korea, Japan, Singapore, the United Kingdom, Norway, Israel, Ireland, Germany, Spain, Slovenia, Croatia, Italy, Columbia, Kuwait, Russia, Australia, New Zealand, and Hong Kong (Wubbolding, 2000).

Reality Therapy emphasizes the significance of the therapeutic relationship (Wubbolding & Brickell, 1999). Client relationships are enhanced when counselors eliminate the seven "deadly habits" of criticizing, blaming, complaining, threatening, punishing, nagging, and rewarding for control. These toxins must be replaced with the seven "caring habits" of supporting, encouraging, listening, accepting, trusting, respecting, and negotiating differences. Good student–teacher-classroom relationships are important; in addition, they are also necessary for effective counseling outcomes.

The atmosphere in any setting must be one of friendliness and firmness; therapists/teachers establish this by involving, encouraging, and supporting clients/students. This interaction helps to build trust. It is through this relationship with the therapist that individuals begin to drop their defenses and learn from them.

The acronym WDEP was developed by Wubbolding (2000); it is a pedagogical tool that is useful for understanding and teaching the concepts of Reality Therapy to clients and students. Each letter represents a cluster of appropriate skills and techniques for assisting clients to take better control of their lives and thereby fulfill their needs in ways that are satisfying to them and to society. Wubbolding has expressed these elements in a way that makes them easy to remember, for instance: W=wants, needs, and perceptions; D=direction and doing; E=self-evaluation; and P=planning. The art of counseling is to weave these components together in ways that lead clients to evaluate their own lives and to decide whether or not to move in more effective directions.

Reality Therapy has been used in virtually every kind of setting from private practice to prisons; moreover, this method of counseling is applied to individual, group, and family therapy. Regardless of the setting, the goal or desired outcome for Reality Therapy is a change in behavior resulting in need satisfaction and greater happiness. Therefore, the procedures are the same for individuals in various settings. For example, when working with college students who are experiencing anxiety because of academic problems, a certified reality therapist would attempt first to develop positive relationships with the students. When this has been achieved, by means of skillful questioning, the therapist would move to the WDEP procedures and use them as a guide.

Circle-Ups

As soon as it seems appropriate, college professors can introduce their students to the idea of *Circle-Ups* by involving the whole class in planned discussions. These discussions can be used to help solve personal, class, or school problems. This is a powerful tool that is not used nearly enough (Glasser, 2008). Perhaps the real power of *Circle-Ups* is not to talk specifically about problems but to prevent them by talking about anything that is interesting. This is what gets students connected. They usually like to talk, and they tend to enjoy the attention.

Teach students how the system works by explaining that the only person you can control is yourself so each person in the *Circle-Up* is responsible for deciding what he or she will do to solve their problem regardless to what others think. Tell them that everyone will respect everyone and only one person will speak at a time. Learning this form of negotiating will become a useful lifelong skill for most students.

Do not be concerned that *Circle-Ups* will require too much class time; the amount of time involved is worth the effort. The *Circle-Up* is a powerful communal learning tool that gives students practice in speaking and listening while fulfilling the need for belonging and connecting (Glasser, 2008). Positive relationships are vital. It is important to note that most students do not work in your classroom because they think an education is valuable for them; they work in your classroom because they like you and they see the sense in what you are trying to teach (Glasser, 2008).

To be effective with college students, professors must possess the personal choice theory qualities of warmth, sincerity, congruence, understanding, acceptance, openness, concern, and respect for the individual (Corey, 2017). They must teach students to use choice theory in their lives and in their work at school. Choice Theory teaches that we choose all that we do and we are responsible for what we choose. This means that we choose both our misery and our happiness. Either way, then, it's always "your choice."

To begin the first *Circle-Up,* ask students to arrange their chairs in a circle; tell them some things about yourself, what you do, and why. Then, ask members of the class to introduce themselves. Regardless of the nature of the course you are teaching, this is your opportunity to teach students that the whole class is responsible for helping everyone with problems/concerns that arise in class and even out of class. Tell them, if we teach that this country is a democracy, then it is important that we practice it in our class as well as in our lives. A democracy is like a family with people helping each other when help is needed; this class, therefore, is like our family.

Notice, I could have arranged the chairs in the circle before you arrived and designated specific seats for each of you but I thought it would be better for us to do this together. Even though I did not mention this earlier, this is a *Circle-Up*. This is your class as much as it is mine. The more you bring things up for discussion, the more we will be able to help one another. We will start our class at this time and plan to do a second *Circle-Up* at the beginning of the next class meeting.

At the beginning of the second *Circle-Up,* introduce the WDEP system. This system is a pedagogical tool useful for understanding and teaching the concepts to students. It is easy to follow. Each letter in the system represents a cluster of possible skills and techniques for assisting individuals to take better control of their lives and thereby fulfill their needs in ways that are satisfying to them and to society.

W=Wants, Needs, and Perceptions

Ask volunteers to start the discussion by talking about what they want or need help with. Continue the discussion until each student has had the opportunity to participate. Allow students to discuss what they have heard and tell them that we will discuss the area of "doing and direction" during our next *Circle-Up.* Be sensitive to students who are reluctant to talk; sit next to them in the circle and encourage them to get involved. Do not pressure students. Some may sit quietly, participating little during the whole semester yet get a lot out of the process. For most of them, the idea that they have learned something in class that is relevant and useful outside of class will be a very positive revelation.

D=Direction and Doing

When the students have arranged the *Circle-Up*, tell them that last week we discussed our "wants" and "needs" and today we will discuss what we are "doing" and the "direction" this is leading us in. Encourage involvement from all and respect for all. Present ideas for consideration when necessary. Ask students if their current behavior is leading them in the direction that they might want to be in a month, a year, or two years. The focus at this time must be on helping students to increase their awareness of what their choices look like from a distance. Reality Therapy focuses on gaining awareness of and changing current behavior.

E=Self Evaluation

After exploring wants, needs, and perceptions; and discussing direction and doing; the "self-evaluation" is the next step. The self-evaluation is the cornerstone of the WDEP system and the basis of change. Students are asked to describe their behavior, wants, perceptions, and levels of commitment and then to make judgments about them. Through questioning from the professor and comments from classmates, students are helped to determine if what they are doing is helping them and leading them in the directions they want their lives to go as they work toward reaching their goals. After a rigorous discussion, students are generally ready to explore other possible behaviors and formulate plans for action.

P=Planning

During this *Circle-Up,* students are helped to formulate structured plans for change. The process of developing and carrying out plans enables students to begin to gain effective control of their lives. Wubbolding (2000) uses the acronym SAMIC to capture the essence of an effective plan: simple, attainable, measurable, immediate, involved, consistent, committed to, and controlled by the student. The most effective plans originate within students and should be stated in terms of what the students are willing to do. They should be flexible and open to revision as students gain a deeper understanding of the specific behaviors they want to change.

Students should be encouraged to put their plans in writing and *Circle-Ups* should be scheduled periodically through the semester to see how students are doing. Always listen when students want to talk. The more sensitive you are to students who need help, the easier your job is going to be. You have chosen one of the most difficult human relations jobs that there are. Nothing comes close to what is required for professors to create the relationships they need to be effective with teaching first-year college students and helping them to succeed by making more effective and responsible choices related to their wants and needs.

Conclusions

Findings from a study by Fogle and Pettijohn (2013) suggest that the first year of college often proves to be the most difficult for many undergraduate students. They seem to encounter a landscape of challenges that have the potential to profoundly affect their academic performance, mental health, and overall well-being. While some studies reported only minor academic-related stressors, most studies found that academic stressors were the major source of stress for college students (Muirhead & Locker, 2008; Nicholl & Timmons, 2005; Ong & Cheong, 2016). In addition, dropout rates skyrocket when students feel disconnected and/or overwhelmed (Li, Chen, & Duanmu, 2009).

Along those lines, in *Every Student Can Succeed,* Glasser (2008) explains how to reach and teach every student in your school. He suggests that by giving up many of the principles and practices teachers have been using since they began to teach, they will be able to create a joyful, cooperative environment that will allow them to move from an external

control environment, which destroys student-teacher-classroom relationships, to a choice theory environment, which connects teachers and students.

Considering the seriousness of the difficulties first-year college students encounter, it seems reasonable to recommend that universities provide the Basic Intensive Week training for professors who teach first-year college students. Reality Therapy, which is based on Choice Theory, provides the delivery system for helping individuals take more effective control of their lives; therapy consists mainly of helping students make more effective choices as they deal with the people and situations in their lives. The William Glasser Institute employs user-friendly, choice-theory trained professionals, and the instruction is by explanation and demonstration.

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Brief Bios—

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Rebuilding Belonging and Agency in Adult Basic Education: A Choice Theory/Reality Therapy Lens

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Abstract:

Many adults who return to Adult Basic Education (ABE) carry adverse school experiences that undermined belonging, agency, and competence. Guided by Choice Theory/Reality Therapy (CT/RT), this qualitative study explores how rural ABE learners make sense of earlier K–12 adversity and current supports. Twelve learners enrolled across four campuses participated in semi-structured interviews with member checking. Using reflexive thematic analysis, we identified patterns in remembered external-control schooling and current needs-satisfying conditions in ABE. Themes included: (1) rebuilding belonging and safety after exclusion; (2) moving from "can't" to competence/power through accommodations and instruction; (3) autonomy and collaborative planning as antidotes to coercion; (4) restoring fun and relevance to learning; and (5) stability and practical supports (e.g., childcare, finances, mental health) that make engagement possible. We summarize these links in a table, mapping common adverse experiences to unmet CT needs and CT/RT-aligned ABE practices. Findings suggest that ABE contexts prioritizing relationship-centered teaching, timely assessment and accommodations, autonomy support (e.g., WDEP), culturally responsive materials, and practical wrap-around supports help reorganize learners' "total behaviour" toward effective, self-directed study. We discuss implications for instructors and program leaders seeking to design needs-satisfying classrooms that counter prior external-control harms and improve persistence and outcomes.

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Over 5.3 million students attend K–12 public schools in Canada each year (Statistics Canada, 2025). Public education aspires to provide equitable learning experiences for all students (Hutchinson & Specht, 2020). Although provincial systems vary, most students receive regular curricular programming, some receive adaptations and accommodations, and others receive individualized or modified programming. Just over 20% of Canadian youth aged 15 to 24 report having one or more disabilities in 2022, up from approximately 13% in 2017, suggesting a growing prevalence of specialized support needs (Statistics Canada, 2025a)

Too often, many students encounter adversity in school. These distressing or disturbing experiences occur within classrooms, peer groups, and school systems. Adverse school experiences can be understood as a subset of Adverse Childhood Experiences (ACEs) and have been linked to academic difficulties and premature school leaving (Morrow & Villodas, 2018; Perfect et al., 2016). While the literature increasingly acknowledges that schooling itself can be a site of trauma, relatively little research has focused on specifying the types of adverse experiences that occur within schools (Lambert, 2020).

Despite improvements, high school non-completion persists. For the cohort beginning Grade 10 in 2015/2016, only about 81% graduated on time by 2019/2020—implying a 19% non-completion rate within three years (Statistics Canada, 2022). Commonly reported reasons include boredom, poor attendance, problematic teacher or peer relationships, and

unmet mental health needs (Bridgeland et al., 2006). Many individuals later seek to re-engage with education to complete credentials, navigate life transitions, pursue self-improvement, or address a sense of unfinished business (Madden, 2022). Our research group has examined prior school experiences among adults and their later efforts to re-enter schooling or employment (Barker, 2022; Chisholm, 2022; Madden, 2022; Nagy, 2022). For many, the first step in returning to learning is Adult Basic Education (ABE) to build foundational literacy, complete secondary credits, or prepare to challenge the General Educational Development (GED) examinations. Adult basic learners remain under-represented in the literature compared to postsecondary populations (Pauly, 2019); this study helps address that gap.

Guiding this work is Choice Theory/Reality Therapy (CT/RT), which emphasizes internal control, needs satisfaction, and high-quality relationships as foundations for engagement and change (Glasser, 1997; Wubbolding, 2015). From a CT/RT perspective, many adverse school experiences reflect external-control practices (e.g., coercive discipline, low expectations, discriminatory climates) that frustrate basic psychological needs and undermine learner agency. Conversely, ABE environments that prioritize needs-satisfying conditions—belonging, competence/power, freedom, fun, and survival/safety, may foster re-engagement and success.

Purpose and research questions. The purpose of this qualitative study was to explore (a) common incidents of academic trauma experienced among adult learners from rural areas, (b) recalled experiences of inclusive education in K–12, (c) reasons or experiences that led to ABE enrolment, and (d) supports within regional college systems that facilitate success for adult learners with histories of academic trauma. Framed by CT/RT, we interpret these experiences with attention to how prior external-control schooling may have frustrated basic needs and how current ABE contexts may (or may not) provide needs-satisfying conditions through relationship, autonomy, competence, and culturally responsive practice (Glasser, 1997; Wubbolding, 2015).

Literature Review

Adult Basic Education (ABE) in rural contexts. ABE programs provide pathways for adults returning to education to complete secondary credentials, strengthen foundational skills, and re-enter training or employment. Rural contexts add distinct challenges, including limited program choice, transportation barriers, and constrained services, while also intersecting with equity considerations for Indigenous learners and learners with disabilities. Canadian data on non-completion and labour-market impacts underscore the stakes for adults without a high school diploma (Statistics Canada, 2015; Uppal, 2017). Prior qualitative work with returning learners highlights motivations such as credential attainment, self-determination, and life-transition goals (Barker, 2022; Barker et al., 2023; Madden, 2022).

Adverse school experiences and "academic trauma." Adverse school experiences span bullying and peer victimization, discriminatory practices, harsh or inequitable discipline, inadequate accommodations, frequent school changes, under-resourced instruction, large classes, and language barriers. Such experiences are associated with diminished belonging, avoidance of school spaces, and disengagement that can persist into adulthood (Bridgeland et al., 2006; Perfect et al., 2016). Reviews of school-related outcomes following traumatic event exposure document broad effects on attendance, achievement, and engagement (Perfect et al., 2016). Work on reconnected youth similarly points to the importance of

supportive contexts in overcoming prior adversity (Pan et al., 2017; Webb et al., 2022). Despite growing recognition that trauma can occur within school settings, scholars note the need for more precise identification of in-school experiences that contribute to long-term educational harm (Lambert, 2020; Morrow & Villodas, 2018).

Inclusive education as remembered by adult learners. Inclusive education encompasses high expectations, individualized supports, accommodations, culturally responsive teaching, and relationships that convey "*mattering*." Adults' retrospective accounts often foreground whether they felt seen, supported, and capable in earlier schooling, with exclusionary experiences leaving durable imprints on self-concept and help-seeking (Hutchinson & Specht, 2020; Nelson-Barber & Johnson, 2016). Strengths-based approaches in schools have been associated with improved engagement for students with diverse learning needs (Climie et al., 2019; Climie & Mastoras, 2015).

Choice Theory & Reality Therapy (CT/RT) as a guiding framework in ABE. Choice Theory posits that behaviour is internally motivated to satisfy five basic needs: survival/safety, love and belonging, power/competence, freedom, and fun (Glasser, 1998). Individuals carry "quality world" pictures (i.e., valued people, activities, and beliefs) that they strive to realize; distress emerges when lived realities thwart these pictures (Brandt, 1988; Cockrum, 1989; Glasser, 1997, 2000). Total behaviour integrates acting, thinking, feeling, and physiology; when behaviours fail to satisfy needs, people reorganize and try alternative behaviours (Glasser, 1998). Reality Therapy operationalizes these ideas through a strong therapeutic relationship and the WDEP cycle (wants, doing, evaluation, planning) to support effective, needs-satisfying choices (Wubbolding, 2015).

In schools, CT/RT contrasts internal-control, relationship-centred practices with external-control approaches (coercion, punishment). Glasser argued that many schools neglect belonging while over-relying on external control that undermines motivation and responsible choice (Brandt, 1988; Cockrum, 1989; Glasser, 1997, 2000). Contemporary studies align with this emphasis on needs satisfaction: meeting learners' basic psychological needs is associated with greater engagement and lower frustration (Buzzai et al., 2021). For adults who experienced prior school adversity, CT/RT suggests that rebuilding belonging and agency within ABE may be especially critical.

CT/RT with adult learners and in higher/continuing education. Beyond K–12, CT/RT principles have been applied internationally in group and individual interventions with adult learners, showing benefits for motivation, self-regulation, and well-being (Glasser, 1997, 1998, 2000; Wubbolding, 2015). Recent evaluations report positive effects of reality therapy approaches in postsecondary and adult education contexts outside North America (e.g., Indonesia, Malaysia), reinforcing the cross-cultural applicability of needs-satisfying, internal-control frameworks (Nurjanah et al., 2020; Wahyuningtyas, 2024; Wubbolding, 2015). While not specific to ABE, this literature supports the plausibility that CT/RT-aligned practices (e.g., collaborative planning, autonomy support, relationship-building) can mitigate the lingering effects of adverse school experiences in adult classrooms.

Supports and barriers within regional college systems. For re-engaging adults, key supports include positive teacher–student relationships, small class sizes, individualized instruction, tutoring, flexible delivery, mental health support, childcare, financial aid, accommodations (often following assessment), and clear pathways to employment or further training (Barker, 2022; Madden, 2022; Nagy, 2022). Barriers may include experiences of being "othered" (e.g., by age, cultural identity, social status), culturally

dated materials, and financial strain. From a CT/RT lens, supports that directly satisfy belonging, competence/power, freedom, and fun, while ensuring survival/safety, are theorized to enhance engagement and persistence (Glasser, 1998; Wubbolding, 2015).

Summary and positioning. Taken together, the literature suggests that (a) adverse school experiences contribute to long-term disengagement; (b) remembered inclusion and relationships matter profoundly; and (c) CT/RT offers a coherent framework for designing needs-satisfying adult learning environments that counteract external-control harms. Yet qualitative, first-voice accounts of rural ABE learners interpreted explicitly through a CT/RT lens remain scarce. The present study addresses this gap by examining adverse K–12 experiences, reasons for ABE enrolment, and ABE supports within a rural regional college system.

Research Method

Design and approach. We used a qualitative, constructivist design to explore adult learners' recalled K–12 experiences and current ABE contexts. A constructivist approach privileges participants' accounts as they have come to understand them and is well-suited to making sense of diverse school histories and supports (Creswell & Creswell, 2018). We employed reflexive thematic analysis to identify patterned meanings across accounts, moving from initial inductive codes to more interpretive, CT/RT-informed themes (Braun et al., 2022; Braun & Clarke, 2006; Clarke & Braun, 2017). We explored the following research questions:

1. What common incidents of academic trauma were experienced among adult learners from rural areas?

2. What were adult learners' recalled experiences of inclusive education in K–12?

3. What reasons or experiences led learners to enroll in ABE?

4. What supports within regional college systems facilitated success among adult learners who have experienced academic trauma?

This analysis draws on a broader dataset from which multiple manuscripts have been developed (Barker, 2022; Barker et al., 2023; Chisholm, 2022; Madden, 2022). While the wider study explored several research questions regarding adult learners' K–12 experiences and ABE contexts, the present paper focuses selectively on findings interpreted through the CT/RT framework.

Setting, participants, and sampling. Participants were adults enrolled in ABE programmes at a rural regional college. We used purposive sampling to ensure coverage across multiple campuses and to include groups of interest (e.g., Indigenous learners; learners with identified disabilities), with snowball sampling to reach additional participants (Gall et al., 2007). Recruitment occurred via student email, advisors, and ABE instructors.

Data collection. We conducted semi-structured interviews of approximately 60 minutes, with follow-up conversations as needed. Interviews invited participants to describe adverse K–12 experiences, experiences of inclusion/exclusion, pathways into ABE, and current supports/barriers. Interviews were audio-recorded and transcribed verbatim. Participants had the opportunity to review and amend their transcripts (member checking) before analysis.

Data management and analysis. Transcripts and any written feedback were imported into NVivo 11 for organization and coding. Analysis followed Braun and Clarke's (2006) phases: familiarization; initial coding; searching for themes; reviewing themes; defining/naming themes; and producing the report. Coding began inductively from the data and then incorporated a CT/RT analytic lens as sensitizing concepts to aid interpretation and theme refinement. Specifically, we examined how accounts reflected:

- Basic needs (survival, love and belonging, power, freedom, fun),

- Internal vs. external control dynamics,

- Quality world pictures and their frustration or fulfilment, and

- Patterns in total behaviour (acting, thinking, feeling, physiology) in response to school contexts (Glasser, 1998; Wubbolding, 2015).

To aid transparency for the Results section, we prepared a summary table mapping adverse experiences to likely unmet CT needs and to CT/RT-aligned ABE practices (see Table 1 in results), which we use as an organizing device when presenting themes.

Reflexivity and trustworthiness. The research team approached analysis aware that professional experiences in schools and adult education, and prior use of CT/RT, could shape interpretation. We maintained an audit trail of coding decisions, held periodic peer debriefs, and documented theme development. Member checking (transcript review) supported credibility. Transferability is addressed through rich description of setting and participants.

Ethical considerations. Participation was voluntary with informed consent obtained prior to interviews. Identifying details were removed from transcripts and pseudonyms are used when quoting participants. Ethics approval was secured from the lead authors' institutional Research Ethics Board prior to data collection.6

Results

Participants. Data were collected in March 2022. Twelve participants enrolled in ABE at a rural regional college took part. Participants ranged in age from 18 to 47 years (M = 29.0, SD = 8.7) and were recruited from four campuses in the regional college system. Time between leaving K–12 and enrolling in ABE ranged from 1 to 37 years (M = 11.5, SD = 10.9). Within the sample, 75% (n = 9) identified as female, 41.7% (n = 5) identified as Indigenous, 33.3% (n = 4) identified as members of a visible minority group, and 41.7% (n = 5) identified as having a disability.

Descriptive overview of participant accounts (prior to CT/RT interpretation). Consistent with our constructivist design, we first summarize participants' accounts to provide descriptive context for the subsequent CT/RT-informed analysis.

Recalled adverse experiences in K–12. Participants described a range of adverse experiences in school, including: bullying; difficult or acrimonious teacher relationships; discrimination (including racism); severe or inequitable discipline; lack of accommodations for disabilities; home-life challenges that affected schooling; poor instructional experiences; limited teacher expertise in subject matter and/or inclusive practices; few course or program options in rural schools; frequent changes of school; large class sizes; limited family support for education; language barriers; and discouragement of independent thought or creative expression.

Recalled supports in K–12. Alongside adversity, some participants recalled supports that helped them cope or progress, including: positive peer relationships; positive teacher relationships; opportunities for additional teacher time; safe physical learning environments; teachers who "noticed" individuality; culturally competent teaching; high expectations; and the provision of accommodations.

ABE context: barriers and supports. Within ABE, participants identified few barriers relative to supports. Reported barriers included: feeling "othered" due to age, race, or social status; dated or culturally insensitive curricular materials (particularly in depictions of Indigenous peoples); and financial stressors. Reported supports included: positive peer supports; individualized instructional engagement; access to mental health support; childcare supports; positive teacher relationships; financial supports; provision of psychological assessments and formal accommodations; small class sizes; tutoring; connections to employment or further training; flexibility in response to student circumstances; online communication and teaching support; and positive physical learning environments.

Participant recommendations for ABE programs. Participants recommended continuing to recruit and retain high-quality instructors, improving access to childcare, expanding mental health supports, and taking time to learn about the individual needs of students.

CT/RT Informed Themes

Guided by the CT/RT lens, we organized themes around patterns of needs frustration in prior K–12 schooling and needs satisfaction in current ABE contexts, alongside shifts from external control to internal control. Below, each theme integrates participants' descriptive accounts with CT/RT concepts (Glasser, 1998; Wubbolding, 2015) and is described in Table 1.

Table 1: Mapping common adverse school experiences to unmet CT needs and CT/RT-aligned ABE practices

Adverse school experience (K–12)	Likely unmet CT need(s)	CT/RT framing	CT/RT-aligned ABE practice examples
Bullying; peer victimization	Belonging; survival; power	External control and unsafe peer climate thwart quality world pictures of safety/acceptance	Relationship-centred advising; small cohorts; behaviour norming work; explicit belonging practices (Glasser, 1998; Wubbolding, 2015)
Discrimination/racism	Belonging; power	Devaluation undermines agency and mattering	Culturally responsive materials; anti-bias pedagogy; co-created class agreements; community partnerships (Nelson-Barber & Johnson, 2016)

Harsh/inequitable discipline	Freedom; power; belonging	Coercion breeds resistance; shifts locus to external control	Collaborative problem-solving; WDEP-based planning; restorative approaches (Glasser, 1997; Wubbolding, 2015)
Inadequate accommodations	Power/competence; belonging	Barriers signal "you don't/can't belong"	Timely assessment; formal accommodations; UDL-aligned adjustments; strengths-based feedback (Climie, 2015)
Poor instruction; large classes; limited teacher expertise	Power/competence; fun	Low mastery and low enjoyment reduce engagement	Individualized instruction; tutoring; mastery-oriented feedback; pacing flexibility
Frequent school changes; instability	Belonging; survival; power	Disrupted relationships and routines	Cohort-based supports; proactive onboarding; clear pathways to credentials
Language barriers	Power/competence; belonging	Communication barriers reduce agency	Bilingual supports; plain-language materials; peer mentoring
Low family support for schooling	Belonging; power	Weak encouragement undermines quality world pictures of achievement	Advisor check-ins; recognition of progress; linking study to learner-defined goals
Discouragement of independent thought/creativity	Freedom; fun; power	Over-control suppresses autonomy	Choice-rich tasks; project-based learning tied to learner goals
Feeling "othered" in ABE (age/race/class)	Belonging; power	Social comparison and stereotype threat	Inclusive orientations; asset-based language; visible representation in curriculum
Culturally dated/insensitive materials	Belonging; power	Curriculum misalignment erodes mattering	Co-selection of texts; local Indigenous and community voices (Nelson-Barber & Johnson, 2016)
Financial barriers	Survival; power	Resource scarcity competes with study	Emergency bursaries; flexible scheduling; work-integrated options

Rebuilding Belonging and Safety after exclusion. Across accounts, bullying, discriminatory incidents (including racism), and harsh or inequitable discipline in K–12 produced durable signals of *not belonging* and *not being safe*. These experiences align with frustration of the love/belonging and survival/safety needs and are characteristic of external-control climates. In ABE, participants consistently described relationship-centered classrooms, smaller cohorts, and physically/psychologically safer spaces that restored a sense of mattering. Intentional instructor availability and positive peer norms appeared to be pivotal relational levers for re-engagement.

From "can't" to competence/power—the role of accommodations and instruction. Reports of inadequate accommodations, poor instruction, and limited teacher expertise in K–12 mapped onto frustration of the power/competence need and were often linked to feelings of incapability. In contrast, ABE supports (e.g., timely assessment, formal accommodations, tutoring, and individualized instruction) were described as enabling mastery experiences and recognition, thus meeting the power/competence need. Mastery-oriented feedback and pacing flexibility also supported fun through success experiences.

Freedom and autonomy as antidotes to coercion. External-control practices in K–12 (rigid rules, punitive responses) were remembered as undermining agency and provoking resistance (a classic freedom-need frustration). ABE's flexibility (e.g., modality options, scheduling accommodations, online communication), collaborative problem-solving, and intentional goal-setting resembled Reality Therapy's WDEP focus on wants-doing-evaluation-planning. These autonomy-supportive conditions were associated with renewed ownership of learning and persistence.

Restoring fun and relevance to learning. K–12 climates that discouraged creativity or independent thinking were remembered as joy-depleting. In ABE, participants highlighted engaging, relevant tasks, supportive peers, and encouraging instructors. These conditions satisfied the need for fun, and made daily engagement more sustainable. Relevance to employment or further training further tied learning to participants' *quality world* pictures (valued people/activities/goals), strengthening motivation.

Stability and practical supports make learning possible. For several participants, financial stressors and childcare demands competed with study (survival needs). ABE's practical supports (childcare, financial aid, mental health services) reduced threat, allowing attention and effort to shift to learning. Where such supports were thin or curricula were culturally dated (e.g., depictions of Indigenous peoples), belonging and power were again undermined. This highlights that needs-satisfying conditions must be comprehensive, not only instructional.

Repairing the learner's quality world relationship with school. Taken together, these themes suggest that adult learners' quality world pictures of "school that fits" had been disrupted by earlier external-control experiences. In ABE, when conditions satisfied belonging, competence/power, freedom, fun, and survival, participants described renewed willingness to act, think, and feel in ways consistent with successful learning—an instance of total behaviour reorganizing toward effective choice (Glasser, 1998). Variations remain: a minority of accounts noted feeling "othered" in ABE (age/identity/class) or encountering culturally insensitive materials, signaling persistent barriers to needs satisfaction that programs should address.

Discussion

This study extends understanding of how adults returning to ABE make sense of earlier school adversity and current supports. Interpreted through CT/RT, participants' accounts portray prior K–12 environments marked by external control (coercive discipline, limited autonomy, low expectations, discriminatory climates) that frustrated basic needs—especially belonging/safety, power/competence, and freedom. In contrast, present-day ABE settings more often provided needs-satisfying conditions (e.g., relationship-centered teaching, individualized instruction, flexibility, and practical supports) associated with renewed engagement.

Affective relationships remained central in memory. Experiences of feeling unwanted, irrelevant, unaccommodated, or harshly disciplined were salient years later and often shaped help-seeking and trust in educational institutions. All participants who identified as visible minorities recalled at least one incident of racism or discrimination (from peers or educators), which was tied to avoidance of school spaces. These patterns underscore the continuing necessity of anti-racist practice and culturally responsive pedagogy in K–12 and adult settings. Teacher capacity also emerged as pivotal: when teachers demonstrated subject-matter competence, inclusive practice, and had reasonable class sizes and supports, students' experiences shifted markedly toward mastery and belonging. From a CT/RT standpoint, the contrast is predictable: external-control strategies undermine agency and belonging, whereas internal-control, relationship-first approaches enable effective choice and persistence (Glasser, 1998; Wubbolding, 2015).

Implications for CT/RT-informed ABE practice

Building on these findings, we highlight practical strategies for applying CT/RT principles within adult basic education (ABE). The following recommendations are organized at two levels: guidance for instructors and advisors who work directly with learners, and considerations for program leaders and policymakers who shape institutional conditions. Together, these implications illustrate how CT/RT can be operationalized in everyday practice to better meet learners' needs and foster success in ABE contexts.

For instructors and advisors

- Lead with relationship and belonging: predictable availability, explicit norms for safety and respect, and intentional peer-to-peer support.

- Use a brief needs-check to surface which CT needs are most salient for each learner (belonging, power, freedom, fun, survival) and adjust supports accordingly.

- Structure advising and problem-solving with WDEP (wants, doing, evaluation, planning): co-create plans that maximize autonomy and competence while ensuring safety.

- Prioritize timely assessment and accommodations; pair with mastery-oriented feedback, tutoring, and pacing flexibility to rebuild a sense of competence.

- Review materials for cultural responsiveness; replace dated or stereotyped content, particularly regarding Indigenous peoples; include local voices and contexts.

For program leaders and policy

- Map common adversities to unmet needs and ensure corresponding CT/RT-aligned supports are in place.

- Invest in teacher capacity: sustained professional learning in inclusive pedagogy, CT/RT-aligned classroom practice, and anti-racist education; aim for smaller class sizes.

- Reduce non-instructional load that competes with relationship-building and feedback.

- Embed practical supports (childcare, mental health services, financial aid navigation) that stabilize survival/safety needs so learners can engage academically.

- Establish feedback loops with learners to monitor belonging, autonomy, and competence across the term.

Limitations. Findings reflect a small, purposive sample (N = 12) in one rural regional college system; transferability to other contexts may be limited. Data are retrospective and self-reported; recall bias is possible. Given the scope of this study, we present aggregated patterns without verbatim quotations, which may limit nuance. As a constructivist, qualitative study, results are interpretive and shaped by researcher positionality; however, member checking, an audit trail, and peer debriefing supported credibility. Finally, data were collected in March 2022; contextual factors specific to that period may have influenced experiences.

Future directions. Future work could: (1) expand sampling across additional rural and urban ABE sites to examine contextual variation; (2) incorporate de-identified quotes and participant-validated theme narratives to deepen first-voice accounts; (3) partner with Indigenous communities and advisory councils to co-design culturally grounded supports; (4) test CT/RT-aligned interventions (e.g., instructor training in WDEP-based advising, relationship-first classroom routines) using mixed-methods designs to track engagement, persistence, and well-being; and (5) evaluate curricular reviews for anti-racist and culturally responsive content, including learner-reported belonging and competence.

Conclusion

For adults returning to learning, ABE can function as a needs-satisfying alternative to earlier external-control schooling. When programs prioritize belonging and safety, rebuild competence through accommodations and instruction, honor autonomy and choice, and restore joy and relevance, learners describe reorganizing their total behaviour toward effective, self-directed study. A CT/RT lens clarifies both the mechanisms of harm in prior schooling and the levers for repair in adult education. Strengthening relationship-centered, autonomy-supportive, and culturally responsive practice—while attending to practical supports—offers a coherent path to improved persistence and outcomes (Glasser, 1998; Wubbolding, 2015). Future ABE initiatives informed by CT/RT principles can play a pivotal role in countering external control harms and fostering persistence.

Brief Bio –

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THE APPLICATION of REALITY THERAPY and CHOICE THEORY in COUNSELING INTERNATIONAL STUDENTS

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Abstract

International students enrolled in colleges in the United States face unique challenges throughout their studies. Among these challenges is psychological well-being, which is one of the essential components necessary for students to succeed. Reality Therapy, with its foundation in the concepts of Choice Theory, is one of the critical counseling approaches that are useful to foster students' well-being by assisting clients to manage their emotions, thoughts, actions, and behavior through their choices. These choices help clients to reach fulfillment of their five needs, including survival, love and belonging, power, freedom, and fun. In this article, psychological well-being and international students' struggles, such as academic challenges, differences in cultural background, and adjustment concerns, are discussed through a literature review. The authors then provide useful information for counselors working with international students, explaining how Reality Therapy and Choice Theory can aid in improving the well-being of international students and how this approach can be adapted to mitigate their adjustment problems.

Keywords: international students, psychological wellbeing, reality therapy

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Literature Review

Psychological Well-being

Psychological well-being is defined as a network of related constructs that refer to an individual's subjective experience of flourishing and as a term that refers to one's optimal psychological functioning and general experience of well-being (Ryan & Deci, 2001). Ryff's (1989) research, for example, identified indicators of psychological well-being as "feeling competent, that one is able to meet the demands offered by one's social environment (e.g., school or work), self-determined decision making, satisfying interpersonal relationships, purpose in life, and self-acceptance" (Schwartz et al., 2013, p. 302).

A review of prior studies of student well-being has shown many different theoretical explanations of what optimal functioning means and the constituent parts. One branch of study of psychological well-being has been conducted under the theoretical framework of *hedonic* well-being. Hedonic well-being refers to a person's subjective experience of pleasure and happiness, a conceptualization that dates to the time of ancient philosophers (e.g., Aristippus, fourth century B.C.; in Ryan & Deci, 2001). More recently, researchers argued that an individual's well-being is more than just experiencing happiness (Shafaei et al., 2019; Waterman, 1993). As a result of this research, investigations of well-being now have a branch in literature under a *eudaimonic* theoretical framework. This framework proposed that people have specific goals and values in line with their 'true self' and that people are motivated to actualize goals and values in their everyday lives (Waterman, 1993). Currently, researchers have expanded the notion of subjective well-being under the broader term of *psychological well-being*. Therefore, psychological well-being is now defined as a network of related constructs that refer to an individual's subjective experience of

flourishing (Diener & Lucas, 1999; Gulacti, 2014; Ryan & Deci, 2001; Sheu et al., 2014; Waterman, 1993).

A particularly rich strand of research related to psychological well-being has begun to evolve in the disciplines of counseling and related mental health professions (Shafaei et al., 2019). This is because it is the role of mental health professionals to treat individuals experiencing psychological distress. As such, it is of particular importance to the field of counseling and related disciplines to continue the advancement of understanding the factors that contribute to psychological well-being.

International Students and Psychological Distress

One population that is currently experiencing considerable psychological distress is international college students. During the 2023-2024 academic year, a total of 1,126,690 international students were enrolled in colleges in the United States (Open Doors Report, 2024). International students are not US citizens, refugees, or permanent residents, but live and study on US campuses. International students constitute a highly diverse population, including students from numerous different countries and representing a large number of various religions, languages, age groups, and cultural traditions (Bahurudin & Rahman, 2009). Research on psychological well-being has addressed the nature of psychological well-being among people from different cultural and ethnic backgrounds both within the United States (e.g., Crocker et al., 1994; Iwamoto & Liu, 2010) and in other countries (e.g., Ayyah-Abodo & Sanchez-Ruiz, 2012; Bhullar, Hine & Phillips, 2014; Sivis-Cetinkaya, 2013).

An increasing body of research has examined the experiences of international students enrolled in colleges and universities across the United States (Can et al., 2021; Poyrazli & Graham, 2007; Bahurudin & Rahman, 2009; Shu et al., 2020; Zhou et al., 2011). Because of the specific challenges and barriers international students face during the process of cultural adaptation, they are considered a unique group. The types and levels of these challenges often depend on students' cultural backgrounds (Nilsson & Anderson, 2004). Studying abroad causes all international students to encounter some degree of cultural differences between the United States and their home country. International students must adapt to these differences without their usual social network support system (Nilsson & Anderson, 2004; Reid & Dixon, 2012; Shu et al., 2020; Yan, 2020). In addition, international students face a range of challenges in adapting to academic and cultural life, including language barriers, cultural differences, racial discrimination, social interaction struggles, and personal adjustment issues (Reid & Dixon, 2012; Yan, 2020). It is therefore essential for researchers to determine and examine the factors that influence the psychological well-being of the international student population (Can et al., 2021).

A review of literature provides evidence of important factors that contribute to the challenges of international students. These include cross-cultural comparisons and adjustments (Chung & Gale, 2006; Shu et al., 2020; Wang et al., 2018), impact of acculturative stress (Brunsting et al., 2018; Guo et al., 2014; Schwartz et al., 2012; Yan, 2020; Yu et al., 2014) and issues related to ethnic identity and identity conflict (Lee & Yoo, 2004; Lee et al., 2010; Jung et al., 2007; Suh et al., 2019). All of these likely influence international students' psychological well-being. Transition shock has also been addressed as a significant challenge (McLachlan & Justice, 2002). In addition, adjustment problems including academic and psychosocial adjustments (Brunsting et al., 2018) are potential predictors of negative influence on psychological well-being. Homesickness is often associated with language difficulties, academic adjustment, and social support (Shu et al., 2020) and has also been identified as a common concern for international students (Brunsting et al., 2018; Greenland & Brown, 2005; Mohamud, & Bhat, 2023; Poyrazli &

Lopez, 2007; Ye, 2005; Yeh & Inose, 2003;). Furthermore, perceived discrimination, stemming from diverse racial and cultural backgrounds, has been shown to negatively affect the well-being of international students (Suh et al., 2019; Poyrazli, Thukral, & Duru, 2010).

Choice Theory

According to Glasser (1965), a fundamental belief about mental health is that individuals often lack access to two essential needs: "the need to love and be loved, and the need to feel that we are worthwhile to ourselves and to others" (p. 9). Glasser (1998, 2001) emphasized that we begin to shape pictures of our ideal, or *quality*, world right after we are born (Corey, 2024). Glasser (1998) proposed that individuals have five genetically based needs, including the fundamental one of survival, as well as psychological needs such as love and belonging, power, freedom, and fun. Our quality world encompasses the people, thoughts, ideas, and beliefs that enable us to realize our unique need-strength profiles (Wubbolding, 2012).

Our behavioral choices stem from our attempts to fulfill the images in our quality worlds, and in turn, help us meet our basic needs, which is a central concept of Choice Theory and Reality Therapy (Glasser, 1998; Neukrug, 2018). Total behavior consists of actions, thoughts, emotions, and physiological responses. Glasser taught that while we have direct control over our actions and thoughts, referred to collectively as "doing," our feelings and physical reactions naturally follow from those choices. Because actions and thoughts can be influenced by emotions and physiological responses, the four components are seen as inherently connected (Neukrug, 2018).

Basic Needs: Survival, Love and Belonging, Power, Freedom, and Fun

Survival (or self-preservation) encompasses self-preservation through access to food, shelter, health, and safety and the continuation of the species through reproduction. Glasser (1998) stated that love and belonging, power, freedom, and fun are psychological needs and evolved separately from the physiological need for survival. People who are able to form close relationships, feel capable and effective, exercise efficient personal choice, and experience enjoyment are ultimately more likely to survive and thrive (Neukrug, 2018).

Love and belonging refer to the need for connection with others. For this reason, reality therapy frequently focuses on helping clients explore and improve how they are meeting their relationship needs.

The need for *power can be defined as having a sense of personal significance and* can be met in different ways and different levels including through the discovery of new ideas, competing with others, or working toward meaningful and challenging goals. This need is essential in order to foster behavior that impacts the individual's sense of influence and accomplishment (Neukrug, 2018).

The need for *freedom* involves inventiveness, creativity, and personal expression. Freedom is also widely valued as a basic human right, as seen in democratic societies.

The need for *fun* or enjoyment is emphasized by Glasser as more than just play or leisure—it is also a vital way of experiencing pleasure, learning, and growing.

Reality Therapy

Choice Theory serves as the philosophical foundation for understanding human behavior and motivation and conceptualizing the individual. Glasser & Glasser (2000) emphasized that "all we do from birth to death is behave, and every behavior is chosen" (p. 24). Aligned with this, at the core of Choice Theory is the belief that individuals are constantly making choices to meet their needs, and those choices can result in either healthy or dysfunctional patterns of living (Wubbolding, 2015b).

Reality therapy functions as the applied methodology through which practitioners utilize the Choice Theory perspective to intervene with and support clients (Glasser, 2000).

WDEP System

A widely used approach for training reality therapists today is the WDEP system, created by Robert Wubbolding (2015a; 2015b). The acronym WDEP represents four key components that can be integrated in counseling with Choice Theory and Reality Therapy: identifying the client's _wants_, exploring what the client is _doing_ to attain those wants, helping the client _evaluate_ whether current behaviors are effective, and creating a concrete _plan_ that can be put into action.

(W) Discovering Wants

In counseling, clients learn to recognize the wants that shape their quality worlds to be able to deal with their adjustment problems. Counselors introduce the concept, provide resources, and ask guiding questions to help clients identify their most important desires and motivations (Corey, 2024; Neikrug, 2018). Wubbolding (2000) suggested exploring wants across ten life areas, such as personal goals, relationships, work, spirituality, and institutions. This process helps clients clarify their unique wants and better understand how their efforts to get what they want influences their choices and actions.

In the context of international college students, this stage of counseling can help them identify the wants that shape their adjustment experiences. Counselors introduce the idea of a "quality world" and guide students in exploring their most important desires, such as academic success, friendships, family connections, cultural belonging, and future career goals. By asking reflective questions, counselors encourage these students to clarify what they want in areas like personal growth, relationships, spirituality, and interactions with institutions such as their university. As students gain a clearer understanding of these wants, they can better recognize the motivations behind their struggles and take steps toward healthier adjustment in a new cultural and academic environment.

(D) Analyzing the Direction in which the Client is Moving and What the Client Is Doing to Get There

Once clients identify their wants, counselors help them examine whether their daily actions move them closer to those goals. Counselors explore the effectiveness of four components of behavior: actions, thinking, feeling, and physiology. By reflecting on routines and choices—such as in relationships, substance use, or academics, clients can see how their behavior either supports or hinders them in fulfilling their various desires.

In the context of international college students, after international college students identify their wants, counselors can focus on how their actions affect their adjustment. Students are encouraged to reflect on whether their daily behaviors—such as studying, making friends, or engaging in campus life—are helping them to adapt or are actually creating more challenges

for them. Counselors guide them to examine routines and choices and how their current behavior influences goals like academic success, social belonging, and overall well-being in a new cultural environment.

(E) Self-Evaluation

After identifying their actions, clients move to evaluating whether those actions truly help them meet their wants and needs. This process may involve journaling, as they track their behaviors, or reflecting on interactions to reveal patterns that hinder progress, such as being overly critical in relationships, spending time with enablers, or neglecting study and social opportunities. While evaluating thinking and action behaviors is often the clearest measure, clients can also assess their feelings and physical responses to determine if what they are doing is effectively supporting their goals.

In the context of international college students' adjustment issues, once they identify the actions they are taking to achieve their goals, the next step is to evaluate whether these actions are truly effective. For example, a student who wants stronger friendships may realize through reflection or journaling that they spend most of their free time alone, or a student aiming for academic success may discover they devote little time to studying. By examining daily behaviors, emotional responses, and even physical well-being, students can determine if their current strategies are really helping them adapt to academic, social, and cultural demands, or if changes are needed to better support their adjustment and success.

