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

### Vol. XXXII, No. 2, Spring, 2013

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#### **An invitation to honor Mr. Brian Lennon in the next issue of IJCTRT**

**Brian Lennon** . . . is currently serving as the Chairperson of The William Glasser International. During his years of involvement with the William Glasser Institute, in various capacities, he has provided significant direction and insight to all who have had the opportunity to work with him, and/or interact with him. In the next issue of the Journal (Fall, 2013) we will include your messages of recognition and appreciation for his efforts on our behalf. Just send these messages to [parishts@gmail.com](mailto:parishts@gmail.com) marking them as a "TRIBUTE TO LENNON," and please be sure to send it before September 1, 2013.

**INTRODUCTION to the JOURNAL, ITS EDITOR, and ITS EDITORIAL BOARD**  
Welcome to the *International Journal of Choice Theory and Reality Therapy*.  
**This is Volume XXXII, No. 2, Spring, 2013.**

**IJCTRT Editor:**

Previously, this journal was published as the *International Journal of Reality Therapy* (1997-2009), and as the *Journal of Reality Therapy* (1980-1996). The previous editor of the Journal was **Dr. Larry Litwack**, who served as editor from 1980-2009. His efforts, on behalf of the WGI membership plus many others who were also interested in William Glasser's ideas and the research that supported them, are legendary.

The current editor of the *International Journal of Choice Theory and Reality Therapy* is **Dr. Thomas S. Parish**. Dr. Parish is Professor Emeritus at Kansas State University in Manhattan, Kansas. He earned his Ph.D. in human development/developmental psychology at the University of Illinois in Champaign-Urbana, Illinois, and subsequently became Reality Therapy Certified (now called CTRTC), specializing in the areas of mental health, educational counseling, and marriage and family counseling. He has authored or co-authored scores of RT/CT related articles that have been published in numerous professional journals, including the *Journal of Reality Therapy*, the *International Journal of Reality Therapy*, and the *International Journal of Choice Theory and Reality Therapy*. He also has an extensive background in designing and conducting research studies and developing strategies for the implementation of Choice Theory and Reality Therapy. He is currently serving as a consultant for LDS Family Services, which is located in Independence, Missouri. This organization services much of Kansas and Missouri.

Any correspondence, including questions and/or paper submissions, should be sent to Dr. Parish at: [parishts@gmail.com](mailto:parishts@gmail.com). You may also call him at (319) 230-9970 or (785) 862-1379. In addition, a website is currently operational for the Journal. It is [www.ctrjournal.com](http://www.ctrjournal.com). Plus the Journal is no longer password protected, so anyone can gain access to it through The William Glasser Institute website as well.

**IJCTRT Editorial Board:**

Besides **Dr. Thomas S. Parish**, who will serve as the editor of the *International Journal of Choice Theory and Reality Therapy (IJCTRT)*, there is also in place an outstanding team of individuals who have agreed to serve on the editorial board of *IJCTRT*. They are:

**Thomas Burdenski**, Ph.D., Licensed psychologist and Associate Professor of Counseling Psychology, Tarleton State University, Ft. Worth, TX.

**Emerson Capps**, Ed.D., Professor Emeritus at Midwestern State University, and serves as a member of The William Glasser Institute Board of Directors and as a faculty member of The William Glasser Institute.

**Janet Morgan**, Ed.D., Licensed private practice professional counselor in Columbus, GA.

**Joycelyn G. Parish**, Ph.D., former Senior Research Analyst for the Kansas State Department of Education in Topeka, KS.

**Brandi Roth**, Ph.D., Licensed private practice professional psychologist in Beverly Hills, CA.

**Jean Seville Suffield**, M. A., President and Owner of "Choice-Makers," located in Longueuil, Quebec, Canada.

**Jeffrey Tirengel**, Ph.D., Professor of psychology at Alliant International University, and also serves as a licensed psychologist at Cedars-Sinai Medical Center in Los Angeles, CA.

**Robert Wubbolding**, Ed.D., Professor Emeritus at Xavier University in Cincinnati, OH, and, until recently, has served as the Director for the Center of Reality Therapy in Cincinnati, OH.

#### **IJCTRT Technical Advisor:**

Finally, since the IJCTRT is to be an on-line journal, we also have chosen to have a "Technical Advisor" working with the editor and the editorial board. He is **Mr. Glen Gross**, M.Ed., Distance and Distributed Learning Specialist, from Brandon University in Brandon, Manitoba, Canada.

#### **IJCTRT Mission:**

The *International Journal of Choice Theory and Reality Therapy* is directed toward the study of concepts regarding internal control psychology, with particular emphasis on research, theory development, and /or descriptions of the successful application of internal control systems through the use of choice theory and/or reality therapy.

#### **Publication Schedule:**

The International Journal of Choice Theory and Reality Therapy is published on-line semi-annually in the fall (about October 15) and spring (about April 15) of each year.

#### **Notice to Authors and Readers:**

Material published in the *International Journal of Choice Theory and Reality Therapy* reflects the view of the authors, and does not necessarily represent the official position of, or endorsement by, The William Glasser Institute. The accuracy of the material published in the *Journal* is solely the responsibility of the authors.

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#### **Indices of Previous Authors and Titles are Located in the Following Volumes:**

Vol. 1-5 in 6.1; 6-10 in Vol. 10.2; 11-15 in Vol. 16.2; 16-20 in Vol. 20.2; 20-25 in Vol. 25.2; 26-30 in Vol. 30.2.

**QUESTIONS REGARDING THE . . .  
INTERNATIONAL JOURNAL OF CHOICE THEORY AND REALITY THERAPY**

Thomas S. Parish, Ph.D., Editor

This brief note will cover a number of questions that have been raised recently about the *Journal*.

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Question #1: Is the *International Journal of Choice Theory and Reality Therapy* a refereed journal.

Answer #1: Yes it is. More specifically, every paper submitted to IJCTRT is reviewed by at least two members of its Editorial Board, and if consensus isn't reached between these two board members, then another board member is asked to review the paper to facilitate a final decision regarding the disposition of the paper in question.

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Question #2: How can someone find past copies of the *International Journal of Choice Theory and Reality Therapy*?

Answer #2: For issues of the *International Journal of Choice Theory and Reality Therapy* from 2009 until present, the reader needs to follow these instructions:

- a. Go to The William Glasser Institute Website ([www.wglasser.com](http://www.wglasser.com))
- b. Click on "International Journal."
- c. Seek access to said journal "as a guest."
- d. Select which issues the reader wishes to access.

For earlier issues dating back from 1981 until 2009, it's a bit more complicated since the journal has been published under three different titles, i.e., the *Journal of Reality Therapy*, the *International Journal of Reality Therapy*, and the *International Journal of Choice Theory*. Fortunately, however, all three of these journals are made available to anyone wishing access to them, free of charge, through the generous support of Dr. Matthew Capps, Dean, West College of Education at Midwestern State University in Wichita Falls, Texas 76308. In essence, Dr. Capps has agreed to make all past issues of these journals available if the potential user would follow these instructions:

- a. Go to <http://education.mwsu.edu/>
- b. Then go to the direct link--<http://education.mwsu.edu/International-Journal-of-Reality-Therapy,asp?LL=2036>
- c. Make selection(s)

If anyone has any questions or concerns regarding this process then s/he is urged to contact Dean Capps at [matthew.capps@mwsu.edu](mailto:matthew.capps@mwsu.edu) or correspond with him at the address noted in *italics* above.

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Question #3: While most articles pertaining to "Choice Theory," "Reality Therapy," "Quality Schools," plus other Glasserian theories/practices often appear in the *International Journal of Choice Theory and Reality Therapy*, aren't other articles pertaining to these same topics also likely to be published in other journals as well? If so, how might we gain access to them?

Answer #4: Yes, there are numerous instances where such writings, by various authors, have appeared in other journals. Many past citations are listed in the last section of each of the 2011 issues of the *International Journal of Choice Theory and Reality Therapy*. All of these articles, paper presentations, etc., whether published in the IJCTRT or elsewhere, are listed under various topics, as well as under their authors' names, so that the reader might more easily find what s/he is seeking. However, if one wishes to broaden his/her search for such writings, then s/he is urged to "Google" the specific area of interest (e.g., Reality Therapy), and then sit back and be prepared to be amazed since s/he will likely find thousands of "hits," unless s/he delimits the search in some way (e.g., by selecting a specific author or subtopic).

If, however, the reader is, in fact, an author who has published his/her work in other journals or in books, but wishes the WGI membership to be aware of it, each author who has done so may send his/her complete and exact reference or citation to the address listed below so that his/her citation will be cited in the next issue of IJCTRT under "**other writings in other sources that are worthy of the WGI readership's attention.**" So that the reader's citation will be properly included in this section, s/he should type under "**subject**" in his/her e-mail the following:

**"published in another source"**

Then send this e-mail to my attention at: [parishts@gmail.com](mailto:parishts@gmail.com)

As a result of such inclusions the readership of IJCTRT should benefit greatly since they will more likely be made aware of other authors' works regarding CT/RT and beyond, even if they were published in other sources besides the *International Journal of Choice Theory and Reality Therapy*.

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If you have any questions regarding any aspect of the *International Journal of Choice Theory and Reality Therapy*, please send them to the editor ([parishts@gmail.com](mailto:parishts@gmail.com)) and they will be addressed either through a direct e-mail, or in a subsequent "Letters to the Editor Report," if the information shared is thought to be a benefit to the entire WGI membership.

## **CHOICE THEORY/REALITY THERAPY: ISSUES TO PONDER**

Robert E. Wubbolding, EdD, LPCC, BCC, CTRTC

### **Abstract**

While the principles of choice theory and reality therapy are durable and constant they allow for a detailed process of unpacking in that their applications are both manifold and varying. Among the controversial issues are: the relationship between choice theory and reality therapy, the place of diagnosis and the DSM-V, distinguishing essentials from peripheral issues, the perception of an externally controlling world, and expanding and extending of choice theory/reality therapy. These controversial issues need not be permanently resolved, but should provide subject matter for friendly, lively and robust discussion and debate.

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Choice theory and reality therapy are built upon the principle that total behavior controls and creates perception (Glasser, 1980, 1998). The totality of perceptions or a person's worldview is the result of the totality or at least the accumulation of individual behaviors, i.e., human experience. Because human experience is unique to each individual it follows that perceptions or the perceived worlds of individuals differ one from another. More specifically, individual practitioners, supervisors and instructors, as well as all professional people, carry with them unique and often somewhat similar perceptual systems. The experience of members of The William Glasser Institute and others who practice reality therapy has undoubtedly created similar worldviews. We view the world through the lens of choice theory. We see our clients choosing, or at least generating from within themselves, "situation A behaviors" and/or "situation B behaviors". Some clients and students have effective control while others are in less effective control and are sometimes referred to as "out-of-control."

And yet, perceived worlds can be quite different even with individuals who have similar professional training, as well as comparable—but not identical—worldviews. These theoretical principles validate diverse interpretations of external phenomena and events as they pertain to the organization known as The William Glasser Institute. Described below are several controversial issues as well as a brief commentary on each one. These ideas are intended to spark discussion and to invite dialogue in this journal. The issues presented are debatable, disputable and have accompanying argumentation for varying and even opposite points of view.

#### 1. Reality therapy is one of several applications of choice theory.

As I attend many professional meetings throughout North America and worldwide I am in the habit of asking leaders in the helping and educational professions, "What is Glasser's most significant contribution?" They invariably respond with two words: "reality therapy". Over and over again I have heard it said that reality therapy is merely one of several applications of choice theory. The more generic concept should be emphasized with reality therapy, quality school and lead management as its applications. My response to this answer is that lead management is not even represented in university management

textbooks. And while the quality school based on choice theory receives some attention in the professional literature outside The Glasser Institute (Wubbolding, 2007, 2009, 2010a, 2010b), the number of research studies done regarding it has been substantially less than overwhelming. Also at the 11<sup>th</sup> Annual Education Leadership Conference: Promoting Quality held in 2012 sponsored by the American Psychological Association the Glasser quality school concepts were completely absent.

On the other hand, reality therapy is now part of most university counselor education programs, as well as many psychology and social work programs. Very few textbooks fail to contain a chapter on reality therapy. The presence of reality therapy in textbooks and in the perceptions of students and professors reinforces the fact that the strength of ideas taught by The William Glasser Institute is the life work of William Glasser: reality therapy. Emphasizing the practice of reality therapy, Dr. and Mrs. Glasser stated unequivocally, "We now wish to state publicly that teaching the procedures . . . continues to be an integral part of training participants wishing to learn choice theory and reality therapy and is particularly effective in our training programs" (2008, p. 1).

Moreover, it seems that when a teacher implements choice theory or a therapist operationalizes the theory, they *do* something. And the question can reasonably be asked, "What do they do?" Clearly the answer is they *do* reality therapy either in a therapeutic manner, in consultation sessions, or in interactions with students. The latter is called lead management.

When Glasser implements choice theory he clearly uses procedures. The cases in his book *Take Charge of Your Life* (2011), Susan and Dave serve as symbols of the client population. In the session he suggests emphasizing current actions stating, "Good counseling focuses on what they are choosing to do now. Is it getting them what they want? . . . a good counselor negotiates a plan with one or both of them to do something better. The plan is always a way for them to satisfy important pictures in their heads" (p. 155).

On the other hand, choice theory explains all human behavior (2005, *How the Brain Works*). But like a blueprint it requires implementation, construction and action. There would be no Eiffel Tower gracing the Paris skyline if Gustave Eiffel possessed only the blueprint or if he engaged in random procedures without a justifying direction. He required both theory and a set of procedures. Likewise, choice theory does not exist in isolation or separate from its delivery system. And its major delivery system, with its wide variety of implementations such as corrections (Bellows, 2007), education, (Parish & Parish, 1999), (Sullo, 2007, 2009), parenting (Buck, 2000), recovery (Rice, 2011), mental health counseling/therapy, administration, etc., receives its validation by means of its blueprint or theoretical base.

## 2. Making peace with the DSM.

The new *Diagnostic Statistical Manual*, the *DSM-V* will be available soon. Can we members of The William Glasser Institute make peace with this resource? Or are diagnoses incompatible with choice theory/reality therapy? Is the use of diagnostic language reconcilable with CT/RT? Does referencing it as a helpful tool merely constitute a necessary condition for practitioners to be able to practice their profession? Does it have any intrinsic



value? What is its relationship to choice theory? Does it have any practical value for users of reality therapy?

I invite discussion of this resource in the pages of the *IJCTRT*, as well as in presentations at regional, national and international conferences.

3. Can we distinguish between the essential and the peripheral in CT/RT instruction?

I suggest that there are three categories: (a) essential for instruction, (b) more efficient use of and additions to CT/RT, (c) peripheral and debatable.

- a. Essential to teaching is choice theory: needs, wants, behavior, perception, as well as confidence in the efficacy of the system. Reality therapy as the fundamental intervention composed of environment and procedures, including the empathic connection or therapeutic alliance which constitutes the second major component. Put another way, the central role of relationships result in healing, learning and in general more situation B choices.
- b. For the more efficient use of reality therapy discussions can focus on the purposes of human behavior (Wubbolding, 2000, 2011), the place of spirituality and faith, utilizing paradoxical techniques as well as non-verbal behaviors such as the illustration of choice theory with gestures (such as out of balance scales), facial expressions, tone of voice, etc.
- c. Utilizing psychiatric drugs, the existence of mental illness and the existence of the subconscious are even more open to controversy. The question is whether there can be diversity of viewpoints on these issues within the world of CT/RT?

4. The external world as a world of external controls.

A popular notion useful in teaching choice theory/reality therapy is the principle that we live in a world of external controls. I suggest that if this principle is to stand the test of time it should be able to stand the test of challenge. When we say the world accepts external controls as a major part of its existence a challenge immediately comes to mind. A world of external controls compared to what kind of world: A world that shows improvement, an ideal world, a utopia? Are we speaking of any particular part of the world? One could make an argument that there are cultures that employ only external controls, others that embrace very few controls. Can we make some distinctions regarding the application of this principle? In fact, is it even possible to control another human being? Are not human beings internally motivated to satisfy their needs and fulfill their wants? Do they not choose their own behaviors?

5. Expanding choice theory and extending reality therapy.

A controversial question that is open for discussion is how much can choice theory be developed and expanded and what can be added to the practice of reality therapy? This has always been a controversial topic and yet individual instructors and practitioners have reformulated the vocabulary of choice theory and incorporated compatible principles into

reality therapy. How much creativity can the theory and practice allow? And how much individual inventiveness is acceptable to the organization?

In summary, the purpose of this article is to be an enquiry. There need not be an immediate or final resolution for these issues and for others as well. The principles of choice theory and the practice of reality therapy are firmly rooted in the professional world and in the personal worlds of many individuals. These well-grounded principles are sturdy and lasting and therefore solid enough to confront the challenges that many people have presented, are currently presenting, and/or will present sometime in the future.

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### **Brief Bio**

Robert E. Wubbolding, senior faculty and former director of training for the William Glasser Institute, psychologist, licensed clinical counselor, board certified coach.

## CHOICE THEORY AND PHOTOGRAPHY: CAPTURING THE CONSEQUENCES OF CHOICE

Thomas P. Parish, MFA

### Abstract

I've almost always had a love for photography. This came long before I ever thought of becoming a photographer. I was always struck by the power of a photo to contextualize a story or an idea and to strengthen its message. For me, photographs would stick long after a detailed story had faded. Much of my attraction to photographs came from my interest in history and archaeology that arose early in my life and continues 'til this day. I later came to realize that it was the images of disasters, forgotten places, and tumultuous events that were the real draw for me since they depicted the outcomes or consequences of decisions or events that preceded them. The images seemed to tell me so much more than the decisions made and/or statements offered that gave rise to them. They have always been so interesting to me that I think I read the book/text simply to try and figure out the facts, decisions, and/or events associated with these captivating photos. A case in point would be the alliances between countries, and the petty issues that resulted in World War I. Compared to their photographed horrors that were captured during that conflict, the photographs have always held center-stage over the poor choices made by government leaders (many of whom were actually related to one another) that brought about that war.

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My work today tends to deal with things that (like the images found here) are remnants of people, places and times that have either long since faded, nearly disappeared, and/or are



*"Pillaged Resources", Picher, Oklahoma Lead Mining Aftermath - 2010*

purposefully being erased. I often wonder what will be left to tell our story long after we're gone and how these things will be interpreted by the people who find them. I've found that much about a person's intimate story, and decisions he or she made in life, can be found in the remnants of his or her existence, or in other words, in what he or she left behind. Whether it's an abandoned house, a dilapidated rocking chair, or maybe a scrawled message or drawing left by someone, it can help one gain much insight into that individual's life circumstances and/or the choices s/he made. With most of my photographs I have attempted to give a glimpse of grace and beauty in the rubble and refuse that's been left behind. In a way you could consider all

of these subjects to be tailings of previous occupants and their decisions rendered in a particular place.

This idea of tailings seems to describe the central subject that tends to be the common theme throughout my work. In one of my more recent body of works I discovered the idea of tailings via the scarred landscape and large piles of chat left behind after the devastation that was wreaked on the community of Picher, Oklahoma, by unchecked lead mining and the inhabitants that acquiesced to it. These leftovers from mining operations were the true definition of tailings, but as I explored the wastelands surrounding these mountainous piles of refuse, I came to realize everything left that was associated with the town and mining operations were all tailings. This included all of the ruins of the town itself as well as the personal remnants, dwellings, and even scrawled messages left behind by those that depended on the operation of the mine. This idea of tailings left after an event/catastrophe/home/person had passed/or had been abandoned ... turned out to have always been the central focus of the subjects I was drawn toward. For what they represented were really "bad choices" made by various people, in various settings, that resulted in major problems being visited upon everyone in the surrounding community, state, nation, and/or beyond.



*"403 N. Gladys St.", Picher, Oklahoma Lead Mining Aftermath – 2010*



*"Possessions", Picher, Oklahoma Lead Mining Aftermath – 2010*

With my more recent work I have attempted to at once capture what are really the ultimate tailings remaining of people and often whole communities that have long since vanished, while also creating a sort of meditative shelter that stands as a metaphor for our general tendency to block out that which we don't want to deal with. With the Picher, Oklahoma, tailings (discussed above), and more recently the subterranean structures (found in the Flint Hills of Kansas, see below), I have found myself not just wanting to aestheticize and find the beauty in the rubble, but I genuinely wanted to tell about the underlying choices and

decisions that brought them about. These caves, for instance, are really the ultimate tailings left behind by these people. Left undisturbed, which is actually rare, they will often stand for centuries, but even with only a 100 years having passed much of the recognition and understanding of these structures is often gone, so it is imperative that we seek to find out what really happened, what choices were actually made, so that lessons may be truly learned to guide us in our future endeavors.



*"Joseph Boller," Jefferson Township, Geary County, KS, 2012, 3.5' x 7' Archival Digital Print*

A connected theme which I am attracted to exploring—and illustrating with my work—is the dark side of humanity and our inclination to make bad choices instead of what's best and for the greater good. This is especially so concerning how we as humans impact our environment and how, in turn, we are subjected to environmental forces. I feel this is of utmost importance especially in the times we live and was the primary reason that drove me to want to focus on Picher in 2009/2010. I agree with the statement put forth in *Captured Light* (1997) that "... it is the responsibility of a photographer to show this world to the next generation." I thought the unchecked lead mining activities done in support of our industrial and military sectors was an excellent example of how humanity, and the modern corporate mentality, can take for granted precious natural resources for the sake of capital profit. I don't believe that photography and art are innocuous activities done only for the internal dialogue of the art world, but should also be used for the enlightenment and challenging of the viewing public too. In the process of working on this project, along with my more recent shelter project, I have sought to produce an inviting representation of what are often considered rather repulsive spaces, to invite the viewer into these spaces that become places meant for reflection and even meditation, and to offer viewers a chance to find a real connection with relics and signifiers of past struggles and poor choices, and how they may be a prelude for disasters and/or events yet-to-come.

Bottom line: Photographs document many of our past decisions, both good and bad, and must be continually reviewed and learned from so that the mistakes and misjudgments that we (or our predecessors) have made, are not revisited upon our future children and/or

grandchildren. As William Glasser (1998, 2005) has often contended, we may become victims of our own choices, unless we make every effort to make them thoughtful, efficient ones.

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## Brief Bio

Tom Parish earned his BA in Visual Communications and his MFA in Photography at Kansas State University in Manhattan, Kansas. He's also an award-winning artist, and has primarily sought to shed light on humanity's relationship with nature, especially that of humanity's impact on nature and our fragility in the face of the power of nature. To view more of the images referred to in the present article the reader is urged to visit the gallery pages of Tom's website at [www.parishphotography.net](http://www.parishphotography.net). Please send all correspondence to Tom's e-mail address at: [tprestonphoto@gmail.com](mailto:tprestonphoto@gmail.com).

## **GRAPPLING WITH CREATIVITY: A MENTAL HEALTH NURSE'S PERSPECTIVE\***

Paul van Houts

BNSc. MBA. RN. MHN.

Australian College of Mental Health Nurses

RTCT – WGI [Australia]

### **Abstract**

This paper is as much about coming to an understanding of the concept *creativity* as it is for the people whom I support in my work. It originated as quality work for CTRT Certification in 2011 in Australia. Involvement with Choice Theory, Reality Therapy and Lead Management is a challenge to my old organized thinking and this paper is very much part of that learning. The focus is on the impact that creativity has in development of coping patterns that make up aspects of the diagnostic criteria for psychiatric diagnosis. Therefore, understanding the choice theory chart is reflective of understanding the neuroscience of behaviour.

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### **Introduction**

I practice as a Clinical Nurse Consultant working in Primary Mental Health Care for The Townsville-Mackay Medicare Local. I am a mental health nurse and work with people, supporting their efforts to maintain or regain mental health and wellbeing. My focus is on health, not illness. I am not a psychiatric diagnostician.

In the early 1970s, I realized that psychiatry had all human behaviour in its scope. The training left me wondering about the protection of the individual's rights to choose freely to be human without judgment. Alignment with anti-psychiatry was easy and this sentiment is even stronger for me today by reading the works of William Glasser (2003), Thomas Szasz (2008) and Robert Whitaker (2010). These works challenge socially accepted norms around the perception of mental health versus mental illness.

It was important, as an integrator of ideas and information, to be mindful of the research behind the practice of psychiatry and psychology that inform our collective understanding of human behaviour. This is a balancing act of being neither completely dismissive nor completely accepting. Working within the rules and choosing a parallel path of thinking, and encouraging independence when institutionalism was past its expiry date, has served as my guide. The rehabilitative field of psychiatric nursing was, for me, believing in recovery when others accused me of raising false hopes and being indifferent to people's needs.

There are some positive stories with medication. There is also awareness of the down side and often the over prescription of the likes of antidepressants, mood stabilizers and

\*Presented at the William Glasser Association International Conference, Los Angeles, June 2012.



antipsychotics, and I sometimes question their value. There are unaddressed concerns about the long-term problems for many people on medication as highlighted by Whitaker (2010).

Fifteen years of experience as an emergency services officer provided anecdotal learning and much reflection that helped heighten my problem-solving techniques outlined later in this paper. Returning to Nursing in the early 1990s demonstrated that not too much had changed: the same old medication was there with a handful of newer ones. Patients were called *clients* (University) or, more generally, *consumers* in the public sector. Calling people consumers was an attempt to bring these people into the quality management framework of service delivery. It is a rather awkward and impersonal term of reference. That word didn't change much in the way that services were run or how they were provided. You see, quality service delivery requires a quality culture, a way of thinking and behaving that has integrity in its connections between people. The talk, however, didn't match the walk. One can't ignore the government influence in how these services are run as it is very much externally controlled.

Colleagues disagreed with my assessment of a person as I focused on what was important to the person, rather than following the labels. Colleagues reworded the plan to suit their perception of the person. The 'I know what's best for you' perspective was often at play. The professional staff at the time viewed what the person wanted as secondary and/or unimportant.

Training and experience in the application of motivational interviewing for behavioural change left me feeling that something was missing. My connection with people is usually good, but I think what was missing was that choice theory connection, connecting people with their motivating thinking, their quality world picture, the use of present total behaviour, and how to become the person they wanted 'to be.'

## **Creativity**

Choice theory provided the catalyst in my exploring the nature of *Creativity*. The Choice Theory Chart is a two-dimensional linear description for the complex activity that is our total behaviour. What the chart represents is, in reality, extremely rapid and often a mix of many streams of thought, often concurrent.

Let us begin this discourse about *Creativity* at conception, the time of the maximum potential for the new life to begin. Here, at this moment, all of the genetic instructions are present from both parents. At the first cell division, the genes reshuffle according to patterns of dominance and recession. Then we have the order of things that remain to guide cell reproduction to create the new individual.

Do we start with a Tabula Rasa, a blank slate? We cannot ignore the possibility that our genetic codes pass on some behavioural determinants and, therefore, suggest that we have a neural network ready to connect and it is preloaded with scripts for basic survival behaviours.

We are conceived in the womb and gestate in the water-filled amniotic sack. We have no concept of anything of the outside world, as we haven't experienced it except through the internal environment of the womb. Within the womb, our basic genetic behavioural script is developing in preparation for the transformation, our entry into the air-breathing world. We are almost hardwired for survival and that is laid down by genetic codes.

The Triune Brain view of brain structure fits easily with Glasser's old brain - new brain approach. It also helps in understanding why we do not have direct control over our physiology or our emotions. This is very important when considering *Creativity*.

The Old Brain developed first and took on the autonomic functions of maintaining our internal environment, what the medical science community refers to as homeostatic functions. These are essentially automatic functions. The higher structures, the limbic system and the neocortex (*new brain*), are developed sequentially later in the gestational period. The New brain is the last to develop. About a week or so before the end of the gestational period, our brain is prepared for the next step, i.e., birth. Here the brain prunes out poor connections and faults as best it can following genetically-determined patterns.

Neural connections are developing, but are limited until the day of birth. We are born into this dry world, we have to breathe air and this starts automatically. It surely is an adaptive shock to all of our newly-formed systems. This is where the new brain development really starts. Our brain has some wonderful adaptive re-patterning capacities, neuroplasticity of which we have only recently become more aware, due to the explosion of understanding derived from neuroscience. It also has another highly adaptive capacity, *creativity*, which is related and may even be the same thing. When I consider brain function, I am in awe of the possibilities. Later in fetal life, other brain structures develop in a hierarchic manner.



### Our learning journey

**Diagram 1. The learning journey**

## The Learning Journey

This diagram (see Diagram 1) is a useful explanatory tool. The new brain has no perceptual/conceptual constructs of the world developed at the time of birth. Our encyclopaedia is yet to be written; however, it doesn't take long for some basics to develop. Our basic survival behaviours help us to explore our world, as constrained as we are by our physical limitations at the time. Our first twelve months are very important.

We are starting to develop and edit our own encyclopaedia of knowledge of the world; our Total Knowledge is beginning. The newborn brain is a powerhouse of development of neuronal connections, patterns that are reused as we progress through life, which may explain *learning* as neuronal patterning. Our Behavioural System is also developing concurrently with our Total Knowledge; it seems that they share the learning. We often learn our behaviours through a trial-and-error basis as well as vicariously. Our quality world starts to develop during this time, too, as we learn to develop an understanding of what we like and what we don't like, thanks to the limbic involvement in our perceptual processing. This process is moderated by our pleasure-seeking and anxiety/pain aversion, which are possibly genetically ascribed. There is much going on in a highly integrated way.

One of our most important survival drives, creativity, is extremely active. It is in overdrive, as the developing new brain has not created all the necessary constructs. The imagination is vivid and the new brain is an information sponge loading the encyclopaedia for future reference. The naïve worldview of childhood innocence means much of the experience can take on the fantastic; it is wonderfully creative. It is an interesting concept to consider that part of creativity is the ability to anticipate even before we are aware of the situation. As parents, we enjoy that and often stir it along with Santa, the Easter Bunny, fairy tales, legends and similar cultural notions and stories. What is amazing is that despite this, children can have a brutally honest appraisal of a situation that they know – often to the embarrassment of parents and family. The other amazing thing is children's boundless resilience when they know they are loved.

As adults, we often forget that this was our journey too. We still have the child inside and we let the child out when we have fun, but we constrain it a lot. As we mature, some of us retain high levels of creative energy doing wonderful things. Businesses that encourage creative input to development of new products and work processes are some of the most successful on our planet. It seems cliché, but simply consider Apple and its products. They revolutionised the mobile phone not just by touch screens alone, but by enabling app development for the masses.

Creativity is an extraordinarily powerful adaptive capacity within us. It serves as a new brain function like an adaptive force field that interfaces with our sensory perception, spurred on by the physiology of anxiety that is sparked within the old brain structures. It, therefore, has a level of interdependent function with the old brain running in the background as we develop perception of our world updating our encyclopaedia. That encyclopaedia of understanding resides in our frontal lobes of the new brain.

So what does this mean to me as a mental health nurse? I have seen up to 170 people in a three-month timeframe all struggling with life's problems. People are referred with mental

illness diagnoses for longer-term support. I have an interest in how creativity works, beautiful in the positive, yet highly destructive in the negative.

### **Consider John's story**

John is diagnosed with several mental illnesses: schizophrenia, bipolar, borderline personality disorder, schizoaffective disorder. The multiple labels are suggestive that he is a puzzle to psychiatry. This also highlights the need for trauma-informed mental health support. His mum tells him outright, "You were a problem the day you were born. I wish you were dead." He advised that this has been relentless throughout his life so far. He does not know what or who to believe in and, at present, certainly has no self-belief. He is hooked on drugs and is now trying hard to change that. Home life is so toxic that he is easily derailed. Giving up is an easy thing for him to do since so much emphasis is placed on how little he means to any person significant to him. He has tried rehabilitation on several occasions and when stressed within the situation, he pulls out, and/or blames others.

The cognitive disconnect is what is diagnosed as his psychosis, and with those labels, psychiatrists struggle with how they could help. This is done without due consideration of the developmental trauma of the emotional deprivation and psychological abuse to which he has been subjected. Dr. Bessel Van der Kolk (2012) discusses the developmental trauma impact on the young developing brain. It is important to note, in choice theory terms, how we develop our total knowledge, behavioural system and quality world. Van der Kolk talks about the frontal lobe as the part of the brain that ties all our information into a meaningful context. From this, understand that we are meaning-makers and that is what our perception is all about. Creativity has a significant role to play in all this. In developmental trauma, the pathway to that part of the brain is shut down in distress. The behaviours are based on a hyper-aroused state so there may be extreme fight/flight or even freeze behaviours.

John's encyclopaedia has been loaded from the outset by parental emotional deprivation and neglect, treated with contempt as he 'ruined' their dream life. Mum's story is that she had a great life; she was married and they were in a very socially-mobile business at the top of their game. "Then along came the baby. I couldn't take him to work; he was at me all the time, getting into mischief. He was just doing it to upset me. When my husband and I were together, we couldn't have a quiet time just for us; the boy was a little horror." Apparently, there was no emotional attachment here. Mum has her own problems.

### **Anxiety**

Anxiety is the physiology that drives our survival behaviours to meet our basic survival needs. It is a normal old brain activity that is involuntary where the sympathetic and parasympathetic (Vagal nerves) work in harmony directing energy to survival behaviour (Porges, 2011). There are two normal physiological states that help us meet our survival needs:

**1. At the low level**, within our tolerance level, it directs energy to growth, healing and physiological balance. Here the Vagal brake is on (Porges, 2011).

**2. At the elevated level,** the Vagal brake is released allowing the sympathetic nervous system to prepare us for massive action, the fight-or-flight behaviours. Now our physiology is directed to meeting external threats. This is intended for short-term activity, and not for days, weeks, months or more.

## **Stress**

Stress is a sustained higher anxiety level above our normal physiological tolerance level. It refers to a long-standing state of readiness to meet external threats. The Vagal brake is off for a sustained period. This is a health alert: this sustained anxiety level paves the way for future physiological—as well as psychological problems—if left unresolved. Think of chronic diseases in this case. They will find expression where we have a physiological vulnerability and this may be what Dr. Glasser is relating to in his autoimmune discussion related to *creativity*.

## **Stressing/Anxiety overview**

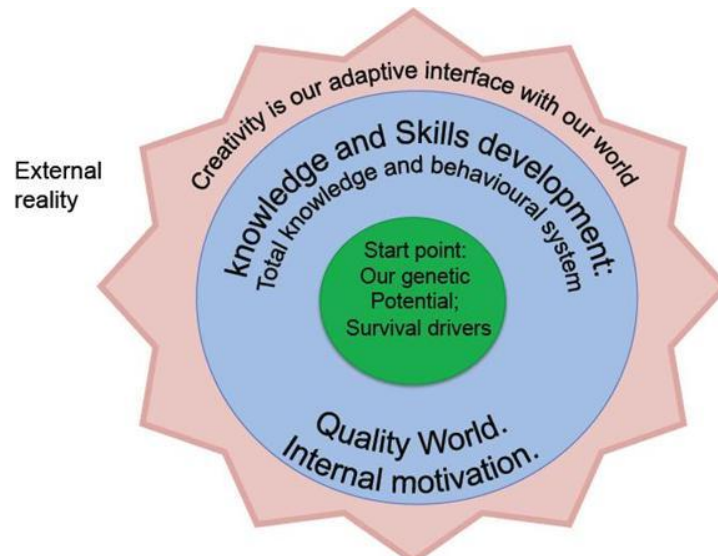
Stressing is the new brain behaviour, the thinking component of our total behaviour. Due to the interrelationship between old and new brain, the old brain response modulated by the Amygdala raises the anxiety level to meet the perceived threat. Over time, this anxiety level will drain us and we will feel that we have little energy to cope.

Creativity can be paradoxical with either positive or negative outcomes. I refer to Positive Creativity when I consider the inspirational activities that give us top performers, inventors, theorists, artists, poets and musicians; remember, within most of us, there are amazing abilities. In our daily lives this relates to finding solutions to challenges every day, helpful ways of closing the gap between what we want and what we have. I often ask, "Are you doing enough creative exercise?"

Negative Creativity may describe the unhelpful random, impulsive, irrational, disorganised behaviours that we sometimes do as we search for ways to close or reduce the "gap." Unfortunately, people sometimes get stuck in this place. Negativistic thinking and emotions are featured in this, the playing field for mental health, as this can be quite destructive and comes at great cost personally and socially.

Creativity often subconsciously provides us with a wellspring of possibilities. We are born with a toolkit of potential. Throughout our lives, our potentials develop and we draw on them such that different life experiences develop different potentials in each person. It is critical for human survival as most of our behaviours relate to survival on some level, so we need a way to develop new behaviour through this process: *creativity*. We use it automatically and frequently. It operates like most of our perceptions, automatically, so we do not often notice but it is also easily accessible voluntarily. We all need to learn how to harness this; that is our personal challenge. A point to consider is that recently there is a revision in our educational approach that one size fits all, as we discover that we are stifling creativity in our children.

## Creativity--a growing part of us



### Diagram 2. Creativity is like a force field around us, always active

Diagram 2 is an attempt to capture the interplay of our genetic potential and our survival drivers of behaviour as the core. Our internal motivation grows as we learn. Our total knowledge and behavioural system develop along with our quality world. Creativity is active throughout so think of creativity as a shell around us, like a force field. Not only that, but it pervades our very being from the core. It is our interface with reality operating in conjunction with our senses.

For the visualisers, *creativity* operates in 3D like a veneer hovering above the Choice Theory Chart as it influences everything, but is not a one-way action; we can tap into creativity at will. Automatically it touches all points of the chart, like wormholes/ tornados bouncing around the chart almost constantly. That is what is fascinating about creativity.

As children, there is a smaller set of constructs that we can identify, so our learned responses are limited, but creativity is phenomenal and imaginative. Consider connecting the ability to anticipate, to evaluate the probabilities as part of creativity. Even before we are aware of the situation, such as seeing a snake, we may have jumped out of the way to avoid a bite. We can all relate to anticipation on some level, but it is harder to capture the pre-emptive anticipation suggested. We catch up later with our description of how the scenario played out.

As our knowledge and skill grow, we become more motivated and creative, changing our worldview. We have much more total knowledge to draw upon to inform our perceived world. The message in all of this is that the brain is developing pathways /patterns which, when energised, frequently can become automatic responses. Hence, how we learn and what we learn has a strong influence on the impact of our creativity.

## Summary

Reality Therapy is the relationship of counsellor-engagement with the person. It targets parts of the creative cycle depending on when the person seeks help with change. In using the tools of Reality Therapy over time, we can empower a person to break their automatic cycle of behaviours. It takes as long as the person needs. Some habits are well rehearsed and entrenched over many years. We see that in alcoholics and addicts when they 'fall off the wagon.' I do not view these as diseases, but as causes of dysfunction due to toxicity. It is similar for behaviours that lead to relational dysfunction.

Grappling with *creativity* is an ongoing learning for me that I have shared with you in this paper. I have pulled together the physiology of anxiety, linked it to our thinking - stressing, and also its influence on impulsivity. I have briefly explained the interdependent relationship between the Old Brain, Lymbic System and New Brain in the process of perception. These are all part of our adaptive capacity that reveals itself as our *creativity*. John's story demonstrated that people who have highly traumatic experiences may have different influences on their creative responses. Each is a survivor of their circumstances with different life experiences, different perceptions, and thus different total behaviours.

There is a very real need for trauma-informed mental health care as is demonstrated in John's story. Such stories shared with me by many people in a safe, respectful, and trusting environment. Their stories highlight the impact of emotional disconnection in the early formative years, as well as a range of other trauma that is often referred to in psychiatry as complex PTSD as well as PTSD (Williams & Poijula, 2002). I consider that these people have a 'hair-triggered' anxiety response, sensitised by their previous trauma(s), which means that they have trouble restraining themselves from hyper-arousal. The beauty of Reality Therapy in these instances is that we do not need to open up the painful past. People will tell you when it feels right for them and they feel safe to do so.

We all know the contributions that positive creativity has made to our world and our survival; we only have to look around us to see it. We can be thankful of our capacity for positive creativity. We do need to be mindful of our impact on our environment/our physical world and on each other, especially our children. We all have a responsibility to our future generations to look after all; however, we often get stuck in control mode and many of us are losing our way. Choice Theory and Reality Therapy help us to develop greater awareness of what we have control over in our lives. Internal control means more positive creativity will be at work to help us develop more effective strategies in our lives.

Mental health Nurses; sowing the seeds of hope where there's a perception of hopelessness, nurturing them to their potential. That is the art of recovery facilitation for the emotionally troubled.

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## Brief Bio

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You may reach Paul van Houts at [paul.vanhouts@internode.on.net](mailto:paul.vanhouts@internode.on.net) to discuss any questions or comments you may have regarding this article.

Notably, "Lucy's Story," which was also presented at the WGI International Conference in June, 2012, is not included in this article due to the length of the material, but may be obtained directly upon request.



# **CHOICE THEORY AND REALITY THERAPY APPLIED TO GROUP WORK AND GROUP THERAPY**

Anthony Cameron M.A., LAC, CTRTC

## **Abstract**

The author asserts that budget cuts and significant economic constraints have and will lead to more and more children and adolescents in foster care being placed in group care settings. This reality has adversely affected foster parents, agencies, and service providers. Therefore, group work and group therapy methods will likely be called upon and utilized on a more frequent basis. The author reviews group processes and theory, as well as proposing that a choice theory conceptualization and a reality therapy approach of group work and/or group therapy is a model that can match the pictures of clients and staff in residential settings. The author places special emphasis on group leadership, interpersonal issues, and need fulfillment as these factors are of paramount importance in supporting children and adolescents in developing attachment, self-esteem, and competency.

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## **Introduction**

The poor economy and direct cuts to the funding and support foster parents receive through foster care agencies and community service providers has made it increasingly difficult for those wanting to continue as foster parents or those wanting to become foster parents. In addition, Mental/Behavioral Health networks have been severely impacted as well. According to Machelor (2011) of the Arizona Daily Star, "The number of abused and neglected children in the state has doubled in Pima County over the last decade-even as funding to help them has dropped precipitously and the number of foster homes have declined. Statewide and locally, it has become more difficult to place children removed from their homes with families where they can experience some normalcy" (p. 1).

A recent blog from Clarence Carter (2012), the Director of Child Protective Services in Arizona, has communicated that the State Legislature is currently discussing and reviewing a possible sixty percent cut to foster care providers and adoptive parents of children that have been in the system. This or similar situations are being played out across much of the country. Thus, many of these children will be involved in group home care, which is sad and ironic, considering that for the last decade people in the community and across the country have been talking about the need to get children out of congregate care, as most people assert that foster homes have a better chance of meeting their needs (U.S. Department of Health and Human Services, 2011). It should be recognized, however, that group homes can provide quality care and have been beneficial for many youth in the system, and with the current economic conditions they will most likely be called upon more frequently, especially for older children and adolescents, as thirty six percent of sixteen and seventeen year olds are currently in group homes or institutions (U.S. Department of Health and Human Services, 2011).

It should also be considered that from a clinical standpoint in Community Mental/Behavioral Health systems, staff members are often times completely overwhelmed with unrealistic caseloads and expectations. In the private setting, managed care is controlling treatment and asking for briefer and more cost-effective therapeutic intervention. Therefore, doing more and more group work and group therapy approaches seem to be inevitable. Fortunately, there is a large amount of research that validates the effectiveness of group work and group therapy (Alcoholics Anonymous, 1984; Gladding, 2003; Corey, 1995; (Vinogradov & Yalom, 1989).

It should also be recognized that in addition to wanting to help or inspire others with a choice theory/reality therapy approach to group work and or group therapy, the author of this article is being somewhat self-serving. As a former group home staff member, over eight years removed from the venture, it affords the author an opportunity to make meaning out of that often times difficult and extremely rewarding experience, as well as providing some additional thoughts that have been developed since that time from a clinician's lens. Furthermore, this article will ideally add to the choice theory/reality therapy group work/group therapy literature, as it has been somewhat ignored.

The author of this article aims to review the major tenets of group theory principles and techniques, as well as providing a template for conceptualizing group work/group therapy through a choice theory perspective, and delivering services through a reality therapy approach. Although the author aspires for this publication to serve mainly as a guide for therapeutic group home care and as a way of conducting group therapy, it goes without saying that the contents of this article are applicable to many different group ventures in many different settings (education, management, and corrections), and that much of the information can be extrapolated to be utilized in other theoretical paradigms and approaches. Although this article will focus on residential staff or the Behavioral Health Technician's (BHT) role, one could easily directly interchange the titles of therapist or clinician in to the group facilitator role and the terms group work and group therapy can be substituted for each other or used simultaneously as they depict a very similar process (theoretical constructs, group processes, & techniques). It should also be recognized that any group leader should be appropriately educated, trained, supported, supervised, and work within his/her scope of practice.

The author of this article asserts that the Behavioral Health Technician (BHT) working in a group home setting can provide effective therapeutic services to residential clients by facilitating group work/group therapy that focuses on the development of interpersonal skills and need-fulfillment through utilizing a choice theory philosophy and a reality therapy approach in a cyclical manner, as evidenced by conducting one's shifts as if they are continuous group work/group therapy sessions. Thus the important themes that are transpiring in the here-and-now of the environment, such as interpersonal relations and need fulfillment are persistently tied together, processed, and worked through. This approach requires significant communication and team work amongst staff members, but leads to a uniform therapeutic framework and delivery system. Glasser states (2000), "As long as clients continue to use the choice theory they've learned in counseling, the therapy never ends" (p. 22).

## **The Group Experience**

According to Austin (1999), the group experience in general provides numerous benefits for participants and facilitators which includes providing: fellowship, listening skills, a sense of belonging, parallel of real-life situations, development of rapid intimate relationships, opportunities for peer confrontation, conforming participants to positive group norms, encouragement and praise from other group members, a safe place to experiment with new behaviors, an opportunity to confront the bias of a staff member in safety, facilitate group interaction and other social skills, positive and negative feedback from other group members, meeting the needs of a specific age group or those with a specific disorder, decreasing prejudice by learning of similarities with others, and relieving feelings of personal isolation.

Yalom (2002) pointed out that the group experience sheds light on prototypical interpersonal responses because a common stimulus releases many different inner worlds responding to the same stimulus. Therefore, the group has therapeutic leverage in examining the ways in which the individual participants are relating to other members of the group and the group leader in the here-and-now. Thus, one's interpersonal pathology is revealed and then self-evaluation is encouraged. The self-evaluative component in a safe, accepting, and supportive group can be extremely transformative as it can facilitate improved awareness of self and others which leads to the development of better interpersonal skills and an improved ability to create and maintain significant relationships.

## **The Group Home**

Inherent in the group home environment is a tremendous amount of therapeutic potential that often times goes unrecognized and unexamined. Being in a group setting demands a sort of cooperation, teamwork, and support that is not available in individual treatment. The group home setting is a microcosm for the real world and in this environment clients will display the maladaptive behaviors and interpersonal difficulties that consistently adversely affect their relationships. According to Glasser (1998), the most important question to be asking ourselves is, "Will what I am about to do bring me closer to these people or move us further apart" (p. 7). Therefore, interaction is the therapeutic engine and if residential staff is paying attention, they can greatly help clients with recognizing and improving their interpersonal difficulties by focusing on promoting responsibility, self-appraisal, and planning for change around problematic patterns of interaction. Put in assessment form, what is keeping this individual from building and maintaining positive relationships? Put in choice theory/reality therapy terms, the question becomes what could one do differently to develop and sustain interpersonal relationships?

Glasser (2003) asserts that external control damages our relationships and is predicated on three false beliefs. The first false belief is that someone else or something outside of us "made me do it", which is a very common sentiment in the group home environment. A choice theory perspective establishes that we are all in control of our own behavior and solely responsible for what we choose to do, as all that we can give to each other is information. Thus, how we respond to others is of paramount importance.

The second false belief is that we can control someone else and make them do what we want them to do. Thus, many of the behaviors that clients exhibit are in an effort to control someone else or to escape this other person's attempts at having power over them.

The third false belief is that "I know what is right for everyone else," and when people with this mindset attempt to exert their influence, it is often justified by the prevailing attitude of "It is the right thing to do". This belief is often manifested in group home care when staff members take it upon themselves to punish children, as opposed to coming from a place of caring and concern and extending to them an opportunity to learn from the experience.

Glasser (2005) stresses that external control factors damage our relationships and he identifies seven deadly habits that are the primary factors in damaging or ultimately destroying our relationships with others, as well as several helping habits that will significantly improve our relationships, in turn. The deadly habits are criticizing, blaming, complaining, nagging, threatening, punishing, and bribing to reward control. These commanding ways of relating often times plague the group home environment and Glasser (2005) encourages us to replace these controlling ways of relating by supporting, encouraging, listening, accepting, trusting, respecting, and negotiating differences.

Many group home programs are based on correctional models where the deadly habits are the norm, especially threatening and punishing. These "boot camp" type orientations are often politically very popular, but results from a number of these types of rehabilitation programs have been poor (Lipsey & Wilson, 1998). A meta-analysis of research conducted by Kider, Mackenzie, and Wilson (2003) shows that there are actually higher levels of recidivism with the participants in these programs and similar programs (i.e. scared straight). Ironically, in the field of correctional treatment, Cullen and Gendreau (1998) point to the following principles that enhance effectiveness across programming: Authority (clarity and expectedness of rules and expectations), role modeling (demonstrating appropriate behaviors and reinforcing appropriate behaviors of offenders), problem solving (engaging the inmate in finding solutions to problematic issues), community resources (supports in the environment outside of jail), and quality interpersonal relationships (genuineness, empathy, and unconditional positive regard, as well as active listening).

### **Choice Theory**

Glasser (1998) espouses that choice theory is an internal control psychology and that human beings are driven by five genetic needs: survival, love and belonging, power, fun, and freedom. In the group home environment, one must feel a sense of safety and security, and this need likely supersedes the others. If this need is not met to a certain degree then it will be impossible to move forward with treatment. Many clients exhibit primitive behaviors that are the result of attempting to meet their survival need. For example, hoarding food, stealing, and aggression are common in group home care. However, it is the author's experience that when group home residents start to meet their need for safety or security, which often occurs through genuine caring from people in the environment, the setting and maintaining of very clear physical and emotional boundaries, adhering to a consistent routine, and the conveying of clear and realistic expectations, these "acting out" behaviors are used with less frequency and intensity.

According to Fromm (1956), "the deepest need of man, then, is the need to overcome his separateness, to leave the prison of his aloneness. The absolute failure to achieve this aim means insanity, because the panic of complete isolation can be overcome only by such a radical withdrawal from the world outside that the feeling of separation disappears—because the world outside, from which one has separated, has disappeared" (p.9). Although we are ultimately all alone as we go through our lives, meaning we must make and live with our own choices, it is an existential paradox that we all need other people. We are without a doubt, social beings and according to Wubbolding (2000), "It is clear that the need for belonging occupies a central place in human motivation. In other words, a wide range of behaviors springs from the desire to connect with each other" (p. 13).

Glasser (2000) postulates that "people choose the behavior that has led them to therapy because it is always their best effort to deal with a present, unsatisfying relationship—or worse, no relationship at all" (p. 22). All of the clients in group home care are placed there due to some disruption in relationship. Glasser (2000) states, "To satisfy every need we must have good relationships with other people. This means that satisfying the need for love and belonging is the key to satisfying the other four needs" (p. 22).

Glasser (1998) asserts that the need for power "is a distinctive human need" (p. 37). Many of the clients that wind up in group home care have experienced mostly powerlessness and have been the victims of abandonment, neglect, and/or abuse (emotional, physical, and sexual). The children's lives have been chaotic in trying to get what they want in more effective ways that they often chose what we might call 'drastic behaviors' (sexualized, self-harm, extremely defiant and oppositional, running away, as well as aggression) in an attempt to get what they want and as a result, experience some power in their lives. Perhaps the most powerful move on their part is to declare that they cannot be helped at all and there is no use in anyone caring about what they do. Therefore, one of the BHT's most important jobs is to support clients in their attempt to meet their innate need for power or importance in more productive ways. This process of enhancing their personal agency is done through encouraging clients to take on more responsibility for what is occurring in their lives, which leads toward one becoming more goal-oriented, self-directed, and in-control.

From a technical perspective, BHT's can often aid clients in developing their self-esteem through focusing on concentration, fascination, and curiosity (Polster, 2005). Concentration refers to a "here-and-now" focus and should be geared towards promoting client-affirmation and self-evaluation. A consistent evaluation question that may be utilized in the residential or therapeutic environment is "How did you do that"? In addition, behavior rehearsals and role plays should be common practice. Fascination is characterized by conveying a consistent interest in the residents, which can sometimes be quite difficult because of some clients' undying resolve to come across as uninteresting to avoid any type of significant engagement. Therefore, the BHT must be attuned to the client's wants or quality world pictures, which will be discussed later in the article. Finally, a sense of curiosity leads to a greater desire to understand more fully what one is going through and is communicated through an unwavering commitment to offering a supportive alliance directed toward problem-solving.

Erwin (2004) differentiates between power over (exerting influence over something or someone), power within (internal empowerment or achievement), and power with (empowerment or achievement through collaboration). Jordan (2010) defines "power with" as a "concept that more can be accomplished through collaborative efforts than through hierarchical arrangements, building on the notion that creativity and actions develop in good connections. 'Power with' grows as it empowers others and stands in opposition to 'power over,' which accrues through directing and controlling others" (p. 105).

Ellis (1998) has pointed out that humor is an important factor in one's mental health. A sense of humor can go a long way in the group home setting because it can often times become a very stressful environment. Laughter is not only disarming, but it can be a powerful teaching approach and evaluative tool. According to Glasser (1998), "Fun is the genetic reward for learning" (p. 41). Thus, laughing and learning are integral in developing egalitarian relationships and go a long way toward improving the group home culture. Therefore, there must be a premium placed upon play activities.

At the heart of choice theory is the need for freedom and Wubbolding (2000) states, "We are born with the urge to choose" (p. 15). Glasser (2011) posits an inner freedom that breeds independence, creativity, and autonomy. In the words of Sartre (1957), "man is condemned to freedom" and "we ourselves choose our being" (pp. 23 & 29). Therefore, freedom encompassing these sentiments also refers to one's own responsibility to design or have influence over the environment. This sense of authorship is not only liberating, but frightening, and as Wubbolding (2000) points out, "The need for freedom is in some ways connected to power" (p. 15). In any case, the group home staff should make it a priority to give clients choices, responsibility, and encourage creativity.

Cameron (2010) proposes that Glasser's (1998) psychological needs construct can be utilized as a diagnostic tool, as a framework for providing a need-fulfilling culture, and as a way of connecting and communicating with others. BHT's can support clients in assessing which needs are not being met and help them develop plans of action to meet their pictures and then name the identified need or needs more effectively. This holds true for BHT's as well, who can greatly benefit from consistently performing their own needs profiles in an effort to take care of themselves and be in a position to be a quality helper. In addition, staff members can focus on setting up the group home environment as a need-fulfilling culture. For example, "what is our plan (picture) to support our clients in getting their need's (survival/belonging/power/ fun/freedom) met"? Finally, BHT's can help clients describe their want(s) and subsequently identify the predominant need(s), and attempt to connect and communicate with them in a congruent manner. Thus, if a staff is working with a more "power-oriented" person, that staff member would want to consider placing this client in opportunities for him to be in control of things (make the recreation calendar or lead a group), and in interacting with him or her would probably communicate very directly, as well as focus on problem-solving, as opposed to questions related to feelings.

Glasser (2011) proposes that we attempt to meet our psychological needs through the most important pictures we have in our minds, which he refers to as our "quality world" (p. 32). These idealized inner worlds encapsulate how we want our life to be and include our belief systems, our activities, and most importantly, the people that matter to us most. Therefore,

the paramount goal of the BHT's is to discover the quality world of the client and/or perhaps the group home environment itself will represent or symbolize something meaningful. Glasser (2000) maintains that "The continuing goal of reality therapy is to create a choice theory relationship between the client and the counselor" (p. 23).

Glasser (1998) contends that we choose who we are and he explains this through his conceptualization of total behavior, meaning that the domains of doing, thinking, feeling, and physiology are interconnected and a change in any of these components will result in an alteration to the entire behavioral system. What one is doing and thinking are the main levers to bring about change and, in turn, influence one's feelings and physiology. Doing is placed at the heart of choice theory/reality therapy because it is the easiest total behavior component to change and it is the driving factor in leading us toward what we want (Glasser, 2000).

### **Behavioral Health Technician (BHT)**

The BHT is first and foremost responsible for the safety of all those that comprise the group home environment. In addition, the BHT has to provide direction and oversight regarding the daily functioning and routine of the group home. Beyond these significant responsibilities and challenges is an opportunity to provide residents with a teacher-student relationship that serves as a correctional relational experience and template, as well as spotlighting more effective need-fulfillment. Therefore, emphasis is consistently placed on facilitating client's interpersonal and intrapersonal change.

In order for the BHT to be an effective helper, he or she must embrace the Rogerian core conditions of empathy, genuineness, and unconditional positive regard (Rogers, 1980). Clients need to be assured that staff will "be there," and that they are emotionally present and invested. It should be noted that the BHT's cannot be divorced from who they fundamentally are as people and bring to the job personal qualities, values, and life experiences. These personality traits provide a sense of authenticity that can be invaluable in supporting clients as long as the focus remains on the client. According to Johnson and Johnson (2000), group leaders who are effective in their work utilize the strongest parts of their personalities and awareness and merge these with their group leader experiences. Wubbolding (2000) stresses the ABCDE acronym in establishing the desired relationship, which refers to "always be courteous, determined, and enthusiastic" (p. 93). The author would also encourage the BHT to be confident (i.e. maintain a belief in what you are doing and remain consistent), courageous (i.e. take positive risks and role model dealing with adversity), and creative (i.e. be open to solving problems in new ways and be willing and able to alter approach).

## **Leadership Styles**

A staff's leadership style evolves on a continuum with the goal of helping participants develop skills to help clients balance their needs in more effective ways. A group facilitator must always be assessing where the social system is at in its development and balancing the needs of the individual participants within this larger paradigm. On one end of the spectrum, there is the authoritative leadership style, in the middle you have a democratic leadership style, and on the other end of the spectrum you have a laissez faire leadership style. At early points in the group's development and at highly resistant periods, the BHT will have to provide additional structure and directives, but as the group develops then the facilitator will be encouraging members to take more and more ownership of what transpires through facilitating group processes. Ideally the residents will reach a place of consistently operating from a group-centered perspective that not only prizes its members and the interpersonal relationships, but encourages members to be mostly responsible for the ongoing maintenance of the need-fulfilling culture. It is an amazing sight to behold, when the "gang kid" is helping the "goth kid" with his homework.

## **BHT Skills**

In general, Corey (1995) refers to the development and implementation of the following group leadership skills which can be utilized by the BHT in the group home environment: active listening, restating, clarifying, summarizing, questioning, interpreting, confronting, reflecting feelings, supporting, empathizing, facilitating, initiating, setting goals, evaluating, giving feedback, suggesting, protecting, disclosing oneself, modeling, linking, blocking, and terminating.

From the author's perspective, BHT's in the group home setting most frequently utilize active listening (focus on verbal and non-verbal messages, as well as the way in which clients express themselves), clarifying (assist clients with identifying their feelings and needs that leads toward self-understanding), confronting (bring to clients' attention the incongruity between what there are saying and doing, as well as promoting increased accountability), linking (connecting words of members to each other and promoting horizontal patterns of communication), protecting (ensure that clients are not psychologically or physically harmed and make every effort to uphold fairness), blocking (intervening to address detrimental or destructive behaviors), summarizing (tying together meaningful or important factors for consideration), supporting (promote disclosure and offer encouragement and praise, especially in difficult times), modeling, (serving as a positive role model by exhibiting preferred behaviors), questioning (open-ended, focusing on "what" and "how" inquiries, and promoting self-evaluation), setting goals (individual and group), and evaluation (examining evolving group processes, as well as group and individual dynamics).

## **Reality Therapy**

The foundation of the reality therapy approach is based on helping and teaching people how to get along with others more effectively and supporting them in satisfying their internal motivation or basic psychological needs (Wubbolding, 2010). Wubbolding (2010) sees reality therapy as a delivery system for the choice theory philosophy and the methodological



foundation is based on the acronym WDEP, which refers to wants, doing, evaluation, and planning. It is important to note that one can facilitate exploration of these variables (WDEP) in any order and that the process should be tailored to fit the person with whom the BHT is working, as well as being delivered in a creative and collaborative manner.

Reality therapy emphasizes plans of action. Thus, maladaptive patterns of behavior are replaced by a different action as opposed to one just trying to stop what they have been doing. Høglund (2007) proposes the acronym "SMART" dictate the principles of a succinct and thoughtful plan, as it should be simple, measurable, aligned with wants, realistic, and time-bound. BHT's can help clients foster a sense of personal agency, look ahead, avoid becoming overwhelmed, and prepare for challenges in a focused manner.

Trotzer's (1977) model encapsulates the group stages that group home clients and group therapy participants often pass through: forming, storming, norming, performing, mourning/adjourning. The forming stage is one in which residents orient to the facility, deal with the awkwardness of "being the new kid", begin connecting with the group relying on the leaders for a lot of structure and guidance. The storming stage is defined by clients' reactions to the emerging demands of the group and is characterized by problems of interpersonal dominance, as well as the questioning of authority. In choice theory terms this is where members need for power collide and certainly staff members can compound difficulties during this stage by becoming participants in "power struggles". The norming stage indicates that order is being established and the residents are focusing on identifying group issues, interests, and tasks that need to be accomplished. The performing stage is where clients come together and focus their commitment on the groups and the individuals comprising the group's most important tasks. The mourning/adjourning stage is based on recognizing changes and deriving meaning from the experience, providing a sense of closure, and planning on how the gains made in the group will be utilized in the real world.

## **Summary**

In summary, it is the author's contention that group home care, group work and group therapy, will need to be utilized with more frequency in response to budgetary cuts that have adversely affected foster homes, agencies, and service providers. It should also be noted that managed care is placing more and more restrictions on private setting practitioners and a movement towards more group therapy will most likely become necessary. The author reviewed group theory, group processes, and related techniques, as well as conceptualizing group work and/or group therapy through a choice theory framework and the delivery of services through a reality therapy approach. The author places special emphasis on group leadership, interpersonal issues, and need-fulfillment as these factors are of paramount importance in supporting children and adolescents in developing attachment, self-evaluation, and competency. Furthermore, the contents of this article are in accordance with Glasser's (1998) vision of a quality community and its foundation and development occurs through the facilitation of choice theory-focused group work (Glasser, 2005).

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### **Brief Bio**

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## **CHANGE, CHOICE, AND HOME: AN INTEGRATION OF THE WORK OF GLASSER AND GOTTMAN**

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### **Abstract**

An important part of becoming a clinician is understanding one's worldview and choosing a model that has congruent values and assumptions embedded in it. In the Governors State University counseling program, professors require students to explore their own worldviews and models prior to internship. This article provides the framework used to guide students in this exploration and discusses how aspects of Choice Theory and Reality Therapy and the Gottman Method of Couple Therapy are congruent with the first author's values and assumptions and, in some ways, congruent with each other.

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Recently a student standing in the hallway at Governors State University (GSU) asked the question, "Why do I have to choose a therapeutic model? Should I just pick one to make my professors happy?" Little did the student know that Professor Dermer was standing behind her. Dermer proceeded to offer the student several reasons for choosing a model (besides making one's professor happy). Foremost on this list of reasons was congruence; congruence between one's worldview and one's chosen model and congruence between one's chosen model and the myriad of decisions a clinician must make when working with clients. A clinician's theory and model assist him or her in answering some of the following questions: what type of change is needed for a healthy life; how should the need for change be assessed; whose responsibility is change; how does one help facilitate change; and when has someone achieved enough change?

Choosing a model is similar to choosing a mate. Typically, people tend to choose a mate with whom they match on fundamental values. Although mates do not have to be perfectly matched on all of their values, it is easier to make daily decisions when people have similar ideas on major topics such as: how to spend their time together, ways to express affection and emotion, problem-solving, finances, parenting, relationship with extended family, fidelity, and many other issues. The same is true for the marriage between one's worldview and one's therapeutic theory/model. It is easier to make therapeutic decisions when clinicians' worldviews match the values and assumptions embedded in their chosen model.

As part of their coursework, students in the marriage and family counseling program at GSU take a general theories course, a couple and family theory course, and an advanced systems theory course. In the Advanced Family Systems course, students learn two evidenced-based models for working with couples. In addition to learning specific models, students are challenged to understand clinical models in the broader context of Western philosophy. They read Simon's (2003) book, *Beyond Technique in Family Therapy: Finding your Therapeutic Voice*, which explores major models of therapy based on five assumptions

about human nature and change: individualism/collectivism, freedom from/freedom for, mind/body, and being/becoming. Students were introduced to a modified version of Piercy and Sprenkle's (1988) theory-building questions (see table 1). As a final assignment for the course, students are required to write an epistemology paper in which they write about how they understand and make sense of the world and specifically how that understanding informs their personal theory of helping relationships. Based on Simon's (2003) questions about human nature and Piercy and Sprenkle's (1988) theory-building questions, students explore their values and assumptions and evaluate how those fit with the values and assumptions embedded in their chosen models. This article is an example of Henderson's exploration of her personal and therapeutic worldviews.

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**Table 1****Modification of Piercy and Sprenkle's (1988) Theory-Building Questions**

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What is your definition of change?

How do you measure change?

Who has the major responsibility for helping create change (counselor or family)? Who has the major responsibility for creating goals for counseling?

What are your beliefs about joining with clients and how it should be done?

How do you decide when counseling should be terminated?

How important is hypothesizing and assessment? How does your definition of change relate to the importance of hypothesizing and assessment? How does your view of change, hypothesizing, and assessment relate to counseling goals and when you and clients decide to terminate counseling?

Do you believe in resistance?

What is the place of client and counselor values in counseling and how will you deal with them (clients' and your own) in counseling?

How important are issues of diversity (e.g. race, gender, affectional orientation, spirituality/religion)?

How will you deal with issues of diversity?

How will you make sure to remain systemic in your thinking, hypothesizing, assessment, and interventions?

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## **Choosing a model.**

Students in the marriage and family counseling sequence at Governors State University are expected to apply systemic approaches to their work with couples and families. Choice Theory and the practice of Reality Therapy are typically considered to be used in an individual approach to counseling. However, Henderson, who is Choice Theory Reality Therapy Certified (CTRTC) found that her use of CT/RT was congruent with the practice of the Gottman Method Couple Therapy. Under the guidance of Professors Robey, Dunham, and Dermer, Henderson was able to incorporate the work of Glasser and Gottman into her own model of counseling. The following epistemology paper provides an edited example of Henderson's exploration of her personal and therapeutic worldviews.

### **Henderson's Epistemology Paper: Choice, Change, and Home**

There are two counseling models which coincide with my [Henderson] values, beliefs, and style. Those models are William Glasser's Reality Therapy, which is based on Choice Theory (1998), and John Gottman's Gottman Method Couple Therapy, which is based on the Sound Relationship House Theory (originally named the Sound Marital House) (Gottman, 1999; Gottman & Gottman, 2008). While many may think these two theories are quite different, there are some similarities. Both are congruent with my values and beliefs. I appreciate choice theory's focus on the positive and the idea of personal responsibility. I find the use of Wubbolding's (1988; 2010) WDEP process useful in providing a therapeutic guideline in counseling (i.e. W: What do you want? D: What are you doing to get what you want? E: Is what you are doing working [i.e., evaluation]? P: What is your plan?). I admire John Gottman's ideas of focusing on what works in relationships, the use of the Sound Relationship House to guide assessment and intervention, and his various techniques and tools.

### ***Reality Therapy and Choice Theory***

Reality therapy was first developed in 1965 by Dr. William Glasser (Corey, 2005; Glasser, 1965). The basis of reality therapy is that people are responsible for what they choose to do with and in their lives. Choice theory (Glasser, 1998; Wubbolding, 2010) teaches that we are internally motivated to satisfy one or more of our basic needs. These basic needs are survival, love and belonging, power, freedom, and fun. While everyone has these needs, it varies in intensity with each individual. For example, while everyone needs power, or achievement, some have a greater need for power than others. Glasser believes that when we are feeling bad, sad, mad, or any other less-than-effective feeling, it is because one (or more) of these basic needs is not being met. When our needs are met to the intensity that we desire, we are happy.

Choice theory teaches that when someone is having a problem, the primary issue is that of an unsatisfying relationship. Glasser states that everyone needs to have meaningful and satisfying relationships with at least one significant person in his/her life (Glasser, 1998; Wubbolding, 2010). Without these meaningful and significant relationships, problems arise. It is the behaviors one chooses to engage in that can cause the most difficulty when trying to have successful relationships. It is when people are having unsuccessful or unsatisfying relationships that they seek counseling. Often people don't realize that the problem lies

within themselves or with their lack of satisfying relationships. Clients also may not realize that their problems are caused by the behaviors in which they are choosing to engage. In particular, Glasser (2000) has identified seven “deadly” relationship habits that are destructive to relationships (criticizing, blaming, complaining, nagging, threatening, punishing, and bribing or rewarding to control).

### ***Sound Relationship House***

Gottman takes a different approach to counseling couples or individuals, but his sound relationship house also coincides with my values, beliefs and style. Gottman’s theory is based on longitudinal research done with couples in his research lab (i.e. love lab) (Gottman, 1999; Gottman & Gottman, 2008). Some of the most important concepts are meta-emotion, repair attempts, types of problems, the Sound Relationship House, and the Four Horsemen of the Apocalypse (Gottman, 1999; Gottman & Gottman, 2008).

Gottman categorizes couples into three types based on their meta-emotion styles: volatile, validating, and conflict-avoidant (Gottman, 1999). Meta-emotion is what people believe about the expression of emotion—how, when, and why it should be expressed. The volatile couple is one that can be viewed as a roller coaster, being very affectionate, yet also having extreme mood swings (both positive and negative) and interactions at times. The validating couple emphasizes communication about couple issues, and there is a great emphasis on we-ness (e.g. setting a boundary around the couple’s relationship and making it a priority). The conflict-avoiding couple is one that can be expressive, but is usually more low-key than the other two relationship types. This type of couple tends to silently agree to disagree on many, if not most, issues. According to Gottman (1999), all three types of marriages can be happy, and according to his research, the volatile couple tends to be more romantic than the other couples after 35 years of marriage. Although each type of couple can have a happy, stable relationship, problems arise when couples are mismatched on their meta-emotion styles (Gottman, 1999).

Conflict is inevitable in relationships. There are two main categories of conflict that arise in couple interactions: perpetual and solvable problems. Perpetual problems are those that cannot be solved. They occur when there are fundamental differences in values, assumptions, and dreams for one’s life. The key to working with perpetual problems is whether or not the couple can learn how to discuss issues without becoming gridlocked (Gottman, 1999; Gottman & Gottman, 2008). When a couple is gridlocked, they become stuck and can’t move forward. Often one or both individuals feel criticized or rejected by his/her partner. Gottman developed a five-step intervention for helping couples work through perpetual problems: (1) identify strengths; (2) imagine and recognize one another’s dreams; (3) realize lost dreams; (4) honor one another’s dreams; and (5) work through opposition to change.

Conflict in relationships is inescapable and when it occurs couples can make choices that will escalate or deescalate negative affect during conflict (Gottman, 1999; Gottman & Gottman, 2008). Repair attempts are any action that someone does in order to deescalate the conflict and negative affect. A repair can be anything from a statement to a silly gesture or facial expression. It is not what the couple does that makes a repair attempt, it is the effect.

Anything that interrupts and reduces the negativity that is sometimes associated with conflict is considered a successful repair attempt. Although all couples experience both perpetual and solvable problems, "it seems what may matter most is the ability to repair things when they go wrong" (Gottman, 1999, p. 7).

Couples engage in relationship-enhancing and relationship-damaging behaviors. Gottman (1999) has named four of the most damaging behaviors couples can engage in as *The Four Horsemen of the Apocalypse*. The behaviors are criticism, contempt, defensiveness, and stonewalling. Criticism is a form of complaint with a twist of adding a negative attack on a personality trait of another. Contempt is when one puts him- or herself above another by putting the other down, rolling one's eyes, laughing, mocking, or name calling. Defensiveness, while understandable at times, involves not taking responsibility for one's role in conflict. Stonewalling occurs when one partner disengages emotionally from the other partner as a way to protect oneself from an emotional flooding of negative emotion. According to Gottman (1999), contempt and stonewalling are most indicative of dissolution of the relationship. All couples engage in at least one, if not all of these behaviors from time-to-time, but it is the extent and frequency of the behaviors that is important to keep in mind when evaluating the marriage.

The Sound Relationship House Theory is the foundation of Gottman's Method Couple Therapy. There is a hierarchy of needs within a relationship (Gottman, 1999). The foundation is comprised of the bottom three levels: (1) friendship, (2) fondness and admiration, and (3) holding an emotional bank account. This foundation focuses on cognitive love maps, or one's knowledge of his/her partner, consideration for one another, and how couples either turn toward or away from one another in times of non-conflict. Having a strong foundation is necessary to move to the next levels of the house. The fourth level is positive sentiment override (PSO). Couples who are in positive sentiment override tend to perceive negative affect in a neutral manner. The fifth level revolves around problems and how a couple deals with issues that arise. It focuses on how a couple communicates around perpetual problems, how effective their problem-solving skills are when dealing with a solvable problem, and how one can sooth oneself or his/her spouse when things become escalated. The top two levels of the House revolve around dreams and shared meaning. Creating a shared meaning is based on the rituals in which a couple or family participates. They can be rituals that are large and significant, such as those based around holiday traditions.

## **Change**

Understanding how one defines, assesses, and promotes change is fundamental to a personal theory of helping relationships. The core goal of therapy/counseling is to assist clients in altering emotion, thinking, and/or behavior. How clinicians define change is the fundamental determinant of the many therapeutic decisions a clinician makes in every session.

## **Choice Theory**

According to choice theory, change is just another choice we have. It is a conscious choice, and one has to want to change for it to be successful and long-lasting. One can choose to



change or to stay the same. One approach of facilitating change in counseling can be through the use Wubbolding's (1988; 2010) WDEP system of reality therapy. This system is comprised of four different aspects: W-wants, D-doing, E-evaluating, and P-plan. After establishing a supportive counseling relationship, the counselor helps clients explore their wants (W), clarify them, and prioritize them. In this part of the process counselors help clients explore their quality worlds, define the pictures within the quality world, and identify what aspects of their quality worlds and basic needs are not met.

Behaviors and choices are focused on in the doing (D) aspect of Wubbolding's system. Choice theory is not concerned with the past, including past behaviors. Counselors focus on current issues and behaviors because it is what we are doing now that affects us immediately. It can be difficult for clients to take personal responsibility for their own behavior, to look at themselves versus outside factors, and to really think about their behaviors, choices, and what they are doing in order to get their wants and needs met. It can be easier to talk about external factors that are getting in the way. It is at this point that the counselor needs to maintain structure and redirect clients. Clients need to remain focused on themselves, for only they can change the outcome by changing their behaviors.

Evaluation (E) is the next step in the ongoing WDEP process. The evaluation is the center of reality therapy. Clients evaluate the effectiveness of their present behaviors, as well as the direction in which their behaviors take them. This is where the process of change occurs. Clients won't consider changing until they think it's beneficial for them.

The last step in the WDEP process is the plan (P). Once clients have evaluated their current behaviors and have decided that change is something they want, they then determine what other behaviors they want to try to make better, more effective choices. The planning process allows clients to make conscious choices, gives them increased control and the opportunity to accept the responsibility for change. The counselor's role during this stage is to keep the client aware of the responsibility, as well as the consequences, that can come with choices, behaviors, and actions. It is also important for the counselor to help clients determine the appropriateness of their plan. Sometimes clients get very excited about changing, and try to change too much too quickly. This drastic change can be a set-up for failure. Counselors help clients maintain goals, or plans, that are "simple, attainable, measureable, immediate, involved, controlled by the planner, committed to, and continuously done" (Corey, 2005, p. 327).

### ***Sound Relationship House***

While choice theory might seem to be more focused on individual counseling, Gottman focuses on both couples and individuals. I like the fact that Gottman sees the couple as a couple as well as individuals. I think often people might be a little reluctant to be completely open or honest with their partner in the room until counseling becomes more comfortable. Being seen as individuals may help enhance the therapeutic relationship. Gottman (1999) emphasizes a "no secrets" clause, so that problems are not enhanced and to avoid any negative involvement of the counselor (e.g. to promote the secret or bad behaviors).

Gottman's interventions and exercises are easy to participate in and to assign as homework. They can be challenging, but easy enough to ensure follow-through. Goals are set by the

clients and are the responsibility of the clients, just as with choice theory. Interventions are designed to facilitate self-evaluation on the part of the clients. They evaluate what is working well, what changes the clients want to make, and what needs work.

### **Joining and the Counseling Relationship**

When starting the counseling process with any new client, it is essential to join with him or her. Counselors need to establish and develop a relationship with clients. Without this relationship, there will be little or no trust or reliance. Clients will not share intimate ideas, thoughts, or problems with a counselor without a supportive relationship in place. Depending on the model, the role of the counselor varies. For some theories the counselor is the expert, for others the role is that of a teacher or guide. In both choice theory and the Sound Relationship House the counselor has many hats. The role of the counselor is that of teacher, guide, or coach, and sometimes as the expert.

#### *Choice Theory*

The role of the therapist or counselor in choice theory and reality therapy is to first and foremost establish and develop a meaningful relationship with the client (Glasser, 1998; Wubbolding, 2010). Without developing this trusting, wanted relationship, counseling is less likely to be successful or effective. After establishing this relationship, the therapist's role is to become a teacher. The counselor should teach choice theory to the client, explain how to make better decisions in behavior and how to choose behaviors to enhance relationships.

Humor and friendship are keys to the therapeutic relationship. It is imperative to be genuine and authentic as the counselor. In choice theory, using humor, positive focus, and developing a friendship is considered to be vital in joining with clients (Glasser, 1998). The role of the counselor is not only to help guide clients to better lives through increased understanding and better decisions, but also to educate them on how to make better choices, and to help them discover better ways in which to achieve their goals. In other words, everyone has faulty thinking, which results in faulty total behavior, or behavior that results in unwanted and ineffective outcomes. Often people don't change the behaviors because they don't know how else to do something to get different or better results.

#### *Sound Relationship House*

Although Gottman may join with a couple, or make a connection with them, he acts more as a coach or a guide. At times, he may act as the "expert." He believes that individuals need to learn to self-soothe and soothe one another. Soothing is not the role or the duty of the counselor. According to Gottman (1999), the counselor's role should be one of empowerment, encouragement, support, and guidance, rather than enabler.

### **Assessment**

When anyone enters counseling, they are assessed. This provides the counselor with enough background information to begin counseling. Often when doing an assessment or reading through the initial data, a counselor may tend to hypothesize on what may work or not work with the clients. While hypothesizing may be an important aspect to many

theories, I do not think it is necessary to do so for effective counseling. The purpose of an initial assessment is to gather information from the clients on the presenting problem, history of the relationship, issues that have come up in the past, possible goals, as well as identifying information, such as name, address, medical history, and previous experience in counseling. Assessments are done throughout the counseling process, but always at the initial intake.

### ***Choice Theory***

Glasser assesses throughout the counseling process (Glasser, 1998). Many counselors who use choice theory and reality therapy utilize the WDEP model in order to assess and re-assess the client and the counseling process. This is done through the E, or evaluation, part of the WDEP process. Wubbolding (1988; 2010) asserts that often what clients say they want and what they really want isn't always congruent. This is why it is important to thoroughly explore the clients' quality world. Although the pictures within the quality world may never change, the clarity of them might, as will the priority in which clients want their pictures attained.

While Choice Theory is not usually considered as an approach to working with couples, it can be very effective with couples (Glasser, 2000). Counselors using choice theory with couples will have both individuals in the relationship evaluate the effectiveness of their behaviors, how they are helping and hurting the relationship, themselves, and the other person, and how their behavior is helping or hindering the achievement of desired goals or quality world pictures.

### ***Sound Relationship House***

Throughout all of his research and findings, Gottman (1999) has developed a plethora of assessments and interventions. Because of the wide array of interventions and assessment tools, it is up to the clinician as to which would be most suitable per couple. Some may be used with all couples. Also, some of Gottman's assessments are designed to be used at various points of the counseling process. One of the assessments that can be used with all couples is the six-minute interview, during which the clinician observes the couple discussing a recent problematic event as well as a non-conflict discussion. The clinician watches for the Horsemen, as well as for various attributes to the Sound Relationship House. Another assessment that is useful for all is the Gottman 17-Areas Scale. During this assessment the couple is asked how things are or are not changing. The Oral History Interview is used to assess the we-ness of the couple, the Sound Relationship House and the various levels, such as cognitive love maps, fondness and admiration, and turning toward or away, as well as assessing the type of couple.

After assessing a couple, the counselor can then move onto various interventions. The intervention in which the couple discusses rituals and their roles within these events can be very useful. It is very important that all families have various rituals, some surrounding significant events, such as holidays and celebrations, as well as those in daily life, such as dinners, dates, and bedtime routines. The Magic Five Hours (Gottman, 1999) is a meaningful approach to use with clients. Because of the fast-paced world in which we live, time together as a couple might be scarce. Putting aside five hours a week in which the

couple will be engaged with one another can help enhance cognitive love maps, fondness and admiration, as well as increase the amount of turning toward and PSO. Gottman (1999) has listed specific ways in which a couple can spend five hours a week engaged in one way or another. These are partings, reunions, admiration, affection, and love maps.

Like his assessments, Gottman's interventions are also designed for various points of the counseling process. There are some interventions that are designed to be done several months after counseling is terminated. The couple is asked to come back, and the counselor can then observe how well the couple is communicating, turning toward, and being together as a couple. These interventions are games or activities in which the counselor views the couple in action and sees how they interact throughout the activity and process. One of these activities is titled The Paper Tower (Gottman, 1999). The couple is told to build a tower together with the various supplies given. The counselor sees how much influence is accepted, as well as how much they turn toward one another instead of away.

### **Termination**

Ending a relationship can be difficult, even with the awareness that the end is inevitable. Counselors, as well as clients, may become attached, reliant, and happy with the therapeutic relationship. Counseling can be a short-term relationship, but that doesn't make it any less meaningful. In both choice theory and reality therapy and the Sound Relationship House, the counselor's main role is to provide clients with the tools necessary to live a happy and successful life without counseling.

Gottman (1999) states that once clients demonstrate that they are able to self-soothe and soothe their partners, as well as increase the PSO and improve repair attempts, they are ready for termination. He doesn't feel the need to get couples to the seventh level of the sound relationship house, as long as they are working their way up the stairs. Once they have the tools to take a few steps with the counselor as their guide, they have the ability to continue to work on climbing the stairs of their house on their own. Gottman often brings couples back to counseling after six months or a year to re-evaluate where the couple is in the relationship, what strides they've made, and to assess the level of PSO within the relationship.

Glasser (1998) also focuses on the tools in which he gives the clients. Being a teacher of choice theory, the counselor provides the clients with the tools they need to use in various facets of their lives. Once taught the techniques and concepts of choice theory, clients should be able to create very clear and detailed pictures in their quality world. They will be able to assess on their own what is working and not working to achieve those pictures and develop new plans which will allow them to have those pictures become a reality.

### **Putting Them Together**

Choice theory, reality therapy, and the Sound Relationship House might seem to be an odd combination, but integrating these ideas can be effective when counseling couples or individuals. Working with Wubbolding's (1988; 2010) WDEP technique, the counselor would assist clients in identifying goals, evaluating behaviors, and making plans. Along with the WDEP process, the counselor can assess clients with the six minute interview, the Oral

History interview, and the 17-Area Scale (Gottman, 1999). Using these assessments will not only determine what the clients want to work on, but also what they already enjoy about the relationship and what they want to keep as is. The counselor will look for what level of the House the couple is on, and help them to begin to climb the stairs to the next level. The counselor will also look for the Four Horsemen. In combining the WDEP process and climbing the Sound Relationship House, the clients have several ways in which to enhance their relationship and grow on an individual basis.

Utilizing the two theories together can enhance the counselor's abilities and techniques. It can also provide many different tools to the clients. Educating clients on the WDEP process and giving them the tools to self-evaluate in the future, as well as giving them small, measurable goals in alliance with Gottman's theory can give both counselor and clients various positive avenues to take to achieve the goals of the clients. Counselors act as teachers, guides, and coaches. Counselors would encourage, but not enable the couple. The counselor's job would also be to provide various techniques and tools which the couple could use outside of the counseling sessions and in the future when problems might arise. Combining these two theories should not hinder, but enhance the therapeutic process and relationship for both clients and counselor.

## **Conclusion**

Through assessing my values and beliefs I (i.e., Henderson) have found that it takes more than just my personal "style" to determine which theory or counseling model best suits me. A counseling model can be more than just that. It can also be a way of life; a way in which one chooses to behave, view the world, interact with others, solve problems, and determine goals. I have realized that for me, my counseling model has become more than just the way I counsel clients. It has become a way of life for me. I have taken into great consideration the values and beliefs that were evaluated through reading Simon's (2003) *Beyond Technique in Family Therapy: Finding Your Therapeutic Voice*. In doing so, I have not only determined which therapeutic model best suits me, but also have found that there were ways in which I was living my life that were incongruent with my values.

I have been using choice theory with myself and individual clients in practicum for several months. I have found this model to be effective and useful. I discovered that having different hats to wear is easier than I once thought. I enjoy teaching the concepts of choice theory, wanting my clients to be able to facilitate change and improve behaviors to create a more positive, effective change for themselves. Not only do I use this with my clients, but I also use these techniques when my kids are experiencing problems or I am having difficulty in parenting. I find the positive aspect to be encouraging and supportive in nature without demeaning anyone involved.

Since reading Gottman's (1999) *The Marriage Clinic: A Scientifically Based Relationship Therapy*, I have realized a lot regarding relationships. There are certain aspects that are important to pay attention to when observing and working with couples. Although some behaviors may not be desirable, it does not mean that they are indicative of a bad marriage or future divorce. I truly believe in the various concepts that Gottman's research has found. Although all marriages have some degree of each of the Four Horsemen, it is encouraging to

know that it is how we interact around them in our repair attempts and PSO that is most important.

Although in some ways Gottman and Glasser's theories might differ, they are also similar. I think that they can both be very useful and effective when working with individuals and couples. Both facilitate change through guiding, teaching, and encouraging, but not enabling. Neither believes in resistance within the client, but rather focusing on a way in which to reach the client in order to spark the internal motivation for change. Both believe that people want to change, be happy, and live healthy, successful lives. Gottman and Glasser both provide a great structure with the flexibility for creative input on behalf of the counselor in order to join with clients and facilitate change. I plan to utilize both theories congruently in my future counseling endeavors.

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## Brief Bios

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# **HEALTH AND WELLNESS AT A CLUBHOUSE MODEL PROGRAM IN NORTH CAROLINA: A CHOICE THEORY-BASED APPROACH TO PROGRAM DEVELOPMENT AND IMPLEMENTATION**

W. J. Casstevens, PhD, MSW, LCSW, Choice Theory/Reality Therapy Certified

## **Abstract**

This article reports on the development, implementation and results of a health and wellness initiative at a Clubhouse model organization that serves adults given severe mental disorder diagnoses. The initiative replicated a collaborative and consultative pilot project that developed sustainable health and wellness program components at another Clubhouse in the same state. Fifteen months after the final focus group in the focus groups series used to develop the program, follow-up health and wellness surveys were administered to members and staff at the Clubhouse to assess perceptions of health and wellness. All planned program components had been implemented, and survey results indicate that this approach to health and wellness programming development generated a sustainable program and participation over a fifteen month period. This Choice Theory/Reality Therapy based approach to health and wellness program development has been used in other Clubhouse programs with similar positive results.

Keywords: clubhouse programs, health, severe mental illness, psychosocial rehabilitation

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This study replicated a health and wellness pilot project at a Clubhouse in North Carolina (Casstevens, 2011; Deter, Ehinmiakhena, Bunbury, & Grant, 2011), and was situated at a similarly well-established Clubhouse also located in central North Carolina. As with the pilot, this health and wellness project was introduced at the Clubhouse with an overall goal of developing program components that Clubhouse members would participate in and support on a long-term basis. Health and wellness are particular concerns for Clubhouse programs due to the increased health risks and decreased life expectancy associated with serious and persistent mental disorder diagnoses (Casstevens, 2011; Hutchinson, Gagne, Bowers, Russinova, Skrinar, & Anthony, 2006; Pelletier, Nguyen, Bradley, Johnsen, & McKay, 2005). A collaborative and consultative Choice Theory-based process was used to develop program components for subsequent implementation and evaluation. This process reflected the Clubhouse International (iccd.org) model's emphasis on the staff-and-member rehabilitation alliance (Aquila, Santos, Malamud, & McCrory, 1999), and was grounded in Glasser's (1998, 2000) Choice Theory/Reality Therapy. The project was approved by the North Carolina State University Institutional Review Board, included Clubhouse members and staff, and was supported by Clubhouse administration.

Clubhouse model programs are community-based programs serving adults who have been diagnosed with major psychiatric diagnoses and who are in need of support. The model is "founded on the realization that recovery from serious mental illness must involve the whole person in a vital and culturally sensitive community" (Clubhouse International, 2013, p. 1). The project's host Clubhouse was over 20 years old, and located in an urban area. It had over 90 active members and an average daily attendance of 43. Eighty percent of the



membership was white, 17% African-American, with 3% from other diverse backgrounds; the male-to-female ratio was 70:30. The Clubhouse offered four work areas (an administrative unit, culinary unit, program unit and thrift shop); and paid employment opportunities, including group placement, transitional employment, and supported employment in the community. It oversaw a supported housing program, and offered a social and recreational program. Finally, the Clubhouse provided optional case management services for members.

## **Methods**

The project's theoretical basis and its methods have been described elsewhere in detail (Casstevens, 2010a, 2010b, 2011). In brief, the series of focus groups utilized to develop programming used questions developed within a Choice Theory/Reality Therapy framework that were aimed at engaging members and improving their health and wellness outcomes (Glasser, 1998, 2000; Wubbolding, 2000, 2011). At the host Clubhouse, focus group size was limited to 14 by the size of the room used for groups. The number of participants ranged from four to 12, and the one group with four participants was repeated to address the questions within a larger forum. One-to-two Clubhouse staff participated in each group, and several members participated in more than one focus group; exact numbers are unavailable because participant names were not recorded. The facilitator (author) invited all members and staff at the Clubhouse to participate when a group was held, and two program developers took extensive notes during groups.

After the final focus group, the facilitator summarized the feedback and reviewed it in consultation with a task group made up of members and staff. Based on this, the task group endorsed six health and wellness related themes as important to the Clubhouse (see Table 1). The task group also endorsed specific suggestions from the focus groups on ways the Clubhouse could support health and wellness for all (see Table 2).

To obtain sustainable health and wellness resources for the Clubhouse, the two program developers located and initiated links with community contacts, including: the State emergency response program; the County health department; various university-sponsored coalitions and student organizations; community food and nutrition programs; several local farmers' markets; City parks and recreation; and information on relevant, current grant funding opportunities. The Clubhouse also accessed State Health and Wellness Trust funding for wellness and tobacco cessation programming.

## **Results**

Two brief surveys on health and wellness at the Clubhouse were administered 15 months after the final focus group. The first survey addressed each of the six themes endorsed by the task group (see Table 1), and the second survey addressed the specific suggestions (see Table 2). Each survey asked for ratings from one to five, where 1 = poor and 5 = excellent.

Clubhouse staff assisted with survey administration, by helping with survey distribution and collection. These surveys were distributed together to all 17 individuals present in the three units located at the Clubhouse (the administrative, program and culinary units). Three responses came from staff and 14 from members; responses were not separated during

analysis. The number of member responses was approximately one-third of the average daily attendance at the Clubhouse.

Response means on the first survey (Table 1) ranged from 3.18 to 4.59; no respondents recorded all "5"s, despite the potential for bias introduced by having Clubhouse staff assist in the survey process. The two categories with the lowest means were "grooming and self-care" ( $m = 3.18$ ) and "communicating with doctor about meds" ( $m = 3.94$ ). The category with the lowest mean also showed the highest standard deviation ( $SD = 1.2367$ ).

Response means on the second survey (Table 2) ranged from 2.71 to 4.47; no respondents recorded all "5"s. The two categories with the lowest means were "schedule exercise weekly at Clubhouse" ( $m = 2.71$ ) and "offer low-fat or low calorie alternative dessert" ( $m = 3.00$ ). The categories with the lowest means also showed the highest standard deviations ( $SD = 1.3117$ , and  $SD = 1.6903$ , respectively). The category with the largest standard deviation recorded two "N/A" responses; for this item,  $n = 15$  was used to calculate the mean and standard deviation. Comments on these two surveys stated "we do not do desserts" and "no desserts," indicating that, as phrased, this item may no longer have applied to the culinary unit's menu planning. Exercise activities, like walking groups, were offered on specific days each week at the Clubhouse; the standard deviation for this item may be due to some members not attending the Clubhouse on days when such activities occurred.

## **Conclusions and Implications**

The results of this study broadly confirm results obtained at the pilot Clubhouse (Casstevens, 2011). The populations, though small, are distinct and the methodology differs slightly across the two studies. These variations buttress the credibility of the overall approach to health and wellness program development in small non-profit organizations that serve adults diagnosed with serious mental disorders. As with the pilot project, limitations include a lack of baseline data with which to compare the follow-up survey data, and co-mingling of member and staff survey results. Given the emphasis Clubhouse philosophy places on collegial relationships between members and staff, co-mingling of member and staff survey results might be interpreted as a strength, as well as a limitation.

Surveys were anonymous, and surveys completed by members and staff were indistinguishable for analysis purposes. It should be noted that staff assistance with the survey process may have introduced response bias. Since no attendance was taken during focus groups, the extent of overlap between those who attended focus groups and those who responded to the follow-up survey cannot be determined. Choice Theory/Reality Therapy based focus groups have successfully generated positive change in health and wellness programming at Clubhouse model organizations, and may be an effective approach to health and wellness program development in other venues that provide treatment or services for adults who have been diagnosed with major mental disorders.

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Table 1. Health-related themes identified through the Focus Group series.

	Mean	Standard Deviation	Range
(n = 17, of which Members = 14 & Staff = 3)			
Staying active & creative  (n = 16; one respondent left this blank)	4.00	0.9661	3-5
Eating nutritiously	4.32	0.7276	3-5
Grooming & self-care	3.18	1.2367	1-5
Social interaction & support	4.59	0.6183	3-5
Communicating with doctor about meds	3.94	0.8993	2-5
Moderating smoking & caffeine use	4.18	1.0744	1-5

Table 2. Follow-up on Focus Group suggestions for Clubhouse implementation.

	Mean	Standard Deviation	Range
(n = 17; of which Members = 14 & Staff = 3)			
Healthy menu planning in the kitchen	4.12	0.7812	3-5
Offer low-fat or low calorie alternative dessert  (n = 15, as two were marked "N/A"*)	3.00	1.6903	1-5
Creative Social Program projects & activities	4.47	0.6243	3-5
Schedule exercise weekly at Clubhouse, like walking groups	2.71	1.3117	1-5
Offer health-related educational programs & classes	4.35	0.6063	3-5

\* Comments on the "N/A" responses: "we do not do desserts" and "no desserts."

### **Brief Bio**

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## **A GLASSER QUALITY SCHOOL LEADS TO CHOOSING EXCELLENCE**

Cindy McClung, CTRTC, WGI Faculty  
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### **Abstract**

Tropic Isles Elementary School, in North Fort Myers, Florida, began their quality journey over thirteen (13) years ago. Along the way, the faculty and staff declared it to be a Glasser Quality School and received a Governor's Sterling Award for state-wide role-model status. This article reviews the blended quality model (Glasser-Baldrige) that was implemented by the school and the increase in student achievement that resulted from its use.

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Dr. William Glasser's "Quality Schools" model has had an impact on education across the United States, but nowhere more impressively than on education in Lee County, Florida. More specifically, this particular school district, the 40<sup>th</sup> largest in the U.S., serves over 85,000 students in 120 schools and has experienced more than its share of challenges. For example, Lee County is a minority-majority district, with minorities representing 52.3% of the student body. In addition, 70% of the students participate in the Federal Free and Reduced Lunch Program, which is an increase of 20% over the last five (5) years.

Thirteen years ago Tropic Isles Elementary School, a Title I school in North Fort Myers, Florida with a population of approximately 1000 students in grades Pre-K through 5, began Glasser Quality School training. At that time the school's principal, Don Bryant, laid out three (3) goals for Tropic Isles. They were:

1. To increase student achievement
2. To improve student behavior
3. To make Tropic Isles an enjoyable place to work and learn

Three years later, aided by the support of the Sanibel Kiwanis Club, the school hosted a Glasser Certification Week and celebrated the Choice Theory/Reality Therapy certification of 42 of the school's faculty and staff. Three years after that (i.e., in 2006), Dr. Glasser returned to North Fort Myers in order share in the school's declaration that it was an official "Glasser Quality School".

During the same time period, Tropic Isles was a School District of Lee County (SDLC) pilot school for Sterling Quality, Florida's version of the Malcolm Baldrige National Quality Award program. This continuous improvement model examines organizations from a systems perspective. Seven (7) categories of Criteria have been established based upon research around the best practices of highly successful organizations. The seven (7) categories are Leadership; Strategic Planning; Customer Focus; Measurement, Analysis and Knowledge Management; Workforce Focus; Operations Focus (Process Management); and Results.

The awards portion of the program involves a week-long site visit from a team of experienced examiners who conduct interviews and observations in an effort to verify and clarify the organization’s performance in each area of the Criteria. Organizations, regardless of sector, are analyzed through the lens of the Criteria and are provided with a feedback report which includes the strengths and opportunities for improvement noted by the examiners. A team of judges reviews each feedback report and presents the Governor’s Sterling Award to organizations determined to be role models within their sector. In 2009, Tropic Isles won that coveted award.

These benchmarks of success are noteworthy, particularly when one considers the demographic information shown below as a backdrop to the successes that have followed:

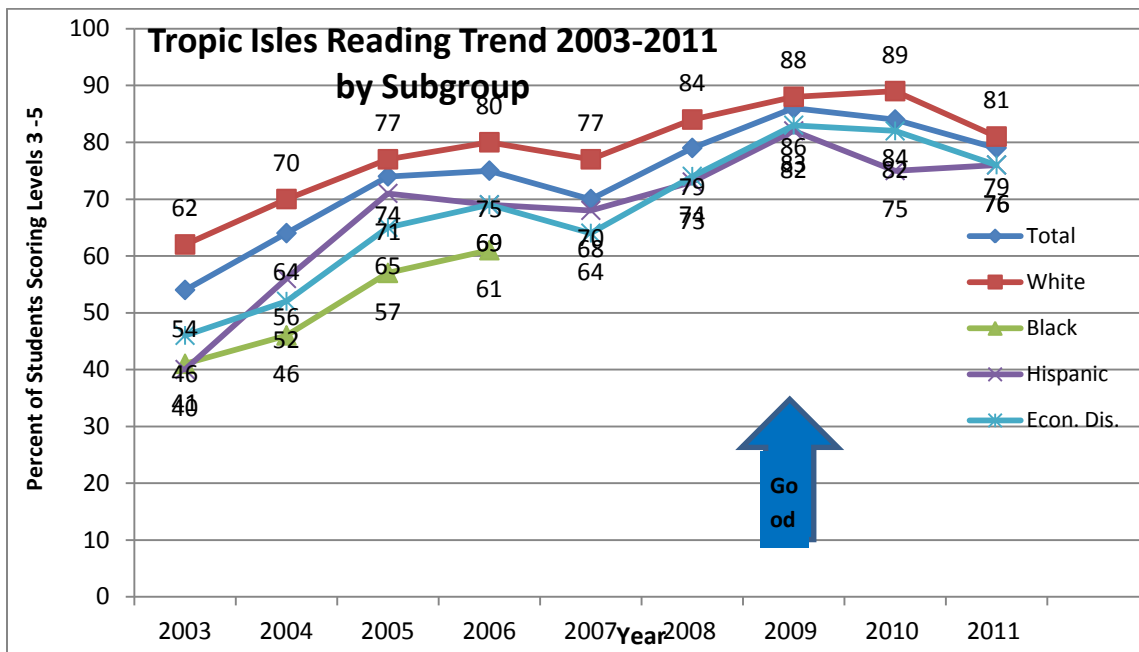
	2003-2004	2012-2013
Number of students (Pre-K-5 <sup>th</sup> grade)	Approx. 1,000	967
Free/Reduced Lunch Percentage	62%	87%
Minority Percentage	42%	44%
LEP Percentage	8%	9%
Mobility Percentage	40%	31%
Gifted Percentage	10%	12%
ESE Percentage	16%	14%

Research by LaCour and Tissington (2011), who reviewed numerous studies in an attempt to investigate the link between low family income and student achievement, found that students who lived in poverty, particularly those receiving government assistance, performed significantly more poorly than other students from middle-class families. Therefore, it would seem to be expected that, as the percentage of students receiving free and reduced lunch benefits increases, achievement levels should decrease. Notably, however, Tropic Isles Elementary students were able to definitively buck this trend. More specifically, despite a significant increase in the poverty level at the school (e.g., a 20% increase in those receiving free and reduced lunch benefits over the last five years), the work and commitment of the Tropic Isles’ administrators, teachers, and support staff, along with the implementation of Quality School procedures, led to the ultimate realization of all three of Principal Bryant’s original goals for this school.

**Goal #1: Increased Student Achievement**

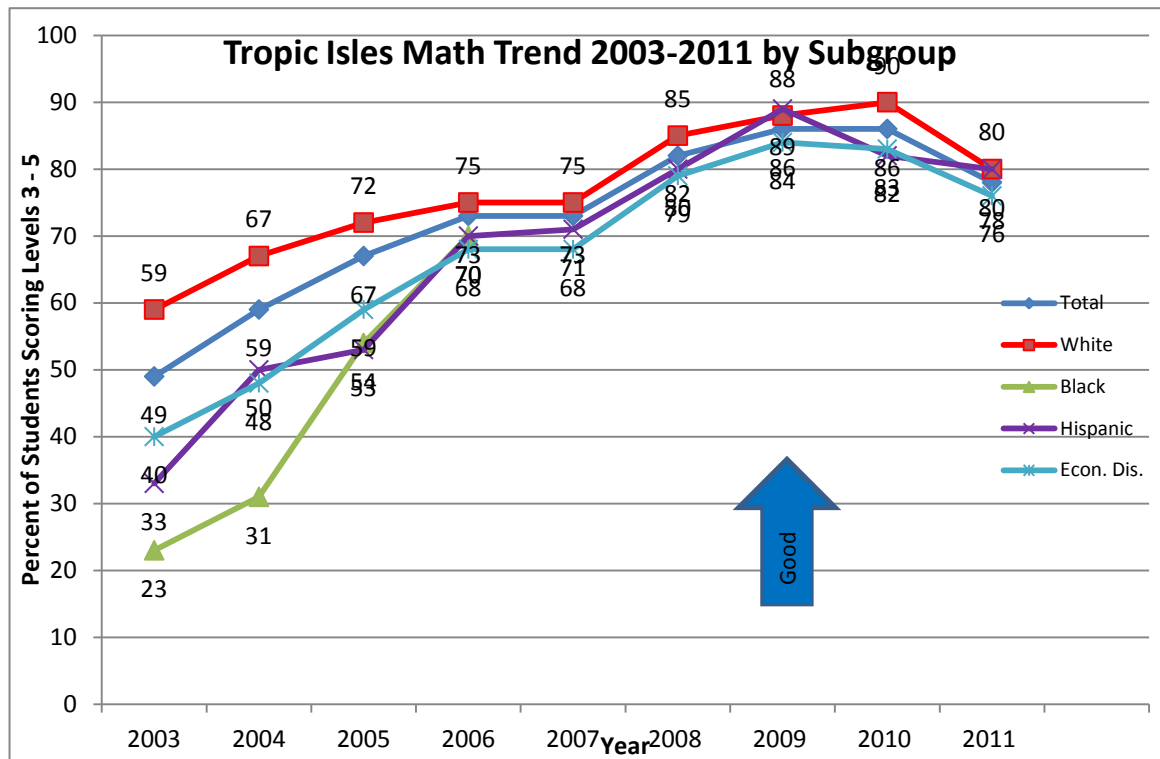
Tropic Isles improved from being a “C” rated school in 2001 to being rated as an “A” school by the state of Florida for nine consecutive years, 2004 – 2012. Other results include:

- Increased its cumulative State School Grade Points for eight consecutive years - one of only eleven out of 3,012 schools in the State of Florida (.037%).
- Achieved Adequate Yearly Progress (AYP) with all student subgroups, as defined by the "No Child Left Behind Act," for five consecutive years.
- Compared to 609 elementary, middle, and high schools with similar demographics in Florida,
  - placed in the top 1.8% in reading performance.
  - placed in the top 2.1% in math.
  - placed in the top 3.5% in science.
  - placed in the top 16% in writing.
  - placed in the top 1.2% in total State School Grade points earned.
- Honored as a Title I Distinguished School (2009) for its academic accomplishments, including closing the achievement gap between student subgroups in both reading and math. Graphs illustrating this progress are displayed below.



Note: The format of the State assessment, FCAT, was changed in 2011.





### Goal 2: Improved Student Behavior

As a Glasser Quality School, Tropic Isles is also committed to the elimination of discipline problems, while acknowledging that there may be occasional discipline incidents. In 2006, the school leadership determined that the school’s Refocus Room was not being used effectively. The school’s discipline committee worked with the authors to refine the school’s discipline process, including defining situations to be handled in the classroom, through the use of the questioning process, while those that required a more formal plan would be handled through the Refocus Room. The primary focus maintained throughout the school was to promote a positive, supportive learning environment for all students. Notably, student referrals to the Refocus Room decreased by 59% the following year, significantly increasing the amount of time students were in class and therefore more likely to learn.

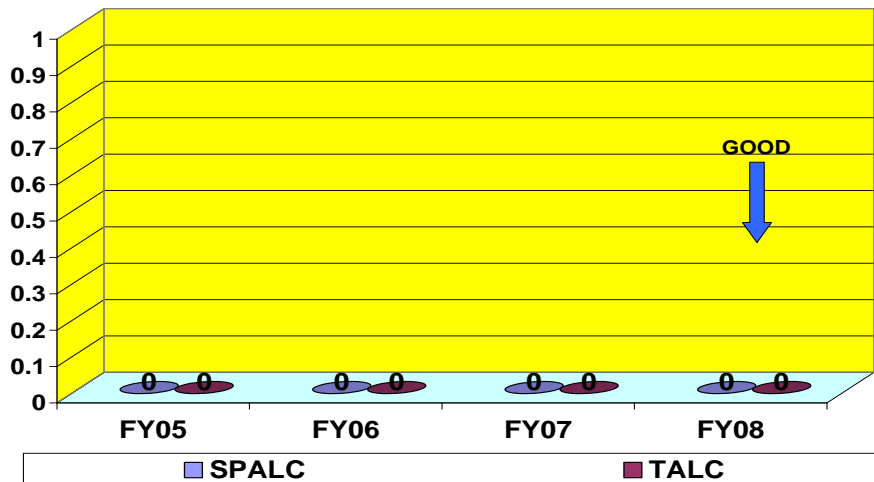
Tropic Isles continues to monitor student discipline reports, and compares favorably to other District elementary schools. For example, the school’s 2011-2012 average suspensions per 100 students was 1.7, compared to the District elementary school average of 3.0 suspensions per 100 students.

### Goal 3: An enjoyable place to work and learn

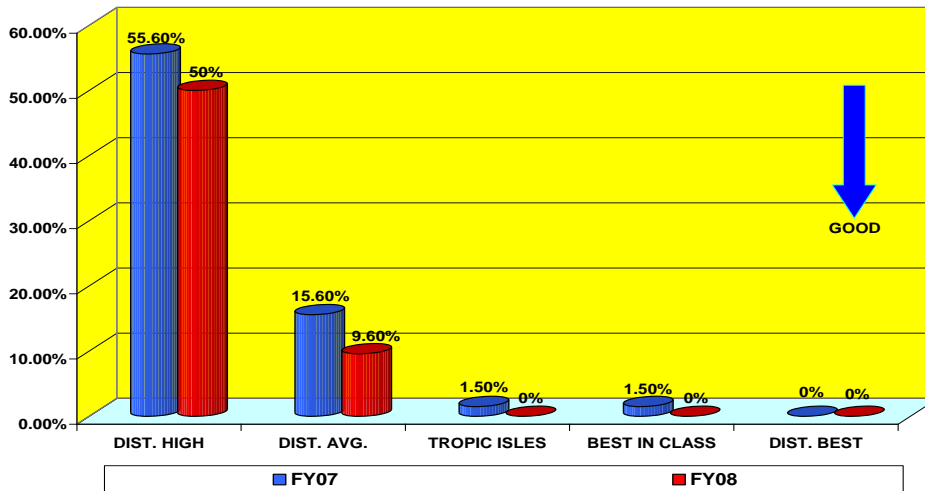
Even before beginning Glasser training, Tropic Isles had a reputation for having a culture of caring. This culture was enhanced by the implementation of Dr. Glasser’s philosophy, as illustrated in the charts below:

	Fall 2007	Spring 2008	Fall 2008
I feel comfortable taking my concerns to an administrator	81%	88%	93%
I feel comfortable working with and seeking advice from my colleagues	88%	92%	95%
I feel safe at my school	94%	99%	100%

### NUMBER OF EMPLOYEE GRIEVANCES



### TEACHER MOBILITY

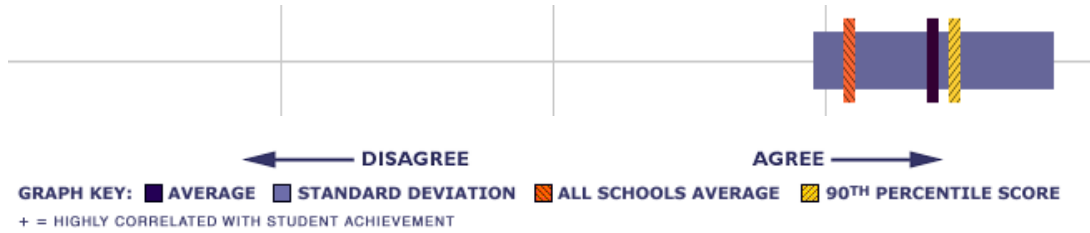


In 2006, the staff of Tropic Isles agreed upon a set of Core Values for the school. The Glasser philosophy permeates these Core Values: Listening; Supporting; Encouraging; Accepting; Respecting; Trusting; Life-Long Learning; Management by Fact; Continual Improvement; Innovation. The staff relies upon these values to maintain focus on the vision and mission of the school.

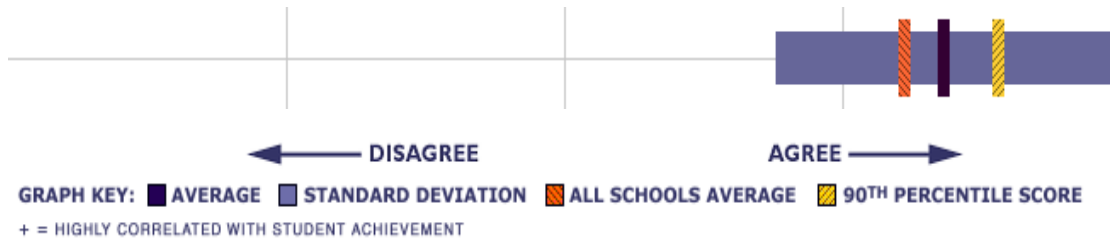
Last spring Tropic Isles participated in the KEYS (Keys to Excellence for Your School) Survey, a research-based survey developed by the National Education Association. Over 1500 schools around the country have participated in the survey. In the Collaborative Culture Report, Tropic Isles scored above the "All Schools Average" on all twelve of the indicator questions, and above the 90<sup>th</sup> percentile on six of the twelve indicator questions.

Results of the individual questions are shown below:

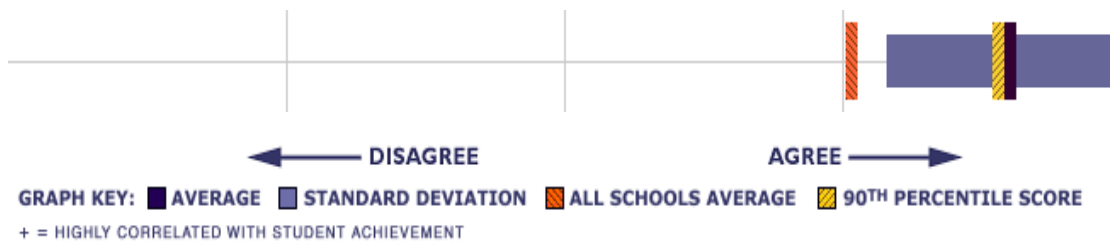
**Indicator 1.2 Teachers, administrators and other school employees take responsibility for the achievement of challenging standards for all students.**



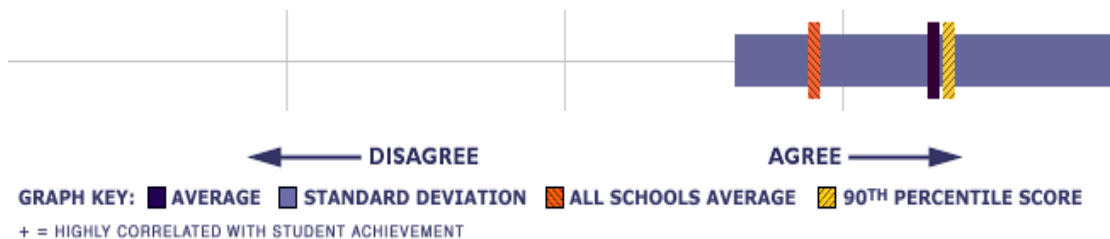
**Indicator 1.5 School district administrators support staff efforts and monitor progress toward achievement of goals.**



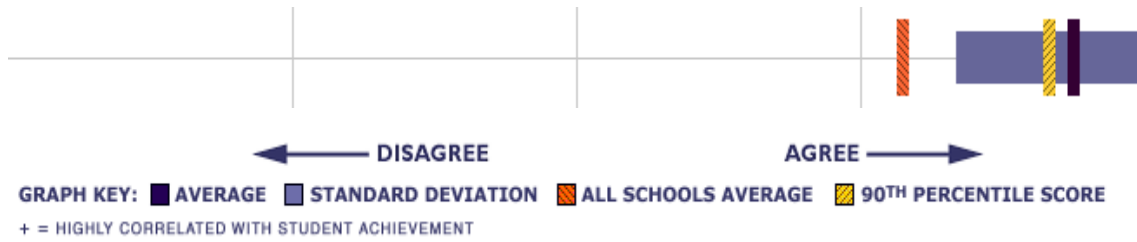
**Indicator 2.1 In a climate of non-threatening, two-way communication, school administrators and staff collaborate in problem solving.**



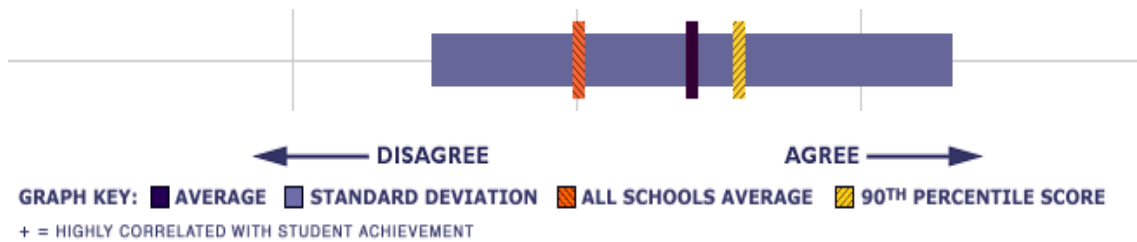
**Indicator 2.3 Teachers and staff collaborate to remove barriers to student learnings.**



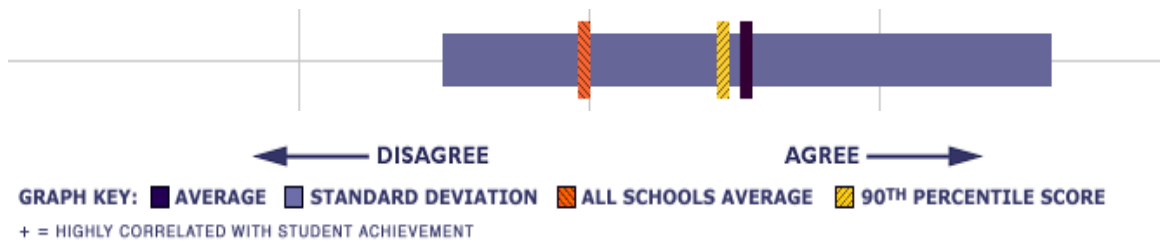
**Indicator 2.4 Teachers work closely with parents to help students learn and to improve education.**



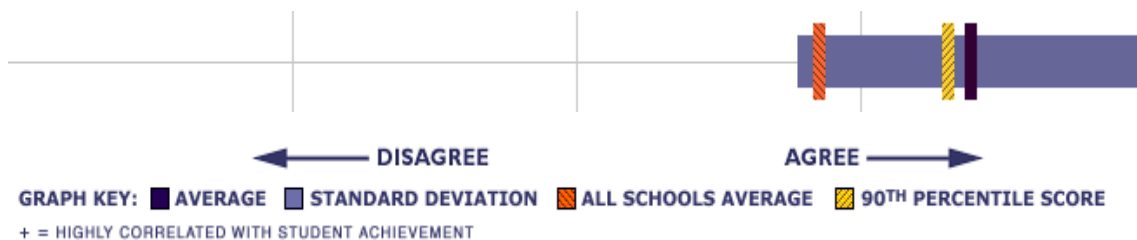
**Indicator 2.5 Teachers discuss standards and approaches for curriculum and instruction.**



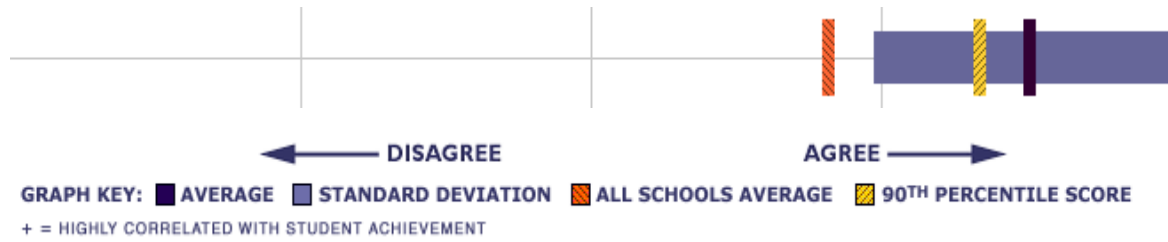
**Indicator 2.8 Parents, community, and staff other than teachers are involved in decisions about school goals.**



**Indicator 2.9 Teachers communicate regularly with each other about effective teaching and learning strategies.**



**Indicator 4.2 School administrators and staff work together to provide relevant professional development experiences.**



**Indicator 4.4 Classroom observations and constructive feedback from teachers and principal are included in professional development.**



**Indicator 4.6 Teachers have regularly scheduled time to learn from one another.**



**Indicator 4.8 Staff development is provided in the areas of decision making and problem solving.**



## **Implications of These Findings, Past, Present, and Future**

After serving as the principal at Tropic Isles for almost twelve (12) years, Don Bryant was asked to take his leadership (and the successful Glasser-Baldrige procedures and philosophies) to one of the neediest middle schools in the district. Now entering his third year at the school, Mr. Bryant and his staff are beginning to see positive student achievement results there too.

Brandy Macchia, the current principal at Tropic Isles Elementary School, was the assistant principal under Mr. Bryant, as well as a practicum supervisor for the William Glasser Institute. Tropic Isles continues to provide training to new staff and now has over sixty (60) staff members who use Glasser's teachings and philosophies in their work. Notably, last year, Tropic Isles became the first school to receive the Sterling Sustained Excellence Award, which is a tribute to the continued high quality work and student learning taking place at this school.

In May of 2011, the School District of Lee County was invited to apply for a National Education Association Foundation grant aimed at closing the achievement gaps between subgroups of students. The Glasser-Baldrige blend was chosen as the professional development model to be offered to teachers through this five-year, \$1.25 million grant. This initiative, dubbed "*Choosing Excellence*," is delivered through a three-day, 18-hour training session. This training brings the Glasser and Baldrige continuous improvement models to the school and classroom level. Content includes building relationships with students and colleagues, the Baldrige Criteria, developing SMART goals, the PDSA process, Dr. Glasser's Questioning Process, Lead Management, Class Meetings, and a variety of other quality tools. Emphasis is placed on using data to make informed instructional decisions in order to increase student learning. To maximize this process, teachers are taught to use Dr. Glasser's Questioning Process (Reality Therapy, as used in the field of education) to conduct data chats and conferences with students. Time to practice these skills is built into the training.

The grant initiative strives to replicate the success of Tropic Isles in ten (10) Lee County schools. We will continue to collect data and monitor the progress of these schools, and report back to the WGI community periodically as we do.

## **Reference**

LaCour, M., & Tissington, L. (2011). Review: The effects of poverty on academic achievement. *Educational Research and Reviews*, 6(7), 522-527.

## **Bios**

Cindy McClung is the Coordinator for Quality for The School District of Lee County and a Basic Instructor for WGI. She is currently the lead investigator for "Closing the Gap through Choosing Excellence," a grant project funded through the National Education Association Foundation's Closing the Achievement Gaps initiative.

Bob Hogle is the President of Bob Hogle, Inc., and Senior Faculty of WGI, West Region Board Representative, and President-Elect for The William Glasser Institute – US Board. Bob

has partnered with The School District of Lee County to provide professional development and consultation for the NEAF grant. The grant is a collaborative effort of the school district, the local teachers' association (TALC), and The Foundation for Lee County Public Schools.



## **THE BEST CHOICE IS ALWAYS THE MOST CARING OR EFFICIENT CHOICE!**

Thomas S. Parish, Ph.D., CTRTC, and an Emeritus Professor, Kansas State University

### **Abstract**

While the Holy Bible laid out how we really should interact with one another, as well as how we shouldn't interact with one another, William Glasser greatly abbreviated this message when he proposed two very important lists, i.e., the "Seven Caring Habits," as well as the "Seven Deadly Habits."

Among the Seven Caring Habits are the following: Supporting, Encouraging, Listening, Accepting, Trusting, Respecting, and Negotiating Differences. In contrast, among the Seven Deadly Habits are: Criticizing, Blaming, Complaining, Nagging, Threatening, Punishing, and Rewarding to Control.

What seems to be needed, however, are measures that will ascertain whether we actually display "the right stuff," (i.e., caring habits) or "the wrong stuff" (i.e., deadly habits) instead. To this end the present study is directed.

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Since the inception of "Reality Therapy" (Glasser, 1965), "Control Theory" (Glasser, 1984) and "Choice Theory" (Glasser, 1998), everyone associated with Choice Theory and Reality Therapy concepts have basically sought to divide all of our actions into either "Efficient Actions" or "Inefficient Actions." By definition, "efficient actions" are basically described as actions that satisfy one or more needs (i.e., love & belonging, worth & recognition, fun, freedom, or survival needs), without creating or exasperating other needs. In contrast, "Inefficient actions" also basically satisfy one or more of the same needs, but concurrently create or exasperate one or more other needs. For instance, "workaholics" are often described as doing things to meet their "worth and recognition" needs, but often do so at the expense or loss of his/her other needs which are not being fulfilled.

While these descriptions of "efficient actions" and "inefficient actions" are readily understood, much like the "caring habits" and the "deadly habits" are, to date there has not been any valid and reliable ways to assess or evaluate these traits in one another. What appears to be needed, then, is some assessment scale(s) that could do just that. What follows are a series of such scales, all of which could be successfully used to provide scores regarding how well individuals/groups are doing in terms of his/her/their caring or efficient behaviors vs. his/her/their deadly or inefficient behaviors.

### **The Right Stuff Scale, Version #1**

According to the "Right Stuff Scale, Version #1," which was developed by Parish and Baker (2006), the respondent(s) is (are) simply asked to indicate "How s/he/they see herself/himself/themselves. S/He/They do so by checking "Yes" or "No" on two lists of descriptors regarding whether or not s/he/they has/have the "right stuff," or the "wrong stuff." His/Her/Their total score equals the number of "right stuff" items checked "yes," and

the number of "wrong stuff" items checked "no." (See Table 1 to peruse the "Right Stuff Scale, Version #1.")

**Table 1**

**The Right Stuff Scale, Version #1**

The "Right Stuff" Scale, i.e., How do YOU see yourself?

Do YOU have the  
"RIGHT STUFF?"

Do YOU have the  
"WRONG STUFF?"

Yes	No		Yes	No	
___	___	HEROIC IMAGERY	___	___	LOSER IMAGERY
___	___	POSITIVE AURAS	___	___	NEGATIVE AURAS
___	___	HIGHLY DETERMINED	___	___	LACK FOCUS
___	___	ESTABLISHED GOALS	___	___	NO GOALS
___	___	FIRM PLANS	___	___	FEW PLANS
___	___	MAKE COMMITMENTS	___	___	VERY NONCOMMITAL
___	___	ENTHUSIASTIC	___	___	UNENTHUSIASTIC
___	___	GOOD REPUTATION	___	___	BAD REPUTATION
___	___	HIGHLY CONFIDENT	___	___	LACK CONFIDENCE
___	___	HIGH SELF-ESTEEM	___	___	LOW SELF-ESTEEM
___	___	VERY PATIENT	___	___	BAD TEMPER
___	___	HIGHLY OPTIMISTIC	___	___	HIGHLY PESSIMISTIC
___	___	ALWAYS READY TO TRY	___	___	NEVER WILLING TO TRY
___	___	GOOD ATTITUDE	___	___	BAD ATTITUDE

The Right Stuff Scale, Version #2

According to the "Right Stuff Scale, Version #2," which was recently developed by the senior author to be included here, the respondent(s) is (are) asked to honestly rate themselves along a seven point continuum ranging from "Never" (assigned 1 point) to "Always" (assigned 7 points). As noted in Table 2, there are ten (10) continua, with a

positive descriptor noted above each of them. One's score is the total number of points accumulated, across descriptors, which range from as low as ten (10) points to as many as seventy (70) points for each respondent, with the higher scores representing higher marks in terms of the respondent's "right stuff" score. (See Table 2 to peruse the "Right Stuff Scale, Version #2").

## Table 2

### The Right Stuff Scale, Version #2

**Kindly rate yourself along each of the continua provided below, i.e., Do you have the "right stuff," "wrong stuff," or are you somewhere in-between?**

**POTENTIAL . . .** Are YOU striving to reach YOURS?

Never I\_\_I\_\_I\_\_I\_\_I\_\_I\_\_I\_\_I Always

**DESIRE . . .** Do YOU display it for all to see?

Never I\_\_I\_\_I\_\_I\_\_I\_\_I\_\_I\_\_I Always

**PERSONAL MOTIVATION . . .** Do YOU set GOALS for YOURSELF?

Never I\_\_I\_\_I\_\_I\_\_I\_\_I\_\_I\_\_I Always

**ENTHUSIASM . . .** Are YOU excited about what YOU can do?

Never I\_\_I\_\_I\_\_I\_\_I\_\_I\_\_I\_\_I Always

**SELF-CONFIDENCE . . .** Do YOU have faith in YOURSELF?

Never I\_\_I\_\_I\_\_I\_\_I\_\_I\_\_I\_\_I Always

**WORK . . .** Are you doing what needs to be done, and nothing less?

Never I\_\_I\_\_I\_\_I\_\_I\_\_I\_\_I\_\_I Always

**HABITS . . .** Do YOU consciously control what YOU do?

Never I\_\_I\_\_I\_\_I\_\_I\_\_I\_\_I\_\_I Always

**CHANGE . . .** Do YOU seek to adapt when problems arise?

Never I\_\_I\_\_I\_\_I\_\_I\_\_I\_\_I\_\_I Always

**ATTITUDE . . .** Do YOU maintain a positive one?

Never I\_\_I\_\_I\_\_I\_\_I\_\_I\_\_I\_\_I Always

**SUCCESS . . .** Do YOU strive to do well at any/every task?

Never I\_\_I\_\_I\_\_I\_\_I\_\_I\_\_I\_\_I Always

### The Right Stuff Scale, Version #3

According to the "Right Stuff Scale, Version #3," which was also recently developed by the senior author for inclusion here, the respondent(s) is (are) asked to "Kindly indicate if s/he/they think that s/he/they have the 'right stuff,' 'wrong stuff,' or if s/he/they is (are) somewhere in-between. In total, there are fifteen descriptors, with one side composed of "right stuff" items, and the opposite side composed of items representing "wrong stuff" descriptors, e.g., "Always Patient" to "Never Patient." One's score is the total number of points accumulated, across descriptors, which range from as low as fifteen (15) points to as many as one seventy-five (75) points, with the higher scores representing higher marks in terms of the respondent's "right stuff" score. (See Table 3 to peruse the "Right Stuff Scale, Version #3").

**Table 3**

### The Right Stuff Scale, Version #3

**Kindly rate yourself along each of the continua provided below, i.e., Do you have the "right stuff," "wrong stuff," or are you somewhere in-between?**

<b>"Wrong Stuff"</b>		<b>"Right Stuff"</b>
Never focused	I _____ I _____ I _____ I _____ I _____ I	Always focused
Never goal-oriented	I _____ I _____ I _____ I _____ I _____ I	Always goal-oriented
Never planning	I _____ I _____ I _____ I _____ I _____ I	Always planning
Never committed	I _____ I _____ I _____ I _____ I _____ I	Always committed
Never enthusiastic	I _____ I _____ I _____ I _____ I _____ I	Always enthusiastic
Bad reputation	I _____ I _____ I _____ I _____ I _____ I	Good reputation
Never confident	I _____ I _____ I _____ I _____ I _____ I	Always confident
Never respectful	I _____ I _____ I _____ I _____ I _____ I	Always respectful
Never honest	I _____ I _____ I _____ I _____ I _____ I	Always honest
Never considerate	I _____ I _____ I _____ I _____ I _____ I	Always considerate
Low self-esteem	I _____ I _____ I _____ I _____ I _____ I	High self-esteem
Never patient	I _____ I _____ I _____ I _____ I _____ I	Always patient
Never optimistic	I _____ I _____ I _____ I _____ I _____ I	Always optimistic
Never willing to try	I _____ I _____ I _____ I _____ I _____ I	Always willing to try
Bad attitude	I _____ I _____ I _____ I _____ I _____ I	Good attitude

While only the "Right Stuff Scale, Version #1" has already been field-tested and the results from said study are available in published form (see Parish & Baker, 2006), any and all of these scales should prove useful for those seeking to help clients, students, and/or athletes to make better choices in their lives. Basically, all that's needed is for the counselor/teacher/coach to administer any one of these scales as an intake questionnaire, and then do it again periodically, as well as at the end of therapy, treatment, course and/or season (i.e., as an exit questionnaire). With such data in hand, anyone should be able to readily discern the progress that has been made by the clients/students/athletes in question regarding his/her/their quest to adopt more choices that tend to be "caring" and/or "efficient" in nature, rather than maintain his/her/their "deadly" and/or "inefficient" choices that they had demonstrated at the outset of this experience.

Through the use of questionnaires such as these the reader(s) may quickly find that s/he/they is/are actually in possession of "evidence-based research" which The William Glasser Institute has recently encouraged its membership to do. More specifically, in an e-mail from Kim Olver (2013), the Executive Director of WGI-USA, it was noted that the WGI is seeking to become an "Evidence-Based Practice" (EBP) organization, and to do so she stated that evidence-based research was needed that demonstrated the following: (It) "had to indicate positive behavior change, use an experimental or quasi-experimental design (see Parish, 2012, for details), and be published in a peer-reviewed journal, or (be presented in) a comprehensive evaluation report." Through the use of these scales presented here, administered in a test-retest fashion, both before and after counseling and/or coaching is received, even single-case studies, when done multiple times with multiple individuals, could be combined to support the notion that Reality Therapy and Choice Theory-type techniques are, indeed, worthy of use by others as demonstrated by these "evidence-based practices," which could be subsequently reported in forthcoming issues of the *International Journal of Choice Theory and Reality Therapy*, as well as in other journals too. So kindly jump on board, and share what you are able to find through the use of psychological assessment scales such as these presented in this brief report, since research is never really completed until it has been shared with others through either presentations at professional meetings, and/or published in refereed journals such as the *International Journal of Choice Theory and Reality Therapy*.

## References

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Glasser, W. (1984). *Control theory*. New York: Harper & Row, Publishers.

Glasser, W. ((1998). *Choice theory*. New York: Harper & Row, Publishers.

Olver, K. (2013). Speaking about the Journal and (the need for) Evidence-Based Research. E-mail communiqué sent to the members of the WGI organization.

Parish, T. S. (2012). Tips for those who wish to write for publication or presentation. *International Journal of Choice Theory and Reality Therapy*, 32 (1) 39-41.

Parish, T. S., & Baker, B. (2006). An attempt to assist student-athletes to succeed in various ways: A pilot study. *College Student Journal*, 40 (4), 781-784.

**Brief Bio**

*Thomas S. Parish is the current editor of the International Journal of Choice Theory and Reality Therapy, has authored or co-authored many articles in support of Choice Theory and Reality Therapy, and also serves as a consultant to LDS Family Services in Independence, MO.*

## **TIME-TESTED MEANS OF ASSESSING INDIVIDUALS' PERCEPTIONS OF THEMSELVES AND OTHERS**

Thomas S. Parish, Ph.D., CTRTC, Emeritus Professor, Kansas State University

### **Abstract**

While we all talk about ourselves or other people in positive or negative ways, and about how much we love or hate ourselves or others, the present article will seek to reveal ways by which we can operationally define and measure these concepts as we draw ever-closer to developing our own "empirically-based practices," which is the current standard sought in all psychologically-related research.

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In a recent article by Parish (2013) it was noted that the issue of discerning the differences between "right" vs. "wrong," as well as "good" vs. "bad," has been around since biblical times. More recently, however, Glasser (2005) sought to simplify matters by devising "Deadly Habits" vs. "Caring Habits," basically seeking to show that the former habits were "inefficient behaviors," while the latter habits were "efficient behaviors." For a more extensive explanation of these habits/behaviors, the reader is urged to peruse the Parish (2013) article at his/her convenience. Also presented in the Parish (2013) article are three recently conceived assessment measures that counselors, teachers, coaches, and others might use to see if their counselees, students, or student-athletes were demonstrating the "right stuff," or the "wrong stuff." However, the present article will seek to go a step or two further by sharing with those who use Choice Theory and/or Reality Therapy two psychological assessment measures that have truly stood the test of time, having been well validated, and also having been found to be highly reliable too.

You see, I have always wanted to become the "wind beneath others' wings," so I have created scores of psychological assessment inventories to be used by other professionals primarily as entry and exit-type questionnaires, possibly before and after counseling, teaching and/or coaching in order to determine if the individuals so assessed progressed by the end of the experience. Both of these inventories reported upon here have been used scores of times and by numerous investigators, and each time they have ably demonstrated what procedures and/or practices worked or what procedures and/or practices didn't work. The easiest way to discern the large number of published studies that have used these inventories requires the reader to go to nearly any university library, pick up the last two or three decades of the Social Science Citation Index, and look up just two references, i.e., Parish, Bryant and Shirazi (1976) for the Personal Attribute Inventory, and Parish (1988) for the Love/Hate Checklist, and then count the great number of researchers that have successfully used these two scales and have subsequently published their respective results.

### **The Personal Attribute Inventory**

Notably, the Personal Attribute Inventory was originally developed in 1976 and has been broadly used since then to measure respondents' self-concepts, as well as their evaluations/perceptions of others (e.g., teachers, parents, spouses, classmates, employers,

employees, etc.). This inventory is made up of 100 words (i.e., adjectives) that consist of 50 "positive" descriptors of people, and 50 "negative" descriptors of people. On each inventory the counselee, student, student-athlete is asked to describe himself/herself, and/or others at two points in time (e.g., before and after counseling) in order to determine if one's ratings had become more positive (i.e., more positive words were checked) at the end of counseling, or class work, or sports season, etc., as opposed to how s/he/they described themselves or others at the beginning of that particular experience. Notably, on both occasions respondents are asked to check exactly thirty (30) words that best describe the individual in question, and one's score on each occasion is simply the number of "positive" words checked as descriptive of him or her. Please go to Tables #1a to see the "Personal Attribute Inventory" and Table #1b to see its scoring key, plus the presentation of more details regarding this scale.



**TABLE 1a The Personal Attribute Inventory\***

Please read through this list and select exactly 30 words which seem to be typical of \_\_\_\_\_. Indicate your selection by placing an X in the appropriate space next to each word.

- |   |  |
|---|--|
| <input type="checkbox"/> active         | <input type="checkbox"/> natural         |
| <input type="checkbox"/> affectionate   | <input type="checkbox"/> obnoxious       |
| <input type="checkbox"/> alert          | <input type="checkbox"/> organized       |
| <input type="checkbox"/> appreciative   | <input type="checkbox"/> original        |
| <input type="checkbox"/> awkward        | <input type="checkbox"/> patient         |
| <input type="checkbox"/> bitter         | <input type="checkbox"/> pleasant        |
| <input type="checkbox"/> calm           | <input type="checkbox"/> posed           |
| <input type="checkbox"/> careless       | <input type="checkbox"/> prejudiced      |
| <input type="checkbox"/> cheerful       | <input type="checkbox"/> progressive     |
| <input type="checkbox"/> clear-thinking | <input type="checkbox"/> quarrelsome     |
| <input type="checkbox"/> complaining    | <input type="checkbox"/> queer           |
| <input type="checkbox"/> conceited      | <input type="checkbox"/> quitting        |
| <input type="checkbox"/> confident      | <input type="checkbox"/> rational        |
| <input type="checkbox"/> confused       | <input type="checkbox"/> rattlebrained   |
| <input type="checkbox"/> conscientious  | <input type="checkbox"/> relaxed         |
| <input type="checkbox"/> cooperative    | <input type="checkbox"/> resentful       |
| <input type="checkbox"/> cowardly       | <input type="checkbox"/> resourceful     |
| <input type="checkbox"/> cruel          | <input type="checkbox"/> rude            |
| <input type="checkbox"/> deceitful      | <input type="checkbox"/> self-centered   |
| <input type="checkbox"/> dependable     | <input type="checkbox"/> self-confident  |
| <input type="checkbox"/> despondent     | <input type="checkbox"/> self-controlled |
| <input type="checkbox"/> determined     | <input type="checkbox"/> self-pitying    |
| <input type="checkbox"/> energetic      | <input type="checkbox"/> selfish         |
| <input type="checkbox"/> fair-minded    | <input type="checkbox"/> shallow         |
| <input type="checkbox"/> fickle         | <input type="checkbox"/> shiftless       |
| <input type="checkbox"/> foolish        | <input type="checkbox"/> show-off        |
| <input type="checkbox"/> farsighted     | <input type="checkbox"/> sincere         |
| <input type="checkbox"/> forgetful      | <input type="checkbox"/> slipshod        |
| <input type="checkbox"/> gloomy         | <input type="checkbox"/> snobbish        |
| <input type="checkbox"/> good-natured   | <input type="checkbox"/> spineless       |
| <input type="checkbox"/> greedy         | <input type="checkbox"/> stable          |
| <input type="checkbox"/> handsome       | <input type="checkbox"/> steady          |
| <input type="checkbox"/> hasty          | <input type="checkbox"/> stingy          |
| <input type="checkbox"/> healthy        | <input type="checkbox"/> strong          |
| <input type="checkbox"/> helpful        | <input type="checkbox"/> sulky           |
| <input type="checkbox"/> hostile        | <input type="checkbox"/> sympathetic     |
| <input type="checkbox"/> humorous       | <input type="checkbox"/> tactful         |
| <input type="checkbox"/> imaginative    | <input type="checkbox"/> tactless        |
| <input type="checkbox"/> impatient      | <input type="checkbox"/> thankless       |
| <input type="checkbox"/> industrious    | <input type="checkbox"/> tolerant        |
| <input type="checkbox"/> initiative     | <input type="checkbox"/> touchy          |
| <input type="checkbox"/> intolerant     | <input type="checkbox"/> trusting        |
| <input type="checkbox"/> inventive      | <input type="checkbox"/> undependable    |
| <input type="checkbox"/> irresponsible  | <input type="checkbox"/> understanding   |
| <input type="checkbox"/> irritable      | <input type="checkbox"/> unfriendly      |
| <input type="checkbox"/> jolly          | <input type="checkbox"/> unintelligent   |
| <input type="checkbox"/> kind           | <input type="checkbox"/> unkind          |
| <input type="checkbox"/> mannerly       | <input type="checkbox"/> warm            |
| <input type="checkbox"/> masculine      | <input type="checkbox"/> weak            |
| <input type="checkbox"/> nagging        | <input type="checkbox"/> whinny          |

\*This scale was derived from the California Psychological Inventory (Gough, 1957), and was reproduced with special permission from the Consulting Psychologists Press, Inc. (1957), which holds the original copyright for it.

\*The Personal Attribute Inventory, as presented here, was originally published by Thomas S. Parish, William T. Bryant, and Annmarie Shirazi in 1976. It appeared in *Perceptual and Motor Skills*, vol. 42, pp. 715-720. Any use of this particular scale, and subsequent publication of the results, should specifically cite this reference in said publication.

**TABLE 1b The Personal Attribute Inventory scoring key.**

<input type="checkbox"/> active*	<input type="checkbox"/> natural*
<input type="checkbox"/> affectionate*	<input type="checkbox"/> obnoxious
<input type="checkbox"/> alert*	<input type="checkbox"/> organized*
<input type="checkbox"/> appreciative*	<input type="checkbox"/> original*
<input type="checkbox"/> awkward	<input type="checkbox"/> patient*
<input type="checkbox"/> bitter	<input type="checkbox"/> pleasant*
<input type="checkbox"/> calm*	<input type="checkbox"/> posed*
<input type="checkbox"/> careless	<input type="checkbox"/> prejudiced
<input type="checkbox"/> cheerful*	<input type="checkbox"/> progressive*
<input type="checkbox"/> clear-thinking*	<input type="checkbox"/> quarrelsome
<input type="checkbox"/> complaining	<input type="checkbox"/> queer
<input type="checkbox"/> conceited	<input type="checkbox"/> quitting
<input type="checkbox"/> confident*	<input type="checkbox"/> rational*
<input type="checkbox"/> confused	<input type="checkbox"/> rattlebrained
<input type="checkbox"/> conscientious*	<input type="checkbox"/> relaxed*
<input type="checkbox"/> cooperative*	<input type="checkbox"/> resentful
<input type="checkbox"/> cowardly	<input type="checkbox"/> resourceful*
<input type="checkbox"/> cruel	<input type="checkbox"/> rude
<input type="checkbox"/> deceitful	<input type="checkbox"/> self-centered
<input type="checkbox"/> dependable*	<input type="checkbox"/> self-confident*
<input type="checkbox"/> despondent	<input type="checkbox"/> self-controlled*
<input type="checkbox"/> determined*	<input type="checkbox"/> self-pitying
<input type="checkbox"/> energetic*	<input type="checkbox"/> selfish
<input type="checkbox"/> fair-minded*	<input type="checkbox"/> shallow
<input type="checkbox"/> fickle	<input type="checkbox"/> shiftless
<input type="checkbox"/> foolish	<input type="checkbox"/> show-off
<input type="checkbox"/> farsighted*	<input type="checkbox"/> sincere*
<input type="checkbox"/> forgetful	<input type="checkbox"/> slipshod
<input type="checkbox"/> gloomy	<input type="checkbox"/> snobbish
<input type="checkbox"/> good-natured*	<input type="checkbox"/> spineless
<input type="checkbox"/> greedy	<input type="checkbox"/> stable*
<input type="checkbox"/> handsome*	<input type="checkbox"/> steady*
<input type="checkbox"/> hasty	<input type="checkbox"/> stingy
<input type="checkbox"/> healthy*	<input type="checkbox"/> strong*
<input type="checkbox"/> helpful*	<input type="checkbox"/> sulky
<input type="checkbox"/> hostile	<input type="checkbox"/> sympathetic*
<input type="checkbox"/> humorous*	<input type="checkbox"/> tactful*
<input type="checkbox"/> imaginative*	<input type="checkbox"/> tactless
<input type="checkbox"/> impatient	<input type="checkbox"/> thankless
<input type="checkbox"/> industrious*	<input type="checkbox"/> tolerant*
<input type="checkbox"/> initiative*	<input type="checkbox"/> touchy
<input type="checkbox"/> intolerant	<input type="checkbox"/> trusting*
<input type="checkbox"/> inventive*	<input type="checkbox"/> undependable
<input type="checkbox"/> irresponsible	<input type="checkbox"/> understanding*
<input type="checkbox"/> irritable	<input type="checkbox"/> unfriendly
<input type="checkbox"/> jolly*	<input type="checkbox"/> unintelligent
<input type="checkbox"/> kind*	<input type="checkbox"/> unkind
<input type="checkbox"/> mannerly*	<input type="checkbox"/> warm*
<input type="checkbox"/> masculine*	<input type="checkbox"/> weak
<input type="checkbox"/> nagging	<input type="checkbox"/> whinny

Notably, this inventory consists of 100 adjectives, 50 of which are “positive,” while the remaining 50 are “negative.” Respondents are asked to check 30 of these words that best describe the individual in question. For those who seek to describe themselves with this scale, this score has often been considered to be their self-concept scores. One’s score on this scale is simply the total number of positive words checked as descriptive of themselves, and/or anyone else. The “positive” adjectives are denoted on this page by the asterisks placed beside each of them.

**The Love/Hate Checklist**

The Love/Hate Checklist was developed by Parish in 1988, and consists of ninety (90) descriptors (i.e., adverbs), which include 45 “loving” descriptors and 45 “hateful” descriptors that could be used to best describe the respondents, or any other individuals, or groups of individuals. One’s score on this checklist is the number of “loving” words checked as descriptive of someone (e.g., self, parents, sibs, fellow students, teachers, coaches, etc.), and if they are administered twice or more, the examiner should be able to determine if the respondent(s) has (have) become more accepting or loving toward the individual in question if the number of “loving” words checked are greater at time #2 than they were at

time #1. Please go to Table #2a to see the "Love/Hate Checklist" and Table #2b to see its scoring key, plus the presentation of more details regarding this scale.

**TABLE 2a The Love/Hate Checklist\***

Please read through this list and select exactly 25 words which seem to be best describe how \_\_\_\_\_ act(s) toward \_\_\_\_\_. Indicate your selection by placing an X in the appropriate space next to each word.

- |   |   |
|---|---|
| <input type="checkbox"/> Abrasively       | <input type="checkbox"/> Impolitely       |
| <input type="checkbox"/> Abusively        | <input type="checkbox"/> Inconsiderately  |
| <input type="checkbox"/> Accusingly       | <input type="checkbox"/> Inhumanely       |
| <input type="checkbox"/> Adoringly        | <input type="checkbox"/> Insensitively    |
| <input type="checkbox"/> Affectionately   | <input type="checkbox"/> Insultingly      |
| <input type="checkbox"/> Angeringly       | <input type="checkbox"/> Intimately       |
| <input type="checkbox"/> Antagonistically | <input type="checkbox"/> Irritably        |
| <input type="checkbox"/> Appreciatively   | <input type="checkbox"/> Lively           |
| <input type="checkbox"/> Approvingly      | <input type="checkbox"/> Loyally          |
| <input type="checkbox"/> Argumentatively  | <input type="checkbox"/> Magnificently    |
| <input type="checkbox"/> Backbitingly     | <input type="checkbox"/> Maliciously      |
| <input type="checkbox"/> Badly            | <input type="checkbox"/> Meanly           |
| <input type="checkbox"/> Belovedly        | <input type="checkbox"/> Miserably        |
| <input type="checkbox"/> Beneficially     | <input type="checkbox"/> Mockingly        |
| <input type="checkbox"/> Blessedly        | <input type="checkbox"/> Monstrously      |
| <input type="checkbox"/> Caringly         | <input type="checkbox"/> Nastily          |
| <input type="checkbox"/> Charmingly       | <input type="checkbox"/> Negatively       |
| <input type="checkbox"/> Coldly           | <input type="checkbox"/> Peacefully       |
| <input type="checkbox"/> Combatively      | <input type="checkbox"/> Playfully        |
| <input type="checkbox"/> Critically       | <input type="checkbox"/> Pleasingly       |
| <input type="checkbox"/> Cruelly          | <input type="checkbox"/> Pleasurably      |
| <input type="checkbox"/> Damnably         | <input type="checkbox"/> Praisingly       |
| <input type="checkbox"/> Deceitfully      | <input type="checkbox"/> Protectfully     |
| <input type="checkbox"/> Deceptively      | <input type="checkbox"/> Punishingly      |
| <input type="checkbox"/> Degradingly      | <input type="checkbox"/> Quarrelsomey     |
| <input type="checkbox"/> Delightfully     | <input type="checkbox"/> Radiantly        |
| <input type="checkbox"/> Devotedly        | <input type="checkbox"/> Rejoicingly      |
| <input type="checkbox"/> Disagreeably     | <input type="checkbox"/> Respectfully     |
| <input type="checkbox"/> Discouragingly   | <input type="checkbox"/> Rudely           |
| <input type="checkbox"/> Ecstatically     | <input type="checkbox"/> Scornfully       |
| <input type="checkbox"/> Elatedly         | <input type="checkbox"/> Sincerely        |
| <input type="checkbox"/> Encouragingly    | <input type="checkbox"/> Sneeringly       |
| <input type="checkbox"/> Endearingly      | <input type="checkbox"/> Sweetly          |
| <input type="checkbox"/> Excitedly        | <input type="checkbox"/> Tenderly         |
| <input type="checkbox"/> Faithfully       | <input type="checkbox"/> Terribly         |
| <input type="checkbox"/> Fantastically    | <input type="checkbox"/> Thankfully       |
| <input type="checkbox"/> Favorably        | <input type="checkbox"/> Thoughtfully     |
| <input type="checkbox"/> Furiously        | <input type="checkbox"/> Trustingly       |
| <input type="checkbox"/> Generously       | <input type="checkbox"/> Truthfully       |
| <input type="checkbox"/> Gently           | <input type="checkbox"/> Unappreciatively |
| <input type="checkbox"/> Gleefully        | <input type="checkbox"/> Unreliably       |
| <input type="checkbox"/> Glowingly        | <input type="checkbox"/> Viciously        |
| <input type="checkbox"/> Happily          | <input type="checkbox"/> Vindictively     |
| <input type="checkbox"/> Harshly          | <input type="checkbox"/> Violently        |
| <input type="checkbox"/> Hostilely        | <input type="checkbox"/> Wonderfully      |

\* This scale was developed and published by . . .  
 Author: Thomas S. Parish  
 Title: The Love/Hate Checklist: A preliminary report.

Journal: *Psychological Reports*, 1988, 63, 67-70.

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**TABLE 2b The Love/Hate Checklist scoring key.**

<input type="checkbox"/> Abrasively	<input type="checkbox"/> Impolitely
<input type="checkbox"/> Abusively	<input type="checkbox"/> Inconsiderately
<input type="checkbox"/> Accusingly	<input type="checkbox"/> Inhumanely
<input type="checkbox"/> Adoringly*	<input type="checkbox"/> Insensitively
<input type="checkbox"/> Affectionately*	<input type="checkbox"/> Insultingly
<input type="checkbox"/> Angeringly	<input type="checkbox"/> Intimately*
<input type="checkbox"/> Antagonistically	<input type="checkbox"/> Irritably
<input type="checkbox"/> Appreciatively*	<input type="checkbox"/> Lively*
<input type="checkbox"/> Approvingly*	<input type="checkbox"/> Loyally*
<input type="checkbox"/> Argumentatively	<input type="checkbox"/> Magnificently*
<input type="checkbox"/> Backbitingly	<input type="checkbox"/> Maliciously
<input type="checkbox"/> Badly	<input type="checkbox"/> Meanly
<input type="checkbox"/> Belovedly*	<input type="checkbox"/> Miserably
<input type="checkbox"/> Beneficially*	<input type="checkbox"/> Mockingly
<input type="checkbox"/> Blessedly*	<input type="checkbox"/> Monstrously
<input type="checkbox"/> Caringly*	<input type="checkbox"/> Nastily
<input type="checkbox"/> Charmingly*	<input type="checkbox"/> Negatively
<input type="checkbox"/> Coldly	<input type="checkbox"/> Peacefully*
<input type="checkbox"/> Combatively	<input type="checkbox"/> Playfully*
<input type="checkbox"/> Critically	<input type="checkbox"/> Pleasingly*
<input type="checkbox"/> Cruelly	<input type="checkbox"/> Pleasurably*
<input type="checkbox"/> Damnably	<input type="checkbox"/> Praisingly*
<input type="checkbox"/> Deceitfully	<input type="checkbox"/> Protectfully*
<input type="checkbox"/> Deceptively	<input type="checkbox"/> Punishingly
<input type="checkbox"/> Degradingly	<input type="checkbox"/> Quarrelsomey
<input type="checkbox"/> Delightfully*	<input type="checkbox"/> Radiantly*
<input type="checkbox"/> Devotedly*	<input type="checkbox"/> Rejoicingly*
<input type="checkbox"/> Disagreeably	<input type="checkbox"/> Respectfully*
<input type="checkbox"/> Discouragingly	<input type="checkbox"/> Rudely
<input type="checkbox"/> Ecstatically*	<input type="checkbox"/> Scornfully
<input type="checkbox"/> Elatedly*	<input type="checkbox"/> Sincerely*
<input type="checkbox"/> Encouragingly*	<input type="checkbox"/> Sneeringly
<input type="checkbox"/> Endearingly*	<input type="checkbox"/> Sweetly*
<input type="checkbox"/> Excitedly*	<input type="checkbox"/> Tenderly*
<input type="checkbox"/> Faithfully*	<input type="checkbox"/> Terribly
<input type="checkbox"/> Fantastically*	<input type="checkbox"/> Thankfully*
<input type="checkbox"/> Favorably*	<input type="checkbox"/> Thoughtfully*
<input type="checkbox"/> Furiously	<input type="checkbox"/> Trustingly*
<input type="checkbox"/> Generously*	<input type="checkbox"/> Truthfully*
<input type="checkbox"/> Gently*	<input type="checkbox"/> Unappreciatively
<input type="checkbox"/> Gleefully*	<input type="checkbox"/> Unreliably
<input type="checkbox"/> Glowingly*	<input type="checkbox"/> Viciously
<input type="checkbox"/> Happily*	<input type="checkbox"/> Vindictively
<input type="checkbox"/> Harshly	<input type="checkbox"/> Violently
<input type="checkbox"/> Hostilely	<input type="checkbox"/> Wonderfully*

Notably, this inventory consists of 90 words (45 “loving” adverbs, and 45 “hateful” adverbs). On Form 1 the respondent is simply asked to check 25 words that best describe how \_\_\_\_\_ acts toward \_\_\_\_\_, and then on Form 2 the respondent is asked to reverse roles regarding how the second person is perceived to act toward the first person (e.g., him or her). One’s score on these two forms of this scale is the number of “loving” words checked as descriptive of these two individuals. These “loving” words are identified by asterisks that appear beside each of them.

For example, on Form 1, the respondent could describe how he acts toward his wife, and then on Form 2 he could describe how his wife acts toward him. These two forms of this checklist could also be administered twice, once at the beginning of counseling/therapy, and a second time at the end of counseling/therapy in order to discern any change in the individual’s actions toward his wife (Form 1), as well as his perceptions of his wife’s actions toward him (Form 2).

As mentioned earlier, attempts to differentiate “good” vs. “bad,” and “right” vs. “wrong,” goes all the way back to the earliest books in the Bible (see Perkins & Parish, 2011), and continue to draw “itching ears” in recent times when Glasser has sought to define “caring habits” vs. “deadly habits,” or “efficient behaviors” vs. “inefficient behaviors.” But no one until now has truly sought to operationally define each of these concepts by simply counting the number of “positive” words marked on the Personal Attribute Inventory or the number of “loving” words checked on the Love/Hate Checklist. In addition, both of these inventories offer “ratio”-type scaling, so that they are able to be analyzed properly using any parametric statistic. As a final note, Olver (2013) recently requested that the WGI

membership develop “evidence-based practices” to provide firm support that both RT and CT work well in various settings. Well, through the use of these scales, presented here, this request should be fully realized as we seek to accurately assess the progress made when we ably employ these scales in our various practices and/or classrooms, since in doing so we’ll more likely ascertain that our findings are truly valid, reliable, and “empirically-based.”

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## Brief Bio

Thomas S. Parish is the current editor of the *International Journal of Choice Theory and Reality Therapy*, has authored or co-authored scores of articles in support of Choice Theory and Reality Therapy, and also serves as a consultant for LDS Family Services in Independence, Missouri.

## **“It’s all about relationships:” An interview with Linda Harshman**

Patricia A. Robey, Ed.D., LPC, CTRTC

### **Abstract**

This article presents an interview with Linda Harshman, former Executive Director of The William Glasser Institute. In this interview Harshman provides a history of how she became interested in Glasser’s ideas and how the integration of these ideas has changed both her personal and professional life.

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Linda Harshman, M.S.W. was employed by The Institute for a total of twenty-eight years, first in a part-time position and then as administrator for the Institute for Reality Therapy [which changed its name in 1994 to The Institute for Control Theory, Reality Therapy and Quality Management] and finally as Executive Director for The William Glasser Institute [name changed in 1996] until she retired in 2011. In her position as administrator and executive director Linda consulted frequently with Dr. and Mrs. Glasser, Institute Advisory Board members, the Director of Training, faculty members, and the general membership, as well as with the various branches of The Institute in countries outside of North America. Linda was also a member of The Institute’s Legal Board of Directors. Linda has a Bachelor of Arts Degree and a Bachelor of Education and a Master's Degree in Social Work from the University of Toronto. Prior to being employed by The Institute for Reality Therapy in 1983, she worked in corrections and in mental health.

### **Interview**

ROBEY: As you know, I am doing a series of interviews for the Journal about our “historical figures.” Even though you are too young to really be called historical, you certainly have had a long history with The Institute, so I am excited to hear the story of how you got connected to Dr. Glasser and The William Glasser Institute. Hopefully you are in the mood to reminisce a little bit!

HARSHMAN: (laughter) Okay.

ROBEY: I would like to start by asking you to tell me a little bit about your personal and professional background. What led you to where you are right now?

HARSHMAN: Well, I grew up in a small village in Nova Scotia. My mother was a teacher and my father a farmer. For the first eight years I went to school in a one room schoolhouse where we had grades one to twelve. I was actually the first girl in our village to go to college. There I majored in music with a minor in sociology, but didn’t really know what I wanted to do in the long run. When I graduated at nineteen with my BA, I headed to Toronto and worked for a short time with a newspaper while completing courses for my B.Ed. When I returned to Nova Scotia, I tried teaching, but left after three months when one of several disturbed boys in the Grade 4 class shot a capgun in my ear. I realized that teaching was not my forte. With much encouragement from a close priest friend, I accepted a job working with adolescents at a mental hospital. For the first time I felt that helping people was where I belonged. Eventually I went to back to Toronto and took a position at a

correctional facility, working with male drug addicts and pedophiles. I returned to school several years later to obtain my master's degree in social work. Following that I was employed by the Vanier Center for Women, another correctional facility.

When I was there I met my husband [Ron Harshman], a psychologist. We both went to Los Angeles on three occasions to become reality therapy certified because he [Ron] had some knowledge of Glasser. With that training I finally felt that I had some specific tools to help me in my work and also in my personal life. Prior to that point I was mostly into Rogerian and Gestalt teachings and that wasn't useful to me in my work. With the Glasser approach I liked the focus on relationships, actions rather than intentions, and the emphasis on present behavior.

ROBEY: Tell me a little about what the certification process was like for you back then.

HARSHMAN: Quite frankly, I don't remember a whole lot about it, but probably the most vivid recollection was that on a scale from one to ten, I was at a level ten, being so uptight about what was going to be involved! At that point I was a very shy individual. Dick Hawes [instructor and certification group leader] basically hypnotized me to be able to do my presentation and so on. At that time Glasser was visiting small groups and he happened to come in at the time when I was doing my presentation. The hypnosis didn't do much for me (laughter), but I managed to get through it. That is about the only recall I have of that whole process other than that I met some wonderful people during my certification week. And I remember being very much in awe of Glasser and deciding then that he was really somebody I wanted to learn more from.

ROBEY: So you went to L.A., you became reality therapy certified, and then you went back to Canada to put these ideas into action?

HARSHMAN: I did, yes. Still at the Vanier Center for Women.

ROBEY: As a result of your reality therapy certification, how was your social work practice influenced?

HARSHMAN: I think it really helped me deal with the gals on the cottage. We had sixteen year-olds in there, along with some women who would come back once a year at Christmas time, basically to have a warm place to sleep. I learned from Glasser to focus on the relationship, what was happening at the moment, the importance of limits, and finding new ways to help the women deal with the events and people in their lives.

ROBEY: I wonder if you recall any specific success stories that you would like to share that show how you were able to use these ideas.

HARSHMAN: I recall working with a client who was probably the most difficult person I have ever dealt with in my life. When admitted, s/he was in the middle of a sex change, and in those years corrections would foot the bill if three psychiatrists approved the operation. S/He was very manipulative. I really had to focus to have a relationship with someone whom I secretly disliked enormously. I felt good that I was able to manage it. It was a lot of new learning for me to see that I could establish some kind of relationship, even though what was in my quality world was so very different from his/hers.

ROBEY: It sounds like there was a shift in your thinking that helped you recognize that the differences you had with your clients didn't matter so much if you could just break through to them on a relationship level. If that happens then things are likely to work. That's what made the big difference for them and for you.

HARSHMAN: Right, and of course the book, *Control Theory* (1985) was out at that time. So I was working with Glasser and I probably read *Control Theory*, I don't know, maybe ten times. I was glad when Carleen decided to rewrite it [*Take charge of your life: How to get what you need with choice theory psychology*, Glasser, 2011]. *Control Theory* was one of the most meaningful books to me in terms of understanding myself and understanding the people that I worked with.

ROBEY: So, understanding where the clients were coming from through the ideas of control theory helped you set aside your own judgments, and you could say; now I understand them in a different way, so I can work with them in a different way. Would that be accurate?

HARSHMAN: Right, because then I thought back and revisited what I had been doing. Before learning control theory I had dealt with pedophiles, drug addicts, and the whole gamut in the field of corrections. I think having some of that knowledge when I was working in corrections really helped solidify for me how important it was to try to focus on the client's world, rather than focusing on the judgments that I may have had. Working in corrections brought all of that to the fore, because I could no longer say social work taught me that I should love everybody and everybody is wonderful. Reality therapy would say you may not like somebody's behaviors and that's different from the first one [that I should love everybody].

ROBEY: That kind of frees you up in a way, doesn't it? That you could still have your own opinions, but not let them get in the way.

HARSHMAN: Exactly.

ROBEY: So you were talking about how learning control theory changed your professional life, but you also mentioned that it changed you personally. You mentioned being shy, and it sounds there was almost an evolution for you at that time. Can you talk a little bit about that?

HARSHMAN: Oh, absolutely. I talked a little bit about that when I was at the [Los Angeles, CA 2012 International] conference, to the extent that my relationship with Glasser, as well as understanding control theory, was an important catalyst for changes in my personal life. Glasser was always creating and it was phenomenal to be able to be working and learning in the presence of such an icon. I guess this was probably illustrated the most for me in a story that just came to mind. My mother was a perfectionist. If one of your chores was to dust a room, she would take her finger and go over the surfaces to make sure it met her high standards and if not, you did it again until it was right. Everything needed to be perfect - how you dressed, etc. I resented that, of course. I couldn't wait until I graduated to leave home and go to Toronto. As a result of working with Glasser and his ideas and so on, I came to the realization - now this was maybe ten years ago, or maybe even more -



that because I had a mother who put an emphasis on this trait, it was always important to me to constantly self-evaluate and see if I could improve on the quality. And so if Glasser had an issue to discuss with me, or I needed to talk with him about what I perceived as an important Institute matter, it often meant a drive to his house at night or on the weekend. I would do it because I was always motivated to increase quality.

ROBEY: So how was it that you evolved from your work in Canada and came to California to become the executive director of the Glasser institute?

HARSHMAN: Well, we were in Canada and he [Ron] was transferred to a different institution than I, because we couldn't be working in the same setting. Then he got an offer from a psychiatrist to go to Florida and do mediation work, so we moved. At that time we had three kids. We moved to Florida and we were there for a couple of years. I could not get a full-time social work position so I ended up working for ITT, which meant knocking on doors late at night at homes that had big dogs. I was terrified; these homes were in very impoverished neighborhoods and you would see cockroaches on the ceiling as you were sitting there. They (not the cockroaches but the hosts) would offer you a cup of coffee or a cookie, you know, and you had to give them the courtesy of eating that cookie while you wondered if a cockroach might suddenly appear in your cup. I was in charge of an all-male team that was always in the field. It was okay; it was a good experience. And then when we were in Florida, Glasser called Ron and asked him to come and be his first executive director of the Institute. So we moved to California. For the first year we traveled from where I am now and drove down to the office, which was then on Sunset in Brentwood. I started working part-time at the institute there and a year later we moved into the valley. In 1987 Ron and I were having some problems and I went home to Nova Scotia. I was not sure what I was going to do, but I knew that we were splitting. After I had been there for about a week and a half I got a phone call, and it was Glasser on the phone. I thought, why the heck would he be calling me? I was amazed that he asked me to come back to work at the Institute. When I replied that I didn't think I could work in the office with my ex being there, he said he had made some personnel changes so my concerns wouldn't be an issue. So I flew back and he and Naomi met me at the airport. They made arrangements for me to stay with a friend. For the first year or so I left for work at 6:30 in the morning and stayed until 11:00 or 12:00 at night, consumed with the project of getting the training records that had been lost updated on the computer. When I left the office at night, I had a spray can in my hand hoping that no one would attack me when I got off the elevator or into my car. Fortunately, during those early years I had some really good staff to assist me.

ROBEY: So would you say you were pretty much there at the beginning of The Institute, or had it already been in operation for a while?

HARSHMAN: It had [been in operation for a while]. Ron, of course, had been the first executive director. Glasser was never really interested in administrating; he was the idea man. Ron was good at getting that system set up with the board and the ongoing communications with faculty and countries outside the US.

ROBEY: As you think about the years you spent with The Institute, what are some of the exciting moments, the milestones, that stand out to you?

HARSHMAN: I guess it would be my development as a person, the development of my values and beliefs. I was a shy person, but I gained courage over the course of time to exert myself and to be strong, not only for myself but for the good of The Institute.

ROBEY: Let me shift the focus a little bit. There have been many changes that I've observed since I first learned reality therapy in 1986 and became an instructor in 1992. Could you talk about some of the exciting changes you've seen in The Institute over time?

HARSHMAN: Well, when Ron and I were first involved I remember the initial faculty program, which was called the test out. The chairs for the instructors were purposely put on a higher level than those of the participants. And I can remember it felt very punitive. There were several areas that instructors would have to score on how they perceived the candidates' skills. The totals were calculated and you could see some folks crying and other elated when they all got their results. There's been such a change in how we deal with people in the process now from the external control applied in the past.

ROBEY: A shift from external to internal self-evaluation. I remember when I was becoming an advanced practicum supervisor that the shift was to self-evaluation, ironically to the point that there was no feedback. That's not always a good thing either, to go from external evaluation completely to the total opposite end of self-evaluation with no feedback. That was not helpful for me. I'm very happy that it's come to this mid-point where it's concurrent evaluation of the self and the perception of the observer. I think this is important to increase quality. But the way you do it seems to require the maintenance of good relationships.

HARSHMAN: Absolutely, I totally agree with you. If all you get from the outside world is information why would we withhold that information from a person if it could really help them grow? So I was very glad when we moved to that phase where it was a joint evaluation. After all, we stress the importance of a relationship and honesty in the relationship. I remember having many, many conversations with Wubbolding and Glasser about that whole piece; that one can't self-evaluate in a vacuum. That was a big change.

I think another important development was Glasser's emphasis on relationships in later years. Not that he didn't have that in the beginning, but it became much more important with choice theory (Glasser, 1998). I believe that real change occurs for many people in the comfort of the relationship where you feel the other person cares. That helps you make the changes when it's going to be difficult.

ROBEY: It's interesting to think about the developmental process of training programs, of how evaluations are conducted and delivered, as well as how personal and professional growth is fostered. Because we come from an external control psychology world in which most people have grown up with the idea that somebody else tells you how you're doing. So for people who come into training, trying to make that shift is very difficult. It seems to me that it requires a change or addition of pictures of what it means to facilitate somebody else's development in a non-coercive way. I can see where it could be a great struggle, as people think, what is this going to look like? If I'm not doing the things I've always done, what do I do instead?

HARSHMAN: Well, I guess the other thing I feel very strongly about is that sometimes we minimize the reality that for most people meaningful change takes time. It rarely happens after one week of training or certification. I remember Glasser saying that he finally realized the impact of what he was writing about years after he wrote the book on control theory. We don't change overnight. In my job at The Institute I was constantly being reminded of how dangerous it is to think you have arrived and therefore have no more to learn.

ROBEY: (Laughter) Yes, it's a continual process, isn't it? Putting these ideas into action means constantly looking at what you're doing, and thinking, well, how did that work out and what do I want to do now? It's a process, forever, at least for me.

HARSHMAN: Yes, exactly. It's a lifelong process.

ROBEY: Speaking about the process of change, there have been a lot of changes in The Institute over the last few years. There have been some new directions that are really exciting. Talk about what you see happening and how you feel about it.

HARSHMAN: Well, I don't think it's been a simple process. Knowing how things would move forward was of great concern to me. It's been a two year process to get to the point of the International Institute becoming a legal entity. I initially didn't think it was going to take that long, but I realized later that it's not long if you are talking about organizational change. I'm glad I wasn't a part of that whole process for too long because I would probably get impatient. However, I am very glad that Brian [Lennon] was at the helm and supporting a democratic process. Now it can move forward to do the hard work of setting policies and procedures for operation. I believe that that is how reality therapy and choice theory will survive going into the future.

ROBEY: It's an interesting process! When you think about all the multicultural aspects it's really quite complex, and yet very exciting to think about the energy that could be generated during the transition to WGI International. So, speaking of transition, now that you have retired, what are you looking forward to and enjoying in your retirement?

HARSHMAN: What I am enjoying about my retirement is having the kind of freedom that I chose not to have when I was working. You know, it's been a challenge; my whole entity was pretty much being tied up in The Institute. Well, now I do have the time for myself so I am enjoying playing duplicate bridge and meeting new friends there. I like the intellectual stimulation. For me, how I spend my time is always intense, so bridge is four days a week. But I do want to travel for pleasure.

ROBEY: Now that your role as executive director is behind you, what would you like to see as your involvement with The Institute?

HARSHMAN: Well, I would like to maintain the relationships that I have had with several people. I am looking forward to the conference in Slovenia. I was there before and I haven't seen some of the people there for many years so I am looking forward to that. April of last year was a very emotional time for me. I realized I was in the process of redefining myself and what I want to be when I grow up. I am not sure of what that's going to look like in

relation to The Institute. I think that the people that are going to choose to stay involved with me, then I will choose to be involved with them, and do some fun things together.

ROBEY: I know I asked a lot of questions, but before we close I want to ask if there is anything you want to add that I have not asked you already?

HARSHMAN: What I would like to say is that probably people don't realize how important the relationships I had with the members of the faculty were to me. It was not just about their work, but about their lives. I treasure the many, many, moments I shared with them as they trusted me enough to share who they were with me.

ROBEY: At the end of the day, it's all about relationships.

HARSHMAN: Isn't it! (Laughter)

ROBEY: So I just have one more question to ask you, and that is, if you were going to put a title to this interview, what would you like to call it?

HARSHMAN: I think that would be it. Absolutely. "*It's all about relationships.*"

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## **Brief Bio**

Patricia A. Robey, Ed.D, LPC, CTRTC, is an Associate Professor in the counseling program at Governors State University, the MA Counseling Program Coordinator, a Licensed Professional Counselor, and a senior faculty member of The William Glasser Institute.



### **A Tribute to Linda Harshman—**

Keep your dreams alive. Understand to achieve anything requires faith and belief in yourself, vision, hard work, determination, and dedication. Remember all things are possible for those who believe.

### **Gail Devers, Olympic Gold Medalist 1996**

Linda Harshman has kept the dream alive for so many years as the driving force supporting Dr. William Glasser in spreading Choice Theory throughout the world. She was Linda: friend, confidante, assistant, helper, problem-solver, administrator, organizer, collaborator, proof-reader, arbitrator, leader, visionary, and so much more to Naomi, Bill and Carleen. What an extraordinary woman doing everything extraordinarily well with love for the Glassers and for Bill's exceptional genius demonstrated through his ideas about the way we may choose to see the world!

My tribute could never express the way you, Linda, have been a model and an inspiration for me to always excel knowing you were there for support. Thank you, friend!

### **Jean Seville Suffield**

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Tributes to Linda Harshman—

There is an expression people use nowadays that I think describes my relationship with Linda Harshman. They say someone "has their back." For over 25 years Linda has had my back. How do you thank someone for that? What a lucky break it was for me the day she came into our lives!

Linda is the kind of person who puts her heart and soul into whatever she believes in and thankfully she believed in me. I find it hard to remember everything at my age. I'll be 88 in May, but I will never forget what a good woman and a loyal friend I found in Linda Harshman. She took care of business and she looked out for me. She suffered through my mistakes and she celebrated my successes. She was always there making sure things were all right for me.

As I said before, I may not remember much, but I'll never forget her working 24 /7 for 25 years. If my calculator is correct that's 219,000 hours worth of dedication, loyalty, hard work, hopefulness and care. A man can't ask for more than that and I got it all from Linda and more. Thank you Linda Harshman, from the bottom of my heart, for everything you gave me. Thank you for being my true friend.

Sincerely,

**Bill Glasser**

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Dear Linda—

I'm writing this thank you note to you without being able to say all the things I'm thankful for that you did for me. You know what they are. They are too many to list yet too important to forget.

You are a dear friend and I owe you so much gratitude for all the years we always depended on you to get it done. You are a trusted partner and I will never be able to thank you enough for that, but most of all thank you for being there for Bill. He needed you and depended on you for so much.

Linda, we both love you very much and you can depend on that.

**Carleen Glasser**

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A Tribute to Linda Harshman—

Linda Harshman, former Executive Director, has been the “go-to” person for decades as she led The William Glasser Institute in both prosperous and difficult times. More than an administrator, she has been a friend to instructors, supervisors and trainees. She has also been a model of loyal closeness in her relationship with the Glassers. Many of us have depended upon her for wise and prudent opinions about professional behavior, decisions and direction for The William Glasser Institute. After having spent an incalculable number of hours in telephone conversations and an equal number of meeting hours at certification weeks and conventions, I can personally attest to her unfailing commitment to the continuous improvement of our training programs. Her well-grounded determination never diminished her warm relationships with everyone she encountered. Linda always treats people fairly and has never been afraid to face unpleasant situations; these situations have invariably resulted in better human relationships. Working shoulder-to-shoulder with her for 23 years, I can testify that she has always been level-headed, even-tempered and circumspect in her approach to people and situations. I have cherished her friendship and both Sandie and I expect this friendship to continue and to grow as time goes by.

Your friend,

**Bob Wubbolding**

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A Tribute to Linda Harshman—

Alongside Dr. Glasser and Carleen, Linda Harshman has been the ‘face’ of the William Glasser Institute for all of the years of my involvement with the organization. Linda has had such an impact on the way in which people were able to communicate throughout the world. She had the depth of knowledge and the ability to quickly respond to requests for information. Her level-headed, insightful way of dealing with issues was a real strength in her time as Administrator. She helped us get what we wanted in a way that met everyone’s

needs. In this time of significant change she has quietly supported the WGI organization to make the transition to an international one.

Thank you Linda from the Management Committee of the William Glasser Institute-New Zealand. May you enjoy your well-earned time of retirement.

**Bette Blance**

President William Glasser Institute-New Zealand

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A tribute for Linda Harshman—

For many years Linda Harshman has been a loyal advocate for The William Glasser Institute, as well as for Bill and Carleen Glasser. But to me she has also been a very dear friend, and has always sought to do her very best on my behalf, and for others within the WGI organization too. Truly, when Linda told me that things would go a certain way, they always did just that! No surprises, no problems, it always happened just the way she said it would. That has always been very important to me, and to many other WGI members, too, who felt that we could count on her to always follow through. In sum, Linda will always be "Ms. Dependable" in my memory, and I am sure that I am not alone in appreciating all that she has done for all of us within The William Glasser Institute!

Best wishes in all of your future endeavors.

Your friend,

**Tom Parish**

Editor, IJCTRT

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A Tribute to Linda Harshman—

The first thought that comes to mind is that Linda "righted the ship" when she took over as Executive Director. Very few of us know the turmoil and hard work it took to get some basic standards and policies to be clarified and followed. And, no matter how uncomfortable the problem or situation, she handled it!

While we always had The Institute's best interest at heart, we did not always see eye-to-eye on every issue. Some were minor, some much larger. In all cases, Linda remained a straight shooter and expected the same. The trait I admire most about Linda, is her ability to talk honestly, and whether she agreed or not, she handled it without criticizing or holding grudges.

Best wishes,

**Bob Heglund**

Senior Faculty  
WGI-US Board

### A Tribute to Linda Harshman--

From the beginning, in the years B.C. (Before Computers), Linda Harshman was there, dependable, efficient, friendly and helpful. Today I gaze at the RT/CT Certificate, on the wall of my office, dated August 11, 1993. This summer will mark a 20 year milestone in my work with Dr. Glasser and his organization, theories and teachings. Linda was there, as a bright beacon, guiding me through the "process" to success. She helped with scholarship information, answered questions related to trainings / practica, and processed the paperwork. Imagine, she was one of the most powerful connections we had to the "Institute for Reality Therapy," and she managed it all with a telephone, pen, paper, typewriter, envelopes and stamps! Once my Certification was complete she provided information on continuing education and networking. The day Linda announced her retirement, I gasped...how were we going to do this without her? Reflecting over the months I came to understand because of her work and dedication building the foundations of the Institute we are able to go on to become the larger and stronger organization of William Glasser International. Thank You!

In closing, Linda, may all your dreams come true in this next adventurous chapter of your life. We will miss you, and we are so fortunate to have been part of your quality journey.

Best Wishes,

**Shea Stanfield**

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### A tribute to Linda Harshman—

When I think of Linda Harshman there are so many tributes to celebrate with her. As a manager, she had her arms outstretched across the world, embracing all. She connected people across the world towards common goals and helped organize countless conferences, meetings and retreats. Her communication skills, organization talents, marketing and overall common sense brought our organization from a tiny office in California to an international entity. To top it off, she is a nice person which has been a blessing to us all. Thank you, dear, sweet, Linda...you have been a rock....and a treasure to us all.

Much love to you, always....

**Janet Fain Morgan**

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### A Tribute to Linda Harshman—

You were the best, most loyal and most caring sentry ever. You protected Bill and The Glasser Institute with vigilance combined with sensitivity. You inspired all of us to demonstrate our own best competence. You were no nonsense about quality, yet quick to laugh and ready to enjoy a good story, especially about Bill. I am proud to be William



Glasser Faculty, in large part because of your tireless management of the organization from the top down.

With love and all the best,

**Brandi Roth**

♥ Linda Harshman ~ Ambassador to the World ♥

Linda, it is an honor to honor you! How were you always able to pick up the phone even though it was three hours earlier than our time zone? How did you manage to stay so tirelessly dedicated through all those years? How did you run the WGI singlehandedly and make it look so easy? You have always shown commitment to the WGI and its vision of teaching the world Choice Theory, as well as remaining personally devoted to the Glassers. Your consistency and enthusiasm as The Institute's Executive Director contributed to the growth and world-wide influence of Choice Theory and Reality Therapy. You are the loyal, strong, devoted, hard working, humble mediator that every organization wishes they had. Excellence was a priority in planning conferences. You always listened with great patience and humility and we always felt respected. Your visits to New York were legendary! As a friend and colleague you have a permanent home in our quality world. With a big heart you have made the globe a smaller, friendlier place.

All the best,

**Susan & Al Katz**

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A Tribute to Linda Harshman—

It was my pleasure to get to know Linda while I was a member of the Advisory Board from 1997 to 2003. We were a passionate group, so eager to do well for the organization and to represent Glasser's ideas in the best way possible. We would often struggle to come to decisions and the process could be quite lengthy. During all of this I admired Linda's caring and her quiet way of leadership and management. She allowed us the space and time to work through what needed to happen. She created a model of leadership for me that I continually keep in mind as I work to balance process and outcome in my own leadership.

Over time I learned another side of Linda, that she could be quite a lot of fun and has a great sense of humor. I am happy that Linda's retirement is off to a great start, and I look forward to maintaining our friendship and sharing playful moments together in the future.

Best wishes in all of your endeavors,

**Pat Robey**

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A Tribute to Linda Harshman—

As the person who is doing at least some of the job that Linda used to do for The Institute, I can sincerely pay tribute to Linda Harshman for all the work she did on behalf of The William Glasser Institute. Linda accomplished so much and expected so little in return. There were many things Linda did that the average person will never know. And Linda never had an ego wrapped up in her work. She wasn't looking for accolades, in fact, she avoided them. Because of that, I suspect there's a big part of her that is embarrassed by this attention, but how can we not publicly honor the woman who handled all the day-to-day administration of The Institute for so many years, constantly striving for improved quality in everything she did? If anyone deserves to enjoy a happy, active retirement, it's Linda. I will always be grateful to Linda Harshman for trusting me with the future of The Institute. She, indeed, has left very large shoes to fill. Thank you, Linda!

Sincerely,

**Kim Olver**

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A Tribute in Linda Harshman—

I had contacted The Institute many times since the 1990s and several times had what began as curt business-like responses from Linda, a social worker like myself, but in the last few years turned out to be a special reaching out to me when I told her about my work as a social worker assigned to diagnose ( DSM, and refer for medications) those diagnosed as "mentally ill" in prison. One day upon returning home, I discovered a box by my front door of a variety of institute-related, slightly damaged books that were suitable for loaning to my special group of clients. One individual, in particular, actually read most of Choice Theory without any high school certificate and wrote me a partial book report! Linda later decided to include my crudely written unedited or unpolished few paragraphs I sent her about my work with this particular client, honoring me, my client, and showing the value of one of the greatest treasures of The William Glasser Institute. Linda reaffirmed my belief in the people behind this psychology, a refreshing change from the oppressive Controlling system I worked for. That deed did more to inspire me than she ever knew and those loaner copies quickly disappeared, at the same time Bradley Smith and Carleen were quietly working in the CIW prison. Linda will be missed, but never replaced.

Best wishes,

**Barry Karlin**

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A Tribute for Linda Harshman—

Linda supported Brevard County schools by "thinking outside the box," and helped us host the first ever school-based certification weeks. The trainers used our classrooms as training rooms for their certification groups. This saved our District thousands of dollars which

allowed more teachers to be certified. Linda has always supported our training efforts and because of this support we currently have six Quality Schools. Thank you Linda!

Sincerely,

**Lisa Rogers**

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Thinking about Linda Harshman—

Thinking about Linda Harshman is a remarkably humble endeavor. I am someone who tried for years to invite her to change her last name (having done that myself with ease!) as I never believed her name suited her. She was and is unfailingly understanding, kind, witty, inquisitive, but never, ever harsh. And she brought to our Glasserian enterprises a uniquely womanly style of leadership---of collaboration, of affirmation, of connection. The Greeks, as we remember, were a polytheistic society and their "gods" still inform our understanding of history and literature. As one entered a home in ancient Greece, one noted the statutes of the gods at the entry: to understand is to "stand under" the gods in awe. Linda did this for everyone and all things. She was a manager for Bill and his Great Ideas, she became for all of us a voice of reason when we forgot to apply what we knew about human nature to ourselves and we let those ever-pressing needs run rampant. She entered, with stunning aura, our Quality Worlds. Her negotiation skills were superb, collaboration being her greatest inclination. Yet, she kept humility and grace at the ready. She is a True Friend.

Recently, I was invited by the Institute in Ireland to address their annual convention, and I pondered "courage": as the theme for the day. As I entered, open-hearted, into my informal and phenomenological study of courage, I found some qualities, characteristics---values, if you will--- that seemed to abide every example or model of courage important to me. These emerged as having an ability to see that the benefits of a decision or action will outweigh the risks, being able to live with ambiguity, having a belief in possibility, and even having something (for want of a better word) called faith. As I think of the early years of the American Institute, and the arc of Bill's stature among health professionals, I realize that when Bill hired Linda to manage The Institute, and Linda had the courage to accept, we had reliable beginnings. In Irish, it could be said that *Tusd maith leath na hoibre*: a good beginning is half the work. We have all benefitted from this evolution.

It is good now that we are remembering to say "thank you" as our collective gratitude can only reflect Linda's extraordinary generosity. We may have come together originally under the umbrella of The Institute, but we stay together for some acknowledgement of the gifts we brought each other. Linda showed us how to do that time-after-time.

Thank you Linda---you are in my Quality World forever!

**Suzy Bannigan**

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### A Letter of Tribute for Linda Harshman—

You gave me the most beautiful, welcoming smile after my certification at the University College in Dublin, Ireland in 1994. I put you in my quality world for life.

At the closing dinner at WGI 2001 Australia, Dr. Glasser went to the microphone to sing your praises. He said "Linda Harshman is The Institute. If she goes, it's all over." That really frightened me into doing everything in my power to keep you happy.

Later that year you arranged for members at the Faculty Retreat in Los Angeles to tour The William Glasser Institute. Thank you for the chance to make friends with the helpful and kind staff: Sue Brown and Gene Madden. It was wonderful to see them again briefly after the conference at LMU in June 2012. I admire the way you have kept in contact with them despite the closing of The Institute.

Your tribute to Dr. Glasser at the opening session at LMU was so touching. Your openness helped me understand why you have been so dedicated to the Glassers and The Institute. When Chair Brian Lennon introduced you at the closing dinner, it was very moving to see the membership rise to their feet and give you a long, standing ovation. As Bradley Smith said, "Linda Harshman was the glue that held The Institute together."

Most of all I appreciate the fact that you selected and trained Kim Olver to replace you as WGI-US Executive Director. With Kim as leader, you can relax and enjoy your well-deserved retirement. No doubt about it, however, I will look for your welcoming smile at every future WGI-US or International Conference, especially the one in your home country of Canada in 2014.

Warmest Regards,

**Beverly LaFond**

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### A Tribute to Linda Harshman—

"Ask Linda." How many times have we heard that over the years? I have had the good fortune to know Linda Harshman since the late eighties and even in the days when transatlantic phone calls were expensive, it was always worthwhile if I was talking to Linda.

Members and faculty of The William Glasser Institute are very aware of how significant a role she has played in the promotion of Dr. Glasser's ideas. Her enthusiasm, her clarity of vision, and her total dedication to these ideas are qualities we all know about.

Over the years Linda has seen WGI grow from a small organization to a world-wide community of learning; she has seen changes in office arrangement and in courses. And more than anybody else she has witnessed the changes in Bill's thinking and, indeed, in his life, at very close quarters. It was Bill himself who summed up Linda's role best in the dedication of the original "Reality Therapy In Action" in the year 2000: "To the three women

in my life who have contributed their love, energy, and brain power to keep reality therapy alive and well all over the world: Naomi Glasser, Linda Harshman, and Carleen Glasser”.

What people may not realise is the amount of work that Linda has done. Those of us who are fortunate enough to sit on the international board of what is now William Glasser International have been learning just how much work our organisation requires. It is no exaggeration to say that a team of twelve people plus two office administrators are very hard-pressed to cope with the work load that Linda shouldered for so many years.

We are extremely indebted to her not only for her work and dedication but also for the role model she has provided to all of us. On behalf of all our members who have benefitted so much from her work and support I would like to take this special opportunity to say a massive “Thank you” to Linda. Thank you from the bottom of our hearts.

**Brian Lennon**

Chairperson

William Glasser International