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Tributes for Dr. William Glasser, Founder of the William Glasser Institute . . . are included here in this issue of the IJCTRT.

Topical Guide to Published/Presented Works Regarding Choice Theory and/or Reality Therapy, Developed by Larry Litwack and Edited by Thomas S. Parish.

Invitation to Institute Members and Friends to Submit Tributes on Behalf of Dr. Robert E. Wubbolding. Dr. Wubbolding is an emeritus professor at Xavier University, currently serving as the Director of the Center for Reality Therapy in Cincinnati, Ohio, and has also served as the Director of Training for the William Glasser Institute in Los Angeles, California, from 1988-2011. In addition, he has authored or co-authored scores of published articles and many books regarding Choice Theory/Reality Therapy. Please submit your "TRIBUTE" for Dr. Wubbolding to Thomas S. Parish, Editor, *International Journal of Choice Theory and Reality Therapy*, by January 5th, 2012, at parishts@gmail.com

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Request for other sources or citations of other published/presented works regarding Choice Theory/Reality Therapy should also be forwarded to parishts@gmail.com by January 5th, 2012, so that they, too, might be included in the Spring 2012 issue of the *Journal* for consideration by all those that read it. Included here are books, booklets, video tapes, cd's, dvd's, articles, etc. How will the readers of this Journal ever know about their existence, unless you share these sources with them in the next issue of the *International Journal of Choice Theory and Reality Therapy*?

INTRODUCTION to the JOURNAL, ITS EDITOR, and ITS EDITORIAL BOARD

Welcome to the ***International Journal of Choice Theory and Reality Therapy*.**
This is Volume XXX1, No. 1, FALL, 2011.

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* and the *International Journal of 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.

Any correspondence, including questions and/or paper submissions, should be sent to Dr. Parish at: parishts@gmail.com You may also call him at (785) 862-1379 or (319) 230-9970. In addition, a web-site is currently operational for the Journal. It is www.*ctrtjournal.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.

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

Robert Wubbolding, Ed.D., Professor Emeritus at Xavier University in Cincinnati, OH, and is currently serving 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.

Permissions:

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.

Summer, 2011: The first Board of the William Glasser Association International is elected!

Seated on this Board are the following individuals:

Lucy Billings, Nancy Buck, and **Bob Hoglund** representing the United States of America.

Ellen Gelinas and **Jim Montagnes** representing Canada.

John Brickell and **Mirjana Palcic Bubnic** representing Austria, Belgium, Bosnia & Croatia, Denmark, England, Finland, France, Germany, Ireland (Republic), Italy, Macedonia, Malta, Netherlands, Northern Ireland, Norway, Poland, Scotland, Slovenia, Spain, Sweden, Switzerland, and Wales.

Ivan Honey representing Australia and New Zealand.

Masaki Kakitani and **Peter Ho** representing China, Hong Kong, Indonesia, Japan, Korea, Malaysia, Philippines, Republic of Singapore, Taiwan, and Thailand.

Juan Pablo Aljure representing Argentina, Colombia, Cuba, Dominican Republic, Mexico, Nicaragua, and Paraguay.

Mitchell Messina representing Albania, Bahamas Is., Bahrain, Egypt, Grand Cayman Is., Iceland, India, Iran, Israel, Jordan, Kenya, Kuwait, Russia, Saudi Arabia, South Africa, Turkey, and the Ukraine.

In addition to the 12 member board of elected representatives, there is also one representative of the Legal Board (non-voting) and the Chairperson of the Board, i.e., **Brian Lennon**. Mr. Lennon was appointed by Dr. Glasser for a period of two years ending in July 2012. From that date onwards the chair will be an elected position.

The length of term of each of the aforementioned representatives is three years, which according to Brian Lennon (in a recent personal communiqué), may be subject to change in the future.

The International Board has the full approval and support of Dr. and Mrs. Glasser.

A NEW WAY TO FIND PAST WRITINGS AND/OR RESEARCH REGARDING GLASSERIAN-RELATED CONCEPTS: AN EDITORIAL

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

Let's look back at what the Journal, in all of its varieties, has done for the membership of the William Glasser Institute. Starting in 1981, Dr. Larry Litwack founded the *Journal of Reality Therapy*, and continued publishing it semi-annually until spring, 1997. Then the Journal changed its name and its format, but not its editor, and became the *International Journal of Reality Therapy*, which was published semi-annually from 1998-2009. In the interim, and for a short time, the *International Journal of Choice Theory* was published from 2006-2008, with Jeff Tirengel serving as this journal's editor-in-chief. Most recently, however, from 2009-present the Journal has been renamed again, this time as the *International Journal of Choice Theory and Reality Therapy*, and I (i.e., Thomas S. Parish) currently serve as its editor.

Having said all this, what have all of these journals, noted above, sought to accomplish? Well, each article in each of these journals has sought to edify members and non-members alike about the nature of various concepts (e.g., Choice Theory, Reality Therapy, Quality School, Lead Management), all of which were originally developed by Dr. William Glasser. Of course, if you have copies of these journals at home or at your office you are most fortunate, for you can readily refer to them at your leisure in order to gain desired insights from these articles about these various Glasser-related concepts.

For those who have not been involved—either as a new member or as a non-member—with The William Glasser Institute for very long, however, or for those who have not held on to these past issues of these journals—for whatever reason—the *International Journal of Choice Theory and Reality Therapy* has sought to index and summarize these articles, published in these journals, plus others, too, that have all attempted to share insights regarding these Glasserian concepts. More specifically, in the last issue and in the current issue of the *International Journal of Choice Theory and Reality Therapy*, toward the back of each, one should be able to find much of what has been written about Dr. Glasser's proposed concepts, and they generally appear by topic and/or by author.

However, while these articles have been readily indexed so as to identify what has been said and/or what has been found regarding the various Glasserian concepts, a distinct bottleneck has existed since these journals were first published, i.e., IF the reader doesn't have a way to access these articles, they might not be able to find them at all. What is apparently needed, therefore, is a "clearinghouse"-type resource that will go beyond simply categorizing and listing Glasserian-related articles and research, but will make them readily available to all who are interested in them.

Notably, someone has stepped forward to do just that. To begin with, Dr. Robert Wubbolding and I have provided copies of all of the past journals that have been mentioned above, so that **Dr. Matthew Capps** (who is the current Dean of Education at Midwestern State University in Wichita Falls, Texas) and his organization may make copies of all of

these articles available to you. To access these articles Dr. Capps has outlined the following procedure . . .

He has created a link through his website at MWSU which will allow readers interested in any/all of Glasser's concepts to request copies of any/all desired articles. He will also provide a source that will list the abstracts for each of these articles, rather than only list bibliographic information for each of them. Consequently, anyone who wishes to access all that is available regarding Glasser's work, and/or all those who have studied it, too, need only follow the simple directions described below, which have been provided to us by Dr. Matthew Capps:

Go to this website: http://education.mwsu.edu/

"On the left hand side under the Links Area, you will see the hyperlink *International Journal of Choice Theory and Reality Therapy*. Click on this link and it will take you to the journal page. On this page will be hyperlinks to abstracts and a form to request the full article."

In exchange for these services (i.e., providing on its website contact information for the International Journal of Choice Theory and Reality Therapy, and a link to the online publication) by the West College of Education at Midwestern State University it is understood that WCOE:

1. Will serve as the sole sponsor of the *International Journal of Choice Theory and Reality Therapy*, and will be identified as such in all future copies of the *Journal.*
2. May be permitted to charge a reasonable fee for requests of digital copies.

Importantly, Bill and Carleen Glasser, on September 25, 2011, granted their permission for us to make the *International Journal of Choice Theory* available to everyone in this way, and I (i.e., Thomas S. Parish) do likewise on behalf of the *Journal of Reality Therapy* and the *International Journal of Reality Therapy*, which was placed in my care by Dr. Larry Litwack on January 1, 2010.

Answering Objections to Choice Theory / Reality Therapy

Robert E. Wubbolding, Ed.D., CTRTC

Abstract

Persons in the helping professions often express difficulty accepting choice theory that underlies reality therapy as well as the delivery system itself. This article is a summary and extension of a keynote address and presents several frequently raised questions/objections followed by possible responses to them. Explored in the article are whether we live in a world of external control, the place of choosing behaviors in choice theory/reality therapy, the use of diagnosis, and the effect of trauma.

Objections to and criticisms of choice theory/reality therapy are not new. Nevertheless, as the ideas founded and developed by William Glasser, MD are further augmented, more widely practiced and increasingly taught in universities around the world new objections, criticisms and questions surface in the educational and academic worlds. Consequently there is an ongoing necessity to answer such inquiries and provide clarifications. This article summarizes and extends the author's keynote presentation at The William Glasser Institute Midwest Region July 8, 2011 in Schaumburg, Illinois. Several responses and amplifications helpful for addressing a variety of critiques and inquiries are provided below.

Historical Note

Glasser has continued to develop his ideas since the publication of his first books (1960, 1965, 1968). He added control theory as the basis of reality therapy and as an explanation of all human behavior (1980, 1984). Subsequently, he changed the name of the theory to choice theory because of the added emphasis on human behavior as a choice (1998). Furthermore, reality therapy constitutes the delivery system for choice theory and is his most well known contribution to the helping professions. Wubbolding's writings (2000, 2011) extend the principles of choice theory and reality therapy, while many others have contributed their specializations to the implementation of choice theory and the practice of reality therapy to such areas as parenting (Buck, 2000), education (Sullo, 2007) and management (Pierce, 2007), couples counseling, (Robey, Wubbolding & Carlson, 2012), (Olver, 2011), and corrections (Myers & Jackson, 2002).

Below are four inquiries and implied reservations about choice theory/reality therapy presented in training sessions, in university classes, and in conversations with members of the helping professions.

Question 1

When you look at the world through the lens of choice theory what kind of world presents itself?

Response: The conventional answer is that we live in a world characterized by external controls. People worldwide are attempting to control other people. These efforts to manipulate and control others are the source of most human problems.

No one can deny that efforts to control other people have created conflicts in interpersonal relationships and even international relationships. And yet another response is possible. My elaboration on any absolutistic statement about the use of external control is "compared with what?" If we say that we live in a world where people are oppressed by other people, we logically need to make a comparison. I believe that we often compare the present world in which we live with an idealistic and unrealistic world free of external controls: a world that has never existed nor could ever exist.

There is a saying, "Two men looked out from between the prison bars. One saw the mud, the other saw the stars." We can either see the mud or the stars. In spite of the undeniable truth that some individuals attempt to control others, it is clear that, at least in North America, we currently live in the most opportunity-driven society the world has ever seen. This perception of widespread freedom and the opportunities to make choices is not without factual basis. The fact is there is at least *some* good news and reason for optimism. These data mean that a more positive way of seeing human interaction has legitimacy. For instance, according to the Centers for Disease Control and Prevention, teen pregnancy is down, students report wearing seat belts more often than in the past resulting in fewer fatal teenage car crashes, and there is a decline in the percentage of high school students giving serious thought to suicide. Moreover, according to a surprising and even startling United Nations report entitled *State of the Future*, "People around the world are becoming healthier, wealthier, better educated, more peaceful, more connected, and they are living longer" (Moore, 2007, p. 11).

Question 2

"I'm a teacher, can you help me get better control of the kids in my classroom?" or "I'm a client, can you help me overcome my depression, control my children, and get my spouse to shape up?"

Response: The conventional response, "I can't help you control other people" is off putting to teachers and clients in that it fails to facilitate a positive relationship with them, more specifically, with their quality worlds and with their perceptions. A lesson from a very successful company points the way to a better response. Steve Jobs has led Apple to become one of the most successful companies in the history of the world. He and his associates have accomplished this because they are able to step into the minds of the consumers. He knows what they want and he speaks their language. What he offers makes their lives easier and even enjoyable. Consequently, I suggest the following response to the question: "There is no doubt in my mind that I can help you make your life easier. When you learn choice theory/reality therapy and its classroom applications or its family applications your life will be more enjoyable. Keep in mind I cannot make guarantees. I am sharing my core belief with you."

Question 3

What do you mean when you say we **choose** our behavior? How can you say we choose to be unhappy and miserable?

Response: I suggest the following 6-fold response to this inquiry:

1. The word choice can be too universal, too all-encompassing, and thus requires that we make several distinctions such as the following.

2. We have no choice over past behavior. Our history determines who we are and how we got to be who we are. But endless discussion of past history serves few therapeutic purposes. In the first reality therapy certification week held in Kuwait in May 1998, Siddiqa N. M. Hussein summarized the essence of this cornerstone reality therapy principle, "The past is a springboard not a hammock. You don't drown by falling in the water. You drown by staying in it."

3. When speaking of choosing behavior, I prefer to say that though we have many choices, all of our behaviors **originate** or *are* **produced** from within. Even if a person does not believe that behaviors are our choices, nevertheless, treating them "**as if**" they are choices provides a detour around the argument about whether or not behaviors are chosen.

4. At no point do reality therapists blame the victim by implying that they have chosen their plight. Rather, they empower victims by helping them realize that no matter what circumstances they live in they still have choices regarding future behaviors.

5. In cases where there is past trauma suffered at the hand of another human being, there often remains long lingering pain for the sufferer. Hercule Poirot, Agatha Christie's fictional Belgian detective, stated in a television adaptation, "Past sins cast a long shadow." From the point of view of total behavior, the event, i.e., the action component of behavior has long since passed.

6. However, painful total behaviors with cognition and emotion as primary components persist long after the traumatic experience itself. There often remains painful and seemingly uncontrollable total behaviors expressed as stressful memories. Depressed or angry emotions and disturbing self-talk recur long after the actual traumatic experience and often create obstacles to more effective living. Clients frequently suffer from **current** stress, i.e., dysfunctional cognition and emotional turmoil, including reliving the event, a feeling of emotional "numbing" or detachment, and arousal symptoms such as difficulty concentrating, survival guilt, and agitation (PubMedHealth, 2011). These total behaviors are current and, from the point of view of choice theory/reality therapy, an effective reality therapist helps clients address their current relationships, a process designed to lessen and even replace their post-traumatic stress.

Question 4

Is it true that choice theory/reality therapy rejects diagnosis and the existence of such things a schizophrenia, learning disabilities, attention deficit disorders, borderline personality disorders, bi-polar disorders, asperger's syndrome, etc., etc., etc?

Response*:* Theories don't have opinions. People have opinions. Moreover, from the point of view of choice theory and reality therapy the above labels are symptoms, i.e. behaviors. They do not constitute a root problem, but represent the underlying lack of effective need satisfaction. Additionally, a sample description of two collections of behaviors allows the

questioner to make a range of decisions about whether or not at least some diagnostic labels have a legitimate place in choice theory.

In speaking of the sociopath, Glasser (1998) describes a person who cares "only about power and personal freedom and has no real consideration for the needs of anyone else" (p. 106). He further characterizes the sociopath as satisfying his power need at the expense of others when he cheats, swindles or steals. Glasser warns that when he searches for a relationship with a woman, he is "an unscrupulous predator, life is a hunt and you are the game. He'll use any weapon to get you" (p. 107). In describing the need-strength profile of the sociopath, Glasser states, he is "a person who cares only about his own satisfaction, even at the expense of risking his life as indicated by his low need for survival" (p.69).

The above description is remarkably similar to another profile of a person who demonstrates "a pervasive pattern of disregard for and violation of the rights of others . . . failure to conform to social norms . . . impulsivity . . . aggressiveness . . . reckless disregard for safety of self or others . . . lack of remorse" (Diagnostic and Statistical Manual of Mental Disorders–IV TM, 2000, pp. 649-650). These behaviors are among those grouped together under the diagnosis antisocial personality disorder.

Glasser (1998) also describes other individuals that he calls "the workless". Such a person doesn't work, has a low need for survival along with a high power need, does little for himself, has little contact with the realities of the world, is in continual need for the financial support of others and is given to "choose bi-polar behaviors" (pp. 107 ff.).

This description is also significantly similar to the dependent personality disorder. Among the behaviors of such an individual are: difficulty making everyday decisions without continuous dependence on others, avoidance of responsibility, difficulty disagreeing with others, reluctance to initiate projects, high dependence on the need for nurturance and feelings of helplessness when left alone (Diagnostic and Statistical Manual of Mental Disorders–IV TM, 2000, pp. 668-669).

In alluding to "the prevailing system of mental health", Bruce Allen (2006) states: "Our approach has little need for classification, diagnosis and a pathological view of human misery. Our good news is about teaching people to have responsible and more effective relationships through choice theory and effective relationship habits" (p. 1). Consequently, it appears that choice theory allows for a wide range of perceptions within the valuing filter regarding the aforementioned symptoms.

In summary, the practitioner and the teacher of choice theory and reality therapy are often faced with objections and questions that require an answer and/or clarification of the theory and practice of choice theory/reality therapy. Both of these types of inquiries present evidence that reality therapy is making an impact in the world of practice as well in academia. Giving attention to the perceived limitations of choice theory and reality therapy is a form of recognition and in my view it means giving respect to the work of Glasser and others. Reality therapy is now represented in the vast majority of textbooks on counseling and psychotherapy. When authors, practitioners and professors express their reservations and objections they are clearly acknowledging the existence and perhaps the efficacy of the practice of reality therapy. There is an Irish proverb: "Strife is better than loneliness."

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Brief Bio

Robert E. Wubbolding, Ed.D., is the director of the Center for Reality Therapy in Cincinnati, Ohio. He is professor emeritus of Xavier University and served as the director of training for The William Glasser Institute 1988 – 2011. Recently the American Psychological Association published his book *Reality Therapy: Theories of Psychotherapy Series* (2011).

EXTENDING REALITY THERAPY WITH FOCUSING: A HUMANISTIC ROAD FOR THE CHOICE THEORY TOTAL BEHAVIOR CAR

Thomas K. Burdenski, Jr., Ph.D. Associate Professor of Counseling Psychology, Tarleton State University—Fort Worth, TX

Robert E. Wubbolding, Ed.D., Director of the Center for Reality Therapy, Professor Emeritus, Xavier University

Abstract

In Glasser's Choice Theory®, the individual's total behavior is often represented using the Choice Theory Total Behavior Car as a metaphor for the four dimensions of total behavior. Focusing, a humanistic technique, is a powerful adjunctive tool for helping individuals tune into the rear wheels of his or her total behavior car (feelings and physiology) so he or she can travel more effectively toward his or her quality world destination.

According to Glasser (1998), the brain functions as a control system by continually monitoring our *feelings* to determine how well we are doing with our life-long desire to get our needs (love and belonging, power, freedom, fun, and survival) met. Experiencing distressful feelings such as impatience, annoyance, anger, anxiety, fear, sadness, depression, etc., is a signal that one or more of our needs is not being met. Before learning Choice Theory, clients may not know what their basic needs are, but they will use their frustration as motivation for getting their needs met and try to satisfy them in more effective ways.

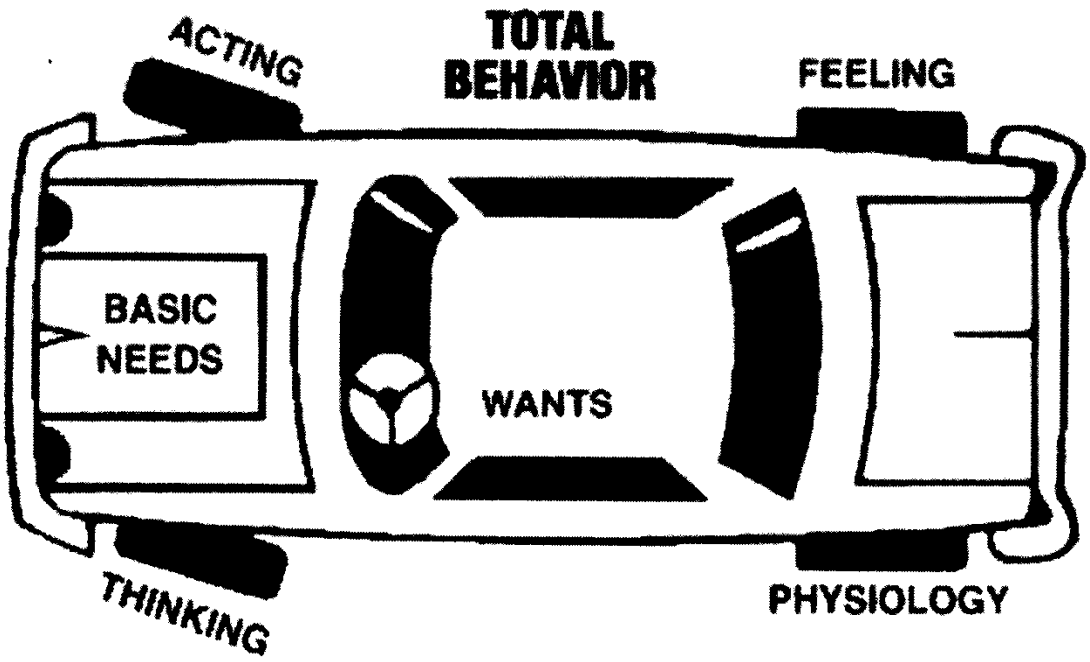
Interestingly, we do not set out after birth to consciously meet our basic needs. Instead, we each begin early in life to collect pictures of persons, activities, and places that are satisfying to us and place them in our personal mental picture albums. Glasser describes this collection of satisfying images as the *quality world*—a file of wants which is unique to each of us and represents our personal paradise on earth—how we would like our lives if we could have them exactly as we want them to be.

Wubbolding (2011) states that "specificity is the foundation of the quality world. Needs are general; wants are specific and unique to each individual (p. 42)." He later adds that: "the quality world, containing specific wants related to more generic needs…constitutes the world we would like to live in, one that requires clarification, self-evaluation, prioritization, and discussion with a trusted friend, colleague, family member, or therapist" (p. 44). The quality world then, represents the destination we have in mind when we get into our total behavior car and set out on the journey of life. It is a very personal and unique journey aimed at satisfying the five basic universal needs. Therefore, the quality world with its pictures of the desirability of the destination fuels the car for the journey and makes the trip a worthwhile one.

The Choice Theory Total Behavior Car

In Glasser's Choice Theory (1998), the client's total behavior is often represented using the Choice Theory Total Behavior Car as a metaphor (Corey, 2009; Gilchrist Banks, 2009; C. Glasser, 1996a, 1996b; Sharf, 2012; Wubbolding, 2011). Total behavior includes four distinct, but inseparable components that always occur simultaneously, represented as the four wheels on the total behavior car. The total behavior car symbolizes the human motivational system and the importance of each client taking responsibility for all four dimensions of behavior (acting, thinking, feeling, and physiology). While acting and thinking, the two front wheels of the total behavior car, are emphasized when implementing the Reality Therapy procedures, the back wheels of the car (feelings and physiology) are also critically important because they serve as early warning signals or engine trouble lights on the total behavior car that clients are not moving smoothly toward their desired goals or quality worlds—those things that we want most in our lives.

Figure 1: Choice Theory Total Behavior Car



Sommers-Flanagan and Sommers-Flanagan (2004) use the total behavior car to explain the human motivation system:

"Imagine you're sitting in the driver's seat of a front-wheel-drive vehicle. You place the keys in the ignition and turn on the engine. According to choice theory, the engine represents your basic needs because it's your desire to have those needs fulfilled that powers your overall system. As you put the car into gear and step on the accelerator, you keep a firm grip on the steering wheel, because you want to guide yourself toward your

destination, your quality world. Of course, because you want your needs met as efficiently as possible when you get up in the morning and hop in your choice theory car, you almost always steer toward the same exciting destination—you steer in the direction of your quality world, which is unique to you. That's because you learned early in your life that doing so gives you the best possible chance of getting your five basic needs met." (p. 307)

The two front wheels represent acting and thinking, two parts of our total behavior that are under our direct control. We steer them in one direction or another to get what we want. The front wheels represent acting and thinking and the rear wheels represent feelings and physiology. When steering, the driver has more control over the front wheels because he or she can move them from side to side whereas the rear wheels and the rest of the car follow the front wheels. If the steering wheel on a car is turned very slightly, the direction of the car will not change for the first 50 feet or so. But when the wheel is kept at even a slight turn for 1,000 feet, the car will make a dramatic turn. Such change is more than slight, especially over time. A slight adjustment to the wheel can eventually change the total direction of the car. Thus, small changes can lead to big changes. The five basic needs provide the horsepower to the engine and the intensity of each need can vary from person to person. Staying with the car metaphor, the size or power of each need can vary within each person and the size of each of the five cylinders (strengths of each need) can vary from person to person, with the caveat that the love and belonging need is primary and universal.

Although sometimes it might feel like we have little control over our thoughts, Glasser believes that thoughts, like behaviors, are chosen. In contrast, the back wheels of the car represent feelings and physiology. According to the total behavior concept of Choice Theory, feelings and physiology are also a product of choice, but more indirect choice. As Glasser (2000) states:

"This concept explains that we can only directly choose our actions and thoughts. But we have indirect control over most of our feelings and some of our physiology. However, the actions and thoughts we choose are inseparable from the feelings and physiology that go with them." (p. 226)

If you're interested in love and belonging, for example, you may drive to the dating service you just joined and look through photographs and biographical information about potential dating partners. If you want power, you might challenge other drivers to a drag race to prove your car is the fastest car in the neighborhood. If you are homeless with no money for gas, food, or lodging, your first thoughts will probably focus on survival and you may drive as slowly and carefully as possible to the nearest homeless shelter so that you can have a warm meal and a bed for the night. If you have a strong need for fun, you might leave your house early on a Saturday morning so you can be the first person in line to get on the roller coaster at the nearest amusement park. If you have a high need for freedom, you might head out in your car to explore country roads for the day with no particular destination in mind.

The steering wheel of the total behavior car represents the individual's ability to choose what he or she will do, say, and think in every situation. The steering wheel in the hands of

the driver symbolizes the ability of the driver to make choices, i.e., to express his or her self-efficacy. Counselors can stress to clients that individuals choose behaviors and that the only behavior anyone can control is their own. We choose most of what we do. Clients sit in the driver's seats of their own cars of life and the steering wheels are in their hands. In most situations, they have choices. Clients have a choice as to how they will react to each circumstance; when choices are made, they discover whether the results of those choices are desirable or undesirable. They discover whether their behaviors were more effective or less effective in fulfilling their needs. Thus, Choice Theory is a *personal empowerment* model of counseling since the keys to the total behavior car are placed firmly in clients' hands and they are encouraged to get a good grip on the steering wheel and take responsibility for the direction of their lives.

Carrying the total behavior car metaphor further, some individuals may have a cloudy windshield and an unclear view of the road ahead of them. The reality therapist assists such individuals by helping them clarify their quality world pictures and then chart a new destination based on a clearer delineation of their inner world of wants, i.e., their quality world pictures. Other clients often have an unclear understanding of how to fulfill their basic needs more effectively. Still others may need assistance with revealing what they truly want in their journey of life.

Feelings and Physiology in Choice Theory/Reality Therapy

In Choice Theory, emotions are seen not as static conditions but as behaviors that are generated from within. For example, anxiety becomes "anxiety-ing," depression becomes "depress-ing" and anger becomes "anger-ing" (Glasser, 1998). Counselors can help clients to practice the transition from external control thinking to internal control thinking by learning to reframe language in this way. Teaching clients the language of inner control includes recognizing the value of phrases such as "I chose to do it" rather than "He made me do it," or "I am depressing," instead of "I am depressed" (Wubbolding, 2000, p. 165). This may sound awkward at first, but this change in language reflects movement from a sense of a belief in external control to a sense of belief in internal control and taking personal responsibility especially for one's actions, thoughts, but also to a lesser degree, for one's feelings and bodily sensations. For example, we say, "I am driving my car" we do not say "I am driven by my car." Training clients to think and talk this way can help them change their patterns of thinking and actions.

Glasser's view that we choose our behavior and are responsible for our total behavior can be uncomfortable for some counselors and clients to accept, especially in the beginning of counseling, if they fail to understand that human beings have more control over actions and thinking than the other components of total behavior. When Glasser uses verbs like headach-ing, depress-ing, and anger-ing to describe human problems he might appear insensitive to the challenges faced by deeply distressed or disturbed clients or that he is blaming the victim. On the contrary, he wishes to promote a philosophy of responsibility for one's life and to leave aside perceptions of being controlled by the external world. This external sense of control leads to a sense of powerlessness and excessive victimization. Far from "blaming the victim," he *empowers* the victim. As noted by Sommers-Flanagan and Sommers-Flanagan (2004), "From the choice theory perspective, hanging onto external

explanations for problems may initially feel better, but, in the end, believing you do not have personal choice over your condition will increase your suffering and decrease your chances of recovery (p. 308)."

Reality Therapy and the Humanistic Road

Because of this approach to human emotions, a cornerstone in the practice of Reality Therapy is the counselor's acceptance of the client's total behavior including feelings. From the viewpoint of the reality therapist we lack complete, direct and conscious control over feelings and physiology. Therefore human beings are best served by preventing feelings from leading the behavioral car in a destructive direction, which can happen if impulsive feelings predominate. This principle is compatible with Nelson-Jones' (2011) admonition that there are boundaries to the demonstration of unconditional positive regard and that therapists need not "approve of all their clients' behaviors" (p.105).

Since we don't have complete conscious and direct control over our feelings and physiology, we should do our best to prevent them from controlling our car lest they lead us into trouble through impulsive thinking or acting. Yet it is the back wheels of the car, feelings and physiology, that alert us to the fact that our total behavior car is not running smoothly. Physical pain or bodily sensations are one signal that something is wrong. Feelings such as frustrate-ing, anger-ing, depress-ing, impatient-ing. anxiety-ing, panick-ing, phobic-ing, and obsess-ing are also clear emotional signals that the car is not running smoothly, as when our engines make loud knocking noises and the engine trouble light flashes.

Disturbing feelings or bodily sensations are signals to the driver that the engine warning light is flashing and something is wrong with the car and that action is needed on part of the driver. Psychologically, the remedy may be charting a new destination (making adjustments to one's quality world pictures or the overall direction of the car), a change in actions or strategies (the front left wheel of the car), a change in how one is thinking about the desired destination (pictures in the quality world) or making a conscious decision to adjust the intensity of one's needs (lower, raise, modify, or perhaps seek to meet needs in a new way). Disturbed feelings and physiology are a clear indication that that the driver is engaged in less effective living and that changes are in order.

As noted by Wubbolding (2011), the reality therapist assists clients at many different entry points. To address problems with physiology, the therapist refers the client to a physician for a medical evaluation and to a psychiatrist to determine if medications might be needed. Traditionally, Reality Therapy has focused on the front wheels of the behavioral car by helping clients to change their actions, and secondarily, to change their self-talk. The counselor demonstrates empathy about the client's feelings, but does not see them as the cause of the client's actions or as the focus of change, since feelings are not under as much client control as are actions. When the car is running as it should, all four wheels of the total behavior car are properly aligned and the car is running smoothly as a total operating system.

The Trouble Light on the Total Behavior Car

Distressing feelings or bodily sensations (problems with the rear wheels) activate the warning light on the dashboard in the behavioral car that something is wrong with the direction we are headed, even if we cannot pin down what that sense of distress is about. Some clients struggle more with managing their feelings than other clients. It is as though they drive their cars with rear-wheel drive—intensely experiencing their feelings and bodily sensations and are prone to impulsive thinking and acting because there is so much power in the rear wheels of their total behavior cars. Such clients might need some extra coaching in managing their emotions until they are ready to trade in their rear-wheel drive cars for front-wheel drive cars, which have more power in the front two wheels than the back two wheels. The work of the reality therapist is to help clients learn to self-evaluate using an internal compass. They learn to assess whether their feelings, physiology, self-talk and especially actions are more effectively satisfying their internal needs and to take responsibility for them (Wubbolding, 2011).

This paper will next address helping clients to pay attention to the "trouble light" on their total behavior car—distressing feelings and bodily sensations, using focusing so that they can deal more constructively with situations in which strong feeling behaviors are evoked and use the trouble light as an early warning system. When lit or flashing, the engine trouble light alerts the drive to correct actions and thoughts, and thus 'right' the car. This serves as an alternative for the excuse of overreacting emotionally and behaviorally or to engage in excessive "venting" of pent up emotions.

Extending the Practice of Reality Therapy with Focusing

Focusing, a humanistic experiential technique developed by Eugene Gendlin (1959, 1962, 1964, 1967, 1968, 1981, 1996, 1997; Gendlin, Jenney, & Shlein, 1960) that taps both rear wheels of the total behavior car (feelings and physiology) is a valuable tool for helping clients to explore their "felt sense"—signals sent from the two rear wheels of the total behavior car (feelings and physiology) that something is amiss. In focusing, we turn to our inner knowledge and to the wisdom of our bodies to rediscover who we really are and what we really want, as well as to move along on the road to what we want, to match the pictures in our quality world, which contains our unique sense of meaning and purpose in our lives. We trust that there is inner wisdom in our bodies—that both the feeling and physiology wheels present important information for moving our total behavior cars forward.

Some clients struggle with problems or "blowouts" in their right rear feeling wheel, perhaps from not knowing how to deal with them (such as chronic feelings of anxiety-ing, or depress-ing, or anger-ing), or from having conflict over competing needs. Glasser acknowledges that basic needs can be in conflict with one another. The need for power in marriage for example, is often in conflict with one's need to feel a sense of love and belonging from one's partner (Glasser, 1985, 1998; Glasser & Glasser, 2000, 2007). Glasser believes that it is not the lack of love that undermines up to half of all partnerships, but rather the inability of the two partners to put aside their need for power in the union and negotiate compromises.