(P) Make Specific, Workable Plans

Clients, when ready, can work with counselors to create a plan for change. Counselors should use careful, tactful language and only develop plans in collaboration with clients who are prepared to take that step. Wubbolding's (2012) two types of plans, linear and paradoxical, include facilitating a process in which three options are developed, after which the client evaluates the plans and determines third-best, second-best and finally best plan which can be put into action by the client.

In the context of the helping process, international students can collaborate with counselors to develop strategies for adapting to new academic, social, and cultural environments, but only when they feel ready to do so. Counselors should approach this process with sensitivity and cultural awareness, ensuring that any plans are created jointly and respect the student's readiness to engage in that change.

In the WDEP system, clients can revisit any stage of the change process at any time, such as reassessing their wants, direction, actions, progress, or plans. Counselors should remain committed, supporting clients in making new choices that will lead to greater life satisfaction.

Case Study

Part 1: Client Background and Conceptualization

Client Background

Ali is a 24-year-old Turkish international student who recently began his first year in a Master's program in engineering at a large university in the United States. This is his first time studying abroad. Ali completed his undergraduate degree in mechanical engineering in Turkey, where he lived with his family. In Turkey, he had a strong social support system

including his parents, two siblings, and several close friends. Ali describes himself as a "family-oriented" person who has frequently relied on his parents for guidance and emotional support.

Ali was excited to come to the United States for his graduate studies because of the high academic reputation of his program, the opportunity to improve his English, and the potential to expand his career opportunities. However, since arriving, he has been experiencing significant adjustment problems and challenges.

Presenting Concerns

Ali arrived at the university counseling center reporting that he is struggling with:

- Language barriers: He feels self-conscious about his English, particularly in academic discussions and social interactions. He describes his English as "good enough to survive," but not strong enough to express his personality or humor.

- Cultural adjustment: Ali is experiencing culture shock. He finds American social norms to be very different and sometimes confusing (e.g., informal classroom interactions, individualistic attitudes, different food customs).

- Socialization: Ali reports feeling lonely and isolated. He has not yet developed close friendships and spends much of his free time alone in his apartment. He misses the warmth and support of his family and friends in Turkey.

- Academic stress: Though academically capable, Ali feels pressure to perform at a high level. He worries that his language difficulties may hinder his ability to succeed.

- Emotional concerns: Ali describes himself as "stressed and sometimes sad." He has trouble sleeping at times, feels homesick, and occasionally questions whether he made the right choice to study abroad.

Family and Cultural Context

Ali grew up in Istanbul, where he attended a private high school and university. His family places a high value on education and encouraged him to pursue graduate studies. Turkish culture emphasizes collectivism, family closeness, and interdependence. Ali is accustomed to having frequent face-to-face interactions with loved ones and being in a community where he feels understood and accepted. Transitioning into a more individualistic and self-reliant culture has been very challenging for him.

Strengths and Resources

Despite his struggles, Ali has several strengths:

- He is motivated and values his education.

- He has strong family support, even though they are far away. He maintains weekly phone calls with his parents.

- He has shown resilience in seeking help at the counseling center.

- He has prior experience adjusting to new environments (moving from high school to college in Turkey).

Counseling Goals

Ali's stated goals for counseling include:

1. Reducing feelings of loneliness and isolation.

2. Improving confidence in his English communication.

3. Adjusting better to U.S. culture and academic expectations.

4. Finding ways to manage stress and homesickness.

Conceptualization

Ali's difficulties can be understood as part of the acculturation process that many international students face. His concerns about language, culture, and socialization are normal reactions to studying in a foreign country for the first time. At the same time, his strengths—such as motivation, resilience, and family support—can be built upon to help him adjust. Reality Therapy/Choice Theory can be a useful approach to help Ali clarify what he wants, evaluate his current behaviors, and plan new actions to meet his needs more effectively

Case Study Part 2: Applying Reality Therapy/Choice Theory (WDEP System)

Reality Therapy, based on Choice Theory, focuses on helping clients meet their basic psychological needs (love/belonging, power/achievement, freedom, fun, survival) through making responsible choices. The WDEP system provides a practical structure: Wants, Doing, Evaluation, Planning.

1. Wants

The counselor explores what Ali truly wants.

- Example questions:

  o "What do you hope to achieve by coming to counseling?"

  o "What do you want your experience in the U.S. to look like?"

  o "What would make your life here more satisfying?"

Ali may say he wants to feel less lonely, improve his English, make friends, succeed academically, and feel more confident in his new environment.

2. Doing (Current Behavior)

- The counselor helps Ali explore what he is currently doing to achieve these wants.

- Example questions:

  o "What have you been doing so far to make new friends?"

  o "How do you spend your free time?"

  o "What strategies have you used to improve your English outside of class?"

Ali might share that he spends most evenings alone, watches Turkish TV shows online, and limits interactions with classmates because he feels embarrassed about his English.

3. Evaluation

Ali is invited to reflect on whether his current behaviors are helping him achieve his goals.

- Example questions:

    o What have you done so far that has been helpful/not helpful for you?

    o "Are the things you're doing helping you feel less lonely?"

    o "Do you think staying home alone is moving you closer to or further away from making friends?"

Through this process, Ali may realize that his avoidance of others is preventing him from building the social connections that he desires.

4. Planning

Together, Ali and the counselor create a specific, achievable plan. Plans in Reality Therapy should be Simple, Attainable, Measurable, Immediate, Controlled by the client, and Committed to (SAMIC).

- Possible plans for Ali:

    o Join the university's international student association or Turkish student group.

    o Set a goal to initiate at least one conversation per week with a classmate.

    o Attend weekly English conversation groups offered by the campus language center.

    o Schedule regular gym sessions or campus activities where he might meet peers.

    o Maintain weekly calls with family but also limit screen time to encourage more local socialization.

Counselor's Role

The counselor uses encouragement, warmth, and cultural sensitivity while guiding Ali through the WDEP process. The goal is to empower Ali to recognize his choices, take responsibility, and create plans that move him toward better fulfilling his needs for belonging, power, freedom, fun, and survival in his new environment.

Expected Outcomes

By engaging in this process, Ali may:

- Increase social connections and reduce loneliness.

- Gain confidence in his English language usage through practice.

- Develop a sense of control and empowerment over his adjustment.

- Feel more balanced emotionally and academically.

Conclusion

International students constitute a highly diverse population, including students from numerous different countries and representing a large number of various religions, languages, age groups, and cultural traditions (Bahurudin & Rahman, 2009). Regarding their specific challenges and barriers during the process of cultural adaptation they face, international students are considered a unique group. Based on universal principles, Reality Therapy is practiced and utilized in many cultures and countries. The underlying theoretical basis, i.e., Choice Theory, states that all human beings are motivated by five crucial genetic instructions: survival or self-preservation, belonging, power or achievement, freedom or independence, fun or enjoyment. The effective reality therapist learns to adapt the methodology and techniques to help international students address the challenges they face, including cross cultural comparisons and adjustments, the impact of acculturative stress, and issues related to ethnic identity and identity conflict, all of which may, in turn, have an influence on international students' psychological well-being.

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Brief Bios—

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INTEGRATING THE WDEP SYSTEM WITH REALITY THERAPY AND CHOICE THEORY IN THERAPY WITH A YOUTH MANIFESTING AN AUTISM SPECTRUM DISORDER WHO IS ALSO EXPERIENCING SUICIDAL IDEATION

Neslihan Karakan Can, MA, Ahmet Can, Ph.D., LPC, NCC, Patricia Robey, Ed.D., LPC, CTRTC

Abstract

Autism Spectrum Disorder is a lifelong disorder with an increasing rate of diagnosis. One of the essential diagnostic criteria for Autism Spectrum Disorder (ASD) includes an evaluation of social communication and interaction challenges with others. These challenges may cause long term maladaptive coping strategies. Researchers indicate that some of the consequences of socialization challenges in youth and adolescents with ASD are depression, suicidal ideation, and non-suicidal self-injury (NSSI) behaviors. Recently, researchers emphasized the elevated rate of suicidality in this population and noted some effective interventions, including autism-adapted safety planning, dialectical behavior therapy (DBT), and universal suicide risk screening. In this article, the authors explain how Reality Therapy and Choice Theory and the WDEP system can be utilized with youth with ASD who have experienced suicidality and NSSI behaviors and present a case study to illustrate how this process might be put into action in therapy.

keywords: autism, Reality Therapy, Choice Theory, role-play.

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Autism Spectrum Disorder and Therapeutic Interventions

Autism Spectrum Disorder

Autism Spectrum Disorders (ASD) are lifelong neurodevelopmental disorders, which have a significant impact on individuals' social-emotional development and their interactions with others (APA, 2022). According to the Centers for Disease Control and Prevention (CDC) report, the diagnosis of ASD in youth was 1 in 36 in CDC's 2020 report. These numbers continue to increase as evidenced by the CDC report in 2025, which stated that the prevalence of ASD increased to 1 of 31 children between the ages of 4 to 8 years old (CDC, 2025). This increase is significant and highlights the necessity of providing support for this population. As a lifelong disorder, ASD traits include lack of social interactions with peers, family members, plus repetitive behaviors, speech and language delays, and fixation interests which may impact individuals with ASD, their families, and their social environments (APA, 2022).

According to the DSM-5-TR (APA, 2022), one of the diagnostic criteria for ASD is "deficits in social-emotional reciprocity." This deficit includes difficulties in social interaction and back-and-forth conversation challenges, limited interest, emotions, and affection-sharing as well as lack of initiation or response in social interactions. The social interaction with others and lack of socialization as autistic traits may create struggles for individuals with ASD in their social life. These difficulties may result in various unhealthy coping behaviors, including suicidality (Bentum et al., 2024; Schwartzman et al., 2023).

Autism Spectrum Disorder's Relation with Depression, Suicidal Thoughts and Behaviors (STB) and Non-suicidal Self-Injury (NSSI)

Notably, all of the aforementioned challenges cause various difficulties and needs. Researchers have identified some challenges that individuals with autism struggle with during their life, including depression, suicidal thoughts and behaviors (STB) and non-suicidal self-injury (NSSI) (Brown et al., 2024; Gupta et al., 2023; Newell et al., 2023; Schwartzman et al., 2023; Schwartzman et al., 2025). The researchers also indicated that the limited number of studies (3.75%) focusing on suicide prevention interventions for individuals with autism spectrum disorder highlights a significant gap in the literature (Brown et al., 2024).

Schwartzman et al. (2025) investigated the suicidal ideation and non-suicidal self-injury (NSSI) in 245 youths and adults with ASD without intellectual disability by administering the Columbia-Suicide Severity Rating Scale. According to the researchers, 31% of the participants stated that they had made a suicide attempt during their lifetime, with overdoses as the most common method. About 1 out of 3 participants shared that they had attempted suicide at least once. As a factor for maladaptive behaviors, NSSI, and suicidal ideation, sex wasn't a significant predictor. On the other hand, the rate of attempts and getting older were correlated. The authors indicated that the average age of the first attempt was 16, and the most lethal attempt typically occurred at around 19 years old, with severity peaking in young adults to middle age and decreasing at older ages. The researchers hypothesized that the reported decrease of severity in older adults may be a result of older adults underreporting or forgetting their previous attempts or possibly from receiving a diagnosis of ASD at older ages, which has been less common until recently.

In another study, Schwartzman et al. (2023) employed the Columbia-Suicide Severity Rating Scale to assess the suicidal ideation and non-suicidal self-injury (NSSI) regarding 239 autistic (138) and non-autistic (101) adolescents between the ages of 10 and 13. According to the findings, approximately one in 5 adolescents with ASD reported suicidal ideation in self-report, however, this was not presented as a significant measure on the Columbia-Suicide Severity Rating Scale. Like previous research, it was found that sex wasn't a predictor for suicidal ideation and non-suicidal self-injury. The researchers suggested using the Columbia-Suicide Severity Rating Scale as one of the measures of risk for suicidal ideation and NSSI. However, the scale may not identify all adolescents who have encountered suicidality.

Regarding the increasing rate of suicidal ideation and NSSI in youth and adolescents with ASD (Schwartzman et al., 2023; Schwartzman et al., 2025), researchers focused on assessing suicidal ideation and NSSI symptoms adequately in youth and adolescents with ASD. Howe et al. (2020) conducted a systematic review examining the tools commonly used to measure suicidality in children and youth with and without autism spectrum disorder. According to the researchers, there are five standard tools used for assessing suicidal ideation and NSSI, including Columbia Suicide Severity Rating Scale (C-SSRS), Paykel Suicide Scale (PSS), Self-Injurious Thoughts and Behaviors Interview (SITBI), Suicidal Ideation Questionnaire-Junior High Version (SIQ-JR) and Beck's Scale for Suicidal Ideation (BSS). However, none of these tools were commonly used with autistic children and youth. As a result, the authors stated that there is currently a need for adapting, validating, and/or developing an effective tool for this population.

Current findings suggest promise in approaches such as autism-adapted safety planning, dialectical behavior therapy (DBT), and universal suicide risk screening; however, further research is critically needed to establish evidence-based interventions tailored to this population (Brown et al., 2024). The literature discusses the increased risk of suicidality and

non-suicidal self-injury (NSSI) among youth and adolescents, as well as methods for assessing this risk and some potential interventions. However, there is currently insufficient research on interventions for these issues, particularly regarding how to use Reality Therapy/ Choice Theory techniques to assist individuals with Autism Spectrum Disorders (ASD) who are experiencing suicidal ideation and NSSI-events and/or are experiencing social communication difficulties.

Reality Therapy/ Choice Theory

Reality Therapy, developed by Dr. William Glasser in 1965, is a counseling approach which is now grounded in Choice Theory (1998). This model emphasizes purposeful, goal-directed behavior and encourages clients to take an active role in their own well-being (Barker, 2021). According to Glasser (1998), human motivation is driven by five fundamental needs: survival, love and belonging, fun, freedom, and power. We all share the same five needs, but their intensity differs from person-to-person. Reality therapy is grounded in the idea that many personal difficulties arise from challenges in forming meaningful connections, building closeness, and/or maintaining a satisfying relationship with at least one important person (Corey, 2023). Choice Theory serves as the foundation for reality therapy, offering insight into how and why people function. Reality therapy then acts as the practical method of counseling, guiding individuals to gain better control of their lives. As Wubbolding (2011) explains, if Choice Theory is the track, then Reality Therapy is the train that carries the outcome.

Glasser (1998, 2001) proposed that we begin to build up our ideal, or *quality world,* right after we are born. Our quality world consists of all our experiences and information received throughout our lives that we find to be need-satisfying, including the people we interact with, our ideas, thoughts, and beliefs (Wubbolding, 2012). A central concept of Reality Therapy and Choice Theory is the importance of good relationships and connecting with the people in our quality world. From the moment we are born, all our behaviors are aimed at fulfilling our wants and needs. Glasser referred to behavior in this instance as *total behavior,* which encompasses our thoughts, actions, physiological responses, and emotions (Glasser, 1998; Neukrug, 2018).

One criterion of the DSM-5-TR classification of ASD indicates that individuals with autism have "deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties in adjusting our behavior to suit various social contexts …" (APA, 2022, p. 56), which may be related to how well we receive and give love to others. This deficit creates social-communication challenges in this population which can elevate maladaptive behaviors including suicidality and NSSI. Therapists using Reality Therapy and Choice Theory techniques may help individuals with ASD move toward healthier relationships while encouraging more effective behaviors which can reduce their suicidality or engagement in NSSI. The reality therapist understands that people often choose their actions as a way of coping with the frustrations of their unfulfilling relationships.

WDEP System

The WDEP system is an intervention that can be effectively utilized in counseling with Reality Therapy and Choice Theory (Corey, 2023). The WDEP system helps clients explore their *wants (W) and hopes,* assess their capabilities and the actions they are taking, *doing (D)*, and conduct *self-evaluations (E)* of their actions before making *plans (P)* for future change (Wubbolding, 2011, 2016, 2017). In the first step of the WDEP system, the counselor asks skillful questions to understand what the client *want*s (W) from the counseling process and what their hopes are for their life. In the second step, the counselor helps clients identify what actions (D) they are using to solve their own problem(s) in the

present or with a plan in the future. The key is to be cognizant of what they want to change and how they will implement it (Corey, 2023). Wubbolding (2015) described the next step, evaluation (E) as "conducting a searching and fearless self-evaluation is the royal road to behavioral change" (p. 860). The counselor helps the client evaluate the effectiveness of their current behavior and identify what behavior might be the solution to getting what they want. The last step is planning a roadmap to be able to satisfy their wants and hopes. After clients are aware of their problems, wants, and hopes and have determined that their current behavior is that is not working, they become ready to determine new action plans (P). The Reality Therapy/ Choice Theory counseling process goal is to assist clients in finding a behavioral change that is more likely to get them what they want and need that they are not getting from their current behavior.

Case Study and Role Play Demonstration

Youth and adolescents with ASD often face significant socialization challenges, with obstacles stemming from core autistic traits. This issue has increasingly become a focus of recent research (Chandrasekhar, 2020). The application of Reality Therapy and Choice Theory, particularly through the WDEP system, may offer a promising framework to support this population. By working through the WDEP stages, youth and adolescents with ASD can more readily clarify their wants and goals for social communication, explore potential behaviors to achieve these goals, and evaluate the effectiveness of their choices. In a counseling context, this process may help them expand their social repertoire, build more meaningful connections, and ultimately reduce risk factors such as suicidal ideation and non-suicidal self-injury (NSSI) behaviors.

The following role-play demonstration illustrates how a counselor can apply the WDEP system with the Reality Therapy/Choice Theory (RT/CT) model to support a youth with ASD (Kevin -11) in identifying and fulfilling his socialization needs and aspirations, while also addressing and reducing his suicidality and non-suicidal self-injury (NSSI) behaviors.

Session I:

In the first session, the counselor focuses on building a good report with the client as a core component of the RT/CT process. After a short intake, the client mentions his ASD diagnosis and how socialization challenges affect his life, especially in school. At the beginning of the first session, the client might mention that he was thinking of self-harm. Before the session ends, a harm reduction safety plan would be created and another session for the next week be scheduled. The session closes after the counselor was sure the client didn't have any risks of danger for himself or others and would come to next session.

Session II:

Counselor: Good morning, Kevin. Thank you for joining me today. In the first session, you mentioned to me you feel so lonely, and you don't want to be around people anymore. Can I ask how you feel since last time we spoke?

Client: Good morning. Yes, I feel pretty much the same.

Counselor: Thank you for sharing that with me. You mentioned "being around people". What do you mean by that?

Client: When I am around people, I feel weird and panicky. I feel I do not belong there.

Counselor: (*Shifts the focus from the problem to what the client wants instead – W*). Can you please tell me what you want when it comes to being around other people?

Client: I want to have a friend. For example, someone that I can share all my interest about bees, and they can listen to me and won't look at me like I am talking nonsense. I want to have someone to sit with at lunch. But I don't feel that people want to have contact with me and that hurts.

Counselor: Okay. Can I write these down, so we can come back to discuss them later?

Client: Sure. Whatever.

Counselor: Is there anything else that you want to add? You have identified three things that you want: 1-have a friend, 2-be able to talk about your interest in bees, 3- sit with someone at lunch.

Client: I also don't want to get sweaty and feel weird when a girl classmate comes to talk with me.

Counselor: (*Counselor has identified Wants and now is helping the client recognize what he is doing (D) to get what he wants*). Wonderful! We have four clear wants! I wrote down all of them on separate stickers. Let's keep them at the table so we can visit them when we need. What do you do right now to try to get your wants and make yourself feel better? I want you to be as clear as possible about your thoughts and actions.

Client: Usually, I cannot do anything. I am scared that people will laugh at me when I talk with them, so I prefer not to speak with them at all. That's why I sit alone and away from people. And sometimes …. I hurt myself.

Counselor: Can you please help me understand what you mean when you say, "hurt yourself"?

Client: I stick my pencil in my arm, badly. It calms me when I feel anxious or nervous, especially when people are around me and I cannot interact with them.

Counselor: Thank you so much for telling me about that. I need to ask some safety questions.

Client: Sure.

Counselor: Do you have any plan(s) to hurt yourself or to kill yourself or do anything to harm yourself right now? Do you follow our safety plan?

Client: Yes, I follow our safety plan. I don't have any plan or lethal means. I don't want to die. I just want to be calm and be able to have a friend.

Counselor: *(Counselor addresses behavior and assesses client safety).* Thank you for letting me know that. You have suicidal ideation but don't have a plan to end your life. You use sticking the pencil as a way of coping with your intense feelings. I want you to be safe and whenever you need, just follow your safety plan. Is that okay with you?

Client: *Yes*! I just don't want to feel lonely.

Counselor: *(Counselor summarizes behavior and asks Client to self-evaluate the effectiveness of the behavior (E).* Then, let's look at things you are doing when you are feeling lonely; you are sitting alone and away from other people, because you are getting sweaty, you prefer not to speak with people and stick your pencil in your arm to calm down. Do any of these behaviors help you to get your wants met? Which needs are being met when you're sitting with others, but are not sharing your interests with them and therefore feel really weird and start talking nonsense? Do you feel better then?

Client: Hmm, actually, no! Probably, these make me feel lonelier and sadder.

Counselor: So, can I say that you have realized that these behaviors are not helping you to get what you actually want?

Client: Yes.

Counselor: That's important! For the next step, let's think about why you might be sweaty when you try to talk—what happens in your body or head? Try to describe it in small parts.

Client: My heart goes fast. My hands shake. I get a scary thought that I'll say something really dumb.

Counselor: *(Counselor helps client to understand the purpose of behavior and encourages client to feel confident that those concerns can be addressed. Counselor begins to help client put a plan (P) into action through the use of scripts)*. That's very clear—physical panic, shaky hands, and a thought that you'll be judged. Those are things we can work with. For someone with ASD, it can help to use rehearsed scripts and sensory supports. Would you like to try one right now?

Client: I don't know, I am a little bit nervous!

Counselor: It is totally fine to feel nervous! We'll go step-by-step and we can stop when you want me to stop (Kevin nodded here). I'll model a simple script for asking to sit at a table: "Hi, can I sit here? I'm Kevin." We'll practice it twice, then you can try if you want. Is that okay?

Client: Okay…

Counselor: *(Counselor utilizes role play to help client practice new behaviors).* Excellent! Just one line. "Hi, I'm Kevin. Can I sit here?" Now you try.

Client: Hi, I'm Kevin. Can I sit here?

Counselor: That was great—clear and short. For school, that kind of script is concrete and easy. Let's think of one or two backup lines if they ask a question—what could you say if they ask, "What class are you in?"

Client: I am in Mr. Can's class.

Counselor: *(Counselor makes sure the plan is workable).* Perfect. Simple, factual. Those scripts reduce surprise and panic—because your brain knows what to expect. We'll make a plan that is small, doable, and includes safety steps for urges to hurt yourself. Is that okay?

Client: Do you think I can do that?

Counselor: *(Counselor helps empower client by asking client to initiate the starting point).* Yes! We'll have goals and steps for the things that make you nervous. Where would you like to start?

Client: Can we continue working on sitting at a table at lunch?

Counselor: *(Counselor summarizes the process and plan and provides the client with alternate activities that can help relieve anxiety).* Sure, excellent choice! Now we have a goal for this week, this was the first step. So, this week, you will try the script once at lunch with one table—just sitting there for five minutes. We'll practice the script with me two times before you go to school. We can find a sensory strategy if you feel panicky—like squeezing a soft stress ball, taking three slow breaths, listening to a 90-second calming song, counting until ten, or finding things related to bees in the room! Which of those sounds okay?

Client: I really like finding things related to bees in the room. It can distract me. Counting and breathing also can help.

Counselor: Wonderful! That was a great start! Would you like to practice some breathing exercises here? Let's think that we are smelling new harvest honey! Breathe in 4 seconds the smell, hold 2, out 6. How did that feel?

Client: I can use this!

Counselor: *(Counselor encourages client, offers specific behavioral plans, and empowers client through choice of options).* That's progress. Now for urges to stick, we'll list alternative actions you can try when the urge comes. I'll write them down and you pick three you can agree to use first. Options: call/text a trusted person, drawing for 10 minutes, listen to a playlist, go to a safe space at school (counselor/OT), use grounding (5 things you see, 4 you touch, 3 you hear, 2 you smell, 1 you taste). Which three do you want as your first-line alternatives?

Client: Drawing, calling my sister, and going to sensory room at school (OT).

Counselor: Wonderful! Your sister's phone number is already on our safety plan. If those don't help and the urge is strong, you will call me or a crisis number (Kevin nodded here). Okay! Let's create a step-by-step plan you can follow when you have the urge: 1) Use breathing; 2) Try drawing for 10 minutes; 3) go to sensory room; 4) Call your sister; 5) If still unsafe, call me or 988 / go to ER. Can you do those steps?

Client: I can try. It feels like a lot, but I can try.

Counselor: *(Counselor helps client self-evaluate his confidence, If client was low in confidence, counselor would revisit the plan to find what might need to be addressed or changed).* Trying is enough for now. We'll rate how confident you feel about doing this from 0 to 10 — 0 means not confident, 10 means totally confident. What number do you feel?

Client: Maybe a 5.

Counselor: A 5 is a good place to start—shows some readiness. What would help move that to a 7 or 8?

Client: Maybe I can come here again, we can practice the plan here more. And maybe we can create new plans for my other struggles.

Counselor: Sure! We can definitely do that. Let's come back to our plan. You said you'd try sitting at a table two times this week. Would you like to write a small visual card you can bring that has your script and breathing steps?

Client: That would be helpful.

Counselor: Okay, here are the cards and markers. Please choose one and create your script. If you want, you can also write one or more alternative actions to help.

Client: Yes, sounds good. Thank you!

Counselor: *(Counselor re-assesses client safety).* You're welcome. Before we finish, I want to check in on immediate danger one more time—since we made a plan, do you feel you are safe to leave today?

Client: Yes! I feel I have things to work on!

Counselor: If at any point your thoughts change and you feel you might try to hurt yourself in a way that could kill you, you must call 988 or 911 right away or go to the school counselor's office. Do you understand?

Client: Yes, I understand.

Counselor: (Counselor plans a follow up meeting) Excellent, Kevin! We'll also role-play the lunch script two more times next week and check how the alternatives worked. You did important work today—thank you for being honest.

Client: Thanks. I feel a little better.

Counselor: That matters. Before you go, tell me one thing from today that you're proud that you did.

Client: I tried the script and practiced breathing.

Counselor: Perfect! See you next week!

Client: See ya!

Summary

This article discusses how Reality Therapy and Choice Theory (RT/CT) can be adapted with the integration of the WDEP system for individuals with Autism Spectrum Disorder (ASD) who experience suicidal thoughts or engage in non-suicidal self-harm. The case study focuses on an 11-year-old boy named Kevin, who attended a session to address his socialization challenges related to his ASD diagnosis.

During the role play, the process of assessing suicidal intent and means is illustrated, along with the creation of a step-by-step plan that includes crisis resources. This plan uses concrete language that is more effective for clients with ASD. The session emphasizes rehearsal, role-playing, social skill training, short scripts, visual materials, and sensory-

oriented coping skills. Throughout the session, the counselor utilized the core components of RT/CT: "wants," "doing," "evaluation," and "collaborative planning steps" to help change behavior and achieve desired outcomes. To address non-suicidal self-injury (NSSI), the counselor aimed to replace maladaptive behavioral patterns with a list of alternative coping skills. Finally, a follow-up session and collaboration with a school and family support counselor, plus a comprehensive, ongoing support plan was established for the client.

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Brief Bios—

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Dear IJCTRT Reader . . .

For the next several issues of the *International Journal of Choice Theory and Reality Therapy* we will select past articles from *The Journal of Reality Therapy* and *The* International Journal of Reality Therapy that are not currently available online. We believe that you'll find them to be very useful to you in your various future endeavors.   If you have any specific articles, however, that you would like us to send to you just send your request to parishts@gmail.com and if we possess it/them in our collections of past journals we will strive to share it/them with you, along with everyone else, by reprinting them in this space, as quickly as we can.   Just help us, in turn, by providing us the most complete reference information you can regarding the article(s) that you wish. Please be selective in your requests, too, since we only intend on including three articles per issue from the *Journal of Reality Therapy* plus three articles per issue from the *International Journal of Reality Therapy too*.

We dearly regret that we cannot provide a similar service for our readers when it comes to *The International Journal of Choice Theory,* but we simply haven't been able to secure any agreements to grant us the authority for us to do so.

Meanwhile, here are some "Helpful Hints" from the past (located in the following articles) that should hopefully assist you in improve your writing, researching, or other skills that you might wish to improve:

REPRINTED FROM THE JOURNAL OF REALITY THERAPY:

Parish, T. S. (Fall 1991). The influence of attitudes and beliefs in the classroom and beyond. *Journal of Reality Therapy, V. 11* (#1), pp. 14-20. (Pages in this issue: 53-59).

Hallock, S. (Fall 1988). An understanding of negotiating styles contributes to effective Reality Therapy for conflict resolution with couples. *Journal of Reality Therapy, V. 8* (#1), pp. 7-12.

Palmatier, L. (Fall 1995). Freud defrauded while Glasser defreuded: From pathologizing to talking solutions. *Journal of Reality Therapy, V. 16* **(#1), pp. 75-94.**

REPRINTED FROM THE INTERNATIONAL JOURNAL OF REALITY THERAPY:

Minatrea, N., & O'Phelan, M. (Spring 2000). Myers-Briggs and Reality Therapy. *International Journal of Reality Therapy, V. 26* **(#2), pp. 15-20. (Pages in this issue: 86-91).**

Rapport, Z. (Spring 2007). Defining the 14 Habits. *International Journal of Reality Therapy, V. 26* **(#2), pp. 26-27. (Pages in this issue: 92-93).**

Wubbolding, R., & Brickell, J. (Spring 2000). Misconceptions about Reality Therapy. *International Journal of Reality Therapy, V. 19* **(#2), pp. 64-65. (Pages in this issue: 94-95).**

THE INFLUENCE OF ATTITUDES AND BELIEFS IN THE CLASSROOM AND BEYOND

Thomas S. Parish

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Where are the two most important points on the compass? The first point of significance is where you're at right now. According to Meyer (1972), you can be placed anywhere with a map and a compass, but until you know where you're at it will be impossible for you to plot a path that will get you to any particular destination. The second significant point on the compass is your target or destination, for if you don't have a goal you may walk around aimlessly, never finding anything very worthwhile. Said somewhat differently, if you aim at nothing, you're probably going to hit it (i.e., nothing).

Attitudes and beliefs are much like the points in the compass. That is, we need to carefully assess our present attitudes and beliefs to see where we are at with regard to ourselves and others, and then we need to determine where we ultimately would like to be. According to one old saying, "attitude determines altitude" (author unknown), so how far we go or how high we fly is often a function of what we tell ourselves. This is in keeping with Henry Ford's famous quote, "If you think you can or you think you can't, you're absolutely right."

In many respects, our attitudes and beliefs are like lens filters in cameras, but they are actually in our minds. So we must first ascertain what our lens filters currently say. For instance, do you seem to say to yourself, on a regular basis, any of the following notable quotes?

"I (seem) to go through life with the feeling that I'm the one wearing the 'KICK ME' sign" (Wilson, 1979).

or "Last night I counted my blessings and I found out half of them were missing" (Wilson, 1979).

or "Sometimes I think if it wasn't for bad luck . . . I'd have no luck at all" (Wilson, 1979).

or "I don't recall what I wanted to be when I grew up, . . . but I'm sure it wasn't **THIS**!!" (Wilson, 1979).

Lens filters or sayings like these obviously convey rather negative, pessimistic attitudes and beliefs which may easily prevent the beholder from achieving his or her dreams as long as they persist.

In contrast to such negative filters, individuals need to cleave to more upbeat ideas or notions like the following:

"By perseverance (even) the snail reached the ark" (Charles Haddon Spurgeon; from McWilliams & John-Roger, 1988).

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or "People are always blaming their circumstances for what they are. I don't believe in circumstances. The people who get on in this world are the people who get up and look for the circumstances they want, and, if they can't find them, make them" (George Bernard Shaw; from McWilliams & John-Roger, 1988).

of "Don't worry about whether or not you have a good opportunity, just be sure to be good to every opportunity" (Author unknown).

or "We may not be responsible for what happens to us, but we are responsible for the way we react to what happens to us (Parish, 1987).

Truly, our attitudes and beliefs do affect us mentally, physically and emotionally; so it is crucial to ascertain (a) what they are, and (b) what do we want them to be?

So it is that some of our attitudes and beliefs actually slow us down while others serve to help us to succeed, and if we wish to change our perspectives we must start by changing the lens filters in our minds. For instance, whenever we run into adversity try to remember to image a room filled with cans. Why a room filled with cans, you ask? Because as everyone knows SUCCESS comes in CANs, while FAILURES come in CAN'Ts. You see, it's like playing tennis without a racket in your hand. Just imagine (before you ever reach the court) how you'll feel (positive, of course) and what you need to do once you're there, for in so doing you'll enhance your chances of achieving success.

As it is in tennis, so it is in life . . . and in teaching too. Just remember that in each of these instances we need to conceive it, believe it, and achieve it . . . or said somewhat differently, we need to image it, plan it and do it.

While some may scoff at this notion that teachers need these positive attitudes and beliefs in order to enhance their success in the classroom, imagine for a minute two different teachers. One believes that

S/He has the power.
S/He has the vigor to motivate,
    the fullness to laugh,
    the courage to control.
S/He has the power to uplift
    and to create,
and, when s/he is red hot.
    the intensity to inspire.   (Trujillo, 1987)

In contrast, imagine another teacher who feels powerless and small and/or overwhelmed or inadequate. While it may be true that both of these teachers teach, they both teach more than the content of their curriculum. Specifically, the former teacher teaches/shares/conveys a positive attitude and creates value as s/he does so. In contrast, the latter teacher teaches/ shares/conveys a negative attitude and a diminished value as s/he does so.

As stated by DeBruyn (1991a) we are known by our attitude during a problem, i.e., our reputation is actually a reflection of how we think under fire. That teachers are, indeed, often under fire has been attested to in various ways. For instance, teaching is currently considered to be the third

most stressful profession in the U.S., preceded only by air traffic controllers and medical personnel (Batten, 1985). Additionally, Glasser (1990a) reported that teachers are frequently stressed by one or more of the following conditions:

1. Expected to do the impossible — i.e., to teach the academically unmotivated student.
2. Inadequately paid, especially for their level of competence.
3. The system of rewards is often perceived to be unfair.
4. Schooling doesn't currently receive strong cultural support in our society.
5. The curriculum has become fragmented, objectified and standardized, and consequently has become less relevant and interesting to all concerned.

In light of these conditions, Glasser (1990a) has boldly stated that teachers have "the hardest job there is (p. 17). In Glasser's estimation, even medical doctors have it easier than teachers since doctors' patients are more cooperative and are willing to do as they are told since they see their doctors as "need satisfying people." Teachers, on the other hand, confront resistant students on a daily basis, and are rarely treated as though they are need fulfilling people.

Why are teachers treated so badly? According to Glasser (1990b), students often perceive teachers as coercive, unfriendly and hostile. Many of these students perceive the school environment as negative and unfulfilling of their needs. Teachers, of course, are simply trying to execute administrative directives, but often find themselves in an adversarial position with many of their students who find the tasks (both in-school and out-of-school) boring and of little value.

What has happened to bring this situation about? Well, Maslow (1951) contended a long time ago that individuals would be more motivated to achieve their potential and become self-actualized if, and when, their various needs are met. Unfortunately, however, fulfilling needs like love and belonging and self-esteem within our schools have not enjoyed a high priority. Instead, achieving minimum competencies and reducing discipline problems have been the goals that have received the bulk of the attention from school administrators and staff. As a result, Glasser (1990a) has reported that fewer than 15% of all students are currently doing high quality work and that the completion of school work is on the decline. Specifically, a recent Kappan poll showed that 79 percent of the elementary teachers surveyed and 85 percent of the high school teachers surveyed complained that their students were not completing their assignments, despite their (coercive) efforts to get them to do so.

Where has all the quality gone? Why are students so unmotivated? Could it be that teachers are dropping the ball? Don't we all realize that students don't care how much teachers know, until they know how teachers care? That this is so was recently addressed in a recent article by Parish and Parish (1989). Specifically, students were found to more likely complete difficult school-related tasks if they believed their teachers cared for them. Truly, teachers' attitudes toward their students could be one of the most

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powerful levers teachers have to motivate students. Besides teachers' concern for their students, teachers can and should do other things that both fulfill students' needs and/or convey to students that what they teach is important. The following list of questions (see Table 1) was derived from William Glasser's (1990a) book entitled *The Quality School*. Kindly peruse these items and come to understand that teachers' attitudes, beliefs and actions convey messages, and that with each "yes" by your students to the following questions means that you may more likely instill or retain their interest in school and school-related tasks.

Table 1
Teacher Effectiveness Questionnaire

Yes   No

In your estimation, is your teacher . . .

1. Deeply interested in the subject matter?
2. Deeply interested in his/her students?
3. Likely to conduct class discussions rather than straight lectures?
4. Able to relate to students by teaching on their level?
5. Able to comfortably interact with students?
6. Unlikely to threaten and/or punish?
7. Able to inject humor, variety, and/or drama into his/her lessons?
8. Likely to treat students with kindness and courtesy?
9. Likely to ask students to do things that feel good?
10. Likely to seek input from the class regarding possible courses of action?

The more yes's checked, the more likely it is that teachers will be admitted into their students' QUALITY WORLDS.

Of course, teachers aren't the only people who can help individuals meet their needs. Many others can too. Teachers, however, may need to monitor these different caretakers and/or circumstances and intercede when they deem it to be appropriate. In other words, teachers need to strive to be their students' friends, and friends are those who help others to like themselves. As teachers function as friends, students will more likely listen to and trust them because they will have learned that they work diligently to fulfill their various needs and help them to feel good about themselves (Glasser, 1990a).

Of course, teachers may not wish to adopt this role of caretaker or friend. They may not understand that by doing so their students may come to perceive them and the school as need fulfilling. As this happens, students' attitudes and actions are likely to be affected. This is in accordance with the notion that the student body of a school reflects the staff of a school as they intensify feelings and project the moods and demeanor of the faculty (DeBruyn, 1991b). That this is so is attested to by Brown's (1980) findings regarding students who were from either single-parent or two-parent families. Specifically, children/adolescents from single-parent families, as opposed to those from two-parent families, were significantly more likely to demonstrate:

1. Lower academic achievement
2. More discipline problems

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3. More suspensions
4. More geographic mobility
5. More truancy
6. More Title I program involvement
7. More expulsions[1]
8. More droputs

Why do these students from single-parent families do so poorly in school? According to Glasser (1990a), "the idea that students who do not do work believe that no one cares for them is very strong with all students" (p. 105). There is at least one other reason, though, that explains why such attitudes and actions are adopted by students. Basically, it's the boss-management belief held by many teachers and administrators alike that seems to interfere with effective teaching. Glasser (1990a) contends that this boss-management approach to teaching contains four basic elements. They are:

1. The boss (teacher) sets the task and the standards for what the workers (students) are to do, usually without counseling the workers. Bosses do not compromise; the worker has to adjust to the job as the boss defines it.

2. The boss usually tells, rather than shows, the workers how the work is to be done and rarely asks for their input as to how it might possibly be done better.

3. The boss, or someone the boss designates, inspects (or grades) the work. Because the boss does not involve the workers in this evaluation, they tend to settle for just enough quality to get by.

4. When workers resist, the boss uses coercion (usually punishment) almost exclusively to try to make them do as they are told and, in so doing, creates a workplace in which the workers and manager are adversaries. (pp. 25-26)

While these four elements, noted above, describe the role of bosses and workers, they can be directly transferred to the roles of teachers and students, respectively. This being so, it should be readily understood that while boss-management thinking and associated tactics promise greater control, both in the workplace and in the schools, such is not often the case. Instead, bosses and teachers often become adversaries of workers and students, with those in the latter two groups usually ignoring, avoiding, ridiculing or disliking those in the former two groups, rather than befriending them (Glasser, 1991a) ... The basis for this struggle between bosses vs. workers and teachers vs. students is predicated upon the attempt by bosses and teachers to manipulate or coerce workers and students, respectively, into complying with their wishes, with little consideration given to the workers' and/or students' wishes and desires. How unfortunate!

So what's a teacher (or a boss) to do"? As noted earlier, leaders (like teachers and bosses) must concern themselves with fulfilling needs — everyone's. As teachers concentrate their efforts on helping students meet their short-term and long-term needs, the struggle between teachers and students

will likely cease. As pointed out by Glasser (1980), "People don't learn what they don't want to learn, but teaching becomes effective as soon as people who hurt discover that they can learn a better way" (p. 51). So teachers must concern themselves with teaching better ways of fulfilling needs, but not try to make students into robots as they do so. Rather, it's really a two-way street. For example, DeBruyn (1991a) has noted that if we want to be listened to we must first remember to listen, and if we want to possess power we must first share power with others. Teachers who conduct themselves in these ways never have to threaten or coerce their students. As pointed out by Glasser (1990a), they simply maintain flexibility as they effectively fulfill students' need for love and belonging, worth and power, as well as fun and freedom. In addition, they attempt to share lens filters (e.g., attitudes and beliefs) with their students and set a proper example for them. Such teachers are not only widely accepted by their students, but by their students' parents and peers. For it is plain to see the desire in their hearts as well as their positive attitudes and beliefs that are aimed at helping others as they can, but not at coercing or forcing others to do that which lacks rhyme or reason.

Perhaps one of the ways that teachers can identify specifically what needs to be done in order to help students better value their school experience is through completing a self-assessment checklist for their troubled (or troubling) students. This checklist, develped by Joycelyn Parish (1990) asks:

1. What are you currently doing to help _____ learn?
2. Is it working?
3. What do you need to do differently?
4. Does _____ feel successful (Power/Worth) in your classroom? Does he or she feel more competent or skilled as a result of having been there? What type of feedback do you provide _____? Have you considered _____'s current level of understanding?
5. Does _____ enjoy coming to class? Does s/he have fun there?
6. Does _____ feel that s/he is among friends (Love and Belonging) when s/he is in your classroom? Are you _____'s friend? (As noted earlier, a friend is someone who helps you to like yourself.) What are you doing to help the student to achieve this end?
7. What freedom does _____ have in your classroom? Do you have a "production line" approach to teaching? Or do you consider each student and how best to communicate the content of your class to that student? Do you confuse learning with getting assignments in?

As we meet·students' needs for love, power, fun or freedom we should be able to convey to them the perception or belief that they have value. According to Glenn (1988), all students (everyone for that matter) wish to perceive themselves as capable, important and powerful, as well as develop self-discipline and good interpersonal skills. Our goal, therefore, is to help students in being valued in these ways.

Of course, all of our students may not be equally proficient in learning. In such instances DeBruyn (1990a) recommends that we adjust accordingly and avoid a mismatch between teaching method and learning style. Always.

however, keep the thought in mind that all students can learn, and whether they do or not may depend upon our knowledge and skill as well as our attitude and beliefs toward teaching them.

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Footnote

[1]Notably, in the Brown (1980) study 18,000 students were surveyed, and *all* of the students that were expelled from school were from single-parent families.

AN UNDERSTANDING OF NEGOTIATION STYLES CONTRIBUTES TO EFFECTIVE REALITY THERAPY FOR CONFLICT RESOLUTIONS WITH COUPLES

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Couples counseling offers counselors opportunities for eclectic application of reality therapy/control theory concepts in tandem with principles of negotiation. Glasser (1984) mentions negotiation and compromise as "all we have to work out our differences." A control theory axiom which guides our work as reality therapists is "that it is impossible for any two of us to have the same pictures in our heads" (p. 26). This knowledge must become "an integral part of the way we deal with all those around us" (p.44) if we want to take effective control of our lives.

Since pictures are often dissimilar, people have found behaviors which reconcile them to the pictures of others, or help them move toward a more shared picture. Negotiation specialists identify five general categories of conflict behavior:

> Avoidance
> Accommodation
> Competition
> Compromise
> Collaboration

One or a combination of these behavioral modes might be chosen by individuals in conflict. Some people appear to establish a pattern and use one mode, perhaps, which has helped them reduce past frustrations. Subsequent behavioral organization is predictable, and even if it doesn't appear to work to any great degree in getting them what they want in a transaction, they may cling to it, thinking that eventually it will yield the results they seek. People who take effective control of their lives are apt to have awareness of the entire repertoire of negotiation styles which enhances their ability to resolve conflicts.

Avoiding is a behavior which doesn't really address the conflict. People who choose this behavioral style "let well enough alone" and tend to postpone, sidestep, or withdraw from the conflict. Lincoln and O'Donnell (1986) further define it as refusing to acknowledge the existence of the conflict or just ignoring it altogether.

There are times, however, when avoiding might be a very appropriate choice. In the midst of a true conflict, Glasser (1984) advises to wait and do a good job while waiting. While we wait, the world turns, and it gives the brain a chance to reorganize. Further, some initial avoidance may permit angering to subside, and disputants can later return to the conflict with more light and less heat.

Accommodating indicates a yielding to the other's point of view. While there are situations in which such behavior indicates a generosity or a willingness to preserve harmony, repeated use of this behavior might result in a person's mounting up enormous frustrations. Turning the other cheek is easier for some of us than the rest of us, but any of us who choose this over time run the risk of never being satisfied. In some relationships, one might accommodate the other often as a way of building up a ledger of what is owed. Later on, all these stored facors are presented as, "Since I did that for you, you must now do this for me." Most adolescents I see move away from accommodating their parents' pictures and seek to establish their own. Some begin to compete. Similarly, some spouses move away from accommodating a partner's picture(s) and venture forth to establish their own unless the new, emerging picture can be accepted within the shared relationship.

Competing characterizes many of our athletic contests and usually results in a winner and a loser. Lincoln and O'Donnell warn that this behavioral style "can lead to domination or eventual annihilation of one disputant by another." This "Might makes Right" mode characterizes people and groups with intense needs for power; what Glasser identifies as "the need to get others to obey us."

If **compromising** creates a two winner solution, it also creates a two loser situation. Lincoln and O'Donnell say this form "requires that in order for each of us to win something, each of us might also lose something, a loss we believe is necessary but unwarranted." Splitting the difference is a behavior many of us exercise when we bargain or haggle over a purchase price of a new acquisition. Sometimes getting and giving concessions strengthens a relationship; sometimes it erodes.

Compromising is perhaps the most familiar form of conflict resolution for many of us who think that half a loaf is more satisfying and less frustrating than no loaf at all. Characteristic of couples, this behavior does sometimes help meet love and bonding needs, whereas competition behaviors are more likely to move us toward meeting power needs.

But the behavior which most enriches our application of reality therapy/control theory concepts is **collaborating**. From Latin roots which literally mean **to work together**, collaborating is described by Lincoln and O'Donnell as "the belief that the interests of one party will not be satisfied unless the interests of the other is also satisfied, at least to some degree." In the search for a solution which meets the needs of both parties, two heads which are creatively reorganizing are better than one. Understanding your own needs as well as the needs of your partner, having the willingness to address the specific ways those general needs might be satisfied in the

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external world, and earnestly engaging in an open and communicative brainstorming session enhance this model. The collaborative spirit is sometimes difficult to attain. In fact, Glasser (1984) indicates that "our lives are a continual struggle to gain control in a way that we satisfy our needs and not deprive those around us, especially those close to us, of satisfying theirs."

The concept that love is characterized by relationships in which your partner's happiness, health, and satisfaction is as important to you as is your own has often been attributed to Henry Stack Sullivan. This relational dimension is well addressed in William Lederer's *Marital Choices* (1981) which claims its mission is to assist couples in reducing their levels of discontent and elevating their levels of relationship gratification. Further, Lederer states that "We hold that every marriage is unique because every person is unique." Replete with two winner exercises, the book suggests behavioral exchanges which contribute to a collaborative marital or relational style. Of particular interest is "The Anatomy of Authority and Power Allocation, or, Who is in Charge of What" chapter. Using charts to ascertain the relationship **as it now exists** in each partner's perception and charts which identify the marriage each **would like to have**, Lederer instructs partners to negotiate for change and mutual gain.

Glasser cautions us that "when people deride counseling as ineffective, what they are saying is that they do not want to negotiate — they want to control." Such people are employing only one behavioral style which is competing. In my work with couples, I have seen both males and females employ this behavioral choice with vigor. There may come a time in therapy to ask whether it is more important for one person to win than it is for the relationship to survive; in other words, "What do you **really** want?"

If couples really **do** want to negotiate for mutual gain, it is useful to help them learn principles of assertiveness, straight communication styles (including reflective and summative listening to be sure each has been understood by the other), and the collaborative spirit.

To illustrate the negotiation styles in a potential relational conflict, let us assume that Fran and Ray do not agree on how they want to satisfy their vacation picture this year. Ray wants to go back to the beach. Fran wants to visit parents who now live in a distant retirement community. Both Fran and Ray have strong arguments for individually held pictures. Ray says the long winter in Vermont is difficult, and the sun is restorative. Ray works hard and hopes for some lazy days on the beach to catch up on some reading. But Fran claims that aging parents want and need to see them. The parents have been a great support to the marriage; they have even made financial contributions to a new house for Fran and Ray.

Ray says that one of the parents is quite demanding and to spend the vacation with that parent would be tiring and no fun; hence, Ray's wants for rest, relaxation, and fun probably would not be possible. Fran claims that to go to the beach and lie in the sun would present real conflict since Fran believes that parents are more important than enjoying some sunshine.

In this competitive struggle, both Fran and Ray become polarized in their positions. The couple might use the avoiding mode to handle the stalemate, but, as the allotted time approaches, they may not be able to go anywhere since they did not make airline reservations in advance. Or, Fran may choose to be accommodating and say, "All right, we'll go to the beach," but thinks, "Next year we'll do it my way." Fran and Ray might choose to compromise and spend five days of their ten day vacation in each place. Although this is likely to result in higher transportation costs, they may be able to stay in the parents' home and save some hotel costs so that they can still observe their budget.

However, if Fran and Ray choose the collaborative mode, each will listen to the other's picture of the wanted vacation. Understanding that those pictures are vastly different, Fran and Ray will seek to find what there is to share — what they have in common — around the idea of a vacation. Additionally, they will each have to tolerate the partner's picture and make a good faith attempt to understand how that picture would be need-satisfying for the partner. A frank discussion of values is useful.

Together, Fran and Ray decide that they will rent two cottages side by side at the beach and invite the parents to accompany them. In this way, Ray can log in a lot of beach hours and get the sunshine so sorely missed during the long winter. Fran will be able to see parents. Together Fran and Ray can work out how much time they want to spend with parents and each other (as individuals and together). Provided this picture is also satisfying for the parents, Fran and Ray have found a collaborative solution to their conflict.

One particularly collaborative practice is what Fisher and Ury (1981) call "the one text procedure." Marital partners begin with entirely different pictures in their heads about a new house. In the process of negotiating, each asks the other many questions. An architect asks about their interests, e.g., not how big a bay window the wife wants, but why she wants it or what are her specific pictures? Is the purpose of the window to catch morning sunrises or afternoon sunsets? Does she care more about looking out or looking in? A list of interests, or **wants**, of the two spouses is drawn up, and this draft is offered up for discussion. It is made clear that none of the parties are at this time committed to the draft. It is, instead, an organic, growing concept both parties will work on together. Side by side development of their own plan is likely to yield the greatest degree of procedural and psychological satisfaction for the partners. None of us likes to be told what we are going to do or how we are going to live. Glasser observes that while we may marry initially for love, the drive for power can take over in the struggle to take control of the relationship. My bay window is more important than anything **you** might want.

One such couple recently "graduated" from treatment but initially presented as having entered the separation phase. However, as Catholics, they were in conflict within their valuing filter. Although each viewed the situation as utterly impossible, through a combination of joint and individual meetings, we established the issues for therapy.

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She saw him as a wimp, withdrawn, unexciting. Life with two little kids was drudgery and he should help around the house more despite working two jobs. She was using criticism to control him. He was afraid to assert any of his own wants and had chosen peace at any price since she used profane and abusive language when angering and he did not want his children exposed to these tirades. He felt so criticized by her, thinking of himself as unable to do anything right, that he was no longer making sexual advances. She believed that, in general, the male should be the sexual initiator but the female could encourage sexual activity by being receptive. She wasn't feeling receptive. And despite her stated preference for a husband who would be nontraditional about household tasks, she claimed a preference for traditional romance.

Together we explored the myths and realities of marriage. Inevitably these include reference perceptions or pictures based on families of origin practices as well as cultural influences, and behavioral choices (such as taking intimate and fun time together, exchanging cherishing behaviors, renegotiating the power allocation of functions within the relationship, and finding appreciations and affirmation of partner strengths). This couple chose to revitalize some old behaviors they had once shared, such as playing chess and taking rides in the car. She was highly visual and aesthetic; things had to "look" a certain way. He was very auditory, spoke in a gentle tone of voice, and played the guitar (which he had given up but resumed during therapy). We discussed differences in their pictures around many marital challenges: sexual satisfaction, child rearing, birth control, interior decorating, family rituals, and even who drives the car and when.

His chosen behaviors for managing conflict were **avoiding** and **accommodating.** She was **competing** and powerful. She was invested in being right and always having her pictures met. She did not acknowledge that his pictures were different, and even did not seem at first to understand that he had pictures at all. Together they decided that their most used behaviors for attempted conflict resolution were not working and they moved toward more collaborative and compromising styles. Strengths they had as a couple were that both were intelligent and they did have a shared picture of healthy children. Although this couple had 24 sessions, many couples make excellent gains in as few as 3 sessions. Most benefit from 6 to 12 sessions.

There will be times, of course, when an issue might not be resolvable. In these situations, Glasser's advice to us is that we "learn to share what we have in common and accept, or at least tolerate, the pictures we don't share." If we truly understand that each of us is unique, we might have to agree to disagree, mindful of our own needs and wants, but also remaining respectful of the other. During the final therapy session, the aforementioned woman said, "I never knew how much work marriage was, and more importantly, I never knew how to do the important work." In my view, conflict resolution (reconciliation of pictures and/or creation of a new, shared picture) is part of the important "work" of relationships. Every couple has to strike their own comfort zone with choice and content of negotiation style and solution.

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While understanding and mastering conflict resolution behavior can be very satisfying, there can exist a kind of saturation level which suggests that there are literally no shared pictures for strength building in the relationship. It has been my experience that the harder the couple has to work, the less compatible their pictures are, and the more the relationship is in jeopardy.

For this reason, I had serious concerns about this particular couple's ability to look toward a positive future together. However, a six month post therapy check up yielded enthusiastic comments from both husband and wife. "We are doing better than we ever have," each commented. There are couples, of course for whom endless negotiations seem a bleak choice. Compatibility seems evasive or there is an unwillingness to learn to negotiate needs together.

The task at hand for these relationships often becomes separation counseling. Although such relationships are sometimes characterized by power inequities, the collaborative spirit can ease acrimony, provide optimal transition, and yield psychological satisfaction. Separations which are mediated in this way, rather than "terminated" by a litigated, competitive divorce enable the participants to maintain better control. Although each negotiation may hold a kind of reorganization, the task and choice to negotiate can become an organized learned behavior which enhances the behavioral repertory of an effective person.

An understanding of negotiation styles is therefore useful for the counselor who helps a couple identify conflict resolution behaviors they are presently using and then further helps the couple expand their behavioral repertory to include the collaborative model. The success of that model is dependent on the couple's understanding of basic needs and pictures. Further, the successful teaching and application of the collaborative mode within the therapy process best assures its continued use as couples take control of the important work of conflict resolution. The collaborative model best assures couples of power equity and maintains an atmosphere in which loving behaviors and feelings abound.

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FREUD DEFRAUDED WHILE GLASSER DEFREUDED: FROM PATHOLOGIZING TO TALKING SOLUTIONS

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ABSTRACT

This article retraces the steps that the author posits may have paralleled Glasser's own thinking at the early, middle, and contemporary stages in his career. The content moves from Freud's negativism to the pragmatism of brief therapy in today's managed care world. The third section shows how reality therapy and choice theory serve the entire field of psychology, especially the latest emphasis on solution-focused therapy. The final section of the article presents some contrasts among major theories of change and provides examples of operational definitions of therapeutic outcome research.

EVEN RESPONSIBLE PEOPLE CAN CRITICIZE CRITICS

One of my favorite books is Glasser's classic, *Reality Therapy*. I did not realize then that my enthusiasm followed the spontaneous pleasure I felt when Glasser's portrayal of psychology matched my own primordial sense about human behavior. With every page, I found myself thinking, "He's hit the nail on the head," and, with my new perceptual alignment, I felt in control! As I read, I spontaneously jettisoned the perceptual error that I had entertained about Freud's elaborate theory. I noted the thrill a person can feel after shedding a monkey from one's back. I learned that bluntly criticizing Freud, and even utterly rejecting him, could be fun. Besides, I reasoned, someone would come along one day and establish a support group for those scathed by Freud's flack. Imagine, an anonymous SOFF group — Scathees Of Freud's Flack. Those giving Freud the slip, could call themselves Survivors of Freud's Doctrinal Abuse (FDA)!

In Glasser's down to earth book, I found hope which I defined then as seeing an alternative way out of a bind. I later gleaned from the French existential philosopher, Gabriel Marcel (1962) that hope is not a non-word like "try," but actually translates to *future memory*. I suddenly remembered all the things I would eventually discover for real and I savored the new controlled perceptions that flooded my brain. My hope contained a graphic vizualization of a future career coaching others to liberate themselves from their mythical psychic disorders. I thanked God, Glasser, and Thomas Szasz, but not necessarily in that order.

Since that fortuitous day in 1965, I have not changed my excitement about Glasser's contributions to the mental health field, except, perhaps, to appreciate more the practical genius that he has shared for more than a third of a century. While Adler (1959) was likely the first theorist to make the next statement, I knew that Glasser had independently come to the same conclusion: *Insight is understanding turned into action.* I remembered also that I had lived by these ideas for most of my life. My 1959 B.A. thesis,

Prudence and Practical Truth, formally expressed my view that learning and living need not be dichotomous. People's practices are their best efforts to maintain their inner perception of their values, what Powers (1989, p. 109) described as matching some particular reference level of input, and what Glasser (1984) labeled matching a quality world picture. Problems result when people claim one value in thought and act out another in deed. Discrepancies such as these are painful errors in one's perceptual system. I concluded back then that true intelligence best fits those who live effectively, defined as responsibly meeting their personal needs. They align what they espouse, eschew, and do.

Retracing Glasser's Steps

After indulging in an enjoyable fantasy about the last 30 years of reality therapy, I decided to experience what Glasser must have felt when he first challenged Freud's massive conjectural plot. I decided to take a fresh look at what Freud's Super-Id (or Super-Ghost) was still dishing up in various forms — psychodynamic constructs, long-term therapy, inner child work, intensive intrapsychic disorder therapy, depth psychology, control mastery, narcissistic vulnerability, cathected symbiosis, projection, parental introjects, splitting, and — most seductive of all — object relations.

FREUD THE QUACKSALVER*

In theory, history has not been kind to Freud. Researchers have exposed him as a deliberate fraud for deceiving the world by changing his patients' stories from real incest to fantasy incest. In practice, however, history has been extremely kind to Freud because, to this day, most therapists practice one or another form of Freudian psychotherapy. How can one account for this continual stranglehold on the minds of both diviners and communicants?

Psychology: Head Trips or Relationships

Contrary to popular opinion, psychology is all about human relationships. Many people have carried around a lifetime fallacy about psychology. Many mistakenly think that the field of psychology refers *only* to a head trip. The word psychology commonly means the science of human behavior, and many have wondered how anyone could study such a broad subject. They claim that human beings are too versatile and their behavior too unpredictable to allow even gross levels of scientific control. Interestingly, the most esoteric and traditional views of psychology are the least empirical paradigms that devote an inordinate amount of time investigating mental disorders. As we shall see later, the psychological theories that most closely fit popular cultural notions today contain some of the most scientifically manageable concepts. Who would have ever thought that pop psych could be scientific?

Behaviorists Can Be Concrete

Behavioral therapy may be the most empirical (experimental) strand within the general field of change practices because of an exclusive interest in observable phenomena or behavioral effects. This fundamentalism con-

tains an inherent limitation, however. Such an extreme concreteness keeps the approach from becoming genuinely verifiable and replicable because the method excludes direct inquiry into a subject's thoughts and motivations. Like it or not, people perceive the world subjectively and asking them about their idiosyncratic pictures is a legitimate path of inquiry. Practitioners of pure behaviorism actually locate motivation in environmental stimuli (Skinner, 1976). Their airtight disavowal of cognitive mapping or reference signals is a serious shortcoming. Focusing so narrowly on observable actions leads to deficit fuzziness.

Another label for raw behaviorism may be "shooting oneself in the foot therapy," as practitioners persist in counseling people while discounting all their mental pictures about goals, hopes, dreams, needs, and private logic. This anti-intellect approach to a topic which *mostly* takes the form of cognitive maps or pictures in a person's head - viz., perceptions, motivations, purpose, joy, torment, and subjectivity - is like swimming with one arm tied up around one's head. Fortunately, newer versions of behavioral therapy do postulate a role for thought, social interactions, and other dimensions.

A Harsher Attack on Behaviorism. Kohn (1993) has shown how the behavior modifying or operant conditioning technique of rewarding is actually a form of punishment. The author cites at least five reasons for criticizing the practice of rewarding by punishment: Rewarding ruptures relationships because the procedure is a form of controlling behavior that discourages teamwork as each member of a group hurries to achieve the illusive carrot. Additionally, rewards ignore reasons and discourage risk-taking.

Freud Hoodwinked A Century of Purists

Everyone agrees that the *least empirical* mental construct in all psychology is the original formulation which some hangers-on still consider to be *scientific*. The elaborate fictional web I am featuring here is psychoanalytic theory embedded in a deep dark abyss known as the unconscious. Those counselors not into denial now call this black hole unawareness and they all agree that no one can be aware of everything all the time. To be human is to entertain a selective sense of one's unconscious at any given time. People manage to balance what they consciously track and what they concurrently disregard.

;.Comprehensive? Si'! ·;,Comprehensible? No'! Absolutely no one on the planet can deny that the Freudian web of intrapsychic convolutions is *comprehensive*. Not as many folks will agree, however, that Freud's theory is *comprehensible*. Freud's elaboration makes decent literature because his story soon becomes as complex as a Kafka novel, brimming with mental figures of speech: psyche, id and libido, ego, superego, defense mechanisms, resistance, and, most sacred of all - transference! The culmination of this intricate pathogenic madness is one of the most perverse notions of all - repression! Therapists ought to discard their opinion that everyone who comes along is "into denial" and needs a therapy that will break down their phony defenses.

Alternatives to Freud. Many brilliant psychological theorists, creative strategists, and lesser known practitioners decided to step outside for a breath of fresh air. One by one, Adler (1969, 1963); Bandura (1977); Beck (1985, 1976); Berg (1994); de Shazer (1994, 199.l, 1988, 1985); Ellis (1988, 1975); Erickson, Rossi & Rossi (1976); Fisch, Weakland, & Segal (1982); Furman & Ahola (1990), W. Glasser (1984, 1965); N. Olasset (1989; 1980); Haley (1987, 1963); Hoyt (1995a); Lankton & Lankton (1986, 1983); Madanes (1995, 1981); Maultsby (1975); Minuchin (1974); Minuchin & Fishman (1981); O'Hanlon & Weiner-Davis (1989); O;Hanlon & Cade (1993); Powers (1989, 1973) Robertson & Powers (1990); Rogers (1980, 1977), Satir (1988, 1967), Skinner (1953), Watzlawick, Weakland, & Fisch (1974), White & Epston (1990), and 300 more thinkers all rejected Sigmund's absurdity as *cruelty to humans.* They have likewise forsaken his contemporary followers' focus on perversity and evil. The anti-Freud crowd sees all the pathological terms as nebulous cognitive hoaxes that have terrorized humanity for almost a century. In a simpler form, Cloe' Madanes routinely says at her public presentations, "We don't label people with psychiatric disorders because we don't believe in calling them names."

The Iceman Dredge, The Willie Mammoth mentality of dragging the frozen form from the depths of the icy sea is now but a fictional charade that some therapists maintain for entertainment purposes only. Sadly, the charade is cruel and the managed care forces are having some success in stopping these practices. Insurance companies have teamed up with HMOs and put out a mandate to therapists to discard all forms of *endless therapy* from their repertoires. They are finding more success with their campaign for efficiency and accountability than some iconoclasts of an earlier era in books that criticize Freud's legacy and Psychiatry,s "cruel compassion."

Fortunately, so many alternatives to crazy-making therapy exist on paper that *pathologizing* represents only about 100% of the possible psychological avenues that counselors might cruise. Unfortunately, the reverse percentages are closer to the truth in actual practice, with probably 900% of therapists still of a psychodynamic persuasion. Marie Jahoda (McGuinness, Pribram, & Pirnazar, 1990) commented that "after 40 years of research on Freud's model of psychology, with few concrete, results, Freud will still not go away." Many therapists and "patients" alike retain a desperate loyalty to Freud's early analysis. Even critics of Freud will admit that, cruel as his charade may be, his fictional web is not nearly as damaging as what happened in primitive mental asylums. The earliest treatments included ramming metal pipes into patients' skulls in order to free them from the evil spirits that had taken refuge there.

The Rational Key To Health

Sanity, from the Latin *sanus,* literally refers to good health and being of sound mind. In psychology, sanity has a functional meaning - being rational and having or showing sound judgment. Ideally, *sane* currently means being *well balanced:* rational, emotionally responsive, behaviorally competent and flexible, physically fit, sensually attuned, interpersonally comfortable, and open to the fullness of life, All therapies - Freudian and counter-Freudian - address one or more of seven dirnensions of human

behavior and living: thinking, feeling, acting, physiological processing, sensing, socializing, and a willingness to wonder. The more therapists emphasize twisted feelings, hidden thoughts, and devious meanings, the more Freud's stamp shows up on their jeans. The more they focus on practical behavior, clear goals, logical thinking, healthy habits, congruent feelings and honest respect for self and others, the less Freud-like their therapy.

Operationalizing Goals. The most empirical theories today are the simplest formulations. Nothing is as straight-forward as Skinner's question of the lead rat: "Did you get out of bed this morning?" (His next question was the confusing one: "What *environmental contingencies* made you get up today?)" At first, Skinner kept everything simple and normal; then he proceeded to strip clients of all their self-efficacy (Bandura, 1977) or behavioral competency by crediting outside stimuli with controlling power. This erroneous attribution is the Achilles heel of psychoanalysis, according to Powers (1992). True, individuals could learn to organize the environmental factors that the behaviorists say are pushing people's lives around, but, in the end, free choice evaporated as a Skinnerian illusion (Skinner, 1953, 1976).

In spite of these quirks within the *observable* traditions, however, psychology can now be a *science* more than ever before. The main reason for this exciting possibility is ironic: we can now account for therapeutic results because so many theorists have *de-psychologized* the playing field and the rules of interpersonal engagement. The less convoluted the explanations for human behavior, the more concrete the psychological research and the more investigators can move in the direction of predicting human behaviors.

MANAGED CARE PRIORITIES

Pressure is on mental health professionals to "name" that therapy in one note" (Palmatier, 1990). All the lay people on the periphery of the "business" of psychology and counseling seem to be meddling directly with the *healing arts* of private and community practitioners. To a person, the outside monitors are non-therapists who identify *efficiency* as their top priority. Counselors say that clients' welfare is the preeminent criterion for measuring therapeutic effect, and these practitioners have little or no regard for the duration of a meeting or an arbitrary number of sessions.

FOUR MAJOR THEORIES OF CHANGE

To the degree that a large overview of the major thrusts in the counseling field may be useful to reality therapists, an overview of the four different classifications of counseling models (Horne & Passmore, 1992) in vogue these days will serve as a preface to the managed care jargon. The four broad approaches which differ qualitatively from one another are:

I.   Inside: Dynamic

Most practitioners in America currently make their living practicing this medical model or a derivation of an intrapsychic approach. The most common examples of this dynamic theory

in vogue today are analytical, inner child work, and analytical systems models — object relations or dynamic affiliates, an experiential process model, contextual family therapy, and multi-generational Bowenian therapy.

All of these therapies seek out an underlying story and most view psychological phenomena as biological, chemical, and mostly linear. From this theoretical perspective, problems have past causes and respond to medical treatment.

II. Outside: Associationism and Behavioral Conditioning

Two major traditions form the foundation of this practice — Pavlovian and Skinnerian.

Classical — Pairing Associations

Pavlov taught animals through paired associations by linking a conditioned stimulus, such as a bell, to an unconditioned stimulus, such as salivating to meat powder. Using these natural processes, a technician can help a person learn to reassociate earlier perceptions. Systematic desensitization is a procedure for calming people who riddle themselves with fear and anxiety about entering a closed space, leaving home, climbing to great heights, standing around snakes, and flying.

Operant — Reinforcing Consequences

Skinner aimed to control people's behavior by managing the consequences of that same behavior. Through rigorous laboratory research on rats and pigeons, he demonstrated that reinforcement is essential in order for learning to occur. His radical emphasis on *outside-in* thinking led to a massive shift to cognitive, cognitive-behavioral and interactional models of therapy.

III. In + Out: Cognitive-Behavioral

Besides looking in or looking only out, a significant number of clinicians over the years have practiced what technicians now term cognitive-behavioral methods. Beginning with Adler (1963), these counselors first want to examine the inside story — a person's vision or purpose. Secondly, they wish to look outward to check for people's consistency between choices of action and their stated goals. One well known cognitive-behavioral therapy is, of course, reality therapy with its balanced emphasis on the way people *think* about their goals and the way they *manage to get* what they want in every day practice. Thinking and acting are the main levers for making change in this method of counseling.

IV. In-Between: Family Systems

Therapies that emphasize human relationships differ from the first three major theories of change in their insistence on conceptualizing a problem in a social context. The key element in these systems models is the quality of communication between

people. Specific approaches actually incorporate one or another of the above three emphases, and aim to help clients to improve their interpersonal communication.

Like reality therapy, the goal in most systemic therapies is to effect change in the quality of people's interactions in the present. No self-respecting systems counselor ever hunts for a culprit to blame and the fundamental maxim of four out of five of these approaches is the same: *Behavior controls perception!* At the core of these practices, in other words, is a choice theory premise and, to a large extent, practices that are compatible with reality therapy methods. These practices include behaviorally specifying a complaint, making one's goals or wants explicit, evaluating one's current attempts to achieve those wants, and taking new behavioral routes to achieve one's purpose.

LOGIC Vs ILLOGIC

Fortunately or unfortunately, many mental health practitioners think that people do psychology (i.e., perceive and behave totally, including relating) via their left brain logic. However, much of human behavior is often nonrational and even counter intuitive, stemming from right brain logic. Right brain spatial relationships and creativity may influence people's thinking and interaction the most. The influence of these early analysts is still prevalent as psychodynamic therapists either tell patients the logic of their condition or, worse, shift the focus to medication that will shut down the person's natural self-evaluative system completely. Reality therapists prize logic, but also respect the individual's insistence on private logic. Therefore, these practitioners often help clients:

(a) see their struggle anew, and

(b) logically assist them to use their nonrational propensities to choose a new behavior to resolve a problem.

Glasser has consistently demonstrated a therapist's logical use of clients' private (nonlogical) thinking when he asks adolescents choosing delinquent behaviors to solve their problem by "conning the system" by pretending to cooperate.

Nouning vs Verbing

Currently, psychological symptoms are nouns, such as Anxiety Disorder, Paranoid Schizophrenia, Repressed Rage, Depressive Mood Disorder, and Obsessive Compulsive Disorder. By following the logic of analytical dialogue, therapists take snapshots of the inner story and tell clients logically all about the noun. Worse, they shift the focus to medications that shut down the natural system by which humans self-evaluate. A solution to this archaic labeling is to think in verbs. Such a perspective gives therapists a way of using the inner struggle to suggest (a) new ways to see the struggle, and (B) new behavior to resolve the problem.

	Nouning	Vs	Verbing

Nouning   Vs   Verbing

By *"nouning"* people, we:	By *"Verbing"* people, we:
describe them as <u>being</u> something	describe them as <u>doing</u> something; i.e., by the actions they routinely take; i.e., as <u>doing</u> something
e.g., Anxiety Disorder	**e.g.,** "entertaining anxiety" by dwelling on the negative side of a problem

By using nouns, we have:	By using verbs that describe, we have:
1. Boxed clients in	1. Conveyed a behavioral choice and not a permanent condition
2. Targeted them for our <u>outside-in</u> treatment	2. Shown how symptomatic (composite or total) behaviors make sense somehow
3. Conveyed to clients that they should remain neutral and passive: "Just take your meds."	3. Suggested that they can unwind (desymptomatize)
Made it easier for subjects to think of limitations, a life condition, or a state of mind. Thus we invite clients to move from being subject to being an object.	4. Shown them that, as they get their life in gear, they can see opportunities to make alternate choices and to take advantage of new possibilities to move their lives from awry and aground to all right.
5. Provided them with a lifetime of content if they choose to bemoan their lot in life.	5. Created the conditions for subjects to remain <u>subjects</u> who can take action. We do not objectify clients with false choices or a label and turn them into a treatment goal for ourselves.

Logic Sometimes Feels Right

Therapists who are looking for trauma and explanations of trauma in all the wrong places can start by exchanging verbs for nouns. Granted, some people find a degree of comfort in a label, such as co-dependency. One hard to hear reason may be that misery loves company — especially, miserable company. Learning that others do bulimia and that an individual sufferer need not remain isolated from the community of peers who practice a similar pattern can be good news. Individuals can use such factual information to tie into a support network. Beyond finding others, making sense of a pattern of behavior is more practical than simply stumbling across a psychological term buried in a diagnostic book.

Counter Intuition Has Its Own Logic

Resist the urge to be only literally logical and respect clients' perceptual realities. This twelve step program can help counselors understand some variations on standard logic and handle some common ironies that do not fit people's typical picture.

1. Trying to be close can create distance between people.

Being vulnerable and accessible allows another person to be close.

2. Dredging up details about past abuse can lead one away from peace of mind.

   Evil has no merit and dredging less helps more.

3. Being personally self-disclosing always draws people together.

   Talking too much about feelings can drive a wedge between two partners.

4. Rewarding through reinforcement insures continuance of a behavior.

   A sassy kid who receives a dime each time he is rude to his mother learns that he is under the employ of his father who entertains much criticism for his former wife. The youngster may then cease the obnoxious behavior even though he receives reinforcement.

5. Therapists always need to try to cheer people up, especially those feeling down.

   Asking a negative person, "How bad is it?" is typically more useful than a rah-rah approach.

6. Sulking off in a corner guarantees solitude.

   Keeping an emotional distance by making others wrong usually backfires as they involve themselves in correcting the one emitting toxic feelings.

7. Depression is always bad.

   Some people see depression as a house guest and use this emotion as a form of entertainment. More adventurous individuals may consider depression as latent joy.

8. Angering keeps others out of one's life.

   Angering usually serves as the quickest way to become emotionally involved.

9. Rebelling proves one's interest in freedom and guarantees privacy.

   People who rebel employ this misguided behavior to profess independence. The effect is predictably the opposite.

10. Self-respect has nothing to do with relationships.

    People find respecting others easier when they respect themselves.

11. A child can never get enough sincere parenting.

    Parents' job is to help children reach their own orbit. Over responsible parents who want to give their children more than they want to receive can become tailgaters in the same orbit. Nobody likes a tailgater.

12. Therapy is always useful.

    Some may find paddling a canoe more helpful than receiving formal therapy.

A Look At University Practices

As an academician, I work with a range of students who must follow common institutional norms that require broad study of the counselling psychology field. In addition to remaining open to learn about develop-

ments based on sound research, graduate students must master a specialization area. I have found that most university based *clinical* psychologists are analytical in their theoretical persuasion. Little diversity exists among practitioners in this specialization. Further, I continue to notice that while *counseling* psychologists differ among themselves in their theoretical orientation, every one of them has an orientation and follows it out in the classroom and clinic. Many university faculty members prefer not to acknowledge a position, but observation of their teaching and clinical practice makes clear that they do lock onto specific theories. Those with little formal training and limited clinical practice will often claim a devotion to a nebulous philosophy, such as *humanism,* or to an outmoded and nondescript term, *eclecticism.* Humanism is less a therapy than a commitment to valuing human beings, and observers commonly agree that eclecticism means a random gathering of isolated tactical maneuvers.

Most Universities Do Not Train Therapists. Because I have an obligation to teach students enrolled in different academic programs with various career goals, I naturally draw from my own broad study in the field. Recently, I sat in on an educatonal consultant's presentation at a national convention of in-service providers. The speaker told the audience that he had a Ph.D. in psychology, and that, after earning his degree, he met William Glasser and read his book on choice theory. The speaker claimed that the only pragmatic psychology that he had learned came post-doctorally, away from the institution that had awarded him the degree. He named reality therapy and choice theory as the most useful information he had acquired, and, candidly stated that he had adopted these pragmatic methods in place of all of his doctoral studies. He bluntly reported as useless and nonsensical all of the psychology he had learned up to that time, and admitted that he had a Ph.D. in nonsense.

A solution to the Problem. A remedy for the fiasco of turning out graduates able only to recite general aphorisms about noncohesive and irrelevant therapies would be for universities to: (1) identify a clear direction — let's say blending (a) time-limited, directive, pragmatic, cognitive-behavioral, problem solving therapies, and (b) interactional systems models that complement such approaches; and (2) team up with like-minded professionals in community based agencies and clinics, including school-based family counseling centers, and train counseling psychology students in these methodical and integrative methods. Not coincidentally, the Counseling Psychology Department faculty at the University of San Francisco (which honored William Glasser with a doctoral degree in 1990) is implementing this formula.

My Personal Odysey In Psychology

Beginning with my college years in the latter half of the 50s, I first examined the then prominent inside story tellers. Like a man dying of thirst, I quickly latched onto the pragmatics of Glasser in the mid-sixties, and onto the related family interactional therapies as these systems models emerged and evolved. Not coincidentally, all of the systems therapies that resonate with me now follow a choice theory premise: *Behavior controls perception.* Furthermore, choice theory and reality therapy principles and practices often operate within the most action-oriented interactional models. 75

Counselors often want to be clear about the way their chosen approach fits into a larger therapeutic ecology. One advantage is selecting a therapy by choice instead of by default. Another benefit is that many ideas from the larger field integrate easily into a specific counseling method and this process can strengthen one's work and help clients. What are the integrative threads connecting these diverse theories and practices from reality therapy and choice theory? Also, how are these schools of thought different from Glasser's model? The connecting link is that behavior controls pictures.

LONG-TERM	VS	SHORT TERM THERAPY*
Long		**Short**
1. Change In Character Is The Goal	Vs	Pragmatism & Parsimony (A "Cure" Is Not The Goal)
2. Significant Change Is Unlikely	Vs	Change Is Inevitable In Every Day Life (An Adult Developmental Psychology Perspective)
3. Presenting Problems Point To A More Basic Problem	Vs	Solve The Presenting Symptom
4. Focus On Pathology	Vs	Look For Strengths And Resources
5. Therapist Wants To "Be There" At the End of the Road To See Changes "After Therapy"	Vs	Changes Will Occur In The Course of Living
6. Therapy Is "Timeless"	Vs	Not True With Some Models; Endless is More Accurate
7. Unconsciously Sees Financial Benefits	Vs	Money Matters Are Muted By the Nature Of the Practice
8. Therapy Is Always Benign	Vs	Therapy Can Be Useful or Harmful
9. Therapist Treats A Patient	Vs	Therapist Treats A Population

*I adapted and amplified these polarities from Budman, Hoyt, Gurman, Eds. (1992.)

DICHOTOMIES BETWEEN PSYCHOBABBLE & MANAGED CARE JARGON**	
Out	**In**
Long-Term & Expensive	Brief & Cost Effective
Working Through	Getting Back To Work
Psychodynamic	Problem Solving
Growth	Competency
Psychoanalysis	Single Session
Gestalt	Relieving Symptoms

Insight	Resolving Problems
Causes	Effects
In-Patient	Out-Patient
Hospitalization	Community Support Group
Narcissistic Vulnerability	Bottom Line
False Defensive Grandiosity	Adaptive Functioning
Separation-Individuation	Clear & Specific Goals
Symbolic-Experiential Material	Least Restrictive Care
Intrapsychic Structure	Utilization Review
Symbiotic Transference	Quality Assurance
Oscillating Part Units	Treatment Goals
Intensive Analytic Therapy	Directive Therapy
Projection	HMO Regulations
Projective Identification	Monitor Cost & Progress
Split Transference	Time-Limited Care
Analytic Image	Self Help Plan
Splitting	Accountability
Role Confusion	Increasing Work Days
Clear Boundaries	Co-Payment Limits
Generational Continuity	Responsibility Today
Non-Directive	Homework Tasks
Processing Ad Infinitum	Three (3) Session Limit
Parental Introjects	Assertiveness

**Once again, these dichotomies represent my version, this time of Hoyt's (1995b) ideas on managed care.

DICHOTOMIES BETWEEN REPRESSIVE AND RELATIONAL THEORIES

INSIDE (Psychodynamic)	IN-BETWEEN (Solution-Focused; Interactional)
Abandonment Issues	A Worried Child Needs Parenting
Family Of Origin Issues	Family Communication Patterns
Anger Issues	No History Of Success
Anger Issues	Unclear or Unrealistic Goals
Anger Issues	Lacks Assertiveness Skills
Anger Issues	Social Isolation
Shame	Unexpressed Communication
Depression	Need To Share The Grief
Repressed Rage	Need To Share The Grief
Repressed Rage	Turning Victimization Into An Art Form***
Subliminal Messages	Nonverbal Communication
Erogenize	Treat As A Sex Object
Erogenize	Unclear Boundaries

Repression	Unaware
Enuresis: Reaction Formation For Desiring Mother...In The Biblical Sense	Boy Acts Out Common Home Message: "Piss On It."
Secretly Wants To Harm Self	Lonely & Needs Friends
Obsessive Compulsive	Confuses Motion With Progress
Overcontrolling	Overdose Of Responsibility
He Represents His Parents' Repressed Fury	Parents Detour Communication Through Son
Self-Hatred Issues	The Family Needs Encouragement
Needs Intensive Therapy	Lacks Confidence & Behavioral Competencies
Dynamic	Cognitive-Behavioral
Genetic Interpretations	Bibliotherapy
Hooked Into Oedipal Complex	Freud May Be Right

***This interpretation applies to adults choosing a lifetime of excuses for an explosive temper; not to children who can truly be victimized and, subsequently, legitimately feel violated, traumatized, confused, hurt, and enraged.

OUTSIDE: BEHAVIOR;	IN & OUT: COGNITIVE-BEHAVIORAL
Anger Provoking	Excuses For Outbursts
Environmental Triggers	Knee-Jerk Emoting
Reinforcers	Pulling Your Own Strings
Responding To Stimuli	Getting What You Want
Shaping	Father Knows Best
Determining The Client's Goals	Setting One's Own Goals
Environmental Stimuli	Information Only
Mind Control	Subjectivity Of Perception
Illusion Of Freedom	Freedom And Responsibility
Managing Social Contingencies	Having Some Fun
Negative Reinforcement	Matching A Comfort Picture

COMMON MYTHS & THICK LANGUAGE	VS	REALITY THERAPY
Excuse Making		Personal Responsibility
Blaming Mother		Living Courageously Now
Living In The Past		Forgiving And Moving On
Double Messages		Aligned Communication
Featuring Yesterday		Facing Today And Tomorrow
Featuring Pathology		Building On Positives
No Choices		Creating Options
Feelings Rule!		Feelings Follow Actions
Living At The Effect Of Stimuli		Behavior Controls Perception
Changing Others		Controlling Oneself
Hostage To Emotions		Changing One's Actions
Denying Self		Meeting One's Needs (Responsibly)

Transference	Getting What You Want
Object Relations	Personal Responsibility
Intensive Psychotherapy	Choosing Optional Behaviors
Self Destructive	Lacks Effective Behaviors
Interpretations	Self-Evaluation
Stalemated & Proud Of It	Conflict Resolution

THE FIELD IS CATCHING UP WITH GLASSER: THE HUNT FOR SOLUTIONS

While therapists of all stripes were with their clients out in the fields busily thrashing out one problem after another, a "new" set of terminology crept into the playing arena. Rather suddenly, or so it appeared, a new wave of counselors began talking about *solution-focused* therapy, as if all previous approaches led to problems or remained overly focused on problems. All of the elements of the new emphasis on solutions are in Glasser's writings in one form or another from day one. Covey, Merrill, and Merrill (1994) capitalized on this renewed emphasis on a counselor's role that helps clients shift the emphasis to creative self evaluation and staying intent on their preferences. Ellis (1988), too, would be delighted if he knew that many have shifted the therapy dialogue from pathological psychobabble to clients' deciding to manage their thinking and acting more realistically.

Is Solution Talk A Valid Innovation?

To the extent that solution-focused therapy contrasts with Freud's obsession with the morose, the new language is a sharp contrast to perverse sexual practices and *thanatos*. Everyone would agree that moving from depravity and nihilism to possibilities and successes does represent a significant shift in the content and quality of therapeutic practice. However, many solution-focused therapies were born long before anyone invented the label. What *is* distinctive about the contribution from the solution-focused literature is a new set of questions that therapists may ask themselves and their clients, and a set of systematic plans for mapping the journey to a *bona fide* solution. Other than these two main pluses, Glasser, for one, has "been there and done that" work already.

Glasser's Focus on Solutions. What is reality therapy if not a self-empowering shift to solutions rather than endlessly groping with enticing problems? Glasser's earliest writing — not to mention his contemporary thinking — contained many of today's solution-focused guidelines.

Examples include:

- looking for what is already working well and not staying fixed on what is ugly in a situation; leaning into life and taking reasonable risks rather than standing on the sidelines and wringing one's hands;

- doing more of what works instead of repeating behaviors that clearly do not work;

- avoiding beating a problem to death;

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- inviting clients to be specific about their goals and shifting to a new vision of the way their life can be;

- activating the shift toward a more positive direction by implementing a small, concrete, repetitive, positive, and attainable step right away (Wubbolding, 1988, pp. 58-65);

- emphasizing what people can *do* and not wasting time with merely *stopping doing something;* replacing standing around and "pawing the earth" with getting on with life;

- putting more energy into creating a brighter future than beating oneself up by endlessly laying out and interpreting a dismal past;

- helping others gain expertise in realistically self-evaluating their wants and the effectiveness of their total behaviors; and

- coming to the conclusion that, like it or not, each of us is in the driver's seat of our lives.

GENERAL GUIDELINES FOR SOLVING PROBLEMS

1. First Negotiate A Problem So It Becomes Solvable

Restate an accountant's *depression* over failing to file his own personal taxes with IRS for five years to *irresponsibility* (Madanes, 1981). Glasser agrees with this approach. Put peeves, complaints, and serious "disorders" into the most tangible language available. This step makes eminently clear the differences between Freud's quicksand and Glasser's concrete.

2. Notice The Differences Between: A. The Complaint And B. Exceptions To The Complaint

By highlighting the exceptions, counselors can find solutions much more swiftly and clients soon notice that a new plan might consist in their doing more of what they are already doing when they are not doing problem behaviors. This is an obvious, but important point that solution-focused therapists have put on the table. No matter how miserable, people do not do their "problemming" 100% full-time. Find exceptions to their ineffective behavior and encourage them to do more of these useful actions. Glasser reached this conclusion at least 35 years ago.

3. Pretreatment Change: "Flight Into Health" (de Shazer)

Build on pretreatment change in constructing new solutions. Often people report some changes between the telephone call for an appointment and their first visit, Ask: "What changes have you noticed?" rather than, "Have you noticed anything?" This line of questioning is refreshingly positive.

4. Ask Positive Questions & Ask About Changes For The Better (de Shazer; O'Hanlon; Furman & Ahola)

- What changes for the better have you noticed since we last met?

- How would you be managing your life differently if things were working out in your life for the better?

- What do you think made those changes possible?

- Tap others in your life: What would they say made those changes possible?

- If this were a teaching problem, what do you think is the lesson?

5. **Using Scaling Questions: 1 To 10 On A Relationship Scale**

not so wonderful   *wonderful*

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

You give yourself a 4.0 rating this week on your satisfaction with a relationship. If I were to ask you this same question next week, and you reported a 4.5, what would you have to do to move your relationship scale up by .5 point?

GLASSER THE QUICK SOLVER

Like so many other pragmatists, Glasser discarded all medical notions of mental health, and also fundamentally abandoned the concept of mental *illness*. By focusing on behavior — the only endeavor all humans do from birth to death — he has pruned the psychology tree down to: (1) succeeding (having what you want) or (2) failing (not having what you want). He defines behavior as people's best attempt, at a given time, to meet their needs and get what they want. He also eschews hedonism by including social responsibility as a condition of success. People ought to have what they want, but ... "at no one else's expense." He states that, when all is said and done, only one psychological problem exists: people do not have something that they want. For many, this agonizing deficit is not being able to get someone else to do what *they* want them to do.

Glasser On Choice Theory

Glasser's most significant recent contribution appears to be deciphering Powers' (1973) control theory and developing these ideas so clients can find relief in their lifetime. One step in making these cybernetic ideas more user friendly was Glasser's changing the name from control to choice theory. Cybernetic comes from a Greek word meaning steer and refers to self-steering or self-regulating systems (Hanson, 1995). As a feedback model, choice theory is a key cybernetic system that accounts for 100% of human behavior.

As a closed loop, negative feedback system, choice theory explains the distinction between positive and negative feedback. Negative feedback is satisfying because people either already have what they want or they see things moving in the direction of peace of mind. In this condition they need take no actions. Positive feedback is more challenging because in this condition, people see things moving out of control and away from what they claimed they wanted to do. In the face of this new demand for change, people must behave in order to bring their sensory pictures in line with their mental reference pictures. In the face of positive feedback — being aware of an unmet want — people behave in order to gain a satisfying perceptual match. Positive communication serves the same function in family systems theory. Confronting environmental disturbance or positive information, family members take action to close the positive gap between the balanced

homeostasis they find comforting and the instability they naturally tend to avert. Positive feedbck energizes the behavioral system as a person moves to close the gap.

The Cause of Behavior. Once people grasp how their inner control system operates and as they come to understand that all people are always trying to match the world up to their *mental* pictures, the classic intrapsychic fable becomes even more ludicrous. We can now reliably predict that people carrying very large perceptual errors — not seeing in the world a perceptual analogue for a mental picture of a current want — *will take drastic action* to eliminate the pain that results from the discrepancy between the mental picture of their current want and their sensory picture of what they actually have. Motivated by the only source of frustration, some will push and shove and try to change the outside world. Others will examine what *they* can do to change *their* behavior to end up a winner. The most common choice in the midst of serious conflicts is resorting to medication to soothe the perceptual error in their heads.

MEASURING THERAPEUTIC EFFECTIVENESS

Outcome studies now provide the best data to support the science of human behavior. Psychology is more credible when researchers can show that important changes in behavior do occur, that these changes happen as briefly as possible, the improvements are stable over months and years as follow-up studies show, and no new symptom pops up to fill in the void (on the assumption, it seems, that people with problems cannot attain a symptom-free condition.)

Evaluating Current Practice

What about the new psychology? Notice how the language shifts to more practical, tangible, and observable terminology. Five of the next actual cases required one meeting with none lasting longer than 9-10 sessions, sometimes spread out over several weeks or months.

Complaint	Outcome
Couple is splitting up over new baby proposal	Couple has a baby and stays together
Boy fears he will die if he touches anything	Boy starts touching everything normally
A woman, abused as a child, picks abusive males	Woman changes her pattern
Young girl goes berserk at school; Mother furious	Girl settles down; Mother is calm
Boy desperate over move from abusive step-dad	Boy adjusts to shock; enjoys other kids
Man spends a lifetime of torment over a tragedy	Man finds peace of mind about tragedy
Mother attends school for a year with her child	Mother stops attending in two days
Adult daughter always fights with her mother	Daughter sees mother as a consultant
Woman cannot find a long-term relationship	Woman meets a man and marries him
Daughter often tantrums at home	Daughter drops tantrumming

Complaint Or No Complaint. Nothing is more empirical (verifiable) in outcome studies than finding out if the complainant no longer has the presenting problem; i.e., is no longer doing the behavior that led to the complaint. Nothing is less empirical than Freudian outcomes. The reasons for this problem of no documentable results in traditional psychology is that psychodynamic therapy is nebulous, long-term, and aims to elicit insight and not behavior change. Psychodynamic therapists believe their

work targets the real problem, is intensive, and results in long lasting changes. They criticize pragmatic approaches as shallow and temporary toying with symptoms. Therefore, symptom relief *per se* is not a value in therapy. Glasser, however, shows that when counselors teach clients how to live their lives better to get more of what they want, the benefits of counseling far exceed musical chairs among elusive symptoms.

WRAPPING UP THE RAP

In the spring of 1995, 35 relationship-focused therapists of three like-minded schools — strategic, solution-focused, and narrative therapies — gathered in the San Francisco Bay Area to meet over a weekend at a summit session that John Weakland had titled *Unmuddying the Waters*. Six major family therapy players came to the meeting, along with about 35 others from America, Japan, Australia, and Canada. Many who could not attend telephoned their FAX messages. The talks centered therapists worked together more collegially instead of narrowly sniping at one another as they presented their messages. Something messianic occurs when a therapist takes the stage, and balancing respect for therapeutic effectiveness with delivering *the truth* is a constant challenge. The task is more formidable as the messenger's sense of conviction inflates. With choice theory, reality therapy, and quality management, we all have something fantastic to believe in, but, periodically, the messengers must remind one another not to take themselves too seriously. Glasser sets the tone on a proper attitude: the ideas are powerfully useful and all anyone can do is share these exciting theories and practices sincerely, competently, and humorously. The next decision shifts to the listeners' court.

Rational Decisions Under Fire. I drove away from *Unmuddying the Waters* with John Weakland's last words in my head. Here was a man visibly struggling for every breath, both shoulders rising in the relentless battle for air as he dealt with the last stages of amyotrophic lateral sclerosis, ALS or Lou Gehrig's disease. The nerve cells in his central nervous system had degenerated and he had already lost much of his voluntary motor control as many of his muscles atrophied. The man who had admired Milton Erickson so much had, in his last days, joined his mentor's earlier struggle with a parallel ravaging physical disease. Poliomyelitis struck Erickson twice in his life — during adolescence and again in his 50s — wreaking acute inflammation of the motor neurons in his spinal cord and brainstem and leading to paralysis and muscular atrophy.

We're Among Friends. I knew that the last words I would ever hear from John Weakland would be refreshing, gutsy, and useful. As much as anyone, he knew that Messiah Freud had foisted off an arcane juggernaut on a world desperate for real freedom. John summoned all his strength and reminded the group, in so many words, that all present in the room stood for life and a lighter hearted alternative to the pathological malignancies infecting psychology. Forced to labor over each point, he retained his cryptic style as he gutted out, "Stay curious." A few weeks later, John Weakland died. His message and his purpose can live on in counselors seeking to create the conditions for others to empower themselves. In this

spirit, I thought how fortunate to belong to the Glasser group and to the larger community of solution-oriented counselors seeking to encourage personal autonomy! The Glasser family has what all the people with *all the answers* do not have: We have the questions.

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Myers-Briggs and Reality Therapy

Using Myers-Briggs Typology in the Reality Therapy Process

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ABSTRACT

This article provides a brief theoretical overview of William Glasser's Choice Theory, Carl Jung's theory of personality type, and the application of Jung's theory by Myers and Briggs in the Myers-Briggs Type Indicator (MBTI). The authors suggest combining these two theories to increase self awareness and improve the quality of choices clients make by exploring personality preferences and the role they play in meeting basic needs. A case study is presented to illustrate the use of information gained from the MBTI while exploring and evaluating the client's needs and behaviors. The article culminates in a chart merging Glasser's five basic needs and the sixteen personality types which result from the MBTI.

USING MYERS-BRIGGS TYPOLOGY IN THE REALITY THERAPY PROCESS

Humans are capable of a myriad of different behaviors. The reasons for choosing some behaviors rather than others has long been the subject of study and theorizing. William Glasser (1984) says that we choose behaviors to meet our basic needs. He classifies these basic needs into five broad categories, and says they are met by different people in different ways. Carl Jung (1971) thought the choice of behaviors depended on personality preferences. The present paper suggests combining these two theories to gain greater understanding of the reasons people choose different behaviors to meet the same basic needs. A brief theoretical overview will be presented, followed by a case study suggesting ways counselors might integrate the two theories with the aid of a grid showing the intersection (five basic needs by 16 personality types) of the two theories.

CHOICE THEORY/REALITY THERAPY

The five basic needs of Survival, Belonging, Power, Freedom, and Fun (Glasser, 1965, 1984, 1998) are universal, genetic, general, and sometimes overlapping. Individuals may experience personal conflict within themselves, or with others, while meeting their needs. The individual is constantly compromising or balancing his/her need 'scales' by choosing behaviors. Behaviors that meet one need predominantly may interfere with meeting other needs. The need for belonging may conflict with the need for fun or freedom, as when a young adult has to choose between going on a ski trip during the Christmas holidays and visiting the family. An unbalanced scale will produce pain and frustration. This may result in internal motivation to relieve that pain or reduce the gap (Glasser, 1965, 1998: Wubbolding, 1988, 1991).

Wubbolding (1988) describes methods a counselor can employ to assist individuals in understanding their frustra-tions when they use unsuccessful behaviors to meet their needs. The first step is for the client and the counselor to explore the five basic needs and talk about how the individual is currently meeting these needs. The following is a brief description of the major characteristics of each of the five basic needs.

SURVIVAL

Glasser (1984, p. 6) calls Survival "old brain behavior" because it has been with us from the beginning of human existence. An example of early survival skills include securing food and shelter in a sometimes hostile environment of wild animals and severe weather. Glasser's definition of survival need is analogous to Maslow's hierarchy of needs in that survival takes precedence over other needs (Glasser, 1984).

BELONGING

The need for belonging occupies an important place in our lives. Spending energy and time on relationships with other people, pets, and things gives us feeling of belonging, love, and fulfillment. Wubbolding (1988) further describes belonging associated with the social order, with work, and with family. If there is erosion of any of these forms of belonging due to loss of employment, family or friends, feelings of isolation, anger and depression increase. In some cases, the result is escape from reality through drugs, alcohol, violence, or even suicide. Glasser (1972) says the "most common cause of pain is the failure to get involved, which we experience as loneliness" (p.30, and that "most people who commit or attempt suicide describe incredible loneliness as the reason")1984, p. 9).

POWER

According to Choice Theory (Glasser, 1998), power is "the perception that we are making a meaningful impact on the world" (p. 38). Self esteem, identity and self confidence reflect a sense of power. As a result of the need for power, we may strive for political or career positions, or for money. When we are unsuccessful at meeting our power needs within the frame work of our work, we will change internal wants to meet the external world, and look for power elsewhere (Banmen, 1985).

FUN

All humans need to have fun. Glasser (1984, 1998) states fun and play are very important to mental health, and the ability, or lack of ability, to have fun can influence how we learn. Since we continue to learn all our lives, we must also continue to enjoy ourselves. He further implies fun and play

are so important that symptoms characteristic of loss of pleasure, or the inability to have fun, very often constitute a warning of possible mental deterioration.

FREEDOM

"So fundamental is the drive for freedom that people will die for it" (Wubbolding, 1988, p. 3). Freedom means not only freedom from restraints, but perhaps more importantly, having the power of choice. Being able to choose from among alternative behaviors, instead of having to do what we are told creates a feeling of self determination. Reality Therapists build upon this concept by assisting individuals in exploring and widening their choices in behaviors. This technique empowers clients to take responsibility for their current behaviors and choose new appropriate behaviors.

The counseling process described by Wubbolding (1988) using Reality Therapy techniques outlines a circular process with four steps. Each has a corresponding question: What do you Want? What are you Doing? Is it Working? (Exploring and Evaluating your choices.) What are your Plans? Wubbolding uses the acronym **WDEP** to help counselors and clients remember the cycle for increasing awareness about present behaviors and exploring possible options for future choices.

PERSONALITY TYPOLOGY

Jung developed psychological typology to help explain individual preferences. He believed "people are different in fundamental ways even though they all have the same multitude of instincts (archetypes) to drive them from within" (Keirsey & Bates, 1978, p.3). According to Jung, a person's 'type' depends on his or her positions on bipolar dimensions, each of which is a continuum from one extreme of that dimension to the other. Each person is a combination of those characteristics, and personal preferences and natural tendencies determine the position on each dimension.

In the 1920's Myers and Briggs expanded the ideas of Jung and produced the Myers-Briggs Type Indicator (MBTI), an assessment instrument to measure personality type based on four pairs of preferences alternatives or four bipolar dimensions. According to the MBTI, there are 16 personality types, or 16 possible combinations of the four bipolar dimensions: introversion-extroversion, thinking-feeling, sensing-intuitive, and judging-perceiving. The MBTI is widely used in many settings to classify people by type in order to increase self-awareness and improve interpersonal relationships (Dilley, 1987; Hirsh & Kummerow, 1989; Kroeger & Thuesen, 1988; Murray, 1990; Myers & McCaulley, 1990; Tieger & Barron-Tieger, 1992). A brief description of the four pairs of preferences is presented here, and the reader is referred to the reference section for more information.

EXTROVERSION (E) - INTROVERSION (I):

The first dimension relates to the orientation of the person with respect to the world. Extroversion and Introversion preferences have to do with "how people are energized" (Hirsh & Kummerow, 1989, p 9). Extroverts draw energy from and focus and project their energy on the world external to them. They thrive on external events,, maintain simultaneous and multiple outside interests and friends. In contrast,

Introverts commonly draw energies from within themselves. Introverts typically have few close special friends. "Introverts try to understand the world before they experience it, which means a lot of their activity is mental" (Tieger & Barron-Tieger, 1992, p. 14).

SENSING (S) - INTUITIVE (N)

The Sensing and iNtuition dimension has to do with how and what information is taken in by the person (Hirsh & Kummerow, 1989). Our five senses (touch, sight, taste, hearing, and smell) filter incoming information from the surrounding world. Sensors prefer experiencing and gathering factual and logical information through their senses before making decisions. Intuitives might make the same decisions in a different manner. They use their 'sixth' sense as a decision making foundation, look at the big picture and gather data to support or change their insights. Individuals preferring Intuition usually find more excitement in the future and fantasies than in the present, and time is not as important to them as it is to Sensors.

THINKING (T) - FEELING (F)

Thinkers remain objective when making decisions regardless of the consequences. They stay cool and calm and usually avoid, or disapprove of situations where others are distraught or emotional. In settling a dispute they would pay attention to the bare fact, look at what is fair and equitable and put less emphasis on people's feelings. In contrast, Feelers are kind hearted, considerate of the feelings of others, and always searching for harmony. In settling a dispute, the Feeler would try to take all feelings and opinions into account. Feelers often get over extended, and are quick to take back comments perceived as hurtful. Consequently, they often come across as apologetic and victimized.

JUDGING (J) - PERCEIVING (P)

The fourth dimension concerns the importance of structure (Tieger & Barron-Tieger, 1992). Differences between the two extremes on this continuum are readily observed. Judgers view time as a valuable commodity, they appreciate and demand order control in their lives. Because of their ability to organized and their strict work ethic they are often seen as leaders. They are "not necessarily judgmental (opinionated); they just like to have issues resolved" (Tieger & Barron-Tieger, 1992, p.25). In sharp contrast, Perceivers value having their options open to accommodate change and spontaneity. They thrive on starting new projects and the bursts of energy needed to meet deadlines. Perceivers may dream of order and neatness, but their creativity, spontaneity and responsiveness are more evident in their behavior.

THE THEORIES IN COMBINATION

If different types satisfy their needs in fundamentally different ways, we should be able to predict behavior with respect to need satisfaction, or even predict typology if we know how the needs are satisfied. Both personality typology and Reality Therapy can be used to increase self awareness and assist the client in making new choices. Calling attention to specific personal preferences in a counseling scenario should increase self-awareness which should lead to increased awareness of behavior choices and their consequences. The questions asked in Reality Therapy (what do you want, what

are you doing, etc.) clarify for client and counselor how well current behaviors are working and point the way to more successful behaviors (Wubbolding, 1988). The following case study demonstrates how a counselor used the chart which integrates Reality Therapy and the Myers-Briggs typology (Appendix) to facilitate the exploration of behavior choices with a client.

CASE STUDY

HISTORY

Cindy, a 39 year old female, came to counseling to resolve her frustrations surrounding her employment, husband, and parenting issues. She described verbal abuse at her place of employment, and had low self esteem. Cindy was separated from her second husband. She described both husbands as addicted to alcohol and other drugs, and both marriages as abusive and meeting few of her needs. Her father was an alcoholic, was abusive, and provided little communication with, or support for, her family. Since her husband was in the military, her extended family lived in another state. She had two daughters, 14 and eight. She reported that the 14 year old used marihuana and alcohol during most weekends, had recently become pregnant, and had experienced behavioral difficulties since her parents' separation. The younger daughter was very demanding and exhibited some hyperactivity.

MBTI

Upon completion of the MBTI, the counselor and Cindy concurred that INFJ best described her personality type. Using the chart (Appendix), the initial stage of counseling focused on Cindy's insights into how she met her needs through her unique personality preferences. She gained a greater awareness of how these preferences had guided her from early childhood to adulthood. The following is the way Cindy was able to describe how she met each basic need.

Survival - Cindy had withdrawn during early childhood traumas, in order to survive the abuses.

Belonging - Her Feeling function drove her to faithfully care for the family and friends, and to sacrifice self. "INFJs are especially sensitive to family tension and have a tendency to personalize those tensions, even blaming themselves for problems they did not create" (Kroeger & Thuesen, 1988, p. 225).

Fun - Cindy's idea of fun was a quiet social gathering of a few close friends. "Leisure-time pursuits for INFJs are often solitary or involve the company of others who are particularly important to them" (Hirsh & Kummerow, 1989, p. 179).

Power - Cindy had worked hard in high school and when she graduated from high school, she had received a nursing scholarship. She had postponed her nursing goal because of the two abusive marriages and children. She was experiencing frustration at working in what she considered meaningless, routine jobs. INFJs seek their power through persistently working toward long range goals, strong work ethics and work for the good of humanity. "Dreaming typically gives way to good scholarship and the INFJ child finds school, at most levels, quite rewarding" (Kroeger & Thuesen, 1988, p 225).

Freedom - Cindy exercised freedom by reading, going to the gym, and seeing a few close friends. These avenues opened choices for Cindy that enabled her to move outside her family and helped reduce stress from her current job.

After the initial exploration into typical ways of responding for Cindy's personality type, the counselor and Cindy began exploring Cindy's current behavior, and her options for future choices in the framework of fulfilling her needs of survival, belonging, fun, power and freedom. The following is a brief account of the results.

What do you Want?

Survival - Cindy wanted to meet her financial obligations and still enjoy life.

Belonging - She wanted to feel accepted and loved for who she was, not what she did. She wanted to be able to stop having negative thoughts like, "I'm not good enough" or "If you really knew me you would not like me."

Fun - Cindy wanted to try new activities and meet new friends with less anxiety.

Power - Cindy wanted to feel good about her work and return to school.

Freedom - She wanted to relieve her stress and learn new choices in her relationships and employment.

What are you Doing now?

Survival - Cindy felt a strong sense of responsibility to take care of her girls and saw her current employment position as meeting this survival need. Family financial support, she insisted, was her responsibility. Due to her difficulties in asking for help (introversion), and fear of causing an argument with her previous husbands (feeling), she was bearing all the financial burden of rearing two children. "Another way INFJs lose out is when they do not behave assertively and feel reluctant to intrude on others with their ideas" (Hirsh & Kummerow, 1989, p. 181).

Belonging - Cindy had few friends and no relatives where she lived. Her life consisted of work and home. Cindy's need to feel loved and needed permeated her life, and especially her relationships with males. Cindy reported using alcohol to relieve these anxieties at parties. About INFJs, Hirsh and Kummerow say, "they enter into relationships just to be cared for, even when the person is not right for them and they suspect it" (1989, p. 180). Cindy's type, INFJ, experiences difficulty meeting new friends in new social environments and often complains about difficulties expressing self.

Fun - Cindy described minimal activities involving friends, and her girls were her main confidants. This was Cindy's only way of meeting her needs of belonging and fun "They are not likely to enjoy large parties, but prefer intimate groups of close and long-standing friends" (Hirsh & Kummerow, 1989, p. 173).

Freedom and Power - Cindy satisfied her needs for freedom and power in quiet, secretive ways. She had secretly invested in CD and Bonds during her second marriage to provide a nest egg after their separation (Introversion Intuitive and Judging). After the separation, she had been able to buy a mobile home with that money.

Exploring and Evaluation of Options (Is It working?):

Although Cindy's present employment was supporting her and the children, she was experiencing frustration for several reasons. She wanted a more meaningful career. A career in nursing would meet all five of her basic needs, and would fit nicely with her personality type, INFJ. Second, she did not feel a sense of camaraderie with the other employees because she felt isolated and victimized. She did not foresee any upward mobility in her current position. Cindy admitted that not requiring her husband to pay his parental responsibilities limited her ability to further her education and support the children.

During the lengthy exploration of Cindy's behaviors, the counselor hoped that Cindy would gain insight into the differences between reality and her perceptions. Cindy will always feel more comfortable meeting her needs in ways typical of an INFJ personality type. Personality type describes the individual's strengths or preferences, but each dimension of preferences is really a continuum, and all people possess the capabilities to draw upon all sixteen types to varying degrees. "To perform well at work, individuals may need to use all of the eight preferences at the appropriate time and when required by the situation" (Hirsh & Kummerow, 1989, p. 64). After Cindy had a clearer picture of what she wanted, she and the counselor were able to move into the next stage.

What is the Plan?

Wubbolding (1988) describes in detail the process of supporting the client in making a plan. " At this critical point in Reality Therapy, the clients commit to new perceptions of changes in their wants and needs and plan ways to behave to cause these to be realized in their 'real' world" (Hanna, 1984, p. 13). Cindy could draw upon her strengths as an INFJ: goal persistence, creative ideas, group dynamics skills, dependability and responsibility (Hirsh & Kummerow, 1989; Kroeger & Thuesen, 1988; Tieger & Barron-Tieger, 1992). Cindy could develop the other four personality types through training and practice, especially Thinking, and perhaps some aspects of Sensing. Homework assignments, bibliography, and discussions could revolve around improving her use of other functions. The counselor and the client continue to evaluate the plan and make adjustments. Reality Therapy teaches the counselor never to criticize or ridicule clients for falling short of their goals, rather, to re-evaluate, plan and make a new commitment (Wubbolding, 1988).

Conclusion

Since Aristotle, philosophers and other thinkers have attempted to describe the uniqueness of individuals and their behaviors. Glasser and Jung theorized that behavior is purposeful, predictable and classifiable. When we can reliably describe and understand human beings and their behaviors, we increase our chances of predicting and changing behaviors, "It is clear that our individual pursuits will bear fruit only to the degree to which we can not only understand these differences, but actually value and capitalize on them" (Kroeger & Thuesen,1988, p. 1). The Myers Briggs Type Indicator identifies and describes personality preferences.

According to Glasser, behavior can be interpreted as attempts to meet the five basic needs (Survival, Belonging, Power, Fun and Freedom). It is possible that the way these needs are satisfied may be a function of the person's personality preferences, such that the person's type or personality preferences serve as sort of a filter through which the needs are satisfied in one way rather than another. If this were true, certain types of people would satisfy needs in ways different from certain other types. Minatrea's chart (see Appendix) was created from the integration of the two theories as a tool to increase understanding of behavior. The chart illustrates how the five basic needs are thought to be met through the sixteen different personality types.

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REALITY THERAPY & MBTI

MBTI	FIVE BASIC NEEDS				
	SURVIVAL	**BELONGING**	**POWER**	**FUN**	**FREEDOM**
ISTJ	PRACTICAL & TANGIBLE CAREERS: LAW, ACCOUNTING, MILITARY	MOST PRIVATE OF 16 TYPES LOYAL, FOCUS ON FAMILY	PERFECTIONISM, EXCEL IN SCHOOL & WORK, LIKE TO BE IN CONTROL, POSITION OF POWER AND LEADERSHIP	LIKE TO BE ALONE	MAKE THEIR OWN CHOICES LIKE TO BE IN CONTROL
ISFJ	WORK IS HEAVEN	SELF-SACRIFICING, FAMILY VERY IMPORTANT, LOYALTY TO THE FAMILY & FRIENDS, RELATIONSHIPS DEVELOP SLOWLY, CARING CONCERN FOR ALL.	DUTY, WORK, OBEDIENCE & RESPONSIBILITY	WORK FIRST & PLAYS LATER, FEW CLOSE FRIENDS, SCHEDULE FUN BECAUSE WORK IS FUN	COMPLAIN ABOUT WORKS, CHOOSE HARD WORK & RESPONSIBILITIES
INFJ	PLAN STRATEGY, SELF-SUFFICIENT	FAMILY VERY IMPORTANT, FEW CLOSE FRIENDS	ACADEMIC & WORK ACHIEVEMENTS, GROUP DYNAMICS	QUIET EVENINGS, ACTIVITY WITH FEW CLOSE FRIENDS (MOVIE, READING)	CHOOSE TO USE INTELLIGENCE, HARD WORKER
INTJ	CAN SEE THE "BIG PICTURE," INDEPENDENT, LEARN BY ARGUING	FEW CLOSE FRIENDS	EVEN THE BEST CAN BE BETTER, ORGANIZATIONAL SKILLS, RISE TO THE TOP, DREAMS & VISIONS	DREAMS & VISIONS, ACTIVITY WITH FEW CLOSE FRIENDS (MOVIE, READING)	DRIVE FOR CONSTANT IMPROVEMENT, MOST INDEPENDENT OF 16 TYPES
ISTP	CREATIVE, SPONTANEOUS, CAUTIOUS, ENGROSSED IN THEIR OWN WORLD, UNDER CONFLICT MAY ERUPT IN LOUD VOICE	FEW CLOSE FRIENDS, COOL, ALOOF, ISOLATION, CREATIVE, ROMANTIC, CAUTIOUS, ISOLATE	SKILLED & GOOD W/HANDS, LIKE WORKING ON THE EDGE, LEARN BY DOING, SENSE OF ACCOMPLISHMENT WHEN THEY SUCCEED	LITTLE NEED FOR SOCIAL ACTIVITIES, NEW ENERGIZING ADVENTURES, SPONTANEOUS, LIFE IS ONE LONG RELAXATION, CREATIVE, UNEXPECTED BURST OF HUMOR, HIGH RISK	CHOOSE TO COMPLETE ITEMS/THINGS W/OUT WAITING TO READ DIRECTIONS, BE READY FOR ANYTHING, DON'T PLAN, LEARN BY DOING
ISFP	HARMONY, MOST INVISIBLE OF 16 TYPES, PRAGMATIC, OPEN, LOW NEED TO CONTROL OR LEAD	SENSITIVITY FOR OTHERS, SACRIFICE SELF-EXPRESSION, NURTURE	ENCOURAGE OTHERS, CREATIVE, ARTS, WORK MUST BE GRATIFYING, SERVE OTHERS, IN TOUCH W/SELF & WORLD MORE THEN ANY OTHER 16 TYPES	NOT COMPETITIVE, SPONTANEOUS, HANDS ON ACTIVITIES, DAY DREAMER, DOING SOMETHING VS NOTHING	UNCONVENTIONAL APPROACH TO A PROBLEM, DEVELOP NEW WAYS, NON-DIRECTIVE
INFP	IDEALIST, STRIVE FOR SELF IDENTITY, AVOID DISAGREEMENTS, TEND TO INTERNALIZE STRESS (ULCERS, HEADACHES)	HARMONIOUS, DESIRE TO SERVE OTHERS, DEEP LOVE, MARTYRDOM, LOYALTY TO FAMILY	NOBLE SERVICE TO OTHERS, STRICT W/SELF, HIGH LEARNING ABILITY, ASSERTIVE & AGGRESSIVE, PERFECTIONISM	EASY GOING, CONGENIAL, RELAXED	SCHEDULE ARE SUBJECT TO CHANGE, RELAX VS RIGID
INTP	EXPLORE ALL POSSIBILITIES, INQUISITIVENESS, SELF-DETERMINISM, LOT OF ENERGY, EXPERIENCE LIFE	ALOOFNESS, TOLERANCE FOR DIFFERENCES, IDEAS & THINGS	PERFECTIONISM, INTENSE CONCENTRATION, FOCUS ON SEVERAL PROJECTS, PHILOSOPHICAL, MUST BE CHALLENGED, "AT LEAST I TRIED"	"LIVE & LET LIVE," ENJOYS PROBLEM SOLVING, LEARNING, FAMILY EVENTS, RISK TAKING, CONCENTRATION	FLEXIBLE, CHOOSE GOALS & REWARDS, FORGETFUL, "ABSENT MINDED PROFESSOR," DREAMER, INDEPENDENT, AUTONOMY

Appendix

REALITY THERAPY & MBTI

MBTI	FIVE BASIC NEEDS				
	SURVIVAL	**BELONGING**	**POWER**	**FUN**	**FREEDOM**
ESTP	REALISTIC, OBJECTIVE, PROBLEM-SOLVERS, DOER, COMMON SENSE, RESOURCEFUL, CREATIVE, TRUST THEMSELVES	PEOPLE EASILY DRAWN TO THEM, COMMITTED TO SERIOUS RELATIONSHIPS, LOT OF FRIENDS & RELATIVES	ACTION ORIENTED, ANALYTICAL, USE INNATE TALENTS, TACKLE & COMPLETE TOUGH JOBS, FEARLESS IN TRYING ANYTHING ONCE, COMPETITIVE, DIRECT	DO SOMETHING VS NOTHING, ENTERTAINING, GREGARIOUS, CENTER STAGE, JOKE, LOT OF ACTIVITIES, ENJOY FAMILY EVENTS	SPONTANEOUS, FLEXIBLE, HIGH ENERGY, NOT GIVEN TO SELF PUNISHMENT
ESFP	PRESENT ORIENTED, NEED HARMONY, DENY NEGATIVE SITUATIONS, CONFLICT AVOIDANT, EXCITED, POSITIVE ABOUT LIFE	INTENSE, CARING, SENSITIVE, ACCEPTING OF OTHERS, FRIENDS, FAMILY, CLUBS, INTENSE COMMITMENT, PASSIONATE, SOCIAL ACTIVITY ORIENTED	PEACE MAKERS, IMAGINATIVE, HIGH ENERGY, CENTER OF ATTENTION, ABRUPT, CREATIVE, MANAGES MANY ACTIVITIES	"YOU ONLY GO AROUND ONCE," SPONTANEOUS, ACTIVITY ORIENTED	SPONTANEITY, IMMEDIACY, EASY GOING, REALISTIC
ENFP	LOOK AT ALL POSSIBILITIES, OVERLY POSITIVE, ENTHUSIASM FOR LIFE, IMPROVISER	AFFIRMING OF OTHERS, NEED TO BE LIKED, PEOPLE PLEASER, EMPATHETIC, NEVER SATISFIED WITH RELATIONSHIPS, LOT OF FRIENDS	GREGARIOUS, ENTHUSIASTIC, HIGHLY SKILLED W/PEOPLE, TOLERANT OF PEOPLE'S DIFFERENCES, CAN HANDLE MULTIPLE DEMANDS	ALL OF LIFE IS A PARTY, SPONTANEITY, NEW & VARIETY OF TRENDY ACTIVITIES	ADAPTABLE, HELPING OTHERS, CREATIVE
ENTP	INVENTIVE, SEE THE BIG PICTURE, DEBATE BOTH SIDES	LOT OF FRIENDS, RELATIVES, ACTIVITIES, INDEPENDENCE IN RELATIONSHIPS	CREATIVE, INDEPENDENT THINKER, PURSUIT OF IDEAS, INTELLECTUAL STIMULATION, LIKE BEING COMPETENT	WIDE VARIETY OF ACTIVITIES, COMPETITIVE, TRAVEL, RISK TAKER	CREATIVE, OPPORTUNISTS, INGENUITY, ADAPTABILITY, INDEPENDENT
ESTJ	MANAGER, LIFE'S ADMINISTRATOR, TAKE CHARGE, HARD WORKER	HARMONY WITH OTHERS, LIKE YES PEOPLE AROUND THEM, FAMILY IS IMPORTANT, LOYALTY TO SYSTEMS, INDEPENDENT IN RELATIONSHIPS, FAMILY RITUALS	IMPOSE JUDGMENTAL STRUCTURE & ORDER, ACADEMIC, GREGARIOUS, DEPENDABLE, TRUSTING, PRACTICAL, PIONEER, ASSERTIVE	SCHEDULE FUN, CONSTRUCTIVE ACTIVITIES, LEISURE IS LEARNED OR FOR A GOAL, COMPETITIVE, ACTION ORIENTED	CHOOSE TO TAKE CHARGE, ORGANIZE, PLAN, QUICK TO MAKE DECISIONS, EFFICIENT
ESFJ	HARMONY, DENIAL OF CRITICISM OR DISAGREEABLE SITUATIONS, SERVE OTHERS, REALISTIC, PRACTICAL	SENSITIVE TO OTHERS, CARING, FAMILY IS IMPORTANT, VERY LOYAL, SELF-SACRIFICING, PEOPLE PLEASERS	IMPOSE ORDER, STRUCTURE SITUATIONS, DETAIL, HARD WORKER, VERY APPROPRIATE IN MANNERISMS, SERVICE TO HUMANITY	HOST & HOSTESS OF THE WORLD, SCHEDULE FUN, WORK FIRST, ENJOY ACTIVITIES WITH PEOPLE	CHOOSE FAMILY FIRST, ORGANIZED, NEAT
ENFJ	GOOD COMMUNICATOR, PERSUADER, PEOPLE PLEASER	UNDERSTANDING OF OTHERS, WELL-LIKED, LOYAL, LOT OF FRIENDS & RELATIVES, MARTYRDOM, SOCIABLE	MOTIVATE PEOPLE, LEADER, ORDER, CONGENIAL, PEOPLE ORIENTED, LIKE TO DO SERVICE WORK	EXCELLENT SOCIAL SKILLS, ARTICULATE, WORK FIRST, PHILOSOPHIZE, READ, VIEW & DISCUSS MOVIES	OPINIONATED, COMMUNICATION, CHOOSE PEACE, HARMONY & FAMILY, SERVE OTHERS
ENTJ	LEADERSHIP ABILITIES, INTIMIDATE, ARROGANCE	RELATIONSHIPS DEVELOP & GROW OVER TIME, CAN ALIENATE OTHERS	ARGUMENTATIVE & ROBUST, ORDER, CONTROLLER, SYSTEM PLANNER, EXCELLENT COMMUNICATOR, GREGARIOUS, BOSSY	SCHEDULE FUN, CONSTRUCTIVE ACTIVITIES, COMPETITIVE, FAMILY EVENTS	INTIMIDATE, ARROGANCE, IMPATIENT, COMPULSIVE, GOOD VERBAL SKILLS, QUICK TO MAKE DECISIONS

Appendix

Defining the 14 Habits

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ABSTRACT

In Glasser's published writings on Choice Theory, no precise definitions are offered for the seven deadly habits or the seven connecting habits. This paper offers definitions for all fourteen habits and information on the origins of each word.

In the book, *Unhappy Teenagers* (2002), Dr. William Glasser lists seven habits that have a negative effect on our relationships with other people: Criticizing, complaining, threatening, blaming, nagging, punishing, and rewarding to control/bribing.

In the same book, Dr. Glasser also lists seven habits that have a positive effect on our relationships with other people: Caring, trusting, listening, supporting, befriending, encouraging, and negotiating.

According to Glasser (2002), "...success in any endeavor is directly proportional to how well the people who are involved in it get along with each other." (p.21)

The more we get along, the more we achieve success.

To get along with people, stop using the seven deadly habits and start using the seven connecting habits.

To efficiently achieve the above, the first step is to fully understand the definition for each habit. When you fully understand each habit, you can identify each one, distinguish one habit from another habit, and better self-evaluate the extent to which the habit is helping you maintain good human relationships.

Glasser's published writings do not contain definitions for each habit. The purpose of this article, then, is to offer definitions for each habit.

HABITS AND DEFINITIONS	COMMENTS
SEVEN DEADLY HABITS	
Criticizing Judging someone or something as bad and communicating that judgment.	The word *critic* comes from the Greek word *krites*. It means, "judge".
Complaining To feel dissatisfied or frustrated with someone or something and communicating those feelings.	The word *complain* comes from the Latin word *complangere*. *Com* means, "very much". *Plangere* means, "to hit the chest". To hit the chest very much gives us a good image of someone who is complaining.
Threatening Attempting to force someone to do or not do something by communicating that an undesirable result will occur unless the person complies.	The word *threaten* comes from the Old English word *threatnian*. It means, "to force".
Blaming Communicating that someone has caused something undesirable to happen or not happen.	The word *blame* comes from the Old French word *blasmer*. It means, "to accuse". The word *blasmer* comes from the Latin word *blasphemare*. It means, "to speak badly of".
Nagging *Repeatedly* criticizing, complaining, threatening, or blaming.	The word *nag* comes from the Old Norse word *gnaga*. It means, "to eat at bit by bit".
Punishing Imposing a disadvantage on another.	The word *punish* comes from the Latin word *punier*.
Rewarding to Control/Bribing Attempting to induce someone to do or not do something in exchange for something desirable.	During the 14th Century in France, a bribe was alms (charity) given to a beggar. A century or so later in England (because Beggars started demanding alms), the word came to mean, "to extort or steal". Later, the word came to mean, "a voluntary inducement to get someone to do something for the giver".

HABITS AND DEFINITIONS	COMMENTS
SEVEN CONNECTING HABITS	
Caring Having and communicating a genuine interest in another or concern for another.	The word *care* comes from the Old English word *caru*. It means, "trouble".
Trusting Having and communicating confidence in another.	The word *trust* comes from the Old Norse word *traust*. It means, "help".
Listening Placing and holding your attention on someone's communications.	The word *listen* comes from the Old English word *hlysnan*.
Supporting Saying and doing things that help another achieve a goal, maintain or improve a state of mind.	The word *support* comes from the Old French word *supporter*. It means, "to bring to". Supporter comes from sub and portare. *Sub* means, "under". *Portare* means, "to carry".
Befriending Behaving as a friend to someone.	The word be comes from Old English. It means, "about," "near," "by". The word *friend* comes from the Old English word *freond*.
Encouraging Inspiring courage and hope.	The word *encourage* comes from the Old English word *encoragier*. It means, "to give courage to".
Negotiating Meeting with someone to discuss an issue and reach an agreement.	The word negotiate comes from the Latin word *negotium*. *Neg* means, "not". *Otium* means, "ease". Not at ease. One may feel not at ease while discussing a disagreement.

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Misconceptions About Reality Therapy

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ABSTRACT

Experience has revealed that reality therapy is often misunderstood as a counseling and educational tool. This article describes several myths about the system and explains why they are erroneous. Readers' comments to the authors are invited.

Reality therapy is one of the more misunderstood counseling theories. One author of a text states, "From a reality therapy standpoint, counseling is simply a special kind of teaching or training that attempts to teach an individual what he should have learned during normal growth in a rather short amount of time." The problem with such a statement is that there is a slight element of truth. Reality therapy does include teaching clients choice theory (Glasser, 1998a). But there is much more to the system. It involves listening, reflecting, and knowing when and how to intervene. The purpose of this article is to briefly list several misconceptions which have emerged in the training sessions and discussions which I have conducted in the past few years. Included is a brief comment on the rationale for describing these as *misconceptions*.

REALITY THERAPY IS A SIMPLIFIED VERSION OF OPERANT CONDITIONING

In the 1970's and early 1980's, this misconception was widespread due to its presentation in several widely used texts on counseling principles. While behaviorism or operant conditioning is not an entirely external control system, it does emphasize external rewards more than choice theory. On the other hand, choice theory is a system of motivation based on the internal origin of human behavior and the principle that need satisfaction, more specifically human wants, is the reason people *choose* their behavior.

REALITY THERAPY IS AN EURO-AMERICAN SYSTEM WHICH ENCOURAGES CONFORMITY TO THE SOCIAL STATUS QUO

This is an objection which is directed toward many counseling theories. But reality therapy can be used to help clients formulate plans to eliminate social injustice. Also reality therapy provides a clear delivery system for working for systemic change (Glasser, 1990, 1993, 1994, Wubbolding, 1997).

Often the label "Euro-American" is used in a derogatory way. It is true that reality therapy began in North America, but it is now taught in Asia, the Middle East, South America, as well as in the Euro-American cultures.

REALITY THERAPY IS SIMPLISTIC IN ITS IMPLEMENTATION

In developing the ideas underlying reality therapy, i.e., choice theory, Glasser has attempted to use language which is easily understood. There is very little technical language other than such phrases as "quality world," "genetic instructions," and a few others.

Also, because of the emphasis on relationship building as the core of reality therapy, it is possible to erroneously conclude that the delivery system is simplistic. Yet the contrary is true. There is an 18-month training program designed to help interested people become proficient in the theory and practice. Wubbolding (2000) has spelled out in detail the procedures described by Glasser (1998b), identifying 22 types of self-evaluation from which a teacher or therapist could choose in working with students or clients. The use of down-to-earth language does not imply that *skillful* practice of reality therapy should be seen as flimsy, put downs, simplistic or easy.

REALITY THERAPY HAS NO RESEARCH BASE

This misconception has been promoted because we, as an institute, have not emphasized the importance of validating our work. But in the 21st century, we will be held accountable to the public as never before.

The fact is that there is research which provides credibility for the practice of reality therapy. Wubbolding (2000) has summarized research in reality therapy applied to education, mental health, substance abuse, and corrections. Still, he states that more tightly controlled research studies are needed and greater visibility in the professional world of the effects of reality therapy would dispel this myth.

REALITY THERAPY IS THE SAME AS BRIEF THERAPY

One of the past criticisms of reality therapy was that it was a short term problem-solving therapy. A more current mistake is to think that it is identical with brief-solution-focused therapy. There are many therapies that have been adapted to the current demands of managed care, emphasizing a problem-solving approach. The uniqueness of reality therapy is that it is based on solid theory and is not merely a problem-solving model which has been formulated to meet the external demands of managed care. Furthermore, though some brief therapists stress "do more of what works and less of what does not work" the explicit use of self-evaluation as a prerequisite for change is not stressed. These are but several differences between these systems.

REALITY THERAPY DOES NOT DEAL WITH EMOTIONS

Some reality therapists refuse to discuss feelings and immediately steer the conversation toward actions or cognition. However, it is quite justifiable to discuss each aspect of total behavior, not merely actions or thinking. Feelings are seen as important, but they are analogous to the lights on the dashboard of the car. When they ignite, the driver is alerted to something more fundamental about the car's direction, operation, efficiency and possible problems. Besides, if feelings are the most prominent presenting issue, it hardly makes sense to disrespect clients' perceptions of what troubles them.

Still the artful use of reality therapy allows for helping clients gradually move from the perception of themselves as enslaved by feelings to the hopeful position of choosing more effective actions.

Additionally, the mere discussion of feelings does not automatically change them. Discussion of hunger, thirst, or fatigue does not alleviate them. Similarly, discussion of depression, guilt, anger and other emotions is changed only when it is linked to the action component of total behavior (Glasser, 1998a).

REALITY THERAPY IS HARSH

In a training workshop for probation officers one told me he "did reality therapy." He said, "When the probationer comes into my office for the first time I sit opposite him, confront him eye to eye, slam down the handcuffs on the table and ask in a loud voice, "OK, (expletive deleted), is there any doubt about who is in charge here?" While this is an extreme example, even the rapid fire questioning or the refusal to answer a direct question on the part of the helper can be off-putting to the client. Accurate and *effective* reality therapy is compassionate, empathetic as well as straightforward.

REALITY THERAPY IS SYNONYMOUS WITH THE USE OF CONSEQUENCES

While reality therapy incorporates common sense notions of consequences ("If you bring a gun to school you leave school") there is a theory which underlies the detailed system of interventions known as environment and procedures. When these are used, the need for consequences, though not eliminated, is diminished. This misconception, the opposite of the one below, is the result of exaggerating one principle concerning the legitimate use of the fact that human beings make choices and decisions which impact themselves and the world around them.

REALITY THERAPY HAS ABANDONED THE USE OF CONSEQUENCES

If reality therapy is used properly and if an institution such as a school adopts choice theory as a philosophy, staff members need not concern themselves with the imposition or use of consequences. But, the contrary is true. When students of the Schwab school were unable to succeed in the mainstream classroom they were taught in separate classrooms. (Glasser, 1998a). *In The Language of Choice Theory*, 52 vignettes of which 8 or 15% utilize consequences are described. For example, when the child refuses to clean his/her room, the parent, using choice theory, says, "If you want some help form me, ask and I'll be glad to pitch in. But I'm not going to clean it for you any more" (P.7). Clearly reality therapy has not abandoned the common sense real world principle that behavior has consequences.

REALITY THERAPY IS SYNONYMOUS AND COEXTENSIVE WITH THE NAME WILLIAM GLASSER

There is no doubt that to teach reality therapy is to teach the ideas of the founder. Still reality therapy and The William Glasser Institute are not cults. Others have contributed to the expansion and application of reality therapy (e.g. Greene, 1996; Sullo, 1997; Wubbolding, 1997). The system is wider than even the charismatic personality of one man.

CONCLUSION

Persons come to training in choice theory, reality therapy or lead management with many pre-formed ideas. They have often studied counseling methods and have a comprehensive and accurate picture of the system. However, many often have incomplete and inaccurate information about choice theory as well as the delivery system, reality therapy. I have attempted to list several misunderstandings I have encountered and to describe why they are inaccurate. I believe these might be controversial as some readers might disagree that one or the other is, in fact, a *misconception*. Your comments are invited.

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