Other clients drive around with an underinflated right rear "feeling" tire because they are unaware of what they feel and so report feeling nothing. Or like Ann Weiser Cornell in the personal story below, feel "stuck" emotionally with no clue about how to get unstuck. One useful strategy is to teach clients *focusing* as originally developed by Eugene Gendlin (1959, 1962, 1964, 1967, 1968, 1981, 1996, 1997; Gendlin, Jenney, & Shlein, 1960) and others (Friedman, 2007; Hendricks, 2001, 2007a, 2007b; Purton, 2007; Weiser Cornell, 1996, 2005). It has also been used to help clients explore spiritual issues in counseling (Campbell & McMahon, 1997; Hinterkopf, 1997). Weiser Cornell (1996) shares how she suffered from an extreme case of writer's block and how she was paralyzed by two conflicting motivations until she learned to welcome her feelings of "stuckness" and listen to the side of her that wanted to express herself as well as the part of herself that was afraid to. She was able to identify a feeling of being criticized in addition to having the urge to write. By using the technique of focusing she was able to complete her best-selling book *The Power of Focusing* (1996).

In Choice Theory terms, Weiser Cornell had a power and achievement need to express herself as a writer, but she had an equally strong need for security and survival that resulted in severe writer's block—her behavioral car stalled. When she gave a full hearing to both sides of the dilemma using focusing, she learned that while she knew she was a very good writer who longed to express herself, she was also blocked by her fear of sarcastic ridicule— which she was subjected to, as a child, by her father. Allowing herself to fully feel the conflict and to give a voice to both sides of her paralysis, she was set free in Choice Theory language, to get her total behavior car back on the road. Her breakthrough did not occur as a result of an intellectual understanding of her conflicted needs, but rather by giving each need an experiential voice so that the conflict could be resolved. This is an example of how experiential techniques like *focusing* can help a "stuck" client move forward to a place where action is possible, and the counselor can resume working with the client using Reality Therapy procedures—focusing can help clear the roadblocks and facilitate the client to clarify his or her "wants."

The Origins of Focusing and the "Felt Sense"

Focusing arose out of research into psychotherapy at the University of Chicago in the 1950's and 1960's when a large number of therapy sessions of different types were taped and studied by Carl Rogers and his colleagues. From this research, Rogers (1942, 1951, 1957, 1961) developed many of his person-centered counseling ideas with an emphasis on the qualities and attitudes of counselors. Eugene Gendlin, a colleague of Rogers, focused instead on client characteristics that contributed most to the success of therapy, regardless of the type of therapy used or the counselor's experience level. Gendlin (1959, 1962, 1964, 1967, 1968, 1981, 1996, 1997; Gendlin, Jenney, & Shlein, 1960) found that when clients could slow down their talking, become less articulate and begin to grope for words to describe what they were feeling in the moment in words like "I feel a tightening right here in my chest," or "I have this queasy feeling in my stomach," their therapy was successful, while clients who stayed articulate and "up in their heads" were unsuccessful in therapy.

He described the process of attending to inner experience as 'focusing' because it involves the awareness of a 'something' that is initially unclear to both the counselor and the client,

but that comes into focus step-by-step, bringing new feelings and insights, new meanings, along with a release of tension in the body. He noted that roughly one-third of clients brought this skill with them to therapy, that it could be detected in the first or second session, was predictive of therapeutic success, and that the skill could be taught.

Gendlin described focusing as helping clients bring forth their internal experiencing and then to symbolize it by putting their internal experience into words as the client's bodily "felt sense." This awareness includes and goes beyond feelings to include physical sensations, gestures, images, words, and phrases that are experienced during the process of focusing. Hendricks (2007b) describes the felt sense in detail:

"Every person has a continuous on-going flow of bodily lived experience. A felt sense is formed when we deliberately pay attention to that flow of experience in relation to some situation or issue or problem. We can ask in the body, "How is that whole thing about the fight we had this morning?" It can take a few minutes to find the felt sense and it may feel sort of vague at first. It might give rise to a sound, a gesture, an image or a word to express it. A felt sense is always in the present. Even if the event was from this morning, we are attending to how the situation is now, this moment, freshly for us. A felt sense is unique to each person in each moment. Unlike typical emotions or an intellectual analysis, a felt sense is formed in the body and thus has your whole history, your current situations and vastly more in it. As therapists we can never know in advance what will come from a client's felt sense. It often surprises both therapist and client!" (p. 43)

Felt sense refers to the unclear, pre-verbal sense of 'something', *as that something is experienced in the body*. It is not the same as an emotion. This bodily felt 'something' may be a physical sensation, a word, an image, or an awareness of a situation or an old hurt, or even of something that is 'coming' — perhaps an idea, or the next line of a poem, or the right line to draw next in completing a drawing.

Crucial to the concept, as defined by Gendlin (1981, 1996, 1997) is that it is *unclear* and vague; and it is always *more* than any attempt to express it verbally. The focusing process makes a felt sense more tangible and easier to work with. In order to help the felt sense form, the focuser may try out words that might express it. These words can be tested against the felt sense: the felt sense will not resonate with a word or phrase that does not adequately 'say' it. When the felt sense does form, it is always *tangible*, something the person focusing can feel in his/her body and to which he or she will have an emotional reaction, usually some form of release or clarity. In Choice Theory terms, the felt sense includes both the rear feeling wheel and the rear physiology wheel on the Choice Theory total behavior car, which empowers the client to make contact with more than feelings, consistent with Glasser's (1998) formulation of total behavior.

Gendlin (1959, 1962, 1964, 1967, 1968, 1981, 1996, 1997; Gendlin, Jenney, & Shlein, 1960) observed clients, writers and people in ordinary life who practiced focusing (i.e., turning their attention to this not-yet-articulated knowing). As a felt sense formed, there would be long pauses together with sounds like 'uh....' Once the person had accurately identified this felt sense, new words would come, and new insights into the situation. There would be a sense of felt movement (the felt shift), and the person would begin to be able to

move beyond the "stuck" place, having fresh insights, and empowering clients to then take action steps.

The use of focusing has been substantiated by a wide body of research conducted by Gendlin and his associates (1959, 1962, 1964, 1967, 1968, 1981, 1996; Gendlin, Jenney, & Shlein, 1960). Over seventy-five studies substantiate that client change and growth has a strong correlation with how well clients are able to refer to their subjective inner experiences and put them into words (Hendricks, 2001). This conclusion has been drawn consistently with clients from across cultures, with counselors using different theoretical orientations, different treatment modalities, and counseling different patient populations (Wagner, 2006).

Gendlin's Six Focusing Steps

Gendlin devised teaching steps for the process he observed. His six steps are detailed in the book *Focusing* (1981) as a self-help tool and in his later book *Focusing-Oriented Psychotherapy* (1996), he explains how counselors and therapists can use focusing to help clients listen to their subjective experiences (the rear wheels on the total behavior car—

feelings and physiology). The following is a summary of Gendlin's six steps with the Choice Theory car metaphor integrated into the steps:

1. *Clearing a space*—setting aside the jumble of thoughts, opinions, and analysis we all carry in our minds and making a clear, quiet space inside where something new can come.

2. *Getting a felt sense*—asking open-ended questions like: "What is the feel of this whole thing (issue, situation, or problem)?" Instead of answering with one's own already known analysis using the actions and thoughts of the front wheels of the total behavior car, wait silently as long as a minute for the subtle, intuitive, to emerge, which Gendlin describes as the "bodily feel of the whole thing" to emerge from the back wheels of the total behavior car (feelings and physiology).

3. *Finding a handle*—carefully looking for some words or images that begin to capture the feel of one's subjective inner experience. The felt sense can be a word, a phrase, a bodily sensation, a gesture, or a metaphor. For example: "It's jumpy." "It's scared." "It's like macaroni and cheese—it's comforting." "It's like a cement mixer—everything is churning." "It's like a constriction in the middle of my body." In Weiser Cornell's (1996) struggle with writer's block, for example, after clearing a space and inviting the part that didn't want to write into her awareness, her felt sense initially began as a feeling of "darkness and hiding in my chest."

4. *Resonating and checking*—taking the handle words or images and hold them against the felt sense and asking, "Is this right? Is it jumpy?" Then finding new words or images until there is a sense of "fit"—"Yes, that's it. Jumpy." As a result of resonating and checking Weiser Cornell's (1996) felt sense shifted from hiding to a feeling of ducking: "If I stuck my head up, something was going to get me. Writing was like sticking my head up, and some part of me was scared of what would happen" (p. 57). Weiser

Cornell then got an image of a shooting range and the word "sniping" came up followed by an image of her father's face with a sarcastic expression and she heard the words "Who do you think you are?" (p. 57)

5. *Asking*—asking open-ended questions that don't have a fixed yes or no answer like "And what is so hard about that?" "And why does that have me stuck?" "And what was so beautiful about that moment?" "And how does this apply to everything else?" In the asking step (as with step two) instead of answering the open-ended questions with an already-known analysis relying on the front wheels of the total behavior car for information (actions and thoughts), waiting silently for felt sense (the whole-body sense that includes feelings and physiology), to arise is critical. At each asking, the focuser goes back to steps two, three and four as necessary, waiting for the felt sense to form, finding handle words, resonating, and checking until there is a sense of "fit." This sense of having found the right words is often accompanied by a tension release or shift in the body that Gendlin described as a "felt shift." Sometimes there can be a flood of tears of acknowledgement and release or the release of other pent-up emotions leading to an "ahh!" sensation. Weiser Cornell's (1996) described her felt shift as:

"A flood of knowing came into my body/mind all at once. I remembered how my father sniped at me with sarcasm, especially when I expressed myself in an expansive way, which he called "showing off." I realized that the tender, creative parts of me had gone into hiding out of fear and protection against these attacks." (p. 58)

6. *Receiving*—this step describes the need to take a moment to sit with the new "intuitive feel" that arises with each felt shift—simply acknowledging and appreciating one's inner knowing for each fresh insight. Then you can start again at step five and ask another open-ended question such as "And what is so important about this?" "And why did that have me stuck?" Then move again to step two by waiting for the felt sense to form, progressing to step three and finding a handle, moving to step four resonating and checking until there is a felt shift, a sense of "That's it!" another "a hah!" In the Weiser Cornell (1996) example, she felt a tremendous wave of relief when she recognized that the 'part that didn't want to write' was trying to protect her from her fear of being criticized and that such concerns were being distorted and exaggerated by her early experiences with her father. She emphasizes the importance of letting the action block know that it is being heard. In her case, she might have said to the part that didn't want to write*:* "No wonder you've been stopping me from writing if you are afraid that's going to happen again!" Gendlin (1981, 1996, 1997) and Weiser Cornell (1996, 2005) emphasize that what makes focusing transformative is that the action block needs to be felt in one's body experientially so that it can be encountered freshly and released—an intellectual understanding of the block does not allow it to pass through one's experience. Weiser Cornell (1996) said:

"When I opened my eyes at the end of that session I felt different. My whole body felt new, fresh, open. I didn't know what was going to change, but I knew that something was; it was a whole new world out there." (p. 58)

The steps discussed above add a previously untapped dimension to Choice Theory and provide techniques that can be integrated into the practice of Reality Therapy by adding an additional tool when applying the D of the WDEP system. Not only can counselors explore actions as part of the Doing component they can also connect the Doing component with feelings and physiology more explicitly and more creatively.

Integrating "Left-Brain" and "Right-Brain" Processing

Like Glasser (1998), Gendlin (1981, 1996, 1997) does not support the Freudian notion that feelings are buried or repressed. Instead, he sees pathology as the lack of further experiencing. The client's experience of feelings have been disrupted or stopped somehow and the counselor can assist the client to resume processing the feeling and ultimately, resolve it. Focusing is similar to mindfulness which emphasizes awareness of feelings and bodily sensations and allows them to come and go and change, and yet goes further. Focusing includes having a dialogue with feelings and bodily sensations thereby getting to know them better. Focusing is calling forward the totality of internal subjective experiencing (i.e., the feeling and physiology wheels on the total behavior car) and then symbolizing it by putting words to the feelings, physical sensations, and images generated by the client. Focusing allows for integrating the objective, linear and rational left-brain processing with the more subjective visual and sensory-laden right-brain processing.

In a sense, the symbolizing dances with the sensing—the person who is focusing senses their internal subjective experience and then symbolizes that same experience by putting it into descriptive language. And then, the person checks the symbolizing back with the felt experience which carries the whole process forward. While focusing is not in itself a complete approach to counseling theory or practice, it empowers clients to focus more precisely on their bodily sensations and feelings as a prelude to a discussion of their current actions, a thorough self-evaluation and effective planning.

Teaching clients the technique of focusing complements Glasser's psycho-educational goal of teaching clients Choice Theory for the purpose of helping them make more effective choices. Counselors who learn focusing are also able to be more fully present with themselves and at the same time, more present for their clients while creating a strong working alliance and a safe counseling environment. Instead of criticizing feelings, disparaging feelings, or fixing feelings, focusing helps clients move into relationships with themselves that are non-judgmental, accepting, open, and curious. Clients can begin to move into a "state of presence" with whatever arises in them and avoid over-identifying with their feelings.

When clients say, "I'm angry" or "I hate this feeling" they become chained to the feeling. Dis-identifying with the feeling even slightly can make a big difference in terms of managing the feelings and putting control back to the front wheels of the total behavior car. For example, the client can say "Something in me is angry" or "Something in me doesn't like this feeling" and stay in a state of presence. Presence allows stuck clients to move to the action stage of counseling because they are no longer overly identified with their feelings.

In the Weiser Cornell (1996) example, focusing allowed her to release the grip of writer's block because while she intellectually and rationally understood that she had something

important to say and was clearly capable of saying it (she has a Ph.D. in Linguistics from the University of Chicago), facing her action block with focusing allowed her to face and resolve her writing fears and prepared her to begin taking action. In Choice Theory terms, she was then ready to make use of the Reality Therapy procedures (wanting, doing, evaluating, and planning; Wubbolding, 1989, 1991, 2000, 2011; Wubbolding & Brickell, 1999) and move forward with her goal of writing a book on focusing. Focusing allowed her to shift her behavior from an emphasis on the rear wheels (feeling and physiology) to the more controllable front wheels (actions and thoughts).

Like Glasser (1998), Gendlin (1964, 1981, 1886, 1997) points to evolutionary forces as shaping our emotional natures. Emotions serve the evolutionary function of narrowing our focus when our survival is challenged in a "fight or flight" encounter. For example, the emotion of anger accompanied by an adrenalin surge focuses and pinpoints our attention so we can fight or flee, a process often having survival value. Focusing allows us to step back from our existential momentary emotional experience and bodily sensations and at the same time explore them with curiosity, friendliness and without self-criticism.

Why Focusing Matters

Focusing is a self-help or therapeutic technique that promotes inner awareness or tuning in to ourselves when we are feeling blocked, off balance, stuck, in pain, experiencing a vague sense that something needing to change, or when we are in a state of indecision. We turn to our inner knowing and to the wisdom of our bodies to rediscover who we really are, what we really want and to move forward to the fulfillment of our quality worlds, as well as achieving a sense of meaning and purpose in our lives. When the total behavior car stalls or the engine light goes on and we pretend not to notice and continue driving, the feelings and physiological symptoms often worsen. A feeling of dis-ease can become *disease* and emotions can feel overwhelming. In focusing, we discover energy in the pain, and do not revisit old pain or exaggerate our feelings of anger or sadness for the purpose of releasing them. Instead, we trust that there is inner wisdom in our bodies and that both our feeling and physiology wheels have something important to offer us.

Eugene Gendlin (1981, p. 67) has a phrase that captures the significance of focusing: "The problems inside you are only those parts of the process that have stopped and the aim of focusing is to unstop them and get them moving again." Getting the process moving again does not mean dwelling upon or getting overly identified with unwanted feelings. How you relate to the negative feeling is important. For example, using the phrase "Something in me feels angry" instead of saying "I feel angry" creates a small but significant separation between the feeling and the total self. Remembering that you are more than your feelings helps you stay in control of your total behavior car and prevents the feeling and physiology wheels from controlling the total behavior car. The goal of focusing and accessing our felt sense is to move into a relationship with our feelings, not to surrender control of the total behavior car to the back wheels. With practice, clients can learn to sit with feelings, get acquainted with them, and listen to their wisdom.

Our physiology sends us signals when we are hungry, when we are tired, when we feel ill, or when we close the car door on our hand. If we close the door on our hand, the pain that

shoots through our body is a signal that "ouch, this hurts. I may need medical attention. At the very least, I need to pay attention to how this happened so I don't feel this pain again." We can get those same bodily signals about our unmet psychological needs and wants. We can even veer off the road of effective choice making and onto the road of less effective or even harmful behaviors. Signals related to physical pain take less time to access than the more subtle and elusive signals that warn us that we might be traveling on an ineffective psychological pathway regarding the meaning and purpose of our lives. Even when we are aware of our less effective choices we often see them as problems to be solved through thinking and action.

For many human beings tuning in and listening to our bodily signals and allowing them to evolve means living in a new way. It allows us to more explicitly incorporate into our awareness feelings, sensations, images, and words and letting them evolve and change. For our total behavior car to run smoothly as a total system, we need to think and act. We also need to feel our feelings and pay attention to our physiology.

The felt sense includes all pictures, sensations, feelings and words that we are experiencing in the here-and-now, a complex process often difficult to put into words. Within these sensations (the felt sense) is the forward energy to resolve the block itself. Not only does the body know what isn't right, if we can make contact with the felt sense, get to know it and befriend it, it can serve as a guide pointing the way toward a more positive destination and more effective need satisfaction.

An Example of Extending Reality Therapy with Focusing

Ann Weiser Cornell (1996, 2005), an early student of Gendlin and the first person to teach focusing full-time, teaches focusing as a four step process, while emphasizing that there is an essence to focusing that is beyond steps. Here is an example of Weiser Cornell (2005) using focusing to quickly and efficiently help her client get unblocked from feelings of sadness (pp. 91-92):

Cl = Client Th = Therapist

Cl*:* I've been walking around feeling disappointed all week.

Th: M-hm. Disappointed.

Cl*:* I like telling people I'm disappointed better than telling them I'm depressed. My son has a much easier time with the word "disappointed."

Th: I wonder if you are feeling disappointed or depressed right now?

Cl*:* Yes I am actually.

Th: And you can sense maybe where in your body you're feeling that disappointed?

Cl*:* Well…it's mostly in my heart.

Th: Ah, yes, you're sensing it in your heart. You might just check if the word "disappointed" is still the best word for how its feeling in your heart right now.

Cl*:* (pause, eyes closed). Right now I'm feeling it's very sad right here.

Th: You might see if it's okay to just stay with that feeling of sad in your heart.

Cl*:* (slow tears leak out). It feels good to stay with it.

Th: (after a respectful silence). You might ask that feeling of sad if there's something it wants you to know.

Cl*:* It says…This sounds funny, but it says it wants me to slow down and listen to my own heartbeat!

Th: Ah!

Cl*:* (more tears). I've been listening too much to other people's voices.

Th: The sad place in your heart says it wants you to slow down and listen to your own heartbeat.

Cl*:* Yes…except it isn't sad any more.

Th: How is it feeling now?

Cl*:* It feels…There's a lightness in there now. A feeling of hopefulness. There's hope.

As shown in this brief example, focusing empowers the client to consult her feelings and physiology to tune into the total self before moving directly into action—it is a form of bodily awareness that respects all four wheels on the total behavior car.

Conclusion

Reality Therapy, based on Choice Theory, provides a structure of interventions that make up a stand-alone system and yet, one that interfaces with person-centered and existential counseling. In essence, Choice Theory and Reality Therapy form an internal control system that emphasizes personal responsibility, the therapeutic alliance as a *sine qua non* condition for client change and the ability of the client to make responsible choices. It is an open system and not a doctrinaire theory and practice that is closed to other humanistic principles. Clearly, many aspects of Choice Theory/Reality Therapy incorporate human relationships as central to effective counseling and for living in society.

The theoretical principles of Choice Theory include the viewpoint that human beings are responsible for their behavior and are capable of achieving a higher level of living, i.e., becoming more fully functioning when they evaluate their own behavior and when they direct their lives toward better human relationships.

The use of the delivery system, Reality Therapy, is made more effective and more efficient when the therapist utilizes the principle of focusing or helping clients describe their internal experience in words, phrases and body language. Their concrete expressions of feelings, thoughts and actions enable the reality therapist to help them conduct a more searching,

fearless, effective, and self-actualizing inner evaluation. In essence, this internal self-evaluation provides a necessary pre-requisite for future planning.

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PURSUING A QUALITY LIFE BY CLARIFYING OUR QUALITY WORLDS AND MAKING NEED-FULFILLING CHOICES

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Abstract

Although we all have different quality worlds, this article attempts to review research on what increases the likelihood of making choices that are need fulfilling and lead to long-term joy and contentment rather than short-term pleasure. Consequently, one can become more intentional about making choices that are truly need-fulfilling and promote psychological health.

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Clarifying Our Quality World

Choice Theory explains that each of us has a unique perception or pictures in our mind regarding what makes us feel good and is referred to as our "quality world." We often arbitrarily make choices that attempt to satisfy our need basic needs and usually include the people we want to spend time with, experiences or materialistic items, or ideas and beliefs that govern our desired behavior. Each day we are more or less mindful of the images in our quality world, whether or not we really understand our true basic needs (Glasser, 1998).

With each choice, we interact with the environment and receive feedback regarding the fulfillment of survival or self-preservation, belonging, power (i.e., achievement, competence, & accomplishment), and freedom or independence. Throughout life, we learn from the consequences of our decisions and develop a growing list of wants that include, but it not limited to, images of desired people, satisfying activities, treasured possessions, enjoyable events, optimal beliefs, and preferred situations (Wubbolding, 2000). William Glasser, MD, the founder of Choice Theory and Reality Therapy stated, "It is a paradox that all of know what's in our quality worlds to the minutest detail, but few of us know that these worlds exist (Glasser, 1998, p. 46). Creating an optimal quality world necessitates creating and re-creating our quality worlds. Seemingly, it would be helpful for us to know what choices are more likely to be need satisfying with the desired outcome of helping each person promote personal fulfillment and happiness in their own unique manner, thus pursuing the good life.

Satisfying Our Basic Needs

Believe it or not, there are experts who research happiness. They generally concur that happiness can be defined as the degree that you experience a positive overall quality of life. However, how can happiness be defined? Researchers often define happiness as "the radiation of joy over one's entire existence" or "a deep sense of flourishing that arises from making healthy choices." Seemingly, happiness is a profound choice that is sustained by satisfying needs in a healthy and consistent fashion, often regardless of external circumstances (Ricard, 2003).

Ironically, there is little relationship between money and materialistic items and sustained positive feelings. In fact, as Dr. David Meyers (1992) articulates in his book *the Pursuit of Happiness:* "Money is two steps removed from happiness: Actual income doesn't much influence happiness; how satisfied we are with our income does. If were content with how

much it is, we're likely to say we're happy" (p. 39). Why don't all these extra gadgets and comforts make us significantly happier? Perhaps it's because our behaviors and thoughts directly impact our feelings and physiology.

What choices do appear to significantly impact your level of happiness? It is likely that some of our most satisfying experiences entail interacting with those whom we respect and admire. In an optimal environment, we seem to naturally want to make choices that enhance our sense of significance and feelings of self-worth. We also seem to have a need for freedom to be in control of our lives and to make choices without coercion, threats or bribery from others or the external world. We have a need for fun and enjoyment. Throughout life we have a need to experience enjoyable leisure pursuits.

Pursuing a good life necessitates not only having an understanding of these needs, but also creating an optimal vision and plan for satisfying these needs on a daily basis. The best way to experience feelings of pleasure, joy and sustained happiness is to ensure that our behaviors and thoughts are linked to our vision for an optimal future.

Love and Belonging: Developing the Strength of Character to Enrich Your

Relationships

We, too, often minimize the importance of ordinary people who consistently try to do the right thing even when there is a cost. Everyday heroes earn trust by not talking behind someone's back, following through on commitments, telling the truth, having a high level of integrity, and being loyal in good times and bad. Our character is strengthened by being respectful. The essence of respect is to treat others as social equals and have positive regard for the dignity of all people, including one self. Another trait associated with people interested in processing great character is responsibility. That is, being morally accountable for choices and their impact on others. In addition, of course, there is a profound need for love and caring. We simply must seize opportunities to bring out the best in others, including ourselves.

Possessing strong character has a least four primary sources. First of all, good character comes from practicing personal discipline in our choices. Secondly, good character comes from monitoring our thoughts, ideals and values. Thirdly, good character comes from having courage. Finally, good character is developed with determination. The issue of character will never go away as long as people interact with each other.

Our interpersonal relationships are enriched when we truly care about another person's perspective and communicate in a manner that reflects a sense of caring, respect and empathy that often promotes excellent communication skills.

Intimate, life-ling relationships based on mutual respect, integrity, and love are one of the strongest predictors of happiness (Meyers, 2000). Research indicates that healthy relationships and especially, enriched marriages promote well-being. In fact, happily married men and women tend to be healthier and live longer. Keeping the love alive in your relationship, however, can be challenging as a result of a lack of awareness, understanding, and inter-personal skill development.

Love entails a deep admiration and fondness for your significant other. Regarding a healthy marriage, two character traits found to be core principles are respect and empathy. Loving relationships are not complicated but necessitate intentionally bringing out the best in other even if sometimes they may not seem like they deserve it. This is especially true when it

comes to parenting. Every adult is a teacher and a role model, especially parents (Gottman, 1999).

Families must learn to manage life in harmony with what is most important. This requires open and on-going communication. Parents are the primary influencers on their youngster's attitudes and behaviors. The value of family activities cannot be overstated. Constructive use of time involves shared activities that provide parents and children a means to work together and develop a mutual admiration and respect for each other. Furthermore, activities involving grandparents and other relatives can also be meaningful.

String relationships between parents and their children are the key to promoting useful ways for them to develop a healthy sense of significance and belonging. Healthy relationships are essential to help provide the encouragement, support, and caring nudge when we are challenged to use the internal motivation that resides within us to make the choices that provide the most favorable consequences.

Feeling Significant: Realizing You Are Gifted

It is too easy for many people, including youngsters, to believe they do not have the gifts and talents to be successful. This attitude can become a major roadblock that can discourage them from developing a commitment to being a life-long learner. Growth is fueled by investing in developing strengths rather than focusing on deficiencies. Individuals who focus on their strengths every day are "six times as likely to be engaged in their jobs and more than three times as likely to report having an excellent quality of life in general" (Rath, 2007, p. iii).

We seem to have many words to describe what might be wrong with us. In fact, the mental health field uses the DSM-IV TR, a manual of mental disorders that continues to become more bloated with each new edition. We do not seem to have many resources or even conversations about what is right with people including their many talents and strengths that can be combined with investment in learning to provide individuals with the strength to actualize their potential (Rath, 2007, p.9).

Our natural talents and passions will last a lifetime but too often go untapped. Perhaps we should all have been in a gifted program. Traditionally, researchers have placed an arbitrary number regarding our intelligence by measuring language skills, memory, problem-solving, and visual and special compared to others who are a similar age.

Work is a significant part of life and has the potential to produce much satisfaction or misery. Seemingly, society should put an emphasis on helping each person to choose a career direction that would provide the greatest likelihood to match interests, values, and talents. Sadly, this is not the case, so many people "throw a dart" that hopefully lands on a position that provides meaning and fulfillment.

It is very challenging to make career decisions when we are young, lack the feedback gained by trial and error, and have so many options. Many young adults accumulate material possessions and accrue debt, this feeling obligated to earn some type of income as soon as possible. Others feel compelled to choose a profession that will make someone else proud or perhaps give them a temporary sense of prestige. Choosing a career direction for external recognition or rewards is difficult to sustain if you do not have a sense of passion for what you do. Early family responsibilities can further pressure one to ensure a stable income regardless of satisfaction. This too often sets the stage to being held hostage to something you have to so instead of want to do.

Regardless of your age, you can seize opportunities to strengthen your academic knowledge-base, improve your communication skills, develop more efficient self-management, and learn to position yourself to take fuller advantage of your gifts and talents. Consequently, there is not just one right job that is the perfect fit. Rather, you will go through stages in life where your decision making becomes clearer based on an overall direction related to what you enjoy and do well. Our talents are often linked to our unique interests, aptitudes, values, and environments that seem to bring out the best in us. Every job can be performed in a manner that is significant and worthwhile. John Ruskin said "The highest reward for your toil is not what you get from it, but what you become by it." You job should make you a better as well as happier person (Josephson, 2008, retrieved from http://charactercounts.org/michael/2008/09/September1,2008).

Promoting Survival via Improved Health and Wellness

Wellness is a philosophical, proactive approach that can positively affect nearly every aspect of one's life. Most experts agree that wellness is much more than the lack of health. Rather, it is a broad and holistic attempt at increasing our wellbeing. To experience greater levels of wellness, many experts believe we need to be more attentive related to becoming more aware of current choices, evaluating the following major life tasks: nutritional awareness, physical activity, stress management, environmental sensibility and spirituality.

Self-responsibility is the most important concept related to wellness. Becoming more responsible for pursuing a good life necessitates becoming aware of our current choices, evaluating alternative to make life more meaningful, and taking action by seizing opportunities to make healthier decisions.

Spirituality relates to the meaning, purpose, and direction we take in pursuing the good life. Identification with a higher power, whether practicing a certain religion, discovering universal principles that enrich friendships, and becoming more engaged in helping others seem to be major components that deepen feelings of spirituality.

Stress can be positive unless it exceeds one's capacity to cope. We need a certain amount of stress in our lives to not only survive, but also to thrive. However, when stress exceeds our capacity to cope, it manifests in many unwanted ways and typically zaps our energy and our zest for life. The challenge is to learn how to invite the optimal level of stress into our life to help experience greater levels of wellness and well-being.

We talk to ourselves throughout the entire day. Our self-talk impacts our brain chemistry and messages are delivered in a variety of ways throughout our body. People who learn to have hoped that they can control their circumstances and develop and optimistic view of dealing with difficulties reap many benefits and typically feel better. Many people successfully learn to become more self-aware of the connection between self-statements, beliefs, and the direct connection on mood and energy. We can replace negative or irrational thoughts such as "this event is awful or horrible" to "this event is unfortunate; however, I can successfully deal with it." One of the most effective ways of doing this is to just focus on our senses and try to imagine ourselves successfully overcoming adversity or perhaps remembering a place that is associated with positive images or feelings.

We can also change how we deal with adversity. The most difficult part is just making the initial change but once we do, it is likely to be a positive habit. We can monitor our behaviors by developing an image of what we really want in life including relationships, successful careers, and enjoyable activities that promote wellness.

Environmental awareness entails developing an optimal living environment which includes avoiding noise and pollutants and stimulating a concern for others. Developing a healthy community appears to be linked to an increase in moral behavior, and the benefits are often evident with loved ones, friends, colleagues and neighbors.

Physical activity is an opportunity to disengage from the grind of everyday living and work and helps you to relax, reflect, and think creatively. There appears to be ample evidence that physical activity not only reduces the likelihood of illness and disease, but also promotes greater energy and mood elevation.

Nutritional awareness is a complex young science that entails much speculation and confusion. However, it can be clarified by learning where food comes from, what its composition is, and what effect it has on the eater. To lose weight, the math is simply unyielding. You need to burn more calories than you take in. The unwillingness to accept that formula costs people billions of dollars. There simply is no magic pill. Rather, you must be willing to make good choices from each of the food groups, find a balance between food and physical activity, and obtain the most nutrition per calorie from your food intake.

Two essential principles to remember when pursuing the good life are to value yourself and to be reminded that you can change. Change is constant and inevitable. The ultimate question is not whether to change or not; change is part of everyone's life journey. The question is whether you can harness and mobilize the process of change to move closer to you vision of a quality life. Motivation is fundamental to change. Fortunately, positive changes can be set into motion by making just one shift in attitude or behavior. Please be reminded of the following: Choices can only be made in the present. It is helpful to learn from the past, but do not be held hostage by it. Furthermore, accept the uncertainty of the future and focus on what you can control today (Butler & Hope, 2007).

Fun and Enjoyment: Developing a Capacity for Delight

Having a capacity for delight is something that is experienced from infancy to late adulthood. Enjoying life was lost from counseling and psychology as the professionals focused on eradicating symptoms such as depression and anxiety. However, thanks to renowned mental health professionals, the basic need for fun and enjoyment is now being discussed and even advocated as an important aspect of pursuing the good life.

Fun and enjoyment are available to almost all and so is the ability to seek opportunities to embrace enjoyment and develop a capacity for delight. You may want to look around and appreciate all that is right in the world. You can always wallow in the beauty of creation or take an opportunity to share positive experiences with someone you appreciate spending time with. You also have many stored mental photographs that evoke positive emotions that can be accessed at virtually any time.

Freedom: Choosing Your Destiny

We all have a need to make our own choices without unreasonable external demands from others. We are simply born to choose. Some individuals view the world as possibilities and have an amazing ability to use their freedom of choice coupled with strong convictions to not allow someone else to deter their hopes and dreams. Although life is not fair and there are many facilitating and detracting forces that influence our choices, ultimately we must seize the freedom to choose our attitudes and behaviors that are so intimately linked to how

we feel. Freedom is often discovered by not avoiding bad feelings, but confronting them proactively.

Pursuing the Good Life: Developing Your Action Plan

It is sad that too many people do not even know what is possible to accomplish in life. Making meaningful and sustainable effort may be very small. The difference between very hot water and boiling water is one degree and serves as a meaningful metaphor for the power of extra effort. Too often, action is the missing ingredient to jumpstart desired changes in life. However, additional effort and persistence will likely lead you to reap significant rewards that you desire.

Our Basic Needs

Love and Belonging – The need for love, for intimacy, enjoyable relationships and support. To care for and feel cared about by friends, family, and in close and/or intimate relationships.

Work / School	Low 1 2 3 4 5 6 7 High
Home/Family	Low 1 2 3 4 5 6 7 High
Friends/Acquaintances	Low 1 2 3 4 5 6 7 High

Self Worth, Significance and Self-Efficacy – The need for a sense of empowerment, worthiness and personal effectiveness. To feel able and competent and to be valued and recognized by others.

Work / School	Low 1 2 3 4 5 6 7 High
Home/Family	Low 1 2 3 4 5 6 7 High
Friends/Acquaintances	Low 1 2 3 4 5 6 7 High

Freedom – The need for independence, and autonomy and to make choices, to create, to explore, and to express oneself freely. To have sufficient space, to move around, and to feel unrestricted and unrestrained in determination of choices and free will.

Work / School	Low 1 2 3 4 5 6 7 High
Home/Family	Low 1 2 3 4 5 6 7 High
Friends/Acquaintances	Low 1 2 3 4 5 6 7 High

Fun and Enjoyment – The need for enjoyment, play, pleasure, and laughter. To do things because they are interesting, absorbing and stimulating.

Work / School	Low 1 2 3 4 5 6 7 High
Home/Family	Low 1 2 3 4 5 6 7 High
Friends/Acquaintances	Low 1 2 3 4 5 6 7 High

What is your vision regarding experiencing a quality life?

- Love and belonging -
- Self-worth, significance, and recognition -
- Fun and enjoyment -

- Freedom -
- Health and Wellness -

What do you specifically want in life?

- What do you want that you are not getting?
- What are you getting that you do not want?
- What are the priorities related to what you want?
- What do you have to give up to get what you want?
- How much effort or energy are you willing to exert to get what you want?

What are you doing that is working or not working for you?

- What are you currently doing to get what you want?
- Tell about a time when you were getting what you wanted?
- What direction are your choices taking you?

Evaluation of choices:

- Is your overall direction in life the best for you?
- Are your present choices helping or hurting you and/or others?
- Does it help or hurt you to look at things as you currently do?
- If you could change any behavior, what would it be and who would be the first to notice?

Developing a plan of action:

- What are your ambivalent feelings about making necessary changes?
- What is possible that you could do?
- What will you do?

Develop a plan that is:

- Simple
- Attainable
- Measurable
- Involved
- Controlled by the doer of the plan
- Committed to

(Wubbolding, 2000; 2010).

Discussion

Unfortunately, many of us do not become passionate about life until we have a "near death" experience. A crisis in life often jump-starts us to ponder our own sense of mortality. It is too bad it takes a brush with death to ignite the process of taking the time to reflect on one's purpose and direction in life. I do believe it is possible to make a decision to wallow with our mortality and to develop a sense of purpose without the aftermath of a near miss.

The pain of regret is often much greater than the pain of self-discipline. The real test of pursuing a good life is a willingness to accept our freedom of choice especially when we do not want to. Seemingly, what matters most in life is seizing opportunities to love and be loved, using our giftedness and living a life that is significant, being reminded that we are free to choose and manage life in harmony with what is most important, and lastly - being open to the wonder and delight that each moment brings.

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Brief Bios

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A LEAD MANAGER IS A MOTIVATOR

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Abstract

This brief report proposes various models by which one might become an effective manager and/or motivator.

How does a person become a manager? There are various avenues he or she may take to get to that position. He or she may become a manager by becoming the owner of a company or business. The new manager/owner may or may not have had any previous experience running a business. Now, all of a sudden the new manager/owner is in a position where it is sink or swim. In some situations even though the manager/owner has had no previous experience, because of natural abilities and crash courses in management he or she may become a very effective lead manager. In other situations, however, the new manager/owner will have had dreams that were far larger than the possibility of reality.

In other cases managers come to the position by being with a company through the years and working from one success to another until they reach management positions. These managers will have learned how to motivate . . . or else they will not be successful in their new position. Peter and Hull (1969) are credited with the creation of the "Peter Principle" that suggests that "In a hierarchy every employee tends to rise to their level of incompetence." Unfortunately, in many cases this principle proves to be an adequate way to describe what takes place in the business arena.

But every manager can become a motivator if he or she realizes the various types in which motivators come. One can find tons of material on motivators and the various types of motivations, but in my opinion the definition and descriptions I give in this article will suffice to help the would-be manager in his or her goal of becoming a lead manager.

I identify motivators as one of three different types and the reader will very quickly see that I will be using football terms. These types are different and they will motivate from a different position, but each can be a very effective method of motivation. I will identify the type, share its strengths, and then share its weaknesses.

The first type is what I call the "Cheerleader Motivator," the second is the "Quarterback Motivator," and the third is the "Coach Motivator."

The "Cheerleader Motivator" may not know anything about football. In fact, he or she may have his or her back to the game itself. The cheerleader will motivate by sheer enthusiasm and excitement. His or her enthusiasm will be contagious and the crowd will join in with yells and motions to help carry the team to victory. In our Big Twelve Conference the other teams have not liked playing Texas A & M at home because of the crowd's support that is there. Truly, the home team (e.g., Texas A & M) is motivated beyond their normal abilities by the support and encouragement they get from the cheerleader-led fans.

The Cheerleader motivator strengths are several. First, the cheerleader can motivate from a distance. Second, he or she does not have to know a great deal about the game itself. Third, he or she is in the spotlight and will be very much a public figure adding or subtracting from the general public opinion of the team.

The list of strengths listed above can also be the list of weaknesses. Because the cheerleader can motivate from a distance, he or she may be more a public relations person than an actual hands-on leader. Although there may not be as much knowledge concerning the company or how to run the business, the Cheerleader motivator should discern the potentials and opportunities (but sometimes won't). An old story that illustrates this is as follows:

Two shoe salespersons were assigned the same general area in the far south at the turn of the last century. Each was given a case of shoes and sent on his/her way. After a few days one salesperson sent back his/her case of shoes with the message, "I am returning the shoes and I am coming home. Nobody wears shoes down here."

The second salesperson wrote back at about the same time, "Please send me more cases of shoes. Nobody wears shoes down here and the field is wide-open."

Same situation, only it was seen from entirely different perspectives. While one saw no market because no one wore shoes, the other saw an unlimited market because no one wore shoes. One was a cheerleader full of zeal and enthusiasm who was able to see beyond the obvious challenge. The other saw a no-win situation. When the team is winning, the cheerleader is excited. When the team is losing, the cheerleader must attempt to promote and produce excitement, or else all may be lost. The cheerleader should not be afraid or hesitate to do crazy, silly, or bazaar things in order to produce excitement from the followers. Sam Walton, founder and president of Wal-Mart for many years, was such a cheerleader-motivator. In 1970, when Wal-Mart went public on Wall Street, Walton did silly and bazaar things leading his people to a level of excitement that had not only taken them to this point in their growth, but that would continue to take them on to become the largest retailer in the world!

But what if one is not by nature enthusiastic? What if one projects a calm demeanor? One person can say "Good morning" and make you glad that you are alive, while another can say "Good morning" and you feel that he or she is really asking a question. Not everyone has the type of personality to be a cheerleader. If so, can that person still be a motivator?

Yes, definitely, he or she can be a motivator, but of a different type. The other two types are open for anyone and even those who cannot create excitement by their personalities and levels of personal enthusiasm can be a motivator by learning and using one of the two other types.

Some can become a Quarterback Motivator. The Quarterback Motivator motivates by his or her involvement in the game. The quarterback encourages and says to the rest of the team as blood runs from his nose, "Guys, you have got to hold that line, they're killing me out there." The quarterback does not ask anyone on the team to do what he himself is not doing. In the business world the quarterback motivator is managing in much the same way. He or she is seen as a hard working, personally involved leader. He or she does not leave in the middle of the afternoon after giving everyone else an assignment that carries over beyond the normal quitting time. If and when overtime is necessary to complete a project, the quarterback will be there. If and when sacrifices are necessary to carry the business through a crisis, the quarterback will be the first to step up to the plate of self-denial. The rest of the team is inspired because they realize that the quarterback manager has asked nothing more of them than what he or she is already doing and/or is willing to do. The quarterback manager does not send the "brave six hundred riding into the jaws of death" without him/her being in front leading them.

Or one can learn to become a Coach Motivator. The Coach Motivator motivates by his or her knowledge of the game. The Coach Motivator may or may not have an enthusiastic personality. He or she may be calm in nature, yet he or she can win ball games because the team has confidence that he or she knows what he or she is doing and/or what he or she is talking about. The Dallas Cowboys had a tremendous motivator in Tom Landry during those years when he was coach. Yet, Tom Landry always projected a calm and controlled exterior. He motivated not by outward excitement, but by his team's belief in him and his knowledge of the game.

The strengths of the Quarterback Motivator and the Coach Motivator are much the same.

One of their strengths is that anyone can learn how to become one or both of them. It may take time and effort, but one can become involved in the business. It may take time and effort, but one can learn the business. While learning may come easier for some than for others, the manager does have the ability to learn and to apply what he or she is learning.

Another of their strengths is the personal involvement these type motivators have with the rest of the team. The Quarterback Motivators, for instance, are rarely on the sidelines away from the hurt and pain going on behind them on the field of play. More likely, they are in the midst of the conflict hurting and working with the rest of the team. While the Coach Motivator may not be in the middle of the action, he or she is nevertheless observing, encouraging, and keeping continual communication with the team. Hence, he or she is generally thought to be very much involved.

The weaknesses of the Coach and Quarterback motivators are similar too. For example, each must have close identity and contact with the team. They cannot motivate from a distance. They must know and be known by the team members. Additionally, they must have adequate time to develop the trust factor that is necessary for the team to have confidence in them. It is unlikely that they will turn a team or business around over night.

Many good managers will have a level of ability based upon the three types of leadership models that I have described here. There are managers who are cheerleaders; who are quarterbacks and are heavily involved in the business; and who are coaches because they know what the business of the business is, and the people know and trust that they do. Blessed is the business whose manager possesses all three motivational qualities. However, if the manager does not possess at least one of the motivational qualities as listed in this article, the business will not likely succeed over time. In summary, while people may be motivated by their own innate desire to succeed, their efforts may not be directed toward the benefit of all. To gain such a focus the owner/manager/coach needs to funnel everyone's efforts to this end.

The person trained in Lead Management will be such a motivator. He or she will have learned the quality world desires of their followers and will work to provide a reality in which the quality world desires can find fulfillment. If this article motivates anyone to develop motivational skills that he or she has not previous had, then I have been a motivator. If it has not, then while it may have been interesting and possibly even informative, it has not been motivational. You see, I understand how motivation should create change, and if there is no change, then there has been no motivation.

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Brief Bio

Ernie Perkins is a motivational speaker, an educator (three masters and four earned doctorates), counselor (CTRTC, WGI Faculty Member), and a humorist too. He will speak over 200 times a year to groups from several to several hundred. He is often used as a humorist entertainer. He keeps his furniture in his home in Edmond, Oklahoma and tries to come by to check on it a couple of days each month. His wife of fifty years, Wanda, is his travel and ministry companion.

Pathways to Employment and Personal Happiness Can Be Found By Attending to Employers' and Our Own "Quality Worlds"

Thomas S. Parish, Ph.D., CTRTC
Thomas K. Burdenski, Jr., Ph.D., CTRTC

Abstract

Concern is presently swirling around the increasing national debt, increasing taxation, and the implementation of various cuts in the national budget. Unfortunately, no one seems to be paying much attention to the biggest problem of all, i.e., staggering unemployment. Notably, if more jobs were available, and more people could effectively secure those jobs, incomes would be subsequently generated that could offset all the various problems our nation is currently experiencing. The present article, therefore, will seek to address the matter regarding how we might more successfully become gainfully employed, and thereby reduce the roles of the unemployed and replace them with wage-earning tax-payers, which should help to overcome the other critically important issues noted above.

Unemployment is a critical concern around the U.S.A. today, with current estimates somewhere between 9% and 15% nationally, depending upon the sources used. The unemployment rate is roughly double what it was four years ago (Harmon, 2011). It takes the average unemployed American 40 weeks to find a new job, a new high. There are currently 14 million Americans actively seeking employment and the competition has grown stiffer with millions of high school and college graduates entering the job market this past summer. Half of all college graduates in the last five years are working in jobs that don't require a college degree. In addition, another 10% to 15% are currently employed, but consider themselves to be underemployed and are therefore often looking for new employment too.

Notably, however, William Glasser (1989) has provided important insights that should readily help those who are unemployed/underemployed to gain new employment if they would keep a few basic points in mind. As Dr. Glasser has often said, when doing Reality Therapy we need to discern what the client or patient definitely wants, i.e., we need to determine what's in their "quality worlds." Well, so it is when people are seeking employment. More specifically, those seeking new employment opportunities need to identify what the employers prioritize, and then make every effort to satisfy said employers' wants and/or needs.

One way to accomplish this task is to concentrate on the INTERVIEW, and be sure that those wishing to find employment read over the attached checklist (see Table 1) well before going into the employment interview, and then use it again after the interview in order to evaluate how s/he did during the interview. By so doing, one's chances for finding desired employment in these difficult times are much more likely assured. In fact, it has been generally reported by those who have used this form that the more "yeses" checked by them regarding their fulfillment of the points listed on the checklist, the more likely it was that the job in question was offered to them.

Notably, though, no one should actually be seeking to work for anyone unless such employment satisfies the following three points:

Can the individual do the job (ALL aspects of it)?

First, does the unemployed/underemployed individual possess the needed talents, strengths, skills, and experiences needed in order to adequately do the job? If not, problems may quickly arise that might interfere with one's continued employment in said position. Therefore, the wiser move might be to concentrate on finding those jobs that one knows s/he can do, and avoid having to make excuses later for not being able to do the job that s/he was hired to do.

Does the individual really want the job?

Second, does the unemployed/underemployed individual really want the job in question, i.e., would s/he want to take his or her job and "love it" for the next two or three decades, or would s/he continually wish to take his or her job and "shove it" instead? No doubt about it, one needs to be careful regarding what s/he asks for, for many times s/he might get it, even though s/he never, ever really wanted it from the start. Of course, working at something, even something that one hates, may be better than not working at all, but if those who were unemployed/underemployed could simply focus on the jobs that they really wanted, it might just be that by doing so that true happiness is more easily found.

Is the job (that one really wants) available at this time?

If it is, then s/he should do everything in his/her power to get it, as long as these actions are not unlawful and/or immoral. Remember, that we should never worry about whether we have a good opportunity. Rather, we should simply seek to be good to every opportunity that we encounter and deem to be of value either now or in the future. Notably, however, if the needed opportunity is not available NOW, then settling for something less—in the interim—is acceptable, as long as the individual in question continues to focus on what s/he wants, and goes for it at the earliest, appropriate opportunity. If such delays are truly unavoidable, so be it, but one should always keep his/her mind, and his/her eye, on the things s/he really wants out of life, and this also applies to his/her employment since it should genuinely fit into this category too.

Closing Thoughts

We can all choose to live in our "Quality Worlds" (i.e., our "All-We-Want Worlds") or we can choose to live in our own "personal hells" (i.e., our "All-We-Don't-Want Worlds"). According to Dr. Glasser (1989), no one can force you to reside in either, but each individual may choose for himself/herself through his/her various actions, attitudes, and desires. Finding good employment, then, is only one of the "stumbling blocks" that we need to turn into "stepping stones" on our way through life . . . whatever we choose it to be. Notably, though, we all can truly achieve our own personal happiness IF we keep in mind that we can only do it (i.e., reach true happiness) . . . by taking it all just "one step at a time."

Table 1

Checklist for Successful Interviews

Kindly answer the following questions with a "Yes" or a "No." Please strive to be very honest as you answer each and every question!* ^

1. ___ Did you look right (Were you neat, and did you dress to impress the interviewer)?
2. ___ Did you go alone to the interview?
3. ___ If an appointment was set, were you early for the interview?
4. ___ Were you prepared for the interview?
5. ___ When meeting others, did you shake hands firmly?
6. ___ During the interview, did you look the interviewer in the eye?
7. ___ During the interview, were you enthusiastic?
8. ___ During the interview, did you act confident, but not arrogant or conceited?
9. ___ During the interview, did you act sincere?
10. ___ During the interview, did you ask questions that showed your interest in the position?
11. ___ During the interview, did you answer questions clearly and concisely?
12. ___ During the interview, did you use proper grammar?
13. ___ During the interview, did you demonstrate awareness of the company and its products?
14. ___ During the interview, did you specify your personal goals, particularly as they pertained to the company?
15. ___ During the interview, were you positive in your demeanor and smile at others?
16. ___ During the interview, did you speak well of your past school experiences, past positions, and/or past employers?
17. ___ During the interview, were you friendly to others (particularly with the interviewer)?
18. ___ During the interview, did you convey to the interviewer that you are a very reliable and dependable person (did you mention that you were rarely ill, etc.)?
19. ___ During the interview, did you avoid promising things that you can't do, i.e., did you note any restrictions/limitations that needed to be understood in advance?
20. ___ During the interview, did you leave the impression that you really wanted the job, but only if you really did? If you don't, though, be sure to graciously decline.
21. ___ After the interview, did you immediately send the interviewer(s) a thank you note that indicated your continued interest in working with him, her, or them and the company too?

*Notably, the more "yeses" indicated above, the more likely that the position in question will be offered to you.

^Helpful hint: For best results, kindly look over this checklist before going to an interview, and then complete it immediately afterwards too. Question: What have you gained by doing so? Answer: Hopefully, substantial insights regarding how to interview better next time!

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Brief Bios

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DRAWING OUT THE CHILD: COMBINING THE WDEP METHOD WITH DRAWING TO WORK WITH CHILDREN

Eric S. Davis, Ph.D., NCC

Abstract

The purpose of this article is to introduce a method for utilizing reality therapy with children in a counseling setting, through a medium that is familiar, comfortable, and an effective method of communicating with children, i. e., drawing. By combining drawing with the reality therapy-based WDEP method, children and counselors should gain new perspectives for addressing wants, needs, and behaviors, while developing potential scenarios for dealing with problems through a tangible and developmentally-appropriate tool.

Reality Therapy and Children

In reality therapy, the relationship between counselor and client is paramount (Glasser, 1998: Wubbolding, Brickell, Imhof, Kim, Lojk, & Al-Rashidi, 2004). The reality therapist's primary goal is to help an individual discover alignment or lack thereof between satisfying one's quality world picture needs and behaviors (Passaro, Moon, Wiest, & Wong, 2004). In this, reality therapy is purposeful, goal-directed, and phenomenological with the motivation to change behaviors being derived from needs not being met (Nystul, 1995). The best way for the therapist to aid with this change is to develop a positive relationship with the person in a safe and accepting environment (Mason & Duba, 2009). Typically, this involves concentrating on the present, avoiding complaints, dealing with thoughts and actions, avoiding blame, exploring the client's perceptions, finding new conditions, and focusing on developing lines of communication via developmentally-appropriate means (Wubbolding, 1994; 2000).

The need for such relationship-building components holds especially true for children because they yearn to feel physically and emotionally safe and supported in their respective environments (Erwin, 2003). In addition to relationship-building, reality therapy generally seeks to avoid using the "seven disconnecting behaviors" that might destroy the development of such positive relationships, including criticizing, blaming, complaining, nagging, threatening, punishing, and bribing. Instead, the reality therapist needs to focus upon the "seven connecting habits" of listening, supporting, encouraging, respecting, trusting, accepting, and negotiating (Glasser, 1998). Through the use of such reality therapy techniques, the counselor can learn from the client aiding in their relationship-building, cultural understanding, and problem-solving endeavors (Wubbolding et al., 2004). By employing such RT skills and focusing upon the seven connecting behaviors, the counselor can more readily become part of the child's quality world; thus allowing for a more productive counseling relationship (Wubbolding, 2000). Once this positive environment is established, the counselor can incorporate his/her RT techniques to further enhance appropriate changes in the client's thinking and/or actions (Mickel & Spencer, 2000). The most essential reality therapy technique utilized to accomplish this change is the WDEP method developed by Dr. Robert Wubbolding (1994; 2000).

The WDEP method addresses four fundamental questions. 1) What do you want? (Wants), 2) What are you doing to get what you want? (Doing), 3) Is what you are doing working? (Evaluation), and 4) What is another way to get what you want? (Planning) (Passaro et al., 2004; Wubbolding, 2000). The WDEP method is also quite similar to the problem-solving method utilized in schools to help children match instructional resources to educational

needs. The problem solving-method steps include defining the problem, analyzing the problem, implementing a plan to meet a goal, and evaluating the effectiveness of the plan (Dorman, 2009). The WDEP counseling technique is familiar to children who use such problem-solving concepts taught and implemented in the school and at home.

The planning portion of the WDEP method is based on a formula for creation. This formula is expressed as SAMIC3/P which means the plan is simple (S), attainable (A), measurable (M), immediate (I), consistent (C), contingent on the person's willingness to work (C), committed to by the person (C) and is ultimately implemented by the person (P) (Wubbolding et al., 2004). It is important to remember that the plans must be made by the client with the help of the reality therapist and be workable within the client's world in order to obtain the wants (Wubbolding, 1994; 2000). Through this formula, the counselor can connect to the client helping to establish and maintain a counseling alliance (Wubbolding & Brickell, 2007).

Children and Drawing

In the counseling realm, drawing is often used as a behavioral assessment tool; however, it can be utilized by counselors to work with children experiencing social and emotional issues (Carmichael, 2006). Art is considered both a fundamental and distinctive way of knowing for children and provides an important nonverbal tool (Isbell & Raines, 2007). Art activities, such as drawing, allow children to experience a feeling of satisfaction because there is no correct way to draw, color, or paint (Landreth, 1991). Children are comfortable with creative art activities because they use them in other settings such as school and home (Kruczek, 2001). Also with art, "you have a tangible image that you can retain" (p. 36) for later use and reflection (Kennedy, 2008). For example, children can use drawing to tell stories, visualize events, and develop solutions to problems (Carmichael, 2006; Isbell & Raines, 2007).

Proponents of the use of art with children have stated that art is an avenue for understanding the child's emotional workings. The self-expression of art is a healthy way of dealing with personal thoughts for a child at his or her developmental level (Isbell & Raines, 2007). Counselors can also use art to help children expand their communications repertoire while providing tangible symbols of emotion (Kruczek, 2001). Dialog can be developed through the drawn metaphors (Gill, 1998). Drawing activities have also been found to be very effective in working with children who have experienced violence and trauma (Carmichael, 2006; Kennedy, 2008). It is for these reasons that the combination of reality therapy techniques, such as the WDEP method, and drawing can provide a valuable tool for counselors and children.

WDEP Drawing Method

Drawing materials can be utilized to create a visual representation of the child's problems and potential solutions (Gil, 1998). The child can use crayons, markers, and paper to draw scenarios and solutions related to their wants, needs, and problems, which then can be addressed using the reality therapy WDEP method of problem-solving. The WDEP Drawing Method utilizes the wants (W), doing (D), evaluation (E), and planning (P) components in a series of drawings. The purpose of this drawing method is to allow the counselor and child to visually represent the problem and potential solutions while gaining perspective and insight into the driving wants and needs of the situation. The following sections outline the implementation of this activity with the child.

Before beginning the WDEP drawing activity, it is imperative that a positive relationship is established between the counselor and the child. In most instances, this activity would not be initiated immediately in the session. Rather, the WDEP drawing activity would be introduced once the relationship has been developed to ensure an appropriate and comfortable counseling environment exists for the counselor and the child. Reality therapy begins by building a relationship with the child by staying in the present, creating a safe and warm environment, avoiding coercion and punishment, expressing genuine concern and empathy, and being positive and optimistic (Wubbolding et al., 2004).

Once this relationship is created, the counselor and child can explore a potential situation that is of concern to the child. The next step is to review the situation to make sure it is one of the child's choosing to ensure he/she is invested in the issue and potential solutions (Wubbolding, 2000). Following the review, the counselor can begin by relating the issue to what the child wants to happen regarding the situation. It is important for the counselor to remember that wants are driven by the child's desire to meet one or more of the five basic needs of survival, love and belonging, power, fun, and freedom (Glasser, 1998; Wubbolding, 2000). This information can assist the counselor in helping the child explore the situation with greater insight and meaning.

At this point the counselor would introduce the WDEP concept to the child, making sure to address it in a developmentally appropriate manner to maximize understanding. The counselor will want to explain each of the WDEP aspects and provide or ask for examples from the child to ensure appropriate understanding. When the counselor feels that the child has a solid comprehension of the concepts, the drawing materials can be provided to the child. The counselor will then instruct the child to create drawings that relate to the WDEP model. For example, the child could divide the page into four quarters and label the four sections as wants, doing, evaluation, and plan.

It is essential to focus on the problem identified by child, asking what he/she wants to see happen, and drawing it on the paper. The counselor must be open to exploring potentially creative ideas (i.e. the student making the problem disappear or become a bird and flying away). If such scenarios occur, the counselor can discuss them with the child to understand the feelings and thoughts behind such ideas and help the child develop more realistically achievable options.

The next step would involve discussing what is being done by the child to achieve this want and drawing it on the paper. At this stage, it is important to focus on what the child is doing rather than what others around the child are doing. By doing this, the counselor can help the child maintain responsibility for his/her choices and actions related to the situation versus blaming the issue(s) on others (Glasser, 1998; Wubbolding, 2000).

The counselor would then have the child evaluate the doing aspect that did or did not work to get what is wanted. It is vital that this process is done with the counselor, but that the child makes the final decisions on the effectiveness of the actions. The drawing aspect of this step can be one of the more creative and insightful opportunities as the child can provide a plethora of possible reactions and behaviors that may have occurred as a result of the doing behavior failing or succeeding. The counselor may also have to explore some of these reactions to assess the appropriateness and ethical concerns (i.e. child abuse) that may arise.

Finally, the counselor and child discuss and develop new plans to address the wants with different thoughts and behaviors. Again, it is important for the counselor to be aware of unrealistic or fantastic plans made by the child. At this stage, it is vital that a discussion take place between the counselor and child to produce a suitable and measurable plan that

can address the situation appropriately. In addition, there may be a variety of plans bantered about. The counselor's role is to listen, discuss, and aid the child in selecting the plan he/she sees as most suitable, and/or appropriate, and attainable for the given situation. It is also important to remember that failure is an option with the plan as this technique can be a continual process.

In subsequent follow-up sessions, the counselor and child can review and edit the drawings as needed. For example, if the plan did not work, they could develop and draw a new plan or revisit one of the previous ideas. Through this style of interaction, the counselor and child can continuously evaluate and update the situation as well as how the child is dealing with the issue. Additionally, it provides a tangible record of the issue, interventions, and successes for both parties.

Ultimately, it is the goal of the WDEP drawing activity that the child will be able to evaluate his/her wants for the given problem along with doing behaviors to meet the needs and wants. Further, the child will be able to conceptualize and plan new ways to deal with the problem and needs by utilizing the WDEP activity to aid in developing positive interventions for problem situations. The utilization of the drawing aspect can help facilitate this progression because of the child's familiarity, comfort, and ability with the process to communicate through drawing.

Conclusions

When working with children in a counseling setting, it is vital that the counselor establish a safe, caring, and nonjudgmental environment in which the child can explore feelings and practice possible solutions to problems. Reality therapy combined with drawing can achieve this environment for a child seeking to discover potential behaviors that can make wants and needs a fulfilled reality. In addition, the tangible aspect of a drawing allows for the continuation of the relationship with a visible map of the situation and possible routes that can be explored to ensure the child makes the best decision to achieve the wants that can lead to success and happiness.

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Brief Bio

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HYPNOSIS IN THE PRACTICE OF REALITY THERAPY

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Abstract

Hypnosis is widely recognized as a safe and effective treatment for a variety of physical and psychological complaints, ranging from chronic pain management to generalized anxiety disorder, post-traumatic stress disorder and sexual dysfunction. While the effectiveness of hypnosis as a treatment modality is well documented, exactly how hypnosis works is less well understood. The purpose of this article is to explain the practical functioning of hypnosis through the language of choice theory psychology, which is the basis for reality therapy. Examples will be provided of how choice theory psychology may be used to enhance hypnosis in the mental health practice of reality therapy.

Keywords: hypnosis, mental health treatment, reality therapy, choice theory psychology

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The effects of hypnosis to assist in a variety of physical and psychological complaints has been well documented, especially in combination with cognitive behavioral therapies (Hirsch, 1996). The mechanisms by and through which hypnosis works, however, are more obscure. Debate continues to rage over whether hypnosis is a state, a trait, both or neither, and while we are cognizant of these arguments, it is not the function of this paper directly to enter these arguments. Contributing to this lack of widespread understanding of underlying mechanisms of hypnosis is an absence of consensus about the definition of hypnosis. Lacking a consensual definition, individual practitioners are left to define hypnosis in a variety of ways that seem wise and convenient for them. While advances have been made in the biophysiological understandings of hypnosis, these studies do little to advance the understanding of hypnosis for practical applications. Bridging the research literature dealing with cognitive mechanics and application of technique, an explanation of why hypnosis works is undertaken from the perspective and in the language of choice theory psychology. This understanding is then applied to the practice of reality therapy.

Brief Literature Review

This literature review is intended to provide a brief overview of some of the research dimensions of both the efficacy and mechanisms of action involved in hypnosis. A robust body of work exists for both areas of interest and it is beyond the scope and purposes of this paper to produce an exhaustive review on either subject. Examples are provided to form a base which will later be used to show how choice theory psychology may be applied to increase the effectiveness of hypnotic interventions.

Physiological Efficacy of Hypnosis

Milling (2008) conducted a review of the literature that discussed research on hypnosis in pain reduction and the positive effects of hypnosis in pain reduction. Askay, Patterson, Jensen and Sharar (2007) conducted a randomized controlled trial of clinical hypnotic analgesia for burn wound care and found that patients receiving hypnosis reported a significant drop in pain compared to a control group. Gonsalkorale, Miller, Afzal and Whorwell (2003) found that hypnosis improved subjective scores on quality of life, anxiety and depression for people suffering from Irritable Bowel Syndrome (IBS) for a period lasting

at least five years. In their paper, "Hypnosis and Clinical Pain" (2003), Patterson and Jensen discussed studies on the efficacy of hypnosis for treating acute pain (e.g., burn pain, labor pain and bone marrow aspiration pain) and chronic pain (e.g., headaches, breast cancer, refractory fibromyalgia and conditions of mixed etiology). Flammer and Bongartz (2003) conducted a meta-analysis of the efficacy of hypnosis and concluded that hypnosis had a moderate effect on treatment of ICD-10 codable disorders and a low effect as an adjunct for medical procedures. Only clinical studies were included in the analysis and only those that compared patient groups with a waiting control group. They qualified their findings by stating that the "estimates of the effect sizes for the use of hypnosis for medical interventions and ICD-10 codable disorders must be regarded as conservative since we used all dependent variables of a study for the computation of the mean study effect size" (p. 190) and that a quantitative statement of efficacy could only be given for hypnosis as an adjunct for medical treatment and anxiety. Gonsalkorale, Houghton and Whorwell (2002) found that hypnosis was also effective in treating Irritable Bowel Syndrome (IBS) based on subjective pre-and post-treatment scores of bowel and extracolonic symptoms, quality of life, anxiety and depression. Gay, Philippot and Luminet (2002) investigated the effectiveness of Eriksonian (non-directive) hypnosis and Jacobsonian relaxation as interventions for osteoarthritic pain and results showed that both the hypnosis and relaxation reduced subjective assessment of pain, when compared with a control group, and that pain decreased with time. The experimental groups also showed a lower use of analgesic medications. Beneficial effects of treatment were observed more rapidly in the hypnosis group than with the relaxation or control groups. Lang, Benotsch, Fick, Lutgendorf, Berbaum, Berbaum, Logan and Spiegel (2000) conducted a randomized trial using non-pharmacological adjunctive treatment for invasive medical procedures and found that hypnosis was found to be useful in relaxation, pain and anxiety reduction and in improvement of haemodynamic stability compared to standard care and structured attention practice. Montgomery, DuHamel, & Redd (2000) conducted a meta-analysis of 18 studies on the effects of hypnoanalgesia and found a moderate-to-large hypnoanalgesic effect that supported the efficacy of hypnotic suggestion for pain relief.

Psychological Efficacy of Hypnosis Mechanisms of Action

Crawford (1994) suggested that attentional processes are significant in producing hypnotic states and that individuals with high attentional filtering abilities are more likely to experience hypnotic phenomena. Findings suggest that correlates of electrocortical activity, event-related potentials and regional cerebral blood flow (rCBF) are reflected in underlying differences in the far fronto-limbic attentional system. The biophysiological processes involved in hypnosis have also been studied by Rainville, Hofbaur, Paus, Duncan, Bushnell and Price (1999). Rainville, Hofbaur, Bushnell, Duncan and Price (2002) then expanded their studies and found that both mental relaxation and absorption (key traits of hypnotic experience) were associated with increased rCBF. Regression analyses between rCBF and self-ratings indicated involvement of the anterior cingulated cortex, thalamus and ponto-mesencenphalic brainstem in the production of hypnotic states. Wik, Fischer, Bragée, Finer and Fredrikson (1999) studied the cerebral mechanisms behind hypnotic analgesia in patients with fibromyalgia and found that cerebral blood flow was bilaterally increased in orbitofrontal and subcallosial cingulated cortices, right thalamus and the left inferior parietal

cortex and bilaterally decreased in the cingulated cortex, suggesting that hypnotic analgesia may be related to cortical and subcortical brain processes. Studies by Maquet, Faymonville, Degueldre, Del Fiore, Franck, Luxen and Lamy (1999) showed that the hypnotic state is related to activation of cortical regions primarily on the left side of the brain, including the occipital, parietal, precentral, premoto and ventrolateral prefrontal regions. Additional studies by Faymonville, Laureys, Degueldre, Del Fiore, Luxen, Franck Lamy and Maquet (2000) looked at neural mechanisms underlying pain perception regulated by hypnosis and found that the hypnotic state induced significant activation of a right-sided extrastriate and the anterior cingulated cortex. The activity of the anterior (mid-) cingulated cortex was related to pain perception and unpleasantness differently during the hypnotic state than in control conditions. Hypnosis as a modulator of cellular immune dysregulation associated with acute stress was examined by Kiecolt-Glaser, Marucha, Atkinson, and Glaser (2001). Palsson, Turner, Johnson, Burnett and Whitehead (2002) studied hypnosis in relation to IBS and concluded that improvement is related to reductions in psychological distress and somatization. Jambric, Sebastiani, Picano, Ghelarducci and Santarcangelo (2005) found that hypnosis prevented stress-related reduction of flow mediated dilation of peripheral arteries in highly hypnotizable subjects. Griffiths, Grainger, Cox, and Preece (2005) looked at EEG's of athletes performing "in the zone" and found increased activity in alpha brain waves during performance. Alpha brain waves occur between 8-12 cycles per second and are also indicative of a light to moderate hypnotic state.

Defining Hypnosis

Although debate continues on providing a seminal definition of hypnosis, the above references should help clarify how the term is generally understood in the area of research. This understanding, however, is not limited and definitions of hypnosis continue to range from the antiquated and amorphous "animal magnetism" (Binet, & Féré, 2002, a reprint of their 1888 text) to the contemporary but equally amorphous "guided visualization" which may (Bakke, Purtzer, & Newton, 2002; Lambert, 1996) or may not (Barnes, Powell-Griner, McFann, & Nahin, 2004) be used synonymously with the term, hypnosis. Contributing to this obscurity in definition is Mitchell (2009), who relates hypnosis with manipulation and suggests hypnotic states may be a natural consequence of language with the assertion that "all language is hypnotic. All words and paralanguage influence" (p. 48). Spiegel and Maldonado (1998) unequivocally state that "all hypnosis is self-hypnosis" (p. 72), which seemingly contradicts the previous statement by Mitchell. Mottin (2004) describes hypnosis as a "a state of mind – it is the process of focusing an individual's attention while effectively communicating ideas that increase motivation and change perception – helping individuals to help themselves with issues related to normal problems of living" (p.2). This corresponds with Kallio and Revonsuo (2003) who suggest that the subjective experience should have a central focus in research since the subjective experience defines the hypnotic experience. Going further and seeking to bridge the multitude of understandings of hypnosis and provide an empirically testable definition, Kallio and Revonsuo (2003) proposed a multilevel framework that defined qualitatively distinct hypnotic phenomena into sets that involved deliberate imagery and focused attention (non-state view of hypnosis) and those that involved altered states of consciousness (state view of hypnosis). They also suggested that hypnotic phenomena could only be adequately described through a multidisciplinary

approach that included socio-psychological, cognitive, phenomenal and neurophysiological levels.

The definition of hypnosis provided by the American Psychological Association, Society of Psychological Hypnosis, Division 30 (2005) is broad and inclusive, providing a sound overview of the hypnotic procedure and allows for varying definitions of hypnosis: Hypnosis typically involves an introduction to the procedure during which the subject is told that suggestions for imaginative experiences will be presented. The hypnotic induction is an extended initial suggestion for using one's imagination, and may contain further elaborations of the introduction. A hypnotic procedure is used to encourage and evaluate responses to suggestions. When using hypnosis, one person (the subject) is guided by another (the hypnotist) to respond to suggestions for changes in subjective experience, alterations in perception, sensation, emotion, thought or behavior. Persons can also learn self-hypnosis, which is the act of administering hypnotic procedures on one's own. If the subject responds to hypnotic suggestions, it is generally inferred that hypnosis has been induced. Many believe that hypnotic responses and experiences are characteristic of a hypnotic state. While some think it is not necessary to use the word "hypnosis" as part of the hypnotic induction, others view it as essential.

This definition represents somewhat of a compromise of extremes in defining hypnosis and provides an entry point for discussing hypnosis in terms of choice theory psychology.

Choice Theory Psychology

Choice theory psychology was developed by William Glasser (1999) as a means to explain the workings of reality therapy (Glasser, 1965). Originally known as control theory (Glasser, 1984), the idea was renamed both to distinguish it from the perceptual control theory of William T. Powers (1973), with whom Glasser worked to develop the model of the brain as a control system, and to indicate the central premise of the theory, that almost all behaviors are chosen and one's choices are determined by one's perceived reality of the imminent situation. Choice theory psychology is rooted in cognitive behavioral theory and is based on the premise that all behaviors are composed of four components: thinking and doing (over which one has direct control) and emotions and physiology (over which one has indirect control through manipulation of thinking and doing) and are termed total behaviors. The theory also posits that all total behaviors are one's best attempt at the moment to fulfill five genetic needs that are known as basic needs. The basic needs are composed of the physiological need of survival and the four psychological needs of love, power, excitement (or fun) and autonomy. The terms used to designate the basic needs are not language specific. Love may also be understood as belonging, attachment, or any other number of synonymous terms. Other needs are similarly represented by the use of synonymous terms. These basic needs are the ultimate motivators of human behavior and all total behaviors are attempts to fulfill these genetic basic needs. Basic needs are represented by individual wants and it follows that all total behaviors are attempts to get one closer to what one wants which will fulfill basic needs. When these total behaviors move one closer to need fulfillment, one is deemed to be moving closer to or in effective control of one's life. Most people who seek or are referred to therapy are generally not in effective control of some significant aspect of their life.

One way to fulfill basic needs and gain more effective control is to seek professional treatment. This treatment may use alternative methods to achieve client goals in therapy, including the use of hypnosis. Hypnosis and choice theory psychology, the basis for reality therapy, share many similarities which may recommend them as complimentary aspects of treatment.

Choice Theory in the Understanding of Hypnosis

Choice theory psychology shares with hypnosis the concept of subjective phenomenological experience being central to the concept of situational reality. Choice theory psychology posits that no one can make anyone do anything they don't choose to do. Hypnosis operates from the same basic premise. The subjects are always in control of their thinking and behavior. The exception to this would be if the subject is under the influence of mind altering drugs. While subjects may be led or guided through a hypnotic experience, they choose to participate in the experience. This is the truth of the old hack about the patient who tells his doctor, "I wasn't really hypnotized, doc. I was just going along with what you said." In essence, all subjects are just going along with what is suggested to them. From a choice theory perspective, they will do this because they believe that it will get them closer to what they want and thereby fulfill their basic needs. The efficacy of a hypnotic suggestion will be directly related to the ability of the suggestion to elicit changes in behavior, affect or physiology that move the subjects closer to what they want and the fulfillment of their basic needs. Suggestions that do not move subjects closer to achieving their wants and fulfilling their basic needs will be quickly discarded. Hypnosis is understood to work on the subconscious level of the mind, meaning that a suggestion is made that the critical, conscious mind suspend overt discrimination. While the conscious mind is occupied, the subconscious mind carries out various activities which may include higher mental processes (Bargh, & Ferguson, 2000). Indeed, Bargh and Morsella (2008), building on the work of researchers before them, have suggested that "action precedes reflection" (p. 77) and assert the primacy of the subconscious as a source of behavioral impulse. This is congruent with choice theory psychology which understands both cognition and behavior to be mutually dependent. In this understanding, cognition does not necessarily imply conscious thought. Indeed, hypnosis is understood from a choice theory perspective to be accessing the subconscious to directly affect behavior and indirectly affect emotions and physiology. The procedures that lead to change in the practice of reality therapy are built upon the idea that behavioral change can reciprocally influence cognition, which is an alternative way of describing the relationship between the role of the subconscious in behavior and corresponding behavioral results on cognitive adaptation. Wubbolding (personal communication, 2008) stresses the importance of changing behaviors by using the metaphor of the suitcase. Cognition, emotion and physiology are the bag while behavior is the handle by which the bag is carried.

Choice Theory in the Practice of Hypnosis

Hypnosis usually involves an introduction during which the process of hypnosis is explained. This also presents an excellent opportunity to introduce the concepts of choice theory psychology such as basic needs and total behaviors. Once basic needs have been introduced, the therapist or other mental health professional may query the subject on their

subjective levels of basic needs. This may be done on a scale of one to 10 and the therapist may assist the subject in assessing overall basic needs, as well as current basic needs. These subjective measurements can then be used to assess the subject's primary need motivation and incorporate that knowledge into the hypnotic and post-hypnotic suggestion(s).

Once this is done, the therapist may ask questions to access the subject's quality world, the term used to describe those things that best fulfill one's wants and needs. A simple question would be, "What is it that you want that will fulfill that need for you better than anything else," or "What is the picture in your mind that makes you the happiest, related to the specific need." Once these data are obtained the mental health professional can use them in suggesting positive behavioral changes, for example, "When you make the desired change you will be one step closer to getting what you really want in life," and then list those pictures in the quality world. This is one method of accomplishing what Lynn and Hallquist (2004) refer to as "the establishment of positive response sets consistent with a person's goals and values" (p. 65) in their attempt to provide a scientific explanation of Milton Erickson's success in hypnosis.

One of the strengths of reality therapy is in reframing to support positive perceptions. This is well suited to the practice of hypnosis as negative statements are avoided. This practice is generally based on Coué's (2009) law of converted effort which states that whatever one suggests in the negative will be carried out as if suggested in the affirmative. Since choice theory in the practice of reality therapy is concerned with behaviors (doing), rather than non-behaviors (not doing), it is perfectly complementary to the hypnotic practice.

As with any other adjunct to the therapeutic process, clients must actually be in the action stage of change for treatment to have any efficacy. This facilitates use of positive behavioral terminology as subjects may often equate what they are doing with undergoing the hypnotic process. This also provides an opportunity to ask the subjects what else they are willing to do to achieve their goals and to practice reality therapy on a conscious level.

Conclusion

This brief paper has sought to provide an explanation of, and a review of research about, hypnosis and how it relates to choice theory. More research is needed, however, that should more fully examine how these concepts interact directly (or indirectly), both in the clinical setting and beyond.

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UTILIZING CHOICE THEORY/REALITY THERAPY'S CONCEPTUALIZATION OF TOTAL BEHAVIOR AND THE MAJOR TENETS OF THE PHILOSOPHY AND APPROACH IN FACILITATING INTEGRATIVE PSYCHOTHERAPY

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Abstract

The author of this article takes issue with the narrow, pathological view of the medical model and manualized treatments, promoting instead the need for our mental/behavioral health system to be client driven, broadened instead of constrained, and to encapsulate a relational identity as opposed to a medical one. These principles are instrumental in choice theory/reality therapy's conceptualization of total behavior (doing, thinking, feeling, and physiology) as a holistic framework to conduct integrative psychotherapy. It is asserted that the major tenets of the choice theory/reality therapy philosophy and approach can be effectively combined with other models through theoretical integration, technical eclecticism, and by encompassing common factors. It is the author's desire to inspire other choice theory/reality therapy enthusiasts to be willing to extend their theoretical knowledge and technical abilities, as well as to draw practitioners of other orientations and models closer to choice theory/reality therapy ideas.

Introduction

The DSM is a book of mental disorders that postulates what is wrong with people and nowhere in this book is there any information regarding how to help the people that are afflicted with these forms of mental illness. Diagnosis is extremely subjective, unreliable, lacking in validity, and has no bearing on psychotherapy outcomes. Quite simply, calling something by a different name or using psychological jargon does not lead us any closer to what to do about it. This current mental/behavioral health system has been adversely affected by its strict adherence to a medical model that reduces an individual's humanity through a process of selective categorization that promotes objectification and fragmentation. People and their experiences are just too complicated. Perhaps that is why diagnosis occurs at the initial session or maybe it is because this allows insurance companies to be in control of treatment decisions rather than clients and clinicians.

Psychotherapy depends on what the practitioner pays attention to and when a therapist only pays attention to the "sick" part of someone, then this clinician is limiting potential, constricting new ways of being, and permeating in total behavior terms, a "pathologizing self". This narrow view has ignored contemporary research (thousands of analyses and meta-analyses) due to economic and political factors and promoted manualized treatments that are often times sterile and do not make room for the uniqueness and strengths of clients, as well as the creativity and skills of clinicians. As Duncan, Miller, and Sparks (2004) argue, "Besides the occasional significant finding for a particular therapy, the critical mass of data revealed no differences in effectiveness between the various treatments for psychological distress" (p. 31). This writer asserts that the treatment lens needs to be client driven, broadened instead of being constrained, and that the mental/behavioral health system needs to encapsulate a relational identity as opposed to a medicalized one.

Integrative Psychotherapy

Throughout the history of psychotherapy there has been ongoing debate among the different theoretical schools of treatment regarding what is the "right" or "best way" to produce positive therapeutic results. Data collected in the 1980's demonstrated a significant shift toward psychotherapy integration as evidenced by thirty percent to fifty percent of counselors identifying themselves as eclectic practitioners (Smith, 1982; Young, Feller, and Whitmer, 1989; Zook and Walton, 1989). Fast forward to 2007 and according to a survey conducted by the Psychotherapy Networker ("The Top 10", 2007) ninety six percent of respondents indicated that they blended different approaches. It should be noted that cognitive behavioral therapy (CBT) was cited as the most frequently used modality interwoven with other perspectives by sixty nine percent of the clinical participants.

According to the Institute for Integrative Psychotherapy (2011), "Integrative psychotherapy also refers to the bringing together of the affective, cognitive, behavioral, and physiological systems within the person, with an awareness of the social and transpersonal aspects of the system surrounding the person" (Home Page). The author of this article asserts that choice theory/reality therapy's conceptualization of total behavior (doing, thinking, feeling, and physiology) can provide a holistic framework to conduct integrative psychotherapy and that the major tenets of the philosophy and approach can be effectively combined with other models through theoretical integration, technical eclecticism, and by encompassing common factors. It should be recognized that the major goals of this article are to inspire other advocates of choice theory/reality therapy to be more willing to widen their theoretical lenses and add to their established clinical skills without compromising the foundation upon which we all practice and to promote choice theory/reality therapy ideas to practitioners who primarily work from other modalities.

Corey (2009) points out three perspectives toward psychotherapy integration: theoretical integration, which refers to a therapeutic conceptualization that combines two or more theories used together that can achieve a more holistic treatment, outweighing what could be accomplished by one school of thought; technical eclecticism which focuses on utilizing techniques from different therapeutic approaches without a clinician having an allegiance to the theoretical philosophies that produced them; and a common factors approach which espouses looking at concrete variables that are evident across all therapies.

Theoretical Integration

Inherent in our theoretical perspectives are our deepest rooted beliefs regarding the human condition and the world surrounding the individual. One cannot attempt to conduct psychotherapy from a vantage point that runs contradictory to a clinician's fundamental views. Thus, the theories that therapists decide to synthesize must have theoretical foundations that are aligned and embedded in commonalities. Blending orientations in a systematic manner allows the psychotherapist more freedom in meeting the unique needs of clients without "getting lost" by moving outside of unified theoretical paradigms.

From a theoretical lens, choice theory/reality therapy has a number of factors in common with the following therapeutic philosophies: existential, person-centered, and gestalt, as evidenced by all of these systems being phenomenological, present focused, concerned with freedom (i.e. choice, responsibility, and potential), relationship driven, and in agreement with rejecting the medical model. These theoretical constructs are anchored in common philosophical ground, which allows the therapist license to stretch together different postulates and procedures from these approaches without obfuscating or compromising the therapeutic vision.

This writer ascribes that Adlerian therapy and cognitive behavioral therapy have some compatible principles with choice theory/reality therapy and parts of these theoretical constructs could be used in concert, but there are some differences that reduce them from being grouped in the aforementioned cluster.

According to Wubbolding (2000), many assert that choice theory/reality therapy has a lot in common with individual therapy or Adlerian thought and Glasser has acknowledged some of these similarities. Corey (1996) points out the following Adlerian themes that in this writer's estimation are congruent with choice theory/reality therapy ideas: humans are driven by social interest, behavior is purposeful and goal oriented, and human beings are constantly striving to overcome feelings of inferiority, which in choice theory/reality therapy terms would be encapsulated in human beings need for power and achievement. Nevertheless, Adlerian therapy contradicts choice theory/reality therapy tenets by emphasizing how the first six years of life determine who someone will be as an adult and by asserting a fixed birth order/family constellation construct (Mosak and Shulman, 1988).

Many see choice theory/reality therapy as a form of cognitive behavioral therapy in its delivery because this model is phenomenological, focuses on the present, and emphasizes the doing and thinking domains of human experience. However, cognitive behavioral therapy can be practiced very mechanically and does not place the same prominence on the importance of relationships, clinical and otherwise, that characterizes choice theory/reality therapy's view of helping and living. In this writer's opinion, cognitive behavioral therapy has overemphasized the medical model and to some degree has "sold out" with its strict adherence to a diagnostic formula and rigid treatment protocol. Therefore cognitive behavioral therapy is more aligned with choice theory/reality therapy technique than it is with some of the underlying philosophy regarding the nature of human beings.

Technical Eclecticism

Wubbolding (2000) declares that "reality therapy is best viewed as a system that makes its own unique contributions to the field of mental health. Still, it is an open system. It is in complete agreement with Lazarus's suggestion of technical eclecticism" (p. 76). A therapist must continue to develop a broad understanding of technique and work on enhancing the skills necessary to effectively execute them thus affording clinicians the opportunity to be more flexible and creative in tailoring interventions to meet the diverse needs of clients. However, at its worst, technical eclecticism could lead to pure gimmickry with techniques being thrown at individuals in a haphazard and incoherent manner, quite possibly leaving clients objectified and alienated, as well as leading to confusion, desperation, and defensiveness on the part of the helper. Therefore the use of techniques must be grounded in a broader based structure that provides solid rationale for interventions that are utilized. And of course, psychotherapists need to ensure that clients are informed of reasoning for interventions and that the techniques chosen are an appropriate "fit" for particular individuals, as well as remaining within ones scope of practice, and under supervision or in consultation with another mental/behavioral health professional.

Total Behavior

Glasser (2001) postulates that we choose all that we are and he explains this through a psychological construct which he refers to as total behavior, meaning our behaviors simultaneously encompass four distinct, but interconnected components, which are doing, thinking, feeling, and physiology. A change in any of these components will influence the others, with our doing and thinking being the most controllable. That being said, feelings and physiology are also part of our humanistic makeup and although we only have indirect

control over them, these components are often what lead people to seek out therapy and the exploration of feelings and physiology is often times an integral factor in the therapeutic process. It should be recognized that these four humanistic dimensions could offer psychotherapists a holistic framework in which to deliver services in a targeted manner and through a synthesized approach, promoting the totality of the person in treatment.

Choice theory/reality therapy is an internal control psychology which is characterized by focusing on what one has control over and can influence by his or her actions (Glasser 2003). Glasser (1998) postulates that behavior is purposeful and our best attempt at that time to get the following needs met: survival, love and belonging, power, fun and freedom. 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). Wubbolding (1991) uses a suitcase as a metaphor for understanding the role of doing in one's total behavior, "In the suitcase is contained four elements of behavior. At the top is acting. Below this level is thinking, feeling, and physiology. The handle is at the top of the suitcase, and when the suitcase is transported, it is carried by the most "grabbable" part-the handle. So, too, when a person seeks to change total behavior it is important to change the most easily changed element,-the acting component" (p. 47).

Doing

Wubbolding (2000) conceptualizes reality therapy as a delivery system for choice theory principles and he proposes the acronym W (wants) D (doing) E (evaluation) P (planning) to guide the therapeutic process, not in a rigid manner, but as a weaving together of these different pillars in an imaginative and inspired way. Therefore the questioning process revolves around a co-constructed exploration toward ascertaining what an individual really wants, what he or she is currently doing to obtain the desired measure, evaluating whether or not what one is doing is helping or hurting, and designing or updating plans to assist a person in moving forward in the most effective direction. It should be recognized that counselors of any orientation could benefit from choice theory/reality therapy's succinct emphasis on planning. Wubbolding (2010) proposes that effective treatment planning is orchestrated by following the acronym Samic2, as evidenced by the plan being simple, attainable, measurable, immediate, controlled by the client, and committed to. Hoglund (2007) endorses using a smart plan acronym, meaning it's simple, measurable, aligned with wants, realistic, and time bound. Other behaviorally focused techniques that could be implemented include: reinforcement, modeling, shaping, coaching, behavioral rehearsal, role playing, homework assignments, and assertiveness training.

Strategic therapy or problem solving therapy was developed by Haley based on and highly influenced by the work of Milton Erickson. Haley (1986) indicates that the Strategic therapist, "must identify solvable problems, set goals, design interventions to achieve these goals, examine the responses he receives to correct his approach, and ultimately examine the outcome of his therapy to see if it has been effective" (p. 17). Wubbolding (2010) has been influenced by the work of Haley and points to the following commonalities: there is not a direct connection between a difficulty and the resolution, as well as emphasizing that a therapist should always have an optimistic outlook. In addition, directives, re-labeling, addressing issues in social contexts and paradoxical intention are valuable tools of the Ericksonian, strategic therapist, or the choice theory/reality therapist (Haley, 1987).

Solution focused based therapy was originated by de Shazer and Kim Berg and was based on the assumption that people are competent and resourceful enough to come up with their own solutions to problems by exclusively focusing on creating possible solutions and avoiding talking about problems (Kim Berg, 1994). Choice theory/reality therapy differs

from solution focused therapy in the fact that choice theory/reality therapy is based on a conceptual framework of brain functioning that lays out a template for why and how people behave, whereas the solution focused approach has no underlying theory. However, solution focused therapy proposes the following tenets that are harmonious with a choice theory/reality therapy approach: if it isn't broke don't fix it; if it works do more of it; if it is not working do something different; small steps can lead to big changes; the language for solution development is different from that needed to describe a problem; and the future is both created and negotiable (deShazer and Dolan, 2007). In addition, the following solution focused techniques blend well into the choice theory/reality therapy questioning process: miracle question, exception questions, and scaling questions.

Thinking

Glasser (1998), states, "In practice, when you are acting, you are always thinking and vice versa. Because they go together, we frequently combine them into one word, doing. When I say I am doing something, I am almost always describing a particular combination of acting and thinking" (p. 72). According to Wubbolding (2010), individuals take in information from the outside world through three perceptual lenses: a labeling lens which identifies (i.e. that is a car), a relationship lens which connects that which has been identified and a purpose (i.e. that car is for transporting myself to and from work), and a valuing lens which places a positive, neutral, or negative value on it (i.e. I like my car because it is reliable). Wubbolding asserts that "the three levels of perception and their practical implications serve to put reality therapy in the cognitive school of counseling theories" (p. 29). In general, the cognitively focused therapy model is concerned with faulty thinking, belief systems, and world views (Corey, 2009).

The rational emotive behavior therapy of Ellis and the cognitive therapy of Beck include therapeutic techniques that are compatible with choice theory/reality therapy in their emphasis on inner self-evaluation within the human facet of thinking. Ellis's (1998) rational emotive behavior therapy espouses the following cognitively focused framework and techniques: A (adversity), B (belief), C (emotional and behavioral consequence of the belief), D (disputing the irrational belief), and E (executing a new belief). Other rational emotive techniques that could be considered for implementation include changing one's language (i.e. omitting shoulds, oughts, and musts), humor, rational emotive imagery, shame attacking exercises, bibliotherapy, and cognitive distraction.

Okun (1992) maintains that Beck's form of cognitive therapy postulates that emotional difficulties develop through the following processes: faulty thinking, making incorrect judgments based on inaccurate or incomplete information, and failing to discern what is real and what is fiction. The following cognitively focused techniques can be highly instrumental in promoting self-evaluation and carving out new directions for psychotherapy: arbitrary inferences (i.e. catastrophizing), selective abstraction (i.e. focusing on a piece of information and leaving out the rest), over generalizing (i.e. because this negative event happened, this is the way things are going to go from now on), magnification (i.e. going to the extreme with thinking of the worst possible outcome) minimization (i.e. denying that something significant has occurred), dichotomous thinking (i.e. all or nothing), and personalization (i.e. making an event about oneself when there is no basis for making that connection).

It is worth mentioning that choice theory/reality therapy also has a connection with narrative therapy. According to Polkinghorne (1986), people conceive of themselves in stories and self-stories play a central role in meaning making and identity. Telling and re-telling one's self story, verbally or internally can be extremely powerful and from a choice

theory/reality therapy vantage point, can be utilized to promote relationships, responsibility, self-evaluation, and planning for change. Glasser (2005) indicates that he often begins therapy by asking individuals to tell him his or her story. In addition, Glasser (2000) has used movies and literature to explain choice theory/reality therapy ideas. Wubbolding (2000) also stresses the importance of self-disclosure, metaphor, and themes in the reality therapy process.

Feeling

It is difficult to just change how we feel and one's feeling mode is often reduced or seen as a less important factor in many brief or solution focused based therapies. This can often lead to psychotherapists coming across as cold and mechanical. Choice theory/reality therapists are no different and can easily make the mistake of discounting a person's feelings in a rush to move forward the self-evaluation process, pushing too fast for changes in acting and thinking without exploring the emotional element. Many people who come to therapy are starting the process because they have an emotionally compelling reason and it makes sound clinical sense to meet them where they are at and to explore this human dimension more fully to bring about further cohesive self-evaluation and to endorse ultimate responsibility. That being said, the expression of feelings is rarely an end in itself. Therefore assessing the thoughts, behaviors, and physiology that encompass or lie behind the emotions is imperative.

Rogers (1942) is responsible for a huge paradigm shift in psychotherapy, as he pioneered what became the person centered approach, focusing on prizing the person through non-judgmental listening, acceptance, and congruence. He brought forth a different way of looking at human beings and a different way to be engaged with them. Rogers (1980) main hypothesis is that "individuals have within themselves vast resources for self-understanding and for altering their self-concepts, basic attitudes, and self-directed behavior; these resources can be tapped if a definable climate of facilitative psychological attitudes can be provided" (p. 115).

All psychotherapists should strive to become better Rogerian's and it is an ongoing process to continue to develop one's ability to be with clients in a way that is consistently empathic, genuine, and exhibits unconditional positive regard, but as the research indicates, these are consistently our most powerful tools in building helping relationships (Rogers, 1961). Glasser's (2005) caring or connecting habits (supporting, encouraging, listening, accepting, trusting, respecting, and negotiating differences) to improve relationships are in a very practical way an important add on to the person centered core conditions. Corey (2009) states, "the provision of an empathically attuned and respectful relationship provides the support necessary for clients to allow themselves to experience a range of feelings that they might otherwise block, which allows them to modify their patterns of thinking and acting" (p. 69).

It should be noted that Wubbolding (2000) extrapolates the following common themes between choice theory/reality therapy and the person centered model: people are seen in a positive manner, human beings are responsible for what they do, our behavior is purposeful, psychotherapy is based on a trusting relationship, helpers must be authentic, and relationships are an essential component of our existence. Both therapies ascribe an existential motif that revolve around, in the words of Tillich (1952), struggling with our "courage to be" (p. 2). In choice theory/reality therapy the goal is to gain more control through effectively meeting one's basic needs and in the person centered approach one is striving toward self-actualization.

Much like person centered therapy, gestalt therapy promotes identifying, experiencing, and exploring emotions. Perls (1988) is the creator of gestalt psychotherapy, which is an experiential process that stresses here and now awareness through creative experiments. While Perls (1988) focuses more on confrontation and exaggeration to bring about present awareness, the Polsters (1973) promote more of a relational approach through focusing on contact and resistances to contact. The resistances to contact include: introjection (i.e. just accepting the beliefs of someone else), projection (i.e. disowning certain parts of ourselves), retroflection (i.e. doing to someone else what we would like to do to ourselves or doing something to ourselves that we would like to do to others), deflection (i.e. distracting to avoid contact) and confluence (i.e. dismissing oneself to blend in with others).

It is interesting that this author was unable to come upon any psychological literature discussing the complementary attributes of choice theory/reality therapy and the gestalt model because in this author's opinion, these theories are unified in their foundations (existential and phenomenological roots) and the techniques reflect an emphasis on creativity, conflict resolution, being present focused, responsibility/I, relationship/contact, self-evaluation/awareness (avoidance, unfinished business, and impasses), utilizing what and how questions, and on action. Some specific techniques that could be interwoven include: staying with difficult feelings to bring about awareness and evaluation of the polarities within ourselves, the empty chair, I statements, confrontation, and exaggeration.

Physiology

Along the lines of feeling depressed or angry, and in total behavior terms, depressing or angering, many people seek out psychotherapy and are in treatment because they are suffering from physiological symptoms such as headaching, backaching, and stomachaching, which appear as the result of one not effectively meeting his or her needs. Although medical causes should be ruled out, this total behavior component is often a presenting issue for many clients and often ignored in treatment planning efforts and in sessions. Both choice theory/reality therapy and gestalt therapy encourage clients to become more aware and evaluative regarding what their bodies are telling them through the pain or tension they are experiencing.

The therapist can assist clients a great deal in moving toward more zestful living by helping them become more aware of their physicality and how they are coming across to others through their posture, gestures, and movement. Zinker (1978) specifically talks about blockages of energy and working with clients in a way that promotes getting them in touch with their bodies through exaggerating a shaky hand or having a client verbalize what his or her headache is saying to him or her right now. In addition, people often lose track of their senses (smell, touch, taste, see, and hear) which can really re-invigorate our experiences. So much of what is going on in therapy is non-verbal and sometimes psychotherapists get so focused on the questioning process that they forget to take in what they see is happening with the client right in front of them as evidenced by shaking legs, rigid body language, slow speech, etc.

This author believes that many psychotherapists often times do no take into account the physiological domain and sometimes very simple strategies can aid significantly toward alleviating symptoms, such as getting enough sleep, maintaining a healthy diet, and exercising. It is important to point out that many people report that yoga and massage help significantly in reducing stress and pain. Regardless, the physiological state is often an entry way into one's total behaviors and an opportunity to explore and teach about the interconnectedness of doing, thinking, feeling, and physiology.

Common Factors

Clinicians of all theoretical persuasions and technical influences should be extremely interested in implementing the factors that have been empirically identified in successful psychotherapy outcomes. Assay and Lambert (1999) point to the following four factors in the change process and correlate percentages that depict the amount of change correlated with each of the four identified variables: client factors (40%), therapeutic relationship (30%), placebo, hope, and expectancy (15%), and model or techniques (15%). Therefore clients themselves and the resources they bring to therapy (i.e. determination, a supportive friend, spirituality, etc) are the primary force in determining positive outcomes. Secondary to client factors is the therapeutic relationship as it is perceived by the individual client, meaning some prefer a warm, friendly alliance, some want straightforward advice, and others, an egalitarian partnership (Duncan, Miller, & Sparks, 2004). The third factor to be considered revolves around the expectations of the client. For example, the client may feel better just engaging in counseling or have an optimistic view about how things are going to work out or be hopeful just on the reputation of the therapist (Duncan, Miller, & Sparks, 2004). The final factor which accounts for only fifteen percent of change is the model or technique that is utilized. However, the therapist's conviction and enthusiasm in his or her model is responsible for seventy percent of that fifteen percent (Wampold, 2001).

For most of its history, psychotherapy has left the client out of the therapeutic equation by focusing exclusively on diagnosing, loading up the psychotherapy gun with a specific treatment ("one size fits all models") to cure "sick", "resistant" people, as opposed to seeing the client's participation and the therapeutic relationship as the primary determinants in successful therapy. Duncan, Miller, & Sparks (2004) state, "Models provide a structure for conducting therapy, and more important, alternative ways of addressing client concerns when progress is not forthcoming. The different schools of therapy may be at their most helpful when they provide novel ways of looking at old situations, when they empower counselors to change rather than make up their minds about clients" (p. 38).

With seventy percent of the change in therapy being attributed to the personal and interpersonal dimensions in psychotherapy, choice theory/reality therapists, as well as practitioners of other orientations should consider a more consistently interpersonal approach. Glasser (1998) proposes that the following evaluation question guide our efforts, "Will what I am about to do bring me closer to these people or move us further apart" (p. 7). Similarly, Yalom (2002), an existential, interpersonal therapist, stresses the importance of assessing interpersonal relationships (i.e. what is keeping this individual from building and maintaining satisfying relationships) and the idea of therapy as a social microcosm (i.e. the same relational problems the client is having in therapy are the same interpersonal issues that are plaguing him or her in the real world).

This writer has previously discussed using choice theory/reality therapy's psychological needs model (survival, love and belonging, power, fun, and freedom) as a way of identifying communicative and connective modes to facilitate a more interpersonal approach (Cameron, 2010). Within the total behavior structure, a psychotherapist should ascertain, "am I working with a doer, thinker, feeler, or physiological focused individual", and communicate, connect, and choose interventions with them through this particular component, as well as working with him or her on the interconnectedness of these human realms.

Norcross (2011) proposes that psychotherapists focus on privileging the client's perspective on goals, the clinical relationship, and what is or is not working in order to improve retention and therapy outcomes. According to his research, getting feedback from clients on

the following questions are of paramount importance: how do you think the psychotherapy is going? How are we doing? What would you like more of or less of?

Summary

The author proposes that choice theory/reality therapy's conceptualization of total behavior (doing, thinking, feeling, and physiology) and other major tenets of the philosophy and approach can be utilized to facilitate integrative psychotherapy through theoretical integration, technical eclecticism, and a common factors approach. The total behavior framework encompasses the human dimensions of doing thinking, feeling, and physiology which serves as a holistic and thematic model that can enhance a clinician's ability to meet the diverse needs of individual clients. A psychotherapist should avoid digesting this construct as an exact blueprint, but view it as formational template that provides a broad structural foundation upon which a clinician can build alternative pathways for helping that are based on common theoretical ground, interventions across technical lines, and incorporate the factors that are evident in successful therapy outcomes.

Conclusion

Mental/behavioral health needs to distance itself from a discredited medical model which has ignored individual's strengths, disregarded science, and eliminated art.
The mark of a great theory and procedures that accompany it is that its essence continues to bear true and evolve over time. Throughout its existence the field of psychotherapy has accumulated so much knowledge and at this stage it makes little sense to work in such dogmatic ways. The author of this article has an extreme appreciation for Glasser and Wubbolding's consistent dedication toward evaluating choice theory/reality therapy philosophy and practice, as well as their humility and creativity in adding to it or altering it as needed.

As practicing therapists, we are standing on the shoulders of giants and we must broaden our theoretical knowledge and develop our clinical abilities to better meet the diverse needs of our clients. Therefore, the field of psychotherapy needs to make a full commitment to being client and relationship driven, privileging the client's perspective and feedback on how he or she is going to change, as well as valuing thoughts on the clinical alliance and the therapy process itself. This paradigm will require therapists to move more toward psychotherapy integration, which does not mean abandoning one's theoretical framework or principles of application, but it does mean having to broaden our knowledge and techniques to be in a better position to help those who are suffering.

The author of this article posits that choice theory/reality therapy can be practiced as a brief or solution focused based therapy, as a form of cognitive behavioral therapy, in an existential manner, or with an interpersonal emphasis.

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Brief Bio

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Defining the Experiences of Black Women: A Choice Theory®/Reality Therapy Approach to Understanding the Strong Black Woman

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Abstract

This article examines the relevance of choice theory and reality therapy in understanding the unique social and cultural experiences of the "Strong Black Woman (SBW)." Within the traditional therapeutic paradigm, the Black perspective, in particular the experiences of Black Women, has been lacking, as such the primary goal of this article is to join choice theory, reality therapy and the Strong Black Woman paradigm in an effort to expand our theoretical understanding of the Africa Centered approach to reality therapy.

The Strong Black Woman Paradigm: A Socio-cultural Framework for Understanding the Black Woman

Traditional psychological theories are inadequate in articulating the unique psychological experiences of Black women (Thomas, 2004). Though few theories offer a comprehensive framework that joins together history, culture, race, gender, values, and beliefs, the Strong Black Woman paradigm provides a unique theoretical perspective that broadens our understanding of the lives of Black women and how they relate to the world.

The prevailing image of the Black woman is complex and distorted. The Strong Black Woman archetype is an idealized construction of Black womanhood that personifies strength, independence, competency and self-reliance (Beauboeuf-Lafontant, 2005, 2007). For many Black women, the strength persona serves as a defense mechanism against racism and sexism as well as a self-presentational strategy that frees them from the constraints placed upon them by society (Harris-Lacewell, 2001). However, this strength construction limits—rather than empowers—Black women by perpetuating a social schema that de-emphasizes their daily struggles and society's inequities, often leaving Black women depleted, physically, emotionally and mentally (Beauboeuf-Lafontant, 2005).

This article examines the Strong Black Woman paradigm, incorporating a choice theory/reality therapy approach for understanding the experiences of Black women and how they relate to self and others.

Broadening the Discussion of Choice Theory and Reality Therapy: Incorporating the Experiences of the Strong Black Woman

The person in the environment as well as the environment in the person shapes the form and function of one's life course. All that we are or become is influenced by our relationship with a constraining or liberating environment, as well as other factors transmitted from the ancestors.

One's culture does not develop the personality in isolation, but is significant to the interpretation of the real world. Perception is a significant, if not the most significant component in understanding behavior. In order to understand the African personality, one must begin with a focus on culture that is embedded within an African world view.

An essential component that contributes to an understanding of the African personality is the experiences of Black women, in particular women who self-identify as Strong Black Women. The knowledge acquired through the study of the Black woman is significant to a holistic understanding of the interactions among social, psychological, and cultural systems as they affect and are affected by human behavior. The societal and daily realities of the Black woman are transformed into a broad Black perspective that includes a framework for discussing the unique experiences of the "Strong Black Woman." Upholding this perspective is a major reference point for the practice of reality therapy in the Black community. Further, there is an assumption of the interconnection between the dual group status that is race- and gender-based (being female and Black) and the problems that may threaten family cohesiveness.

For Black women who embrace the Strong Black Woman ideal, interpersonal relationships, in particular the family dynamic is often superficial and strained. Strong Black Women learn to minimize their feelings, wants, and desires to accommodate the needs of others. The ability to express genuine fear, hurt, and inadequacies is lacking. This cultural edict demands of Black women tireless support of others to the detriment of self. This strength training is born out of the Strong Black Woman's need to fulfill the unrealistic expectations of others, with no hope of compassion or understanding in return. This strength ideal requires an invulnerability that often results in a *disconnect* between the Black woman and others.

The family dynamic of the Strong Black Woman is often defined in terms of male privilege and female sacrifice. This male-centered family structure requires that women provide unconditional support to the boys and men of the family, which offers them a safety net from failure, a luxury not available to the Strong Black Woman (Beauboeuf-Lafontant, 2009).

Within this context, if a family is to meet its needs, it must have the means to do so, or its behavioral system will use need-fulfilling behaviors. When behaviors are constricted (unhealthy behaviors), the family will continue to behave in an attempt to perceive that it has met or is meeting its needs, in essence a quest for wellness. Our behavioral system is designed to continually move us toward wellness and it is this movement that is influenced by our genetically driven needs. All families have the same basic needs and use the same total behaviors to fulfill them. Differences lie in the genetically endowed strength of a particular need (Glasser, 1984, 1998; Mickel, 1991).

As a family, it is in our quality world that we store those memories-- pictures of wellness, if you will, that can be drawn upon to provide a foundation for future wellness. The quality world (Glasser, 1990) recodes our basic needs into what we want and what we want determines our actions. Within the relational system, the want-fulfilling behaviors are often in conflict. This conflict is based upon disequilibria between the real and quality worlds. From the systems perspective, conflict provides intrinsic motivation as the system will seek balance. If the system cannot meet its needs responsibly, it continues to behave until the need is satisfied even to the point of demonstrating irresponsible, irrational behaviors. It has no choice but to seek balance. This balance may result in ineffective irresponsible behaviors or effective responsible behavior. Effective behavior is that which results in balance in the system. Regardless of which, the system seeks balance between the real and

quality worlds. Each role, task, and function of the system requires a continual balance between what it perceives it has and what it wants.

Barriers to the Conventional Therapeutic Approach

Choice theory (Glasser, 1998, 2000, 2003) contends that we can only control our own behavior i.e., that everyone is responsible for his or her own behavior—not society, not the environment, not heredity, not the past but each person now (Glasser, 1965, 1984, 1998). According to choice theory, all we do is behave and that almost all behavior is chosen (Glasser, 1998). "Choice theory explains that, for all practical purposes, we choose everything we do, including the misery we feel…we choose all of our actions and thoughts and, indirectly, almost all of our feelings and much of our physiology. As bad as you may feel, much of what goes on in your body when you are in pain or sick is the indirect result of the actions and thoughts you choose or have chosen every day of your life." (Glasser, 1998, pages 3-4).

In order to survive, we all have basic needs that developed very early in the history of women and men. Choice theory suggests that we are genetically programmed to satisfy five basic needs: survival, love and belonging, power, freedom and fun (Glasser, 1998). It is important to note that we choose how we meet our needs.

The conventional theoretical practice perspectives postulate that ethnicity can be ignored as a significant factor. It presumes that the practitioner, if (s)he is "adroit and competent" can overcome any cultural or ethnic differences brought to therapy. The key to success, from this point of view, is technical. There is no significant difference from the treatment perspective due to culture and ethnicity. Practitioners need to be aware that not "all" of any ethnic or cultural group is the same.

A major internal barrier attempts to use methods that deny the need to account for diversity in the problem-solving process. This barrier is based on those interventions that hold that therapeutic technique, appropriately used, will work with anyone. This is especially true in the areas of gender, race and culture. This attitude presupposes that color and cultural blindness is therapeutically viable. This is a traditional Euro-centric view and may work if one lived in a homogeneous environment. Culture defines the way of life that is considered natural by those who practice it. It determines the way we perceive reality. It gives meaning to the things we do. Our perceptions determine behavior. Thus, culture determines, to a great extent, our behavior. In the world community, there are many different cultures.

A second presumption concerns the predisposition toward grouping nonwhites with low income whites for treatment purposes. This practice makes the assumption that viewing them in a similar fashion is valid. This attitude presupposes a connection in treatment of nonwhite issues with low income persons. It enhances the attitudinal barrier to effective service delivery.

Another prevailing barrier found in conventional therapy is the practice of the deficit hypothesis. Nonwhite, ethnically different family structures are viewed as dysfunctional or pathological and the differences are attributable to genetics or social disorganization. To be different from the mainstream American family is to be "sick." Within conventional therapy, the white middle class is the model. The client is not "normal" unless (s)he can exhibit those traits/variables ascribed to this group. Treatment issues focus upon the client increasing "coping skills"; adaptation is central to this focus. The model is the middle class, and variance is considered to be pathological. Concern with correcting differences as the

professional's mission in the therapeutic process is also a barrier. The mission is to have the client adjust to the status quo. That which is different is aberrant. The focus of therapy is to work to correct perceived differences.

Training is the final barrier. Training programs that continue to produce individual practitioners who reinforce these barriers are a part of the problem. Many training programs produce counselors using methods taught since the approaches were founded. They continue this practice in isolation from the reality that the world has changed and the method whereby persons meet their basic needs have also changed. The programs that perpetuate these barriers continue the cycle. As they continue the cycle, they provide "clients" who are to be saved from themselves. The victim is responsible for the conditions as they exist. It is the responsibility of those who would position themselves as keepers of the flame to become more adroit at recognizing the "blame-the-victim" cycle.

Alternatives to the Conventional Therapeutic Approach

Confronted by barriers, progressive methods were developed to overcome them. There have been, during this process, several alternatives to deal with these impediments. Among the alternatives is the therapeutic approach which shifts the locus of the problem from the individual to the environment. Ethnic and culturally different people are not themselves disadvantaged, but exist within a disadvantaged environment. The effort shifts to the environment for needed intervention, from a systems perspective (Mickel, 1999, 2000).

There is also the approach that deals with a revised interpretation of behaviors. Behaviors are analyzed from a strengths-needs perspective. Therapy focuses upon the strengths that the client brings to therapy. Empowerment is key in the therapeutic relationship. Personal revelations are viable within treatment and it is alright to share with your client that you are not omnipotent. The evaluation of differences in communication integrating the African Centered Perspective is viewed as just that – a difference and not a weakness (Mickel & Liddie-Hamilton, 1998; Mickel, 2005).

The tools for dealing with problems have been creatively modified. The temporal process, from this perspective, deals with the present and the future. The role of the past is to discover successful behaviors and strengths to use in the present. Therapists are teaching their clients, and the clients gain self-help skills. Finally, it has become acceptable to be involved with clients and treat them no differently than one would treat other people. It is clear that nonwhite clients' perceptions of the world may be different, and their behaviors reflect that everyone does not have to be the same. Furthermore, when there is a difference, it does not have to be labeled an aberrant behavior. These alternative perspectives are synthesized through reality therapy and choice theory. It is not presented as a panacea, but as a viable theoretical and practical frame of reference for those who wish to consider a different way to work with their clients. Intervention is focused through and based upon reality therapy/choice theory. It provides a viable strategy to work with diverse populations. The approach allows the inclusion of the perceptions of individuals and groups within its parameters (Mickel, 2005).

The Ten Axioms of Choice Theory and the Strong Black Woman Paradigm

Glasser developed what he called "the ten axioms of choice theory" to assist individuals in the achievement of personal freedom. It is Glasser's conviction that once we live by choice theory and adopt these axioms, we are able both to define and redefine our personal freedom and lead more successful lives (Glasser, 1998). Choice theory postulates the importance of good relationships. Women who self-identify as S*trong Black Women*

generally have unsatisfying relationships. These women put the needs of others before their own, accepting responsibility for the care of others without complaint (Beauboeuf-Lafontant, 2005). These women try to be all things to all people and do not insure that their needs are being met in their relationships.

Embracing the ten axioms of choice theory may enable the women who identify themselves as S*trong Black Women* to improve their relationships, and cease suffering the mental and physical health consequences associated with identifying with a cultural archetype that diminishes them as women.

The first axiom states that "The only person whose behavior we can control is our own" (Glasser, 1998). No one can make us do anything we don't want to do (Glasser, 1998). Adopting this axiom gives credence to S*trong Black Women* being in control of their actions. These women choose to put the needs of others above their own; hence, they can choose to change their behavior to insure their needs will be met. In therapy, choice theory teaches that there is no sense talking about what clients can't control; the emphasis is on what clients *can* control in their relationships (Corey, 2009). In working with clients, Reality therapists do not listen very long to complaining, blaming, and criticizing, for these are the most ineffective behaviors in our behavioral repertoire. Because reality therapists give little attention to these self-defeating *total behaviors,* they tend to disappear from therapy (Corey, 2009). In working with a woman who self-identifies as a *Strong Black Woman*, the therapist may work on restructuring the woman's cognitive pattern that emphasizes the perception of a lack of control over her behavior. For example, Strong Black Women must understand that they do not have to stay late at work completing tasks that should have been completed by a co-worker. They do not have to suffer in silence. Strong Black Women *have the ability to choose* to behave in a manner which leaves them feeling isolated and they also have the ability to choose to behave in a manner that leaves them feeling empowered.

The second axiom states "All we can give another person is information. How we deal with that information is our choice and the choice of the person who is receiving information from us (Glasser, 1998). We have control over the information that we provide to others. For example, if our goal is to have a closer relationship with our mate, we make the decision to stop arguing, behave in loving ways, and say things that will bring this person closer to us.

For the Strong Black Woman, she may want to experience a feeling of closeness with a loved one and for various reasons, she does not behave in ways that will communicate these needs. The women who identify as Strong Black Women have to let go of the distorted archetype society has created for them and allow themselves to be loved and behave in loving ways in order to experience closeness and have their needs fulfilled.

The third axiom postulates "All long-lasting psychological problems are relationship problems" (Glasser, 1998). There is no sense wasting time looking at all aspects of our lives for why we are choosing misery. The cause of the misery is always our way of dealing with an important relationship that is not working out the way we want it to (Glasser, 1998; p. 334). As a result, S*trong Black Women* can work to overcome their psychological problems by improving their relationships with significant others. For example, there may be a woman who gives her all to her children and at work. This woman's children are well cared for and she is a productive worker. However, this woman has felt unloved by her mother and is unsatisfied with the current state of their relationship. In her attempts to become closer to her mother, she has experienced rejection. As a result, this woman experiences symptoms of depression and turns to food for comfort (Beauboeuf-Lafontant, 2003). She also has a

number of weight-related issues, including diabetes and high blood pressure. It is recommended that she seek therapy, with a choice theory focus, to resolve her issues in her relationship with her mother. Family therapy with this woman and her mother (if the mother is willing) may also be helpful in resolving her psychological problems (i.e., her relationship problems).

The fourth axiom states "The problem relationship is always part of our present life" (Glasser, 1998). Accordingly, in order to improve the problems of S*trong Black Women*, the women do not need to revisit past relationships or spend a large amount of time preparing for future relationships. If a person is unhappy or experiencing distress, the distress can be remedied by improving a current relationship. For example, time should not be spent discussing past relationships with parents or previous romantic relationships. Past experiences cannot be changed. We can only change our current circumstances and relationships. For example, in general women who identify as Strong Black Women may have issues in current romantic relationships. This axiom postulates that the response should not be to use past relationships as a reason to be guarded in current relationships. Only the current relationship can cause distress and happiness. In order to decrease distress, the current romantic relationship needs to be the focus and source of improvement. Behaving in ways to protect one's self as a result of failed relationships in the past may sabotage current relationships.

The fifth axiom postulates "What happened in the past has everything to do with what we are today, but we can only satisfy our basic needs right now and plan to continue satisfying them in the future. Glasser grants that we are products of our past but argues that we are not victims of our past unless we choose to be so. Glasser disagrees with the belief that "to function well in the present we must understand and revisit the past" (Corey, 2009). This axiom may be difficult for S*trong Black Women* to accept. These women learned through watching their mothers and grandmothers to never ask for help and to function in ways that lead to their needs not being met, putting the needs of others above their own. Strong Black Women have to acknowledge and take steps that will allow them to meet their needs in effective ways.

For instance, Amankwaa (2003) studied African-American women's experiences with postpartum depression. A number of Black women were interviewed to receive their perspectives on their experiences and a major theme among these women was that they viewed their mothers as "Strong Black Women" who never asked for help and handled harsh circumstances. African-American women reported that their mothers appeared to be "superwomen," and they struggled to emulate their predecessors. They seemed to struggle between who they really were (the real self) and who they thought they were supposed to be (the ideal self) (Amankwaa, 2003). *Strong Black Women* must resolve these images from their past and learn how to achieve satisfying relationships in their present.

The sixth axiom states "We are driven by five genetic needs: survival, love and belonging, power, freedom, and fun." These needs have to be satisfied. They can be delayed but not denied (Glasser, 1998). Additionally, we cannot satisfy anyone else's needs but our own. The hallmark of the S*trong Black Woman is sa*tisfying the needs of others, while neglecting their own. If S*trong Black Women* accept this axiom into their lives, they may realize the importance and necessity of caring for themselves. A later section will address several strategies for achieving the basic psychological needs of the Strong Black Woman.

The seventh axiom states "We can only satisfy our needs by satisfying the pictures in our Quality World" (Glasser, 1998). A primary goal of contemporary reality therapy is to help clients get connected or reconnected with the people they have chosen to put in their

quality world (Corey, 2009; p. 321). Our quality world is a small, personal world, which each person starts to create in his or her memory shortly after birth and continues to create and re-create throughout life. It is made up of a small group of specific pictures that portray, more than anything else we know, the best ways to satisfy one or more of our basic needs (Glasser, 1998, p. 45). For Strong Black Women, they must take time to realize the people who mean the most to them, i.e. family members, friends, etc. These are the people whose images are in the pictures in their Quality World. These relationships need to be maintained and through which Strong Black Women can meet the needs of interconnectedness.

The eighth axiom states "All we can do from birth to death is behave. All behavior is total behavior and is made up of four inseparable components: acting, thinking, feeling, and physiology" (Glasser, 1998). Everything we do is chosen (Corey, 2009). Our behaviors come from the inside, and thus we choose our destiny. Additionally, choice theory postulates that "the more clients are able to connect with people, the greater chance they have to experience happiness" (Corey, 2009; p. 319). Reality therapists recognize that clients choose their behaviors as a way to deal with the frustrations caused by unsatisfying relationships, and as a result they experience a lack of happiness. In order to achieve happiness, S*trong Black Women must* behave in ways that allow them to connect with the significant others in their Quality World and not to isolate themselves from their significant others.

The ninth axiom states "All Total Behavior is chosen, but we only have direct control over the acting and thinking components. We can only control our feeling and physiology indirectly through how we choose to act and think" (Glasser, 1998). In therapy with reality therapists, when clients complain about how other people are causing them pain, the therapist does not get involved with finding fault. Reality therapists ask clients to consider how effective their choices are, especially as these choices affect relationships with significant people in their lives (Corey, 2009; p. 319). When working with a Strong Black Woman, the therapist will ask this woman about the part she has played in her unsatisfying relationships. For example, has she communicated to others that she does not need help with childcare, that she is happy never having a day off work and never treating herself to a day of relaxation?

The tenth axiom states "All Total Behavior is designated by verbs and named by the part that is the most recognizable." When a reality therapist starts teaching choice theory, the client will often protest and say, "I'm suffering; don't tell me I'm choosing to suffer like this." As painful as depressing is, the therapist explains that people do not choose pain and suffering directly; rather, it is an unchosen part of their total behavior. The behavior of the person is the best effort, ineffective as it is (or may be), to satisfy needs (Corey, 2009).

After reviewing the aforementioned information regarding the axioms of choice theory, one may ask, "Is choice theory blaming the *Strong Black Woman* for her own problems"? This theory postulates that the mental and physical health consequences of women who identify themselves as S*trong Black Women* is a result of behaviors they are choosing to engage in. On the other hand, S*trong Black Women* most likely have the power to change their circumstances and enhance their unsatisfying relationships by changing their behavior.

According to Glasser (1998), being disconnected is the source of almost all human problems. If S*trong Black Women* change the way they are interacting in their relationships and behave in ways that will result in getting their needs met in more effective ways, this will resolve their psychological issues and distress.

Strategies for Achieving the Basic Psychological Needs of the Strong Black Woman

Love and Belonging Needs Inspire people to love and share in order to have significant, healthy relationships. The most primary need, according to Glasser (2000, 2005), is the need to love and belong. According to IRT (1988, p.3), love and belonging is "to gain and maintain the belief that others for whom we care are concerned enough about us so that they will both give us and accept from us the affection, care and friendship we desire." Unfortunately, the authors take the position that the Strong Black Woman gives of herself a lot more than she receives. As such, it is likely that she spends a great amount of time trying to please others. The Strong Black Woman may deny or take the stance that she don't need Love. Strong Black Women may even present themselves as being able to live "without it," or claim that they don't have time to nurture relationships . . . particularly one of any significance. The authors believe that the Strong Black Woman has encountered a number of painful and destructive relationships; however, it should be impressed upon them that pain is a part of life and from the perspective of choice theory, pain and suffering is a choice.

Strategies for Achieving Love and Belongingness Needs

Having no place to belong can have negative effects; however, for the Strong Black Woman seeking support from family and friends can be difficult.

Strong Black Women must learn to seek support from other sources, such as church involvement, informal support groups, Books clubs, etc. The goal is to move outside of the interpersonal structure that helps to maintain the strength ideal.

Power Needs allow us to feel a sense of importance, competence and control over our lives. The essence of the Strong Black Woman is her drive to present the persona of competence, mastery and control; however, in many cases the Strong Black Woman is vulnerable and overwhelmed, lacking the voice to acknowledge that help is needed.

Strategies for Achieving Power Needs

1) The Strong Black Woman must examine her strengths, successes, and areas of interest, which can provide her with a sense of empowerment and increased self-efficacy.

2) The Strong Black Woman must also examine her faults and weaknesses as a way to acknowledge that component individuals are also flawed individuals and this is acceptable.

Freedom Needs facilitate a sense of autonomy, and independence, (i.e., having the "freedom" to make choices for one's self). The Strong Black Woman may have limits placed upon her, enhancing the perception that she lacks the free will to make decisions about her life.

Strategies to Achieve Freedom Needs

1) Strong Black Women should learn to identify their wants, separate and apart from the needs of their families, friends and work obligations.

2) Strong Black Women must take time to determine the motivational forces behind the decisions they are making. For example, are you doing things to please others or are you doing things because you truly want to do them.

3) Strong Black Women must evaluate their beliefs on doing things for themselves. Some may experience guilt for doing things solely for their benefit. Strong Black Women need to learn there is no need to feel guilty as they attempt to take care of themselves. It is not considered being selfish to take care of one's self.

Fun Needs: Fulfilling our fun needs help us to get some pleasure and enjoyment out of life. Unfortunately, for the Strong Black Woman excessive interpersonal and work demands often leaves these women depleted physically and psychologically.

Strategies for Achieving Fun Needs

1) Strong Black Women must learn to embrace having fun and enjoying life. They spend a great deal of time taking care of others, it is psychologically beneficial to laugh, love and enjoy being alive.

2) Strong Black Women must take time to decide what they enjoy doing, i.e. exercising, reading a good book, going to the spa or just having quiet time for themselves. Once they have decided what they enjoy doing, Strong Black Women need to set time in their schedules to enjoy these things.

3) Enjoying life can involve taking the time to appreciate the small things in life, i.e. "taking the time to smell the roses." Strong Black Women spend a great deal of time feeling overwhelmed and believing they must be all things to all people. They may fail to take the time to just have a moment of silence and just breathe.

4) It may be beneficial for Strong Black Women to understand the concept that shared enjoyable experiences will help achieve their goal of stable and strong families. Spending time playing with their children will help these women bond with their children. Additionally, taking time to enjoy quality time with their significant others will help maintain solid, healthy relationships.

Summary

In summary, this article outlines how choice theory and reality therapy can be utilized to reference the unique experiences and needs of the Strong Black Woman. The knowledge acquired through the study of the Black woman is significant to a holistic understanding of the relationship between social, psychological and cultural systems as they are affected by human behaviors. In the final analysis, the responsibility of the therapeutic process is to prepare the system to accept the reality of many possibilities. These possibilities are rooted in the perceptions of individuals and families. Powers (1973, p.264) addressed perceptual-based behavior when he wrote, "The behavior of an organism can be influenced…by the actions of another organism or by other natural events; but the behavior of organisms is not organized around the control of overt actions or any randomly noticed effects they produce. It is organized around control of perceptions." The conceptualization of Black women presented here alludes to the influence of others' perceptions and self-perceptions on the lives of these women. As such, a broad-based theoretical and therapeutic perspective that is sensitive to the concerns of Black women is vital if we are to gain a complete and comprehensive understanding of the African personality.

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Brief Bios

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Applications of Choice Theory and Reality Therapy with Challenging Youth

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Abstract

Counseling students are prepared to apply the concepts and practices they learn to a wide variety of clients, including resistant youth who are not interested in counseling services. In an independent study group focusing on choice theory and reality therapy, students read about the application of these ideas with youth, applied the concepts to their own cases, and engaged in role play to develop skills useful with this population. Students also learned how to identify their own internal struggles when working with challenging youth and developed strategies for dealing with these issues. This article provides an overview of the independent study content and concludes with case studies written by students as they applied what they had learned in their work with young people.

As part of their internship experience at Governors State University (GSU), students are required to spend a minimum of 600 hours in placement at a community agency or school. A minimum of 240 of these hours is spent in direct contact with clients. Students are also required to choose a theoretical model that supports their therapeutic approach to working with clients. During their internship supervision, students discuss their cases through the lens of their chosen theory. For marriage and family and community counseling students, their final project includes a transcript of a counseling session. In the transcript evaluation students must demonstrate how they used their model when working with the client who is the focus of the session.

Students are introduced to a variety of counseling theories early in their counselor training. They often become overwhelmed when trying to remember the various philosophies and techniques of the theories and find it difficult to choose one theory that best suits their own beliefs about human behavior and motivation. Faculty members at GSU work from a wide variety of models: existential/humanistic, experiential, family systems, emotion-focused, psychodynamic, Adlerian, solution-focused, cognitive-behavior, and choice theory/reality therapy. Students are encouraged to meet with faculty members to discuss theory so that the students can make a choice based on what they believe will be the best model for them.

Patricia Robey, senior faculty member of the William Glasser Institute (WGI), teaches the section on Choice Theory (CT) and Reality Therapy (RT) in the theories class. During the class, students are encouraged to apply CT/RT to their own experiences and to hypothetical case studies. Because many students expressed an interest in learning more about these ideas, Robey created an independent study group in which students were able to learn CT in depth and practice the application of RT in role play with hypothetical clients and/or to simulate their work with clients in practicum and internship. The group meets for three four-hour sessions during each semester. Participants are responsible for reading about CT/RT and applying CT/RT principles to their personal and professional lives.

While enrolled in the independent study group, students are given a reading list of books related to CT/RT and are encouraged to choose books that will give them insight into themselves and/or the clients with whom they are working. During the Spring 2011 semester, several students were working at internship sites where the focus of their

counseling was on children and adolescents. They asked for help in understanding youth through the lens of CT and on practicing the RT process in role play that specifically focused on working with youth. The book *Working with Challenging Youth: Lessons Learned Along the Way* (Richardson, 2001) was chosen by the group to provide insight into that process.

Working with Challenging Youth

Richardson's (2001) book is written in an encouraging and engaging style that helps readers understand youth, but also helps readers understand themselves and their own internal processes in working with youth. In chapter one, Richardson described challenging youth as those who have difficulty in expressing and managing their emotions effectively, who are unable to meet their needs in a responsible way, who invariably elicit exactly the opposite of what they need in relationships with others, and who rarely ask adults for help. Richardson noted that his therapeutic approach is drawn from a variety of strategies and principles, but that choice theory/reality therapy is the approach that he draws from most. Richardson used RT in his work as a residential, school, and clinical counselor. He stated that RT provides a structure for helping youth evaluate the effectiveness of their behavior and teaches them how to make more responsible choices.

A strength of the book is Richardson's focus on the self-awareness of the counselor. He noted that counselors should take the time to evaluate their own internal responses to challenging clients. Asking themselves RT questions can help counselors with this process. Richardson also encourages counselors to seek feedback and consultation, to reflect on emotional triggers, and to get professional help if necessary to deal with personal issues that may arise during counseling.

Chapters three through six of Richardson's book focus on lessons he learned that, when applied, will help counselors become more effective when working with challenging youth. These lessons include: the importance of understanding youth from individual, developmental, and cultural perspectives; the necessity of finding a balance between support and challenge; finding caring, creative, and constructive solutions to problems; and learning to appreciate the collaboration that is possible through a systemic approach.

Students integrated what they learned from Richardson (2001) with what they had learned from the books *Choice Theory* (Glasser, 1998) and *Reality Therapy* (Wubbolding, 2010), and other training they received during their counseling courses and from their internship sites. At the end of the semester, Robey asked interns Alishia Davis Mercherson and Gwendolyn Grant to write brief case studies to demonstrate how they applied what they had learned in their work with challenging youth.

Alishia's Story: Meet "Marky"

During my internship experience, I had the opportunity to work with a diverse group of clients. The population that I have always enjoyed working with, and which I also find to be the most rewarding, is adolescents. This is the story of one of those young men.

Marky was a fifteen year old, African-American, adolescent male and the younger of two siblings. He lived at home with both his mother and father, who had been married for almost twenty years. Marky's mother was self-employed in the health field. Both parents were involved and invested in the success of their family. Despite the efforts of his family, though, Marky's behavior at home and at school became a problem around the time that he turned 12. At one time, Marky's behavior was so troublesome that he was evaluated and sent away to military school for six months. After his return home, Marky was referred to

counseling at a local community agency. Mom and dad reported that they were frustrated with Marky, but they had hope that Marky would learn how to manage his negative behaviors and be successful.

As a result of his behavior, Marky was struggling at school and at home. He had received several behavioral referrals and detentions and was frequently suspended from school. Marky was diagnosed with attention deficit hyperactivity disorder (ADHD) and oppositional defiant disorder (ODD). Mom believed that that these diagnoses were major contributing factors to his behavior and poor choices. Marky's parents were struggling with what to do and how to help their son to be successful. As a result, Marky's parents requested counseling to help Marky learn skills that would lead to healthy coping, positive decision making, and a safe place to explore his anger and the important relationships in his life.

Information gathered during our first session suggested that Marky had a low awareness of how his choices impacted his present situation at school and home. Marky did not take any responsibility for his total behavior. As we learned through reading *Choice Theory* (Glasser, 1998) and the Richardson (2001) book, my goal during the first couple of sessions was to establish therapeutic rapport. I shared with Marky that we would identify his strengths and explore how he could make better choices that would result in meeting his needs and wants. First, we explored what he wanted from therapy. Marky shared that it was important that people did not view him as the "bad guy." He did not want to be perceived as a person who could not control his own behaviors. Marky wanted to be respected, accepted, and given a chance to be successful. Marky was resistant to the concept that his behaviors were purposeful and that they were meeting some need for him. Consequently, he struggled with anger issues, blaming, and complaining behaviors.

I worked with Marky from a choice theory perspective. In collaboration, we evaluated Marky's current behavior (his acting, thinking, feeling, and physiology) to determine whether this was working for him. This process allowed Marky a safe space to reflect on his destructive and self-defeating behaviors. He realized that his behaviors were harmful to himself and others around him. He shared that he felt out-of-control. At this time, I used the WDEP (Wubbolding, 2010) process with Marky. Through this process we were able to identify what was important to Marky. Marky's quality world included popularity, acceptance, positive behavior, and financial independence. More specifically, Marky was seeking acceptance from his mother, father, teacher, and friends. It became clear, however, that when Marky perceived that he did not get the acceptance that he wanted, he responded by choosing his organized behavior of yelling, walking out, breaking things, skipping school, and running away. I continued to ask him to evaluate his behavior until he finally admitted that his current behaviors were not working. Collaboratively, Marky and I developed a plan that would help him achieve his goals in getting the acceptance that he sought.

In subsequent sessions we worked on specific goals, personal expectations, and how he could make positive changes. Each week, Marky would check-in and share his thoughts, feelings, and behaviors. He kept track of this through a journal. Marky learned to self-evaluate and develop a plan to be successful and create change in his life. Marky demonstrated enthusiasm about his plan and began to show improvements in his thinking, acting, and feeling.

Upon termination, Marky was at a point where he was learning to accept responsibility for his behavior. He was no longer resistant to my challenges, but open to evaluating himself and his behaviors. If I were to continue working with Marky, I would further explore his behaviors, wants, and needs. My hope would be that Marky would recognize and accept

that all of his behaviors are purposeful. I would want to reiterate to Marky that he has control of his own behaviors and that he always has choices. Learning to self-evaluate is critical for Marky's success. My hope is that these skills will help Marky to overcome the challenging times in his life that lie ahead.

I believe that CT/RT is an effective approach to use in any counseling situation, but particularly with challenging youth. Using the CT/RT approach with challenging youth allows the counselor to teach clients skills that will help them foster autonomy and gain responsibility for their own actions. As a result, clients are able to self-evaluate and identify ways to gain control of their thoughts, feelings, actions, and physiology. The collaborative nature of CT/RT empowers the client to create change and ask important questions, e.g., "Is how I am behaving getting me closer to what I really want?" I found this to be particularly helpful with Marky. CT/RT allows the client to use their own skills to problem solve, while allowing the counselor to serve as a guide, offer support, challenge clients and hold them accountable for their total behaviors.

Gwendolyn's Story: What Do You Mean What Do I Want?

When working with adolescents, I have found that they are used to someone telling them what to do or what not to do. Seldom does anyone ask them what *they* want to do.

Choice Theory--along with the use of Reality Therapy--in counseling appears to be a welcome change for many of the young people with whom I have worked. According to Glasser (1998), most, if not all, of our underlying problems have to do with either an unsatisfying relationship or the lack of a relationship altogether. If therapy is to be successful, the therapist must guide the client to more satisfying relationships and teach them more effective ways to behave. When the youth I have worked with find that their problems have more to do with how they chose to behave, rather than being victims of circumstances, they are more willing to work on themselves to gain what they want. I believe that knowing and understanding that you have a choice in how you respond to any given situation makes a difference in how you choose to respond.

I usually start my sessions with adolescents by asking them what they want to happen in whatever situation it is that they are dealing with. This is when I get the question from them, "What do you mean what do I want?"

I recall a client, "John," who was placed in a residential home because he continued to get into trouble, and as a result would end up in jail. He was 17 when I met him and had lived in the residential home for a year. John was also a sex offender and was very angry. When asked about himself, he stated that he believed he was okay and felt he could do what he wanted and get his way. I recalled what I had read in the Richardson (2001) book about the importance of meeting clients where they are and putting myself in the client's shoes. So we discussed his situation and he helped me understand where he was at during our session. I asked him to evaluate if he was willing to continue to face the consequences he was facing for his choice of behaviors. He shared with me that he just WANTED to leave the residential home and take care of himself. I responded, if this is what you WANT, has it been revealed to you what you need to do to accomplish your goal of "leaving the residential home and taking care of yourself?"

It appeared to me that something clicked in this youth's mind. He looked at me and said, "When I came here, the caseworker told me that I had a treatment plan that I needed to finish in order to gain enough points to leave. I have been here for a year and I don't know if I have even gained one point in that plan."

I then replied, "Okay, John, where I understand you to be at this time is in a state of realization. You just told me that you have a treatment plan. However, you have not been focused on that plan, but your focus has been on leaving the residential home."

His response was, "Yes."

Again, I asked him, "What do you want?" and "What do you think would be your next step to get what you want?"

After about four sessions with John, he was able to gain enough points and received no consequences for bad behavior, which was leading him toward his goal of leaving the residential home. He shared with me that his case manager even began talking with him about Transitional Living Placements (TLP), which put a smile on his face.

Each time I work with an adolescent and see that "light bulb" look of discovery light up, I know that the adolescent *did not fully realize* how much choice he or she had to influence his or her challenging situation. Most youth just act out to gain attention. However, when they realize that it is up to them to make positive behavioral changes in the direction of their goals, and then follow-up those intentions with positive actions, they get the positive attention from others that they were seeking all along. Even more importantly, they move in the direction of fulfilling their wants and creating their desired quality worlds!

Conclusion

This article presented an overview of an independent study process and the application of the ideas learned in the study by two interns. The independent study provides an opportunity for contextual learning and insight, thus enhancing the development of counseling skills, understanding, and empathy for clients. An experiential approach to skill development is effective in building trust and encouraging students to challenge themselves in the learning process (Ziff & Beamish, 2004). However, care should be taken during any experiential class to always (1) protect confidentiality, (2) avoid conflicts due to dual relationships, and (3) to provide resources for counseling services if students experience distress as a result of the personalization of concepts.

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CHOOSING SUCCESS IN THE CLASSROOM BY BUILDING STUDENT RELATIONSHIPS

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Abstract

The purpose of the current research was to evaluate the effects utilizing choice theory and reality therapy to promote positive relationships between students and teachers. This study provides evidence that using the choice theory/reality therapy framework for building better relationships with students can impact the number of discipline referrals, student attendance, achievement, and retention. In each area of data collected, improvement was found.

A national theme for education bolsters creating more successful high schools by emphasizing rigor, relevance and relationships (International Center for Leadership). Most professional development trainings provided for teachers emphasize how to enhance rigor and relevance. Further, many professionals within the educational community emphasize the importance of building relationships between students and teachers; however, there is no "how to" on improving these relationships. William Glasser (1998a) provides a frame-work and practical approach for creating more satisfying human relationships. Choice theory posits that all behaviors are chosen to meet the five basic needs of survival, power, belonging, freedom, and fun. While all students are unique, they are all driven by the same five basic needs (Glasser, 1998b). It follows that all behavior originates from within and therefore, human beings are internally motivated and not coerced by the external world, hence, their needs are better met through internal motivation instead of external control.

Contrary to the principles of choice theory, most teachers were taught in an atmosphere of external control, which contends that positive and negative external stimuli cause people to behave in certain ways. In many educational training programs, traditional classroom management techniques or behavior modification strategies are promoted. These strategies advocate rewarding and punishing children through the use of external incentives. If these strategies were effective, discipline, retention, failure and dropping out would be greatly minimized before students reach high school. The data show, however, that nearly one third of all public high school students drop out of school (Bridgeland, Dilulio, & Morison, 2006). It was furter reported that while there is no single reason for students dropping out of high school, the following were noted among the most common responses from students: a lack of connection to the school environment; a perception that school is boring; feeling unmotivated; academic challenges; and the weight of real world events. The researchers added that most students interviewed believed they could have succeeded in school; however, they felt that circumstances in their lives, and an inadequate response to those circumstances from the schools, led to them dropping out.

In an effort to adequately respond to extraneous circumstances, schools can promote connecting relationships between teachers and students. Wubbolding (2007) states four principles of choice theory to build better relationships and improve school performance. The four principles are: 1. Human motivation is internal. People behave to satisfy five universal genetic needs and specific wants related to each of those needs that are unique to the individual. 2. The difference between what a person wants and what they have is the cause for behavioral choices. 3. "Total behavior" is comprised of acting, thinking, feeling, and physiology. 4. People view the world through their own perceptual systems.

The first principle recognizes that human motivation is internal, by trying to satisfy the five basic needs. Teachers realize student behavior is driven by a difference between what the student wants and what they need. In addition, total behavior is understood as a combination of actions, thinking, feeling and physiology. Human beings see the world through perceptual lenses to organize the input received from the external world. These principles are followed to create an environment to attain a sense of belonging and allow students to feel they have some control over their academic success. Wubbolding (2002) explains that using reality therapy means avoiding coercion and punishment, the traditional modes of management, and instead teaches inner responsibility. He adds that establishing a safe, secure, and trusting environment which accentuates human relationships allows students to reach a higher level of academic achievement. Research indicated that teaching students how to self-evaluate their behavior and classroom performance has resulted in a decrease in teacher referrals for discipline and other problems.

The old saying in the Introduction to Education college course is, "Don't let them see you smile until November." Teachers are now asked to develop relationships with students as a foundation to increase rigor and demonstrate relevance. It is difficult to implement something that has never been demonstrated nor taught. Utilizing choice theory and reality therapy to build relationships is concise, easy to implement and provides tangible results. It is one more tool for a teacher wishing to engender success in the classroom. Wubbolding (2000) explains that the cornerstone of effective reality therapy in a school is the ability of a teacher to connect with students and lead them to self-evaluate and make plans to fulfill their needs through effective, assertive and/or altruistic behaviors.

In Reality Therapy for the 21st Century, Wubbolding (2000) discusses the need for counseling in general, and choice theory/reality therapy more specifically, which has been supported by research-based data. As believers in choice theory/reality therapy, a school counselor, Dawn Hinton, and school psychologist, Bridget Warnke, contemplated developing a research-based project. The goal was to determine if a team of teachers trained with basic reality therapy/choice theory techniques could use minimal external control and create an environment for promoting self-responsibility. Notably, these techniques allow teachers to form relationships with students to maximize learning and minimize discipline referrals.

Methodology

Participants/Setting

The present study was conducted in a suburban, public secondary school, with a majority of students from middle income families in Boone County Kentucky. The population of 1600 students is approximately 90% Caucasian, 6% African-American, 3% Hispanic, and 1% Asian. The free/reduced lunch population hovers at approximately 18%. In an effort to provide a successful transition to high school, and to create a small school environment within a relatively large high school, the Freshman Academy was created. All incoming freshman were divided into three teams: Red, White, or Blue. Students were placed on teams determined by the elective the students chose. Six teachers composed each team; one each for science, health, world geography and English. Algebra I is a two-part class, parts A and B; therefore, two math teachers were on each team.

Research procedures

One White team member had minimal exposure to choice theory; therefore, the researchers chose to train the White team. In the summer before school started, teachers were asked to read three books on choice theory/reality therapy: Glasser (2001), Wubbolding & Brickell (2001), Wubbolding & Brickell (2003). A week prior to the beginning of school, teachers also attended a six-hour training session to review the basics of choice theory and reality therapy. The five needs were discussed, with emphasis placed on the need for love and belonging. Utilizing the WDEP system allows teachers to communicate effectively with students to ascertain their Wants, Doing (behavior), self-Evaluation, and Plan. The cornerstone of change in the WDEP system is self-evaluation, e.g., "Is what you are doing helping?" Teachers were trained to lead students to self-evaluate instead of simply being externally evaluated.

Teachers were asked to adopt a "work it out" attitude in the classroom and allow/offer choices within reasonable boundaries, instead of using punishment. Further, they were encouraged to view student behaviors that were disruptive in a different light, i.e., as being less effective ways to meet their needs, and not as a cause for punitive retribution. Wubbolding (2005) describes such less effective behavior as the students' best attempt (though a poor choice, nevertheless) to meet a need at a given time. The first day of school, teachers explained the general concepts of choice theory and began by asking each class to create a set of classroom rules. Throughout the school year, teachers were encouraged to ask the researchers questions to assist in implementing a choice theory approach to learning.

Data Collection

Data were collected at the end of the school year on a total of 275 freshmen. The White team, i.e., the experimental group, had a total of 137 students and the Blue team, or control group, had 138 students. All the teachers on a team had a common planning period, hence, students took electives during the period their teachers had planning time. The students were placed on teams by the electives they chose during scheduling. For example, all the chorus students were on the White team since the White team teachers had first period planning and chorus was offered first period. Some electives, such as computer applications, were offered across periods. Hence, students' schedules were generated based upon their chosen electives. Both teams consisted of regular education students, as well as students who were identified with special education needs. Only core area teachers on the White team were trained. Teachers of elective classes were not assigned to a team, nor did they receive training in CT/RT-type procedures. At the end of the school year, the White team was compared to the Blue team in the following categories: number of days absent, overall grade point average, number of required classes failed, number of elective classes failed, retention in the ninth grade, and discipline referrals in required versus elective classes.

Results and Discussion

Attendance

The first category considered was attendance, with the expectation that a more encouraging and supportive environment would result in better attendance. In fact, the White team students missed a total of 647 school days for the year. The Blue team students missed a total of 779 schools days. This 132 day difference equates to a state funding difference totaling approximately $2500.00.

Grade Point Average

When comparing grade point averages, the White team students had a 2.8 overall GPA. On the county grading scale, a 2.8 is equivalent to an 87%, B-. The Blue team student attained a lower GPA as a group, 2.4, the equivalent of an 83% or C average. In Kentucky, all students have the opportunity to earn the Kentucky Educational Excellence Scholarship (KEES) to pursue post-secondary education. This scholarship is based primarily on GPA, with a graduated bonus amount for ACT scores over 14. The minimum GPA to start earning scholarship money is a 2.5. Theoretically, the Blue team students as a group would have earned no award for freshman year. For a 2.8 GPA, $200.00 is awarded. Multiplying $200.00 by 137 students, the White team as a group could have potentially earned a total of $27,400.00 in KEES money.

Courses Failed

The number of classes students failed was compared as well. The White Team students failed a total of 44 classes. Blue Team failed a total of 85 classes. More specifically, the White Team students failed 29 required courses (taken with teachers who were trained to use Choice Theory principles) and 15 elective courses. In comparison students on the Blue Team failed a total of 73 required classes, but only 12 elective courses, a statistic the researchers found notable. If the Blue Team students were just less studious, they would have likely failed 30 elective courses. This would align numerically with the number of required classes failed compared to the White Team. Since this didn't happen, further study is needed to better understand why these unexpected findings occurred.

Freshman need to earn seven credits to advance to sophomore standing for the next school year. On the White Team, 11 students or 8 percent were retained in ninth grade. The Blue Team had 25 of 138 students or 18 percent retained. The 18 percent aligns more with the national retention rates for freshmen, while 8 percent is well below the national average.

Discipline Referrals

Students were in 4 classes per day, three of which were with teachers on the team for core/required classes and 1 class per day was an elective with a teacher outside the team. Therefore, it would be expected that discipline referrals for electives would be about 1/3 of the number of discipline referrals for required classes. The White Team students had 29 discipline referrals for disruption or vulgarity in required classes and 47 during their elective classes. The Blue Team had 95 discipline referrals in required classes and but only 20 in elective classes. When compared with the Blue Team, the total number of discipline referrals for the White Team was less than one-third in their required classes with the trained teachers. Referrals were more than double, however, in elective courses where teachers had been trained. Though the White Team students may not have been better behaved overall, it was found that they responded far more appropriately in a more supportive environment where choice theory/reality therapy philosophy was put into practice…at least in required classes.

Limitations

There were some noteworthy limitations in this study. The groups were as random as possible, but not completely random since students were assigned to teams according to chosen electives. Prior to the start of the study, the team leader of the White Team had a serious medical diagnosis. She was off work for the majority of the school year,

precipitating a last-minute team leader switch. The teacher hired as her substitute attended the training; however, she was not as amenable to the concepts as the original teacher. In addition, another teacher on the White Team had a baby resulting in a substitute replacing her for the last two months of the school year. Several of the discipline referrals on the White Team were from this substitute's classes, and students' grades were lower during that quarter too. Furthermore, at no time did she receive training in choice theory and reality therapy. In light of these limitations, it is recommended that further research be done in order to replicate the present study with tighter control of groups, teachers, and group/teacher assignments. In addition, a longitudinal study to follow the behavior and achievement of these students with subsequent teachers could also provide some critical additional information.

Since the collection of these data, other trainings have taken place. A similar six-hour workshop was provided to a team of eighth grade teachers and data were once again collected at the end of the school year. Discipline rates improved for three of the four teachers and the fourth remained the same. Failure rates dropped, with one teacher having zero failures. Another training experience took place in another setting after school in six, one-hour sessions. Teachers engaged in professional discussion and adopted the principles set forth. Interestingly, an excellent veteran world language teacher disclosed at the outset of the study that she had planned to retire at year's end. As a result of her training, however, she received very positive reviews from her students. Consequently, she decided to teach two additional school years. Furthermore, after implementing these concepts, a health teacher attained a zero failure rate with his freshman health classes. Apparently, this method empowers teachers and students to achieve, aspire and excel using concepts that are very straightforward and simple to utilize, making it more likely that everyone could succeed.

Conclusions

Teachers' comments indicated satisfaction with the process. The whole experience became a "work-it-out" attitude. Allowing students to create their own classroom rules seemed to promote ownership and buy in. Class meetings allowed students and teachers to assess what was going well and not so well, and then make appropriate adjustments. The principal of the Freshman Academy stated, "When I look at the students on each team, the White team students had more potential to cause disruption based on incidents that had happened outside the classroom setting. This approach made a difference in achievement and discipline."

The data from the present experiment suggests that in the areas of attendance, discipline and retention, students were more successful in a choice-laden atmosphere. Creating a "work-it-out" environment and promoting self-responsibility with supportive teachers clearly made a difference in the success of the students on the White team. In addition, data from Glasser Quality Schools definitely support these concepts on a broader scale. Witnessing such success leaves the mind to wonder, how successful could students be if all classrooms had a "work-it-out" atmosphere? Implementing a choice theory/reality therapy approach, using the WDEP system, truly enables teachers and students to choose success more often in the classroom.

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Brief Bios:

Dawn Hinton, M.Ed., LPCC, NBCT, works as a School Counselor at Cooper High School in Northern Kentucky. Dawn uses reality therapy as a parent, a wife and a counselor both at school and in private practice. The personal impact it has made has inspired her to train others to use reality therapy. She has done multiple trainings in schools on utilizing reality therapy/lead management to improve student-teacher relationships. In addition, she has presented this data at several professional conferences.

Bridget Warnke, Ed.S., works as a School Psychologist with Boone County Public Schools. Bridget has trained numerous educators on the principles lead management and reality therapy. She also uses reality therapy with students in both individual and group counseling sessions. Bridget hopes to pursue her certification to work more intensively with individuals and families in a private practice setting.

Robert E. Wubbolding, EdD, internationally known teacher, author, and practitioner of Reality Therapy, teaches choice theory and reality therapy in the United States, Europe, Asia, and the Middle East. His contributions to the theory and practice include the ideas of

positive symptoms, The cycle of counseling, five levels of commitment, and others. He has also expanded significantly the Procedure of Evaluation.

He has written over 130 articles, essays, and chapters in textbooks as well as ten books and published nine videos on reality therapy, including the widely acclaimed books *Reality Therapy for the 21st Century*, and *A Set of Directions for Putting and Keeping Yourself Together*.

His busy professional life included being director of the Center for Reality Therapy, Professor Emeritus at Xavier University in Cincinnati Ohio, and Senior Faculty for The William Glasser Institute in Los Angeles. In 1987 he was personally appointed by Dr. Glasser to be the first Director of Training for the Institute. In this position he coordinated and monitored the Certification, Supervisor, and Instructor Training programs.

Formerly he consulted with the drug and alcohol abuse programs of the U.S. Army and Air Force. He was a group counselor at a halfway house for women, an elementary and secondary school counselor, a high school teacher, and a teacher of adult basic education. For two years he taught for the University of Southern California in their overseas programs in Japan, Korea, and Germany.

Choice Theory and Reality Therapy: Perceptions of Efficacy

Mary E. Watson and Caley B. Arzamarski

Dedicated to the late Dr. Larry Litwack: my friend, colleague, and Reality Therapy mentor.

Abstract

In order to determine the effectiveness of a graduate-level, interdisciplinary course on choice theory and reality therapy (CT/RT) at Northeastern University, online surveys were administered to five cohorts of past students (N=81) with a response from 54.3% (n=44). The purpose of this study was to determine past students' perceptions of CT/RT efficacy and to target influential components of the theory and process. For this study efficacy was defined as: students found the CT/RT course, theory and process to be of value to them both personally and professionally. Results indicated that 88.6% of the students who responded to the survey used CT/RT to better their personal lives. The CT/RT components identified as most relevant professionally by more than 50% of the respondents were: emphasizing positive behaviors; clarifying wants and determining what is attainable; developing action plans; and helping to create involvement with the client. The most personally relevant components cited by at least 50% of respondents included: emphasizing positive behaviors; Quality World; planning for own behavioral changes and making better choices; helping friends and family; and evaluating basic needs. Overall, the respondents found the CT/RT course, as well as the accompanying theory and process to be of value to them; therefore the results met the researchers' definition of efficacy. Finally, participant perceptions of strengths and limitations of CT/RT, implications and limitations of the study, and recommendations for future research are discussed.

History and Background

Reality Therapy has been offered as a graduate course at Northeastern University for over 20 years. When Larry Litwack was Chair and Professor of Counseling Psychology, he originally designed the course as an elective for counseling psychology students, as well as students from other health-related professions. The first course was offered in 1990 and Larry served as the lead professor until 2004. After collaborating in the course with Larry for many years, Mary Watson became the lead professor in 2006. Caley Arzamarski, a doctoral student in School Psychology, enrolled in the class in 2009. Her interests in CT/RT, as well as in research, led to the authors collaborating on this study.

The five-day intensive Reality Therapy course has been offered in two different formats: Monday through Friday; and over two consecutive or alternating weekends. Since the mid 1990's, the course has been registered with the William Glasser Institute as a Basic Intensive Week (BIW), with credit earned toward CT/RT certification. Enrolled students were informed about certification and, if interested, could use the course as the first phase toward certification. Certification was an option for students interested, however, it was not intended as a goal of the course.

Participants were also given the option of working with the course instructors for basic practicum over the year following the BIW. As part of their training, participants often volunteered to assist with role-playing and sharing their CT/RT experiences with the subsequent cohort of students. In the past 20 years, approximately 350 students completed the Reality Therapy graduate course. Additionally, 21 students in the past five years took the course as a BIW toward certification.

Justification for the Study

A call for research on the efficacy of CT/RT has come from many directions over the years, including from the past editor of the *International Journal of Reality Therapy* (Litwack, 2007, 2008), the present editor of the *International Journal of Choice Theory and Reality Therapy,* (Parish, 2010), the William Glasser Institute, and many reality therapy practitioners. Litwack (2007, 2008) described several sources of available research on Choice Theory and Reality Therapy supporting the efficacy of CT/RT, but still calls for more database research studies. In his vision statement for the International Journal of Choice Theory and Reality Therapy, Glasser (2010) requested that his work be independently researched and documented in order to validate the effectiveness of reality therapy and choice theory.

The William Glasser Institute has placed a major emphasis on research focusing on many dimensions of CT/RT. For example, one of the goals of The William Glasser Institute for Research in Public Health at Loyola Marymount University is to conduct and collect scientific research on the efficacy of CT/RT and apply those findings accordingly (Smith, 2010). A second example is the 2007 establishment of the Glasser Scholars Project that provided CT/RT scholarships to 13 individuals working in post-secondary educational institutions. One of the purposes of this project was to increase research that addresses the efficacy of CT/RT and publish those studies in professional journals (Burdenski et al., 2009a, 2009b). This project has documented personal accounts of the impact on teaching of RT/CT and has been the stimulus for a variety of research collaborations among the scholars. These initiatives will no doubt add to the efficacy literature on choice theory and reality therapy.

The purpose of the present study is to examine the value of CT/RT personally and professionally, as reported by participants who have taken a Reality Therapy graduate course at Northeastern University. The intention is to evaluate the long-term impact of the course on past participants and to add to the efficacy literature in support of choice theory and reality therapy.

During the Reality Therapy classes, feedback from students has been positive regarding the value of the course both personally and professionally. However, post-graduation feedback after participants applied the concepts post-academia has only been anecdotal. Over the years of teaching the course, professors speculated about the long-term impact on students. Were past participants actually using the concepts personally and professionally? What parts of the theory and process were most useful? Overall, how valuable was the course? These questions, in addition to others, were investigated in a five-year retrospective study.

Methods

The purpose of this study was to determine participants' perceptions of efficacy, as well as influential components of CT/RT, that have been used personally and professionally. The operational definition of efficacy for this study was that students found the course, the theory, and process to be of value to them both personally and professionally.

A 10-item, web-based survey was completed via SurveyMonkey. The survey targeted students who completed the Reality Therapy course at Northeastern University between 2006 and 2010. To encourage participation, students opted to email their contact information for random selection of a $50 Amazon gift card. Three gift cards were awarded at the completion of the study.

The study was approved by the Institutional Review Board at Northeastern University and participation in the study was anonymous. Participants were informed that publications of this research would report only group data.

Survey items inquired about demographic information, year enrolled in Reality Therapy, and area of professional study. Participants were asked if they pursued CT/RT Certification; how far they advanced toward certification; what components of CT/RT were most relevant personally and professionally; if they used CT/RT in their own life; and, compared to other graduate courses, how useful was the Reality Therapy course overall. The last survey item asked participants to describe their favorite parts of CT/RT and any limitations they have experienced.

Participants

Table 1 shows the number of students in each class and the number of survey responses from each group of participants. Over the five years studied, 87 students enrolled in the Reality Therapy class; however, only 81 (93.1%) students' email addresses were available. The survey was sent to those 81 participants, of which 44 (**54.3%**) responded to the survey. The total response represents **50.5%** of all students who took the course over the five years studied.

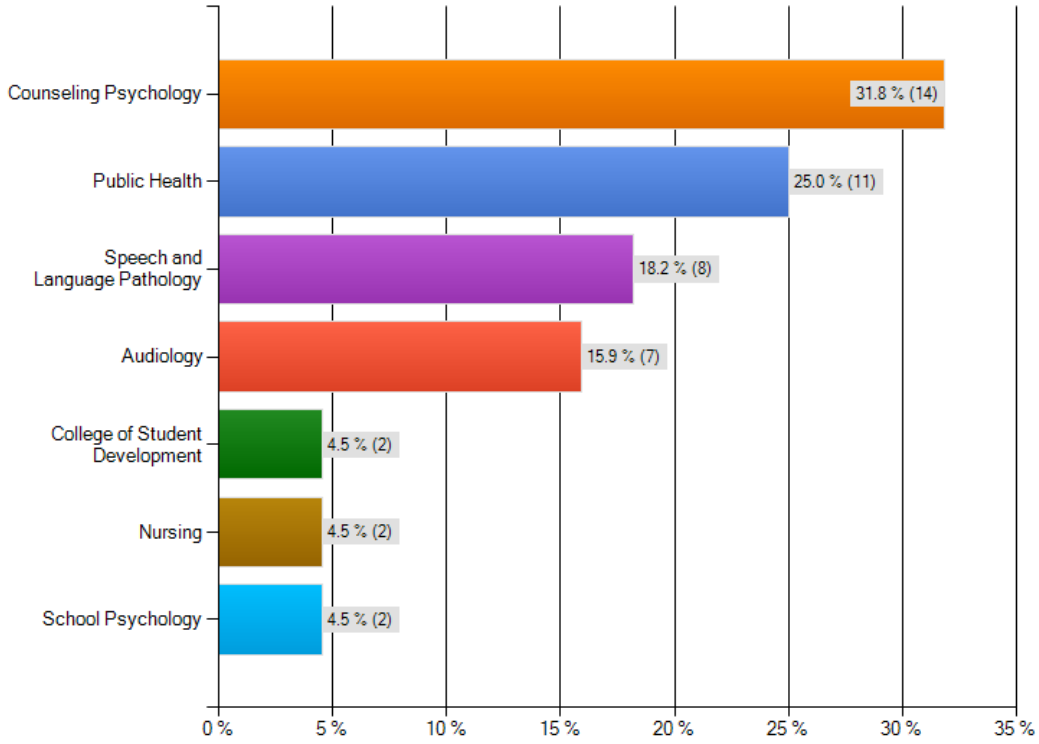
Table 1 Participants By Class Year

Class year	#in class	# surveyed	# responded	% response (81)
2006	13	10	5	11.4
2007	15	13	6	13.6
2008	9	8	5	11.4
2009	31	31	17	38.6
2010	19	19	11	25.0
Totals	87	81	44	**54.3**

Of the 44 participants responding, 88.6% (39) were female and 11.4% (5) male. Of the sample, 81.8% (36) of the participants most closely identified as White, 11.4% (5) as African-American or Black, 6.8% (3) as Hispanic or Latino, and 2.3% (1) identified as Asian. As Table 1 indicates, the number of students participating in each course varied over the five years from 9 to 31.

Chart 1 illustrates the interdisciplinary nature of the RT course, representing students from a variety of health profession majors (notably, some were double majors). The majority of students came from the Counseling Psychology program and other related disciplines (e.g. School Psychology and College Student Development), n=18 (40.8%); followed by Speech Language Pathology and Audiology, n= 15 (31.4%); Public Health, n=11 (25%); and Nursing, n=2 (4.5%).

Chart 1: Area of professional study when enrolled in Reality Therapy



A Pearson's Chi square analysis was conducted to determine if the proportion of professions in the total cohort was the same as the proportion of professions in the cohort who responded to the survey. Statistical results were: N=87 (total cohort) and n=44 (survey cohort), chi square (data)=1.77; chi square (critical for p=0.05) = 7.82. Thus, the results indicated that there was no significant difference between the participants who responded to the survey and the total cohort enrolled in the Reality Therapy course over five years.

Table 2 represents the students who began the process of pursuing Reality Therapy Certification. Of the total number of participants in the course over the five years studied, 21 students used the course as the BIW toward CT/RT Certification. Of that number, 16 completed the basic practicum at Northeastern University and one participant completed certification. The number of participants responding to the survey that pursued at least some part toward certification was 14. This represents 70% percent of all participants who began the process of certification. The data also indicated that the smaller the numbers of students in a class, the more likely the participants were to work toward certification.

Eight participants indicated time and finances were obstacles to completing certification. Other complications reported included: scheduling problems, lack of sufficient numbers to formulate an Advanced Intensive Week, lack of information regarding advanced training, uncertainty about application of CT/RT to future career, fatigue from other commitments, and relocation.

Table 2 Participants completing phases toward Certification

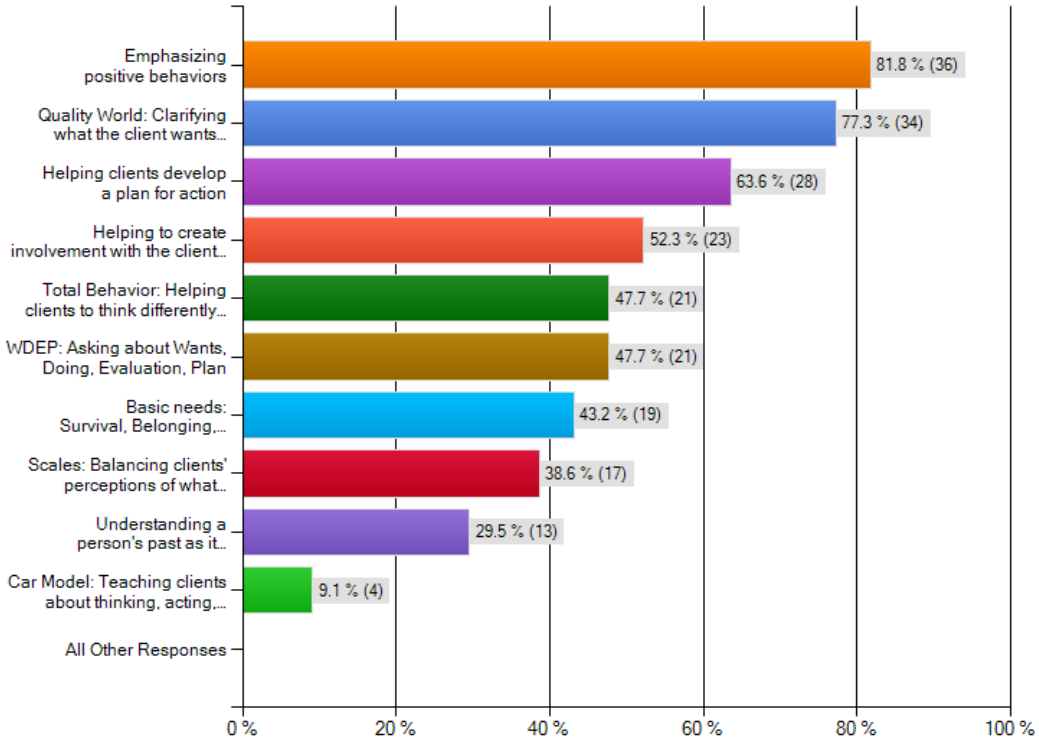
Year	# in Class	Basic Week	Basic Practicum	Certification
2006	13	5 (38.4%)	5 (100%)	0
2007	15	4 (33.3%)	4 (100%)	1
2008	9	5 (55.5%)	3 (60%)	0
2009	31	3 (9.67%)	2 (100%)	0
2010	19	4 (21%)	2 (50%)	0
Total	87	21 (24.1%)	16 (80%)	1 (4.5%)

Results:

Results of the survey indicated that past participants have used concepts of choice theory and the reality therapy process both personally and professionally. The data from this survey indicated that the course had a long-term impact on past participants as they used the CT/RT concepts to better their own lives. Lastly, compared to other graduate courses, students found the class was valuable. Overall, these findings indicated that students perceived the Reality Therapy course and the theory/process to be efficacious.

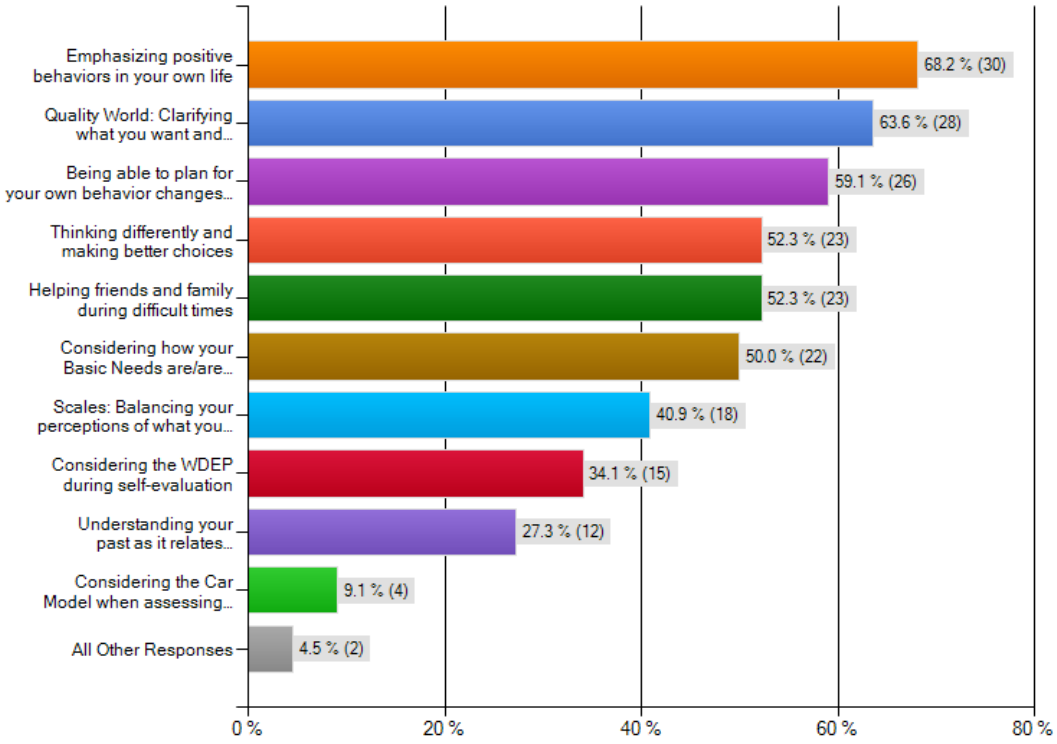
Chart 2 illustrates the specific components of RT/CT that were professionally relevant to participants. The responses chosen by more than 50% of the respondents were: emphasizing positive behaviors, quality world (i.e., clarifying what the client wants and what is attainable), helping the clients develop a plan for action, and helping to create involvement with the client (i.e., establishing rapport). Over 40% also indicated that total behavior (i.e., helping clients think differently), the WDEP system, and basic needs were also relevant to them professionally.

Chart 2: What components of CT/RT are most relevant to you professionally?

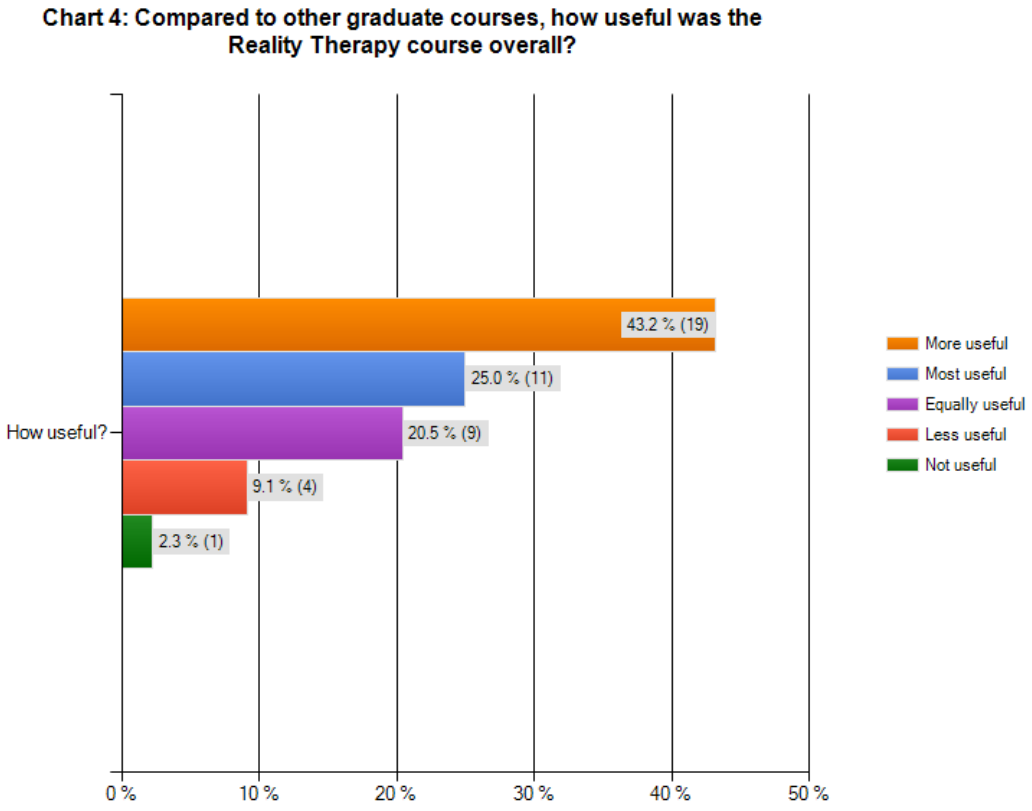


Participants were asked if they used CT/RT to better their own life and also which components of CT/RT were most relevant personally. Results indicated that 88.6% (n= 39) of the sample used CT/RT to better their own life; whereas 13.6% (n=6) had not. **Chart 3** illustrates the specific components of RT/CT that were personally relevant to participants. At least 50% of the respondents chose the following components to be relevant personally: emphasizing positive behaviors; quality world (i.e., clarifying what they want and what is attainable); being able to plan for their own behavioral changes (e.g., goal setting); thinking differently and making better choices; helping friends and family during difficult times; and evaluating basic needs. Over 40% of the sample indicated the scales component (i.e., balancing perceptions of what they have and what they want) was relevant personally.

Chart 3: What components of CT/RT were most relevant to you personally?



The survey asked participants how useful the Reality Therapy course was compared to other graduate courses. **Chart 4** illustrates 68.2% (n=30) of the respondents indicated the course was more useful or most useful compared to other graduate courses taken. Another 20.5% (n=9) indicated the course was equally useful. Overall, these data showed that 88.7% of the participants responding to the survey found the course to be useful.



The final survey item was open-ended and asked participants to describe their favorite parts, as well as perceived limitations of choice theory/reality therapy. Of the 29 responses elicited, some participants described favorite aspects of the course, rather than of the CT/RT theory. Because of this discrepancy, responses were categorized into two parts: the course and the theory/process. The percentages reported reflect the 29 participants who responded to this survey item.

Favorite Aspects of the Course:

Class format - the intensive week is a great way to teach this class; ability to dig deeper into a particular orientation of therapy; the interdisciplinary nature of the course – very rewarding; interactive format, **(n=5, 17%)**

Class environment - the class created a quality environment that established trust, and made people feel very comfortable; positive aspect of class; a great opportunity to explore personal feelings and behaviors. **(n=5, 17%)**

Role-playing – beneficial in general; round-robin role-plays helpful. **(n=4, 13%)**

Ice-breakers – learning ice-breakers that have applicability to many situations; use of the animal cards (Medicine Cards). **(n=3, 10%)**

Communication - an opportunity to examine patient communication through a clear process; learning how to approach people in a way that they do not get defensive **(n=2, 7%)**

Favorite Aspects of the Theory and Process:

Realistic and applicable approach – looking at a person holistically; can use in own life as well as with clients, benefit personally as well as professionally, the ability to combine with other therapies for successful outcomes; wide applicability across different populations. **(n=5, 17%)**

Goal and action orientation – helping clients break down what they want into reachable goals and helping them evaluate how their behavior is working toward their goals. **(n=4, 13%)**

Positive orientation - helps to remove the negativity separating clients from their goals; helping clients move in a positive direction. **(n=3, 10%)**

WDEP framework – following through with this process helps clients. **(n=3, 10%)**

Choices - empowering to realize you have the ability to change your situation simply by making different choices; freedom to make choices and focus on the present. **(n=3, 10%)**

Overall – every aspect of the theory and process has been helpful in my life; used with patients with outstanding success; would recommend to future classes. **(n=2, 7%)**

Limitations of the Theory and Process:

There were three limitations or perceptions worthy of note offered by the respondents. Two people indicated the car model was confusing to clients and too abstract. In addition, one of these two noted that although CT/RT was a good complement to other types of therapy, it cannot stand-alone and does not work for everyone. A third person responded that CT/RT practices were difficult to apply in her profession.

Discussion:

When teaching an application-oriented course, the professor's ultimate goal is to have long-term impacts on students' application of key concepts from the course. The most important findings from the current study are: many past participants are still using choice theory and reality therapy both personally as well as professionally; they have used the concepts to better their own lives and, in retrospect, they have valued the course compared to other graduate courses they completed.

Participants' response rate for this study (54.3%), represented 50.5% of the total students enrolled in the course over the five years studied. This response was much higher than the 30% expected for on-line surveys (University of Texas, 2010). One reason for this high response rate might have been the personal outreach (e.g., emails and/or phone calls), plus the incentive of receiving a gift card may have also encouraged better participation. Offering interdisciplinary courses to health professional students can be an effective strategy to help future practitioners learn what each professional group contributes. The Reality Therapy course has attracted students from a variety of health professional programs. Open-ended responses from participants in this survey indicated that they appreciated the interdisciplinary nature of the course. This is consistent with informal course feedback about the unexpected value of learning in a class with a variety of other majors.

Students in the Counseling-related professions were found to more likely work toward CT/RT certification. This may be because they see the direct relevance professionally. Although the course includes discussion and role-play practice of how CT/RT principles can be applied to all professions represented in the class, perhaps more needs to be done to emphasize this. Only five non-counseling participants made a decision to work toward certification. Four of those participants were from the Public Health Program and in the 2010 class. Perhaps the added discussion that year about mental health as a public health issue, and the inclusion of the public health reading assignment by Glasser (2005), may have contributed to the MPH students seeing the professional relevance. Also, the data indicated that the smaller the classes the more likely participants would be interested in pursuing certification. The reason for this may be that there is more individualized attention that is possible in smaller classes.

Time and finances were the most often cited obstacles to completing certification expressed by respondents in this study. This finding supports the faculty impressions noted by Lennon (2010) that the cost of training and distances involved have been reasons that participants do not continue on to certification. Some participants also indicated that there were not enough people to formulate an Advanced Intensive Week. Although participants were informed about locations for the next steps in training, the expense and time made it too difficult to travel far from their own area. Several attempts were made to get a group together for the Advanced Intensive Week, however, but different schedules did not allow it to happen.

Creative training models may be the solution to these issues. For example, offering hybrid classes (combination of on-line and face-to-face meetings) and on-line training may give more opportunities for people to complete the CT/RT certification. As pointed out by Robey (2010), adapting training to the needs of the 21st century consumers is important. On-line learning is a trend that interests consumers and the demand for more accessible training is likely to increase in the future.

Although certification is not the goal of the graduate course at Northeastern University, its value is in the process of building skills as participants proceed through each phase. For that reason, more might be done to design different strategies to facilitate the phases to certification. As alternative strategies are implemented, evaluating their effectiveness will be important.

There were similarities between the components of CT/RT that were relevant to participants both personally and professionally. Emphasizing positive behaviors, Quality world concepts, and developing a plan of action were the top three cited in both categories. This may indicate that people have internalized parts of the theory most relevant to them and are incorporating the concepts as a way of life. One way to interpret this finding is that graduate students are interested in knowledge and skills that will help them develop and grow as much personally as well as professionally. The finding that **88.6%** of the sample has used CT/RT to better their own lives adds validity to this possibility.

Several limitations and confusing points noted by respondents will be helpful to consider in future classes. The car concept to teach total behavior was cited as a confusing concept. In each course, the car model was discussed as a very useful concept to teach clients. Perhaps there was not enough direction or discussion of strategies about how to implement the car model with clients. Specific case examples could be used to illustrate how to teach clients about total behavior using the car model.

Another limitation noted that the theory and process may not be able to stand-alone and it does not work for everyone. This may not be a negative finding. Class discussions have focused on the fact that no individual theory/process will work for everyone. Students are encouraged to find ways to connect CT/RT concepts to other strategies they find effective, as they add these new skills to their personal and professional toolkits.

Limitations of the study

Although preventative measures were taken to decrease bias, having the course professor involved with the study might have affected the responses of the participants. Although there was a high response rate from participants, there were few comments related to limitations found in using the theory and process. It is possible that because participants liked the course and the theory/process, they may not have fully considered and documented any limitations. If a list of possibilities was included, rather than an open-ended question, more expanded responses may have been noted. Also, including only 10 questions in the survey may have limited the depth of information actually reported.

Recommendations for future research

The current study provided additional research in support of the efficacy of teaching CT/RT at the graduate level. Participants found that the course, as well as the theory/process associated with it, was efficacious both personally and professionally. In future studies, additional questions should focus on *how* past CT/RT participants are using the concepts in their specific fields. Perhaps including case studies would be useful to illustrate examples of success with the theory and process.

Evaluations at the end of a course measure the short-term influence that the course had on participants. (Watson, 2011) To determine the ultimate success of teaching Choice Theory and Reality Therapy, the evaluation of the long-term outcomes on participants is necessary. Such evaluations will answer the questions about permanent changes in behavior and will answer the questions about what participants are doing differently with their knowledge and skills of CT/RT. The goals of CT/RT teaching should be defined and assessed accordingly. What are the expectations of our teaching? What is success in terms of our CT/RT teaching? How is our teaching of CT/RT changing the way participants work with clients? How are participants using their CT knowledge to change their own lives? The answers to these questions, and more, will hopefully contribute to the efficacy of the CT/RT theories and processes and continue to promulgate their applications in both research and practice.

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Brief Bios

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ACHIEVEMENT AMONG SECOND GRADE STUDENTS WHO RECEIVED INSTRUCTION FROM EITHER TEACHERS TRAINED IN CHOICE THEORY/REALITY THERAPY OR TEACHERS WHO WERE NOT SO TRAINED

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Abstract

The purpose of this study was to determine if second grade students who were taught by teachers trained in choice theory/reality therapy (CT/RT) methods had higher achievement scores in mathematics and reading compared to students who were taught by teachers who were not trained in CT/RT methods. This study was descriptive in nature and used retrospective data. The participants (N=83) consisted of second grade students who took the TerraNova, Multiple Assessments test in April 2008. An analysis of variance (ANOVA) was conducted to measure the main effect of achievement in mathematics/reading and CT/RT training status of teachers. A separate ANOVA was utilized to measure the interaction effect of gender on mathematics/reading achievement and training status of teachers. No significance was found in both analyses. Based on existing research, there is substantial support for using CT/RT methods in education to improve the social climate (Glasser, 2010), which ultimately has a positive effect on achievement (Brookover, Beady, Flood, Schweitzer, & Wisenbaker, 1977; Haynes, Emmons, & Ben-Avie, 1997; Hoy & Hannum, 1997; Niehbur & Niehbur, 1999; Rutter & Maughan, 2002). The American School Counseling Association (ASCA) National Model suggests that school counselors need to be active in the systemic processes of the school to provide comprehensive services to a large number of students (ASCA, 2005). Training teachers in CT/RT is an example of an activity that is consistent with ASCA's proposition. Concurrent with other research studies on teacher trainings, lack of intensity (Jacob & Lefgran, 2004) emerged as an issue. The teacher training program in this study was only six hours in duration and did not offer follow-up trainings, or a collective plan to put new knowledge into practice. The findings are discussed related to current research, limitations, and recommendations for future studies.

It is difficult to dispute the fact that measures of achievement are an integral component of the educational system. Measurement of learning helps students, parents, and teachers to identify if a student is progressing and gaining knowledge. There are many ways student learning is measured such as school grades, content of projects, conduct reports, portfolios, curriculum-relevant tests, and standardized achievement tests (Joyce & Showers, 2002). Recently, due to the No Child Left Behind (NCLB) Act of 2001 and the emphasis on schools meeting Adequate Yearly Progress (AYP), which is determined based on performance on state-issued standardized tests (NCLB, 2001), the standardized achievement test has become the most highly regarded form of assessment (Koretz, 2002; Popham, 1999).

The American School Counselor Association (ASCA) National Model suggests that school counselors need to be active in the systemic processes of the school and provide comprehensive services to all students (ASCA, 2005). According to Hatch and Bowers (2002), the primary mission of school counselors is to support and encourage academic achievement. ASCA (2005) recommends a ratio of one school counselor for every 250 students. The national ratio of school counselors to students in 2008-2009 was 1/457

(ASCA, 2011). In the school district where this study was conducted, the ratio of students to the school counselor was 1/527 (South Side Area School District, n.d.). As the numbers show, it has become increasingly more difficult to provide school-wide services to all students.

A school counseling based intervention program of training teachers and staff in how to use CT/RT in the classroom is a systemic approach school counselors can use to reach more students (ASCA, 2005). In this study, the influence of a school counselor-directed training program for educators that teaches the theory and methods of CT/RT was examined. The beliefs behind the teacher training program are that school climate will improve (Glasser, 2010), and as a result achievement scores will increase (Brookover et al., 1977; Brookover & Lezotte, 1979; Comer, 1981; Edmonds, 1979; Gottfredson & Gottfredson, 1989; Haynes et al., 1997; Hoy & Hannum, 1997; Madaus, Airasian, & Kellaghan, 1980; Niehbur & Niehbur, 1999; Rutter, 1983; Rutter & Maughan, 2002; Shipman, 1981; Teddlie, Falkowski, Stringfield, Desselle, & Garvue, 1984; West, 1985; Weishen & Peng, 1993). William Glasser's (1998a) model focuses on improving the responsibility level of students by helping them realize that they are in control of themselves, which results in an increase in intrinsic motivation. It has been recognized that intrinsic motivation levels and achievement levels are positively correlated (Gottfried, 1990). One of the theories about why achievement will increase as a result of using CT/RT methods is because students will be more intrinsically motivated to learn.

Whether it is new ideas, or enhancing strategies that are already implemented, the concept of teacher trainings has been around since the early 19th century (Richey, 1957).

Approximately 72 percent of teachers in the U.S. report are currently receiving in-service training to improve content knowledge and learn new pedagogical methods (see U.S. Dept. of Education, 2001, as cited in Jacob & Lefgren, 2004). Most studies show that teacher trainings do not have an impact on student achievement (Jacob & Lefgren, 2004). However, the argument has been posited that most professional development tends to follow traditional approaches to educating teachers and neglects to incorporate components such as relevancy of material being taught (Darling-Hammond & McLaughlin, 1995), follow-up with trainees to incorporate new material *(*King & Newmann, 2001), collaboration with professional peers (Darling-Hammond & McLaughlin, 1995*:* King & Newmann, 2001), receiving input from teachers to design workshops (King & Newmann, 2001), and utilizing in-house staff, such as teachers, psychologists and counselors to provide learning opportunities for teachers (Darling-Hammond & McLaughlin, 1995).

In this study, the CT/RT teacher training was designed to educate the teachers about how they can encourage students to have their needs fulfilled in a positive manner, which results in *increased internal motivation of students*, and *improvement of the social climate of the classroom*. Many times students think they need to achieve for their parents, or their teachers, but not for themselves. When students are able to see that they have control over their own outcomes, and can create meaning through their efforts, students will experience increased motivation and achievement (Gottfried, 1990). According to CT/RT, the social climate of the classroom is intended to be a community classroom where students have a role in the decision-making process and develop an understanding about how their behavior contributes to their performance (Glasser, 1986).

William Glasser has already extended reality therapy into the school system and operates schools that are certified as "quality schools." Quality schools embody the concepts of CT/RT in its entirety and are formally connected to the Glasser Institute of Reality Therapy (Glasser, 1992/1998b). However, a school does not have to be a quality school to use the

concepts of CT/RT. For instance, the school from which data were collected from in this study trained teachers in reality therapy methods, but was not a quality school.

Glasser proposes that if the five basic needs are met in a healthy way and students have awareness about how they are getting their needs met, students will feel better about themselves. As a result, the students will be more apt to engage in the learning process. In addition to the theory of CT/RT, the techniques taught in the teacher trainings are the "WDEP System" and "My Job/Your Job" (Glasser, 1998a, Wubbolding, 2000). WDEP is a questioning system that is intended to help people choose behaviors that help them get what they want. (Glasser, 1998a), and My Job/Your Job is a technique intended to facilitate development of a feeling of mutual responsibility between the teacher and students (Glasser, 1992/1998b; Wubbolding, 2000).

William Glasser's research that led him to develop CT/RT was initially performed at the Ventura School, which was a facility for delinquent girls (Glasser, 1965). He generalized his theory about behavior to boys as well. Glasser (1998a) states that the five basic needs are experienced on an individualized basis; therefore, suggesting that males and females are operating on an individual level. According to feminist theorists, the ways that males and females are socialized can have an impact on how individuals get their needs met (Bem, 1983; Gilligan, 1993). For instance, do males seek out more autonomy, whereas females might be more predisposed to seek out group interaction to meet needs such as love and belonging or power?

The purpose of this study was to see if students who were taught by teachers who were trained in CT/RT methods had higher achievement scores in mathematics and reading as compared to students who were taught by teachers who were not trained in CT/RT methods. School counselors, administrators, teachers, and other school personnel are always looking for ways to improve achievement scores. Teacher trainings are an economical and comprehensive method for school counselors to utilize which are designed to have an impact on a large population of students. The results will help to examine the effectiveness of the structure of the CT/RT training program at the respective school where the study is being conducted and will offer direction about whether to continue training as it is currently conducted, or to make modifications.

The following research questions guided this study:

1. Do students who were taught by teachers trained in CT/RT methods have higher achievement scores in mathematics and reading than students who were taught by teachers not trained in CT/RT methods?
2. Do males and females respond to CT/RT methods in the classroom differently as indicated by differences in achievement scores?

The second grade reading and mathematics achievement scores of 83 students were analyzed. The achievement scores of the students when they were in second grade were compared among students who had teachers who were CT/RT trained and students who had teachers who were not CT/RT trained. Student scores were delineated according to gender and tested for interaction effects.

In summary, the objective of the study was to see if training teachers in how to use CT/RT methods in the classroom had an impact on reading and mathematics achievement scores. Because CT/RT methods are intended to improve intrinsic motivation, students will feel more in control of their own learning and work harder to achieve. When students recognize that their achievement is a direct result of their own work ethic, choices, and behavior, learning often becomes more meaningful (Glasser, 1986, 1988, 1998a)

Method
Participants

The retrospective data in this study was from students who took the TerraNova Third Edition, Multiple Assessments achievement test in second grade. The second grade student scores were chosen due to the convenience of obtaining TerraNova scores from April 2008. This was the last year that the school district gave a standardized achievement test at the end of a school year for second grade students. The other grade levels (3-5) in the elementary school that take the PSSA test did not have adequate division among trained and not-trained teachers to measure differences. Second grade teachers were divided most equally with three teachers who were not trained in CT/RT and two teachers who were trained in CT/RT.

The students were from a small rural school district in southwestern Pennsylvania. The district has an elementary school comprised of students in kindergarten through fifth grade. The middle school and high school are in one building, and the elementary school is in a separate building. The student population for grades K-12 is 1,376 with 98 percent Caucasian, 2 percent minority, and 0 percent limited English proficiency. A total of 26 percent of the students are at poverty level as determined by federal regulations for free/reduced lunch, and 13 percent of the students have an individual education plan and are identified as having special learning needs.

The average household income for the district is $39,000, which is below the national average of 49,777 and the state average of 48,172 based on 2009 data (DeNavas-Walt, Proctor, & Smith, 2010). Nine percent of adults living in the community have a bachelor's degree, which is well below the national average of 24.4 percent according to the U.S. Census data report (DeNavas-Walt et al., 2010). The average class size is 22 students per class and the staff consists of 110 teachers and seven administrators. The stability of staff and student turnover is steady with an annual turnover rate for teachers at 1.8 percent and for students 5 percent. The rate of graduation is 98 percent with approximately 110 graduates per year and 70 percent of students enroll in a two or four year college program (South Side Area School District, n.d.).

In this study the second grade achievement scores of 83 students comprised the sample. Of the students, 39 were female and 44 were male. The population of teachers included three second grade teachers who were not CT/RT trained and two second grade teachers who were CT/RT trained. There were no male teachers. In this study, to be considered a trained teacher, teachers must have received at least six hours of CT/RT training before August 1, 2007. Of the trained teachers, one teacher was a veteran teacher and the other teacher was a novice teacher who had just received training in the past two years. The veteran teacher indicated receiving training, but not in the past five years. In the past, the trainings were conducted by the previous elementary school counselor and were six hours long. The most notable difference was that the trainings were mandatory.

The implementation of CT/RT was not measured in this study. The differentiating factor among teachers was if only if they received CT/RT training or did not receive training. The distinction between trained teachers and untrained teachers was straightforward, whereas measuring if teachers were implementing CT/RT would have been more cumbersome.

Testing Instrument

The TerraNova Third Edition, Multiple Assessment, Level 12, Form G, copyrighted by CTB McGraw Hill (TerraNova Third Edition, 2008), was the achievement test used in this study.

The main reason this test was chosen was because of convenience. The test was administered in April 2008 to all second grade students. The students were with the same teacher from August 2007 – June 2008. The students had eight months of instruction from either a trained or not-trained teacher prior to taking the TerraNova in April 2008.

The TerraNova Third Edition Multiple Assessment test is a nationally norm-referenced and curriculum-referenced exam that measures basic and applied skills using a selected-response and a constructed-response format. Answers are machine-scored for the selected-response questions and hand-scored by readers according to specific guidelines for the constructed-response questions. The diversity of types of questions increases the validity of test results compared to tests that are only selected-response or constructed-response questions (TerraNova Third Edition, 2008).

The reliability of the TerraNova, Third Edition, Multiple Assessments achievement test is acceptable in both reading (p = .76; α = .82) and mathematics (p = .76; α = .82). Reliability is a measure that shows how consistent the test results will be if a student takes the test multiple times. In reading, the test has a total of 87 test items, and in mathematics the test has 59 items (TerraNova, Third Edition, 2008). Based on the reliability measures, the achievement test shows significance for high reliability.

Choice Theory/Reality Therapy Training Program

The CT/RT training program was voluntary and was available to all teachers and paraprofessionals (teacher's aides) for Act 48 credit. Act 48 credit is required by the state of Pennsylvania to maintain professional certification for teachers and to meet similar requirements for paraprofessionals. The training occurred approximately twice a year and was held for two consecutive days from 3:30pm – 6:30pm, for a total of six hours. The trainers were employees of the school district. The primary trainer was an elementary school counselor and periodically a middle school social studies teacher teamed with the counselor. Both instructors received training from the William Glasser Institute.

The goal of the training was to educate teachers about how to use CT/RT methods in the classroom to help students meet their basic needs. Emphasis on students being intrinsically motivated, rather than extrinsically motivated, was an integral part of the training. The hopeful outcome of the training was for teachers to structure a classroom environment that helps students take responsibility for their own behaviors and recognize that they are in control of getting their own needs met. If learning is meaningful, students will be able to incorporate school into their "quality world," which Glasser defines as the place in our brain where we hold all that is valuable to us and drives our behaviors (Glasser, 1998a).

The first day of training consisted of teaching the participants the basics of CT/RT. The main components of choice theory were taught, including the five basic needs, quality world, and "total behavior." Total behavior is the interrelated process of thinking, acting, feeling, and physiological functioning based on how an individual attempts to meet his or her basic needs. The concepts of choice theory were explained and activities were conducted to help participants relate the theory to their personal lives. The second day of training focused on giving instruction to the participants about reality therapy concepts, which are the activities derived from choice theory. The reality therapy concepts taught at the training included the WDEP system, My Job/Your Job and conducting classroom meetings to aid in getting students' five basic needs met. After teaching the concepts, the trainer(s) had the participants break into groups of three and engage in role plays. The role plays required the participants to change their thinking to view the student's behavior through the lens of choice theory and apply reality therapy techniques to the situation.

The training was held in either the middle school/high school library or the elementary school library, depending upon availability. Refreshments were provided. Various modalities of learning were incorporated including power point presentations, handouts, lecture, discussion, audio visual presentations, demonstrations, and small group role-plays.

Procedure
Permission

Permission was received from the elementary principal at the onset of the study. The study was approved by the Institutional Review Board at Duquesne University. Additional permission from the school board was not necessary. Because the data were de-identified, consent forms from parents and assent forms from students were not required. The researcher had access to forms that all teachers and classroom paraprofessionals completed in September 2010 which indicated if they were or were not trained in CT/RT. The researcher also had access to sign-in sheets from 2005 to present. Based on this information, the researcher was able to determine which second grade teachers received CT/RT training before August 1, 2007

Hypotheses

The hypotheses that were tested are as follows:

- H1 = There are no significant differences in reading achievement between second grade students who were taught by teachers trained in CT/RT methods and teachers who were not trained.
- H2 = There are no significant differences in mathematics achievement between second grade students who were taught by teachers who were trained in CT/RT methods and teachers who were not trained.
- H3= There are no significant interactions among gender and reading achievement in second grade students who were taught by teachers who have been trained in CT/RT methods and teachers who were not trained.
- H4= There are no significant interactions among gender and mathematics achievement in second grade students who were taught by teachers who have been trained in CT/RT methods and teachers who were not so trained.

Data Analyses

As mentioned above, the data were de-identified by the school administrators and entered into a chart that noted whether a student received training from a CT/RT trained or not-trained teacher, gender, and raw-score achievement data in mathematics and reading. The researcher created and coded the following variables in SPSS: gender (1 = male, 2 = female), t_or nt (1 = trained, 2 = not-trained), and inter_efx (3 = male, trained; 4 = female, trained; 5 = male, not-trained; 6 = female, not-trained). After data were successfully entered into IBM SPSS 19, an ANOVA was used to test H1 and H2. A post-hoc analysis was not performed because the results were not significant.

H3 and H4 were evaluated using an ANOVA to test for interaction effects of gender on reading and mathematics achievement scores. The means were compared to test for significance among the four groups in the variable inter_efx: 1 (male, trained), 2 (female, trained), 3 (male, not trained, and 4 (female, not trained). Because significance was not found, a post-hoc analysis test was not conducted on this measure. To test all hypotheses, the alpha level was set at .05 to ascertain significance.

Results

A total of 83 students took the TerraNova, Third Edition, Multiple Assessments test in April 2008. A mathematics score for 83 students was available, and a reading score for 82 students was available. One male student who received instruction from a trained teacher did not complete the reading section of the test. The gender distribution included 44 males and 39 females. Of the trained and not-trained teachers, two teachers received training in CT/RT methods and three teachers did not receive such training. Therefore, a total of 30 students received instruction from teachers who were CT/RT trained and 53 students received instruction from teachers who were not so trained. The raw scores in mathematics ranged from 24 to 59, and the scores in reading ranged from 45 to 87. In mathematics, a 59 was the highest raw score that could be attained, and in reading an 87 was the highest possible raw score. The results for each hypothesis will be presented separately.

Hypothesis One

H1 There are no significant differences in reading achievement scores between students who were taught by teachers who were trained in CT/RT methods and students who were taught by teachers who were not so trained.

To test this hypothesis, a one-way ANOVA using IBM SPSS 19 was conducted. A total of 29 students received instruction from a trained teacher. Of the 29 students, the mean reading achievement score and standard deviation were as follows: *M* = 75.31, *SD* = 6.49. A total of 53 students received instruction from an untrained teacher. Of the 53 students, the mean and standard deviation were as follows: *M* = 75.58, *SD* = 8.0. The F-ratio was .025 with a significance level of .875. The hypothesis was accepted, and there were no significant differences among reading achievement scores between students who received instruction from a teacher who was or was not trained in CT/RT methods. See table 1.

Table 1. Mean Reading Achievement Scores by CT/RT Training Status of Teachers

CT/RT Training Status	n	M	SD
Trained	29	75.31	6.49
Not trained	53	75.58	8.00
Total	82	75.49	7.45

Note. n = number of students in each group; M = mean score; SD = standard deviation

Hypothesis Two

H2 There are no significant differences in mathematics achievement scores between students who were taught by teachers who have been trained in CT/RT methods and students who were taught by teachers who were not trained.

A one-way ANOVA using IBM SPSS 19 was conducted. A total of 30 students received instruction from a trained teacher. Of the 30 students, the mean mathematics achievement score and standard deviation were as follows: *M* = 46.90, *SD* = 8.04. A total of 53 students received instruction from an untrained teacher. Of the 53 students, the mean and standard deviation were as follows: *M* = 45.62, *SD* = 7.44. The F-ratio was .532

with a significance level of .468. The hypothesis was accepted, for there were no significant differences among mathematics achievement scores demonstrated between students who received instruction from a teacher who was or was not trained in CT/RT methods. See table 2.

Table 2. Mean Mathematics Achievement Scores by CT/RT Training Status of Teachers

CT/RT Training Status	n	M	SD
Trained	30	46.90	8.04
Not trained	53	45.62	7.44
Total	83	46.08	7.64

Note. n = number of students in each group; M = mean score; SD = standard deviation

Hypothesis Three

H3 There are no significant interactions of gender and reading achievement among students who were taught by teachers who were trained in CT/RT methods and students who were taught by teachers who were not trained.

A one-way ANOVA using IBM SPSS 19 was conducted. A total of 82 reading scores from males and females were used in this analysis. The subject totals were as follows: males who received reading instruction from a CT/RT trained teacher (n = 14, M = 76.36, SD = .5.81); males who received instruction from a teacher not trained in CT/RT methods (n = 29, M = 76.00, SD = 7.76); females who received reading instruction from a CT/RT trained teacher (n = 15, M = 74.33, SD = 7.13); and females who did not receive instruction from a CT/RT trained teacher (n = 24, M = 75.08, SD = 8.41). The F-ratio was .245 with a significance level of .864, therefore a significant interaction did not exist between gender, reading achievement scores, and whether a student received instruction from a teacher who was or was not trained in CT/RT methods. The hypothesis was accepted, and no significant interaction effects existed. See table 3.

Table 3. Mean Reading Achievement Scores by Gender and Training Status of Teachers

Gender	CT/RT Training Status	n	M	SD
Male	Trained	14	76.37	1.55
Female	Trained	15	74.33	1.84
Male	Not Trained	29	76.00	1.44
Female	Not Trained	24	75.083	1.72
Total		82	75.49	7.46

Note. n = number of students in each group; M = mean score; SD = standard deviation.

Hypothesis Four

H4 There are no significant interactions of gender and mathematics achievement among students who were taught by teachers who were trained in CT/RT methods and students who were taught by teachers who were not trained.

A one-way ANOVA using IBM SPSS 19 was conducted. A total of 83 mathematics scores from males and females were used in this analysis. The subject totals were as follows: males who received mathematics instruction from a CT/RT trained teacher (n = 15, M = 47.67, SD = 8.23); males who received instruction from a teacher not trained in CT/RT methods (n = 29, M = 45.10, SD = 8.91); females who received mathematics instruction from a CT/RT trained teacher (n = 15, M = 46.13, SD = 8.05); and females who did not receive instruction from a CT/RT trained teacher (n = 24, M = 46.25, SD = 5.27). A significant interaction did not exist between gender, mathematics achievement scores, and whether a student received instruction from a teacher who was or was not trained in CT/RT methods (F = .369, Sig. = .776). The null hypothesis was accepted that no significant interaction effects existed. See table 4.

Table 4. Mean Mathematics Achievement Scores by Gender and Training Status of Teachers

Gender	CT/RT Training Status	n	M	SD
Male	Trained	15	47.67	8.23
Female	Trained	15	46.13	8.05
Male	Not Trained	29	45.10	8.91
Female	Not Trained	24	46.25	5.27
Total		83	46.08	7.64

Note. n = number of students in each group; M = mean score; SD = standard deviation.

In summary, there were no differences among the mathematics and reading achievement scores of the students who received instruction from a teacher who was or was not trained in CT/RT methods. The interaction effect of gender was also not significant. Overall, in H1 and H2, although significance was not found, it is notable to mention that the lowest achievement scores in both mathematics and reading were from students who were given instruction from a teacher who was not trained in CT/RT.

When testing for interaction effects of gender in H3, males who received instruction from a trained teacher had higher reading achievement scores than males who received instruction from a not-trained teacher. However, females who received instruction from a not-trained teacher had higher achievement scores in reading than females who received instruction from a trained teacher. In H4, males who received instruction from a trained teacher had higher mathematics achievement scores than males who received instruction from a not-trained teacher. Females in the not-trained group outscored their peers who received instruction from trained teachers. Overall, then, only slight differences in measures were reported, and no statistically significant differences were found.

Discussion

The findings of the study showed that CT/RT teacher training did not have an effect on the mathematics and reading achievement scores of students. A possible explanation for this finding is that the training was not long enough. In previous research, Jacob and Lefgren (2004) conducted a study to see if in-service training of teachers had a positive effect on student achievement scores. The outcome showed achievement scores were not affected by the training because of the lack of intensity of the trainings. In this study, CT/RT training was only six hours long and did not include follow-up training or assistance with implementation.

Other studies have shown that teacher training had a positive impact only when traditional training approaches were abandoned (Joyce & Showers, 2002). The traditional approach includes training by an outside expert who disseminates information in a lecture format as determined by the administration without any teacher input or follow-up. In this model, participants are expected to learn from a one-day workshop and transfer new ideas into the classroom on their own accord. It is suggested that to increase the impact of trainings, teachers need to be given a voice in determining relevancy of training topics, utilized in collaboration with other in-house staff to provide the training, and be supported with follow-up and implementation assistance (Darling-Hammond & McLaughlin, 1995; Joyce & Showers, 2001; King & Newmann, 2001).

The CT/RT training in this study did not offer follow-up support or include teachers in determining the sequence of the training. However, in-house staff was utilized for the training, and occasionally included a middle school teacher as a co-trainer with the elementary school counselor. The methodology of training involved multiple methods of instruction, including interactive role-plays and discussions. Trainings were offered after-school for two consecutive evenings from 3:30pm to 6:30pm. This is usually a time that is inconvenient for teachers to meet, and they are often tired after working all day with students.

Because the training is not mandatory, it is difficult to discern a teacher's motivation to participate. The benefit of the training is to receive ACT 48 credit and learn new behavioral techniques to use in the classroom. Teachers have voiced their opinions about the importance of the information that is taught, and have requested the training to be held during an in-service day to make attendance more convenient. The administration has not been able to offer this training during the school day due to other trainings that are mandatory and/or deemed more important for various reasons. In this study, only one trained teacher attended the non-mandatory training and the other teacher attended training when it was mandatory by the school district. This could make a difference in the results and needs to be more clearly examined.

In the research literature that studied the effects of CT/RT implementation in the classroom, the studies that showed that CT/RT had a positive effect on student achievement included longer trainings, follow-up trainings, and the examination of longitudinal effects. In Green and Uroff (1991), teachers received 300-hours of staff development in CT/RT. After 2 years the findings showed that academic performance improved. In Houston-Slowik (1982), an increase in achievement scores existed after implementation of a CT/RT classroom program for 11 weeks. In Slowik, Omizo, and Hammett (1984), eight hours of training were given to teachers in the experimental group. Although the training was not given for a long period of time, it provided guided implementation and accountability measures.

Studies that showed that CT/RT did not have an effect on achievement usually described limitations such as small sample size (Houston-Slowik, 1982), difficulty controlling for confounding variables (Browning, 1978), short trainings (Lynch, 1975), and weak implementation of CT/RT in the classroom (Lynch, 1975). The achievement benefits of Glasser's Quality School are frequently noted (Glasser, 1992/1998b). However, the intensity of training and implementation is intense and on-going (Glasser, 1992/1998b).

The small sample size might have had an impact on the lack of significance of the study. If a larger number of achievement scores were analyzed and more teachers who were trained or not trained were included in the study, the outcome might be different. The gender

distribution was relatively even, with 44 males and 39 females in the present study. The total number of students who received instruction from a trained teacher was only 30, while 53 students received instruction from an untrained teacher.

Extraneous variables that could confound the results were not controlled in this study. For example, race, socioeconomic status, home life, experience of a traumatic event, anxiety, learning disabilities, and any other variables that might affect learning and performance on the achievement test were not factored out as possible confounding variables. Many variables could have an effect on achievement, even the state of mind of a child when taking the achievement test (Ma & Klinger, 2000; Rivkin, Hanushek, & Kain, 2005).

The homogeneity of the student population was rather consistent based on race, so it can be inferred that race was probably not a confounding variable. In regard to SES, there is not a lot of discrepancy among income, however slight differences do exist, especially with students who are at the very low end of the poverty scale. It would be worthwhile to control for this variable because the research shows that the interventions that aim to positively have an effect on school/classroom climate, such as CT/RT, have the strongest impact on students with a low SES (Brookover et al, 1977; Coleman, Hoffer, & Kilgore, 1982; Haynes et al., 1997). It would be interesting to dissect the population and see whether students in the lowest socioeconomic group showed more improvement when learning from a CT/RT trained teacher. Students with higher SES are usually exposed to more educational experiences as part of their daily family life, and education is usually more valued (Bradley & Corwyn, 2001). Therefore, these students are usually already motivated to learn, even if the classroom climate is not as positive and encouraging.

Although the influence of a quality teacher is noted to have more influence than any other factor on student achievement (Darling-Hammond, 1999; Sanders & Rivers, 1996, as cited in Darling-Hammond, 1999; Rowe, 2003; Wright, Horn, & Sanders, 1997), the home life of a student could easily interfere with learning (Bradley & Corwyn, 2001; Coleman et al., 1966; White, 1982). This is a factor that needs to be recognized in order to better understand the achievement of students. Students spend a lot of time at school, but family is also very influential (Coleman et. al., 1966; White, 1982), especially for elementary students because younger children are more dependent on the family unit (Bradley & Corwyn, 2001; White, 1982). This is another reason why classroom climate is so important to recognize. School counseling programs that help to improve the classroom climate are essential to assist students in getting their basic needs met. Part of developing a positive classroom climate is the creation of trusting relationships with teachers and peers that can potentially help at-risk students eliminate barriers to learning (Glasser, 1992/1998b).

Additionally, it would be helpful to assess if teachers believe that CT/RT is a useful method to apply to their own lives. Based on Parish (1992), students need teachers who are going to model behavior based on CT/RT principles. Consistent with the constructivist learning theory, if teachers value and connect CT/RT to their own lives, they will be more likely to effectively use it in their classrooms (Fosnot, 1996). The CT/RT training in this study incorporated activities in the training to address how teachers can use CT/RT in their own lives. It would be interesting to measure how much teachers have internalized the concepts of CT/RT into their personal mode of operation, then measure to what extent teachers actually used CT/RT methods in the classroom. More research about teacher internalization of CT/RT methods in relation to the amount of involvement that teachers experience as trainers, or designers of the training program, would be valuable.

Based on this study, it is difficult to recognize if teachers actually implemented the CT/RT methods from the training. In this study, the independent variable only indicated if a

teacher received or did not receive training. Without assessing the implementation of CT/RT methods, it is difficult to know if a teacher was actually using CT/RT. It would be helpful to collect data about how teachers use CT/RT in the classroom to better understand if CT/RT made a difference in student achievement scores. This is a weakness of the study, and in the future it would be helpful to design a study that measures the implementation of CT/RT training modules, and not simply compare whether or not teachers were trained in the use of CT/RT educational methods.

In addition, the measure of achievement itself is often difficult to judge. Standardized achievement scores are only one type of assessment, and all students might not perform to their potential on this type of assessment. A student might be having a terrible day when taking the exam and extrinsic variables might affect his or her performance, such as lack of sleep, family trauma, bullying issues, etc., or a student might have test-taking anxiety and traditionally underperforms on standardized achievement tests. Outside variables might be situational, or ongoing, so it is difficult to know if a student was performing at his or her highest level on the achievement test. A longitudinal study and multiple forms of achievement assessment might help to control for this type of interference.

Differences in teaching styles also might attribute to variations on achievement tests. Some teachers might teach to the test, while others might teach a comprehensive curriculum that does not teach directly to the test. As cited in *The Quality School* (Glasser, 1992/1998b), McNeil (1986) contended that many times teachers who provided quality instruction did not see evidence of students' achievement based on state-mandated achievement tests. This is because the tests are intended to measure low-quality learning. She suggests that other types of measures need to be incorporated to truly assess achievement, rather than simply rely upon scores on a standard, machine-scored multiple-choice achievement test.

In this study, of the trained teachers, one was a veteran teacher and one was a newly hired teacher. It would be beneficial to study the differences in training that the veteran teacher and new teacher received, the length of time that has lapsed between training and the test date, and the differences in perceptions about using CT/RT in the classroom. Therefore, date of hire would be helpful to discern in the study.

Students might have a good relationship with their teacher while other teachers might be more distant and unreachable. This is considered part of the social climate in the classroom. While CT/RT attempts to create a positive classroom climate where students get their basic needs met, other types of programs exist that can positively affect the social climate. An assessment of the existing social climate would be helpful to see if the social climate was improved when students learned from a teacher who was trained and implemented CT/RT in the classroom. Teachers who were untrained and had a highly rated social climate would still be expected to have high achievement scores based on the rationale of the study. It is naive to assume that only teachers who are trained in CT/RT have classrooms with a positive social climate. It is more likely, but not necessarily so.

Based on the achievement results in both mathematics and reading, only two students did not get over half of the questions correct. It is possible that most of the students experienced a positive classroom climate, which was conducive to high achievement regardless of whether their teachers were trained or not trained in CT/RT. It would be interesting to see if the students who performed at the higher end of the achievement scale experienced more of a positive social climate as compared to the students who scored at the lower end of the scale.

School counseling is not a service-delivery model as it once was and now it is viewed as a comprehensive, collaborative, and systemic model designed to reach all students (ASCA, 2005). Based on this research, the school counseling-led CT/RT teacher training program did not have an influence on the academic achievement of students. The confounding variables are important to control for because it is important to discern if the training is a worthwhile use of the school counselor and teachers' time. The training might be worthwhile if it is implemented differently and more follow-up, or coaching is provided. Further studies are necessary to determine the best way to structure CT/RT teacher trainings to ensure a high level of effectiveness.

Limitations

In summary, the main limitations to this study were small sample size, lack of random sampling and assignment of students to groups, not enough differentiation between trained and not-trained teachers, a lack of identifying the actual implementation of CT/RT in the classroom, length of the assessment period, limited measures to decipher achievement, and lack of controlling for confounding variables. It is difficult to generalize the study to other populations because of the small sample size and the homogeneous population. In some ways, it was more controlled because of the homogeneity of the sample, due to all students being Caucasian and of similar socioeconomic backgrounds living in a small, rural community. However, this limits the findings because the effects of training teachers CT/RT were only assessed on this population.

It would be beneficial to expand the sample to be more representative of other school districts that are made up of similar demographics to test the hypotheses based on comparable dynamics. Also, a more inclusive study that has more differentiation that includes minority groups, various socioeconomic levels, and regions that are urban and suburban in addition to rural would be advantageous. Finally, more teachers, too, whether they be CT/RT trained or not.

Recommendations and Future Studies

Based on the research findings more questions have been generated. In the future, it would be beneficial to see if longer training with proper follow-up and coaching would show differences in achievement scores between students who received instruction from a CT/RT trained teacher rather in comparison to a teacher who was not CT/RT trained. Also, it would be interesting to see if teachers' motivation for taking the training has an impact on actual use of CT/RT in the classroom.

Answers to what influences a teacher to use CT/RT in the classroom could provide great insight into structuring of future CT/RT training programs. It would be useful to complete a study around this question and interview participants that went through the training program to see if they are actually implementing CT/RT methods and if so, which methods they are using. Some methods might be more useful and easier to implement then others. For instance, are they using open-classroom meetings, the WDEP questioning process, My Job/Your Job, or just viewing the students' or their behavior differently based on the theory? Additionally, learning what their motivation was to take the training and their beliefs about CT/RT before and after the training would be helpful.

An examination of the teachers' beliefs about CT/RT would be useful to research. For instance, do teachers value Glasser's theory? Do they really use CT/RT in their personal and professional lives? If so, do teachers who believe CT/RT has value implement the methods more in their classroom than teachers who do not believe/teach CT/RT in their classrooms?

How do we know if the students are using CT/RT? Research about how students know they are getting their basic needs met would be an additional measure that could influence the effectiveness of using CT/RT in the classroom.

A longitudinal study that measures achievement across time with multiple measures might be helpful to see if students show more growth when having a teacher who is CT/RT trained, as compared to other students who do not have a CT/RT-trained teacher. The effects of student growth on an individual student who has various teachers, both trained and not-trained, throughout the years would be beneficial. Confounding variables would be easier to control if the individual is not compared to other students; rather, just his or her own levels of growth throughout time based on having trained or not-trained teachers.

Ultimately, any questions that can be answered through research to help administrators, teachers, parents, students, and school counselors understand how CT/RT can be implemented in the school system to increase learning are important. Based on the available research, many studies show that CT/RT has a positive influence on education (Browning, 1978; Gang, 1974; Glasser, 1998b; Green & Uroff, 1991; Houston-Slowick, 1982; Lewis, 2001; Lynch, 1975; Marandola & Imber, 1979; Matthews, 1972; Moede & Triscari, 1985; Parish, 1992; Passaro, Moon, Wiest, & Wong, 2004), especially *The Quality School* by Glasser (1992/1998b). Therefore, the implementation of using Glasser's CT/RT in the school seems to be a beneficial strategy to improve achievement. In the present study, however, statistical analyses failed to demonstrate that training teachers in CT/RT had an effect on students' achievement scores in mathematics and reading. However, many limitations were noted which could have affected the results of the study. More research is needed to determine if training teachers in CT/RT truly has an effect on achievement. School counselors can use this study as a guide to help determine more effective ways to structure teacher trainings. In the school system, more research is needed to show how school counselors can incorporate CT/RT methods in a comprehensive way to use the theory and methods to improve academic achievement that is consistent with the ASCA model.

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Brief Bios

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EMPOWERING LOWER-INCOME DEVELOPMENTAL MATH STUDENTS TO SATISFY GLASSER'S FIVE BASIC NEEDS

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Abstract

This study investigated the extent to which exposure to choice theory increased first generation/low-income developmental math college students' perceived satisfaction of their five basic needs of belonging, power, freedom, fun, and survival; their composite need satisfaction; and their academic self-efficacy. A quasi-experimental, nonrandomized pretest/posttest design was used. For five weeks, the treatment group received exposure to choice theory principles. The results indicated that teaching first-semester developmental math students to evaluate and better meet their basic needs had a positive sustaining effect on their perception of satisfaction of the belonging needs and their composite need satisfaction. The treatment and control groups both experienced gains in their academic self-efficacy scores, but only the control group showed statistically significant gains while the treatment group did not. This study could prove beneficial to postsecondary educators, particularly those invested in the academic success of first generation developmental math students. Teaching students to identify and take action on their levels of need satisfaction may help them increase their academic motivation, facilitate their adjustment to college, promote academic success, increase retention rates, and decrease ineffective behaviors.

According to William Glasser's choice theory (1998), there exists an interconnection between one's needs satisfaction and his/her behavior: "For all practical purposes, we choose everything we do, including the misery we feel. Other people can make us neither miserable nor make us happy. All we can get from them is information. But by itself, information cannot make us do or feel anything. It goes into our brains, where we process it and then decide what to do…we choose all our actions and thoughts and, indirectly, almost all our feelings and much of our physiology. As bad as you may feel, much of what goes on in your body when you are in pain or sick is the indirect result of the actions and thoughts you choose or have chosen every day of your life" (pp. 3-4).

Glasser (1998) states while our need for survival depends a lot on our physiology, we are genetically programmed to try to satisfy the four psychological needs of love and belonging, power, freedom, and fun. He said: "All our behavior is always our best choice, at the time we make the choice, to satisfy one or more of these needs" (p. 28). In his "Ten Axioms of Choice Theory," Glasser clearly points to the love and belonging need as the most salient of

the psychological needs: "All long-lasting problems are relationship problems. A partial cause of many other problems, such as pain, fatigue, weakness, and some chronic diseases—commonly called autoimmune diseases—is relationship problems" (p. 333).

Many current researchers agree with the concept of basic human needs and the consequences of not having those needs met. For example, Baumeister and Leary (1995) pointed to belongingness as the fundamental evolutionary force that propels humans, as a social species, to stay in the good graces of others to ensure their survival. They enumerated a set of nine stringent criteria for identifying fundamental human needs and they claimed that the need for belongingness met all nine criteria. Self-determination theory (SDT; Deci & Ryan, 1985, Ryan & Deci, 2000) is a macro-theory of human motivation, emotion, and development, and postulates three basic psychological needs which are strikingly similar to Glasser's basic psychological needs for belongingness, power, and freedom, respectively. These are: a) the need for *relatedness* (i.e. to feel close and accepted by important others and with important groups of others); b) the need for *competence* (i.e. to feel effective, skillful and able to master the challenges of life); and c) the need for *autonomy* (i.e. to feel that one causes, identifies with, and endorses one's own behavior).

Ryan and Deci (2000, p. 69), have determined that there are "innate psychological needs that are the basis for self-motivation and personality integration," and that the meeting of those needs "appears to be essential for facilitating optimal functioning of the natural propensities for growth and integration, as well as for constructive social development and personal well-being" (p. 69). Ryan and Deci (2000) defined a psychological need as "an energizing state that, if satisfied, is conducive to health and well-being but, if not satisfied, contributes to pathology and ill-being." They added that specific psychological needs are "essential nutrients that individuals cannot thrive without satisfying all of them, any more than people can thrive with water, but without food" (p. 76).

Dozens of empirical studies have been conducted that support the idea that relatedness, competence, and autonomy each make unique predictive outcomes to many kinds of thriving and well-being outcomes, including daily well-being (Reis, Sheldon, Gable, Roscoe, & Ryan, 2000), secure relationship attachments (La Guardia, Ryan, Couchman, & Deci, 2000), "most satisfying events" (Sheldon, Elliot, Kim, & Kasser, 2001), positive teacher course evaluations (Filak & Sheldon, 2003; *see* Niemiec & Ryan, 2009, for a thorough review of studies applying SDT to educational settings) and effective work performance and satisfaction (Baard, Deci, & Ryan, 2004). Sheldon and Gunz (2009) have also demonstrated that deficits in one's needs satisfaction in any of the three needs, leads to increased motivation to acquire greater need satisfaction. To support the universality of the three needs, effects have been demonstrated in a wide variety of cultural contexts (Chirkov, Ryan, & Willness, 2005; Deci et al., 2001, Sheldon et al., 2001) and in longitudinal studies, accumulative satisfaction of the three needs over time leads to a wide variety of positive outcomes (La Guardia et al., 2000; Sheldon & Elliot, 1999; Sheldon & Krieger, 2007).

In the choice theory literature, these genetically programmed needs are also referred to as "genetic instructions," and "internal instructions" that are biologically encoded (Buck, 2002, p. 7). Wubbolding refers to these innate human needs as "internal forces or internal

motivations" (2000, p. 10). Based on the choice theory premise that human needs are genetically encoded, it should be kept in mind that the five basic needs are considered universal and common to every human being, while specific behaviors that each person will choose to satisfy those needs will be unique to each individual. The universal observation is that humans will feel pleasure when a need is met and frustration when a need goes unsatisfied; there is a constant urge to satisfy unmet needs. People who are not experiencing pleasure are unhappy and they need to replace their ineffective behaviors with more effective ones in order to feel more pleasure and experience greater happiness (Glasser, 1998). As noted previously, the motivation to fulfill basic psychological needs, when they are frustrated, has been empirically supported (Sheldon & Gunz, 2009).

Academic Self-Efficacy

Bandura (1997) described self-efficacy as "the belief in one's capabilities to organize and execute courses of action required to produce given attainments" (p. 3). Efficacy beliefs influence the course of action an individual chooses to pursue, how much effort he or she will expend, perseverance in the face of challenges, resilience, and the ability to cope with the demands of taking on any given challenge. Self-efficacy does not refer to a single overriding trait, however, it refers to judgments about one's capabilities in any number of activities, including learning and mastering the skills required for academic success. Perceived academic self-efficacy refers to a student's belief about his or her ability to successfully achieve academic tasks (Zimmerman, 1995).

Self-efficacy has been linked to persistence, tenacity, and achievement in educational settings (Bandura, 1986; Schunk, 1981; Zimmerman, 1989). Meta-analyses of research in educational settings by Multon, Brown, and Lent (1991) found that self-efficacy was related to both to academic performance (r = .38) and to persistence (r = .34). The contribution of self-efficacy to educational achievement is based on both the increased use of specific cognitive activities and strategies, and on the positive impact of efficacy beliefs on the broader, more general class of metacognitive skills and coping abilities.

Vrugt, Langereis, and Hoogstraten (1997) showed that self-efficacy among undergraduate students with high intelligence significantly contributed to exam performance. Lent, Brown, and Larkin (1984, 1986) found that students with high self-efficacy for educational requirements achieved higher grades than students with low self-efficacy.

Rationale for the Study

Research has shown that a lack of needs satisfaction in college students generally contributes to self-destructive behaviors, low academic motivation and performance, and unsatisfying social relationships. College students may choose ineffective behaviors due to a lack of understanding of the connection between their basic needs and their behaviors; they may also lack knowledge about what strategies can be used to effectively satisfy their needs. The *Choice Connections Manual* (Loyd, 2003) was used as the primary intervention in this study. The manual was developed to help high school students make more effective choices using empirically validated principles. The manual was adapted for first-semester college students and the intervention emphasized teaching students about total behavior using the car metaphor, the "WDEP" (wants, doing, evaluation, plan) procedures for change

(Wubbolding, 2000, 2011), and Glasser's (2000) "seven deadly habits." The present study is essentially a replication of Burdenski and Faulkner's (2010) study, except that the Academic Self-Efficacy Scale (ASES; Chemers, Hu, & Garcia, 2001) was used in addition to Pete's Pathogram (Peterson & Parr, 1982; Peterson & Truscott, 1988; Peterson, 2008), a measure of Glasser's five basic needs. Demonstrating that college freshmen could learn and apply choice theory to their daily lives could aid them in moving toward taking more responsibility for satisfying their personal needs, thereby encouraging more effective personal choices. In the current literature, needs satisfaction is linked to positive coping skills, an internal locus of control, academic motivation and success, and greater personal responsibility. In contrast, ineffectively meeting these needs leads to frustration, higher levels of anger intensity, a lack of motivation and performance, personal relationship dissatisfaction, and an external locus of control (Jang, Reeve, Ryan, & Kim, 2009; Ryan & Deci, 2000)

Research Questions and Hypotheses

Eight research questions, each with a corresponding hypothesis, were addressed in this study:

Research Question #1. To what extent will exposure (instruction, discussion, application) to choice theory/reality therapy principles, as presented within the framework of the *Choice Connections Manual* (Loyd, 2003), increase perceived need satisfaction for Belonging in first semester college students?

Hypothesis #1. The treatment group #1 is hypothesized to show an increase in perceived need satisfaction for Belonging after exposure (instruction, discussion, application) to choice theory/reality therapy principles, as presented within the framework of the *Choice Connections Manual* (*CCM*; Loyd, 2003), for five weeks of class when compared with the control group who will receive no exposure (instruction, discussion, application) to these principles during five weeks of the semester.

Research Question #2. To what extent will exposure (instruction, discussion, application) to choice theory/reality therapy principles, as presented within the framework of the *CCM*, increase perceived need satisfaction for Power for first semester college students?

Hypothesis #2. The treatment group is hypothesized to show an increase in perceived need satisfaction for Power after exposure (instruction, discussion, application) to choice theory/reality therapy principles, as presented within the framework of the *CCM* for five weeks of class when compared with the control group who will receive no exposure (instruction, discussion, application) to these principles during five weeks of the semester.

Research Question #3. To what extent will exposure (instruction, discussion, application) to choice theory/reality therapy principles, as presented within the framework of the *CCM*, increase perceived need satisfaction for Freedom for first semester college students?

Hypothesis #3. The treatment group is hypothesized to show an increase in perceived need satisfaction for Freedom after exposure (instruction, discussion, application) to choice theory/reality therapy principles, as presented within the framework of the *CCM*, for five

weeks of class when compared with the control group who will receive no exposure (instruction, discussion, application) to these principles during five weeks of the semester.

Research Question #4. To what extent will exposure (instruction, discussion, application) to choice theory/reality therapy principles, as presented within the framework of the *CCM*, increase perceived need satisfaction for Fun in first semester college students?

Hypothesis #4. The treatment group is hypothesized to show an increase in perceived need satisfaction for Fun after exposure (instruction, discussion, application) to choice theory/reality therapy principles, as presented within the framework of the *CCM* for five weeks of class when compared with the control group who will receive no exposure (instruction, discussion, application) to these principles during five weeks of the semester.

Research Question #5. To what extent will exposure (instruction, discussion, application) to choice theory/reality therapy principles, as presented within the framework of the *CCM*, increase perceived need satisfaction for Survival in first semester college students?

Hypothesis #5. The treatment group is hypothesized to show an increase in perceived need satisfaction for Survival after exposure (instruction, discussion, application) to choice theory/reality therapy principles, as presented within the framework of the *CCM*, for five weeks of class when compared with the control group who will receive no exposure (instruction, discussion, application) to these principles during five weeks of the semester.

Research Question #6. To what extent will exposure (instruction, discussion, application) to choice theory/reality therapy principles, as presented within the framework of the *CCM*, increase perceived total need satisfaction (sum of Belonging, Power, Freedom, Fun, and Survival need scores) for first semester college students?

Hypothesis #6. The treatment group is hypothesized to show an increase in perceived total need satisfaction (sum of Belonging, Power, Freedom, Fun, and Survival need scores) after exposure (instruction, discussion, application) to choice theory/reality therapy principles, as presented within the framework of the *CCM*, for five weeks of class when compared with the control group who will receive no such exposure (instruction, discussion, application) to these principles during five weeks of the semester.

Research Question #8. To what extent will exposure (instruction, discussion, application) to choice theory/reality therapy principles, as presented within the framework of the *CCM*, increase perceived academic self-efficacy for first semester college students?

Hypothesis #8. The treatment group is hypothesized to show an increase in perceived internal locus of control (i.e. higher scores on the Academic Self-Efficacy Scale) after exposure (instruction, discussion, application) to choice theory/reality therapy principles, as presented within the framework of the *CCM*, for five weeks of class when compared with the control group who will receive no exposure (instruction, discussion, application) to these principles during five weeks of the semester.

METHOD

Participants

We implemented elements of Dr. William Glasser's choice theory as a teaching and coaching tool for newly admitted freshmen taking a developmental math course during the summer

semester of 2010, at a rural regional university in the southwestern United States. These students were first-generation/low-income students who were required to take this course as part of a summer residential learning experience preceding their first fall semester at school. In an attempt to answer the research questions, the following quantitative study was conducted with two classes of developmental math students. Due to the structure and constraints of the college classroom environment, randomly assigned participants were not possible. Pre-formed classroom student assignments could not be disrupted and had to remain intact. The instructor who taught choice theory principles used her section of the developmental math course to represent the treatment group. Students enrolled in a second developmental math course served as the control group. The total treatment group included 26 participants and the total control group included 30 participants. This study was a quasi-experimental study, a design that Babbie (2001), referred to as "the non-equivalent control group design" (p. 341). He gave the example of a school classroom being appropriate for this type of design. Due to the nature of the school setting, this was a "sample of convenience" (Triola, 2002, p. 20).

Materials

The chosen instrument used to measure the perceived level of needs satisfaction was Pete's Pathogram (see Appendix A; Peterson, 2008; Peterson & Parr, 1982; Peterson & Truscott, 1988), a very practical and effective assessment tool used by choice theory/reality therapy counselors and researchers, originally developed by Arlin Peterson and Gerald Parr (1982). One rationale behind this decision was that Pete's Pathogram is the only instrument that measures the specific aspects of the five psychological needs of choice theory needed for this project. Another rationale was that a substantial amount of empirical research has been conducted using Pete's Pathogram, as opposed to a limited amount of empirical research conducted with other available instruments (Loyd, 2005; Peterson & Parr, 1982; Peterson & Truscott, 1988; Peterson, Chang, & Collins, 1998; Peterson, Woodward, & Kissko, 1991). As recommended by Loyd (2003), participants were asked to focus their assessment of need intensity, willingness to work, and satisfaction of these five needs in the specific context of their transition experience to college, not at home or with family members so that basic needs assessment was focused on the college transition experience.

Pete's Pathogram (Peterson, 2008; Peterson & Truscott, 1988) assesses the self-perceived (a) interest, strength, or intensity of each of Glasser's five basic human needs, (b) the time and effort invested in satisfying each need, and (c) the success attained in satisfying each need. This instrument was originally designed to be a clinical instrument to provide a graphic illustration for clients to measure the perceived intensity of their basic needs as explained by Glasser, i.e., the time and effort the students were investing in attempting to satisfy their needs, and the success attained in satisfying each need (Peterson, et al., 1998). The rating is subjective, but consistent with the choice theory concept of self-evaluation (Sullo, 1997).

Pete's Pathogram revised (Peterson, 2008; Peterson & Truscott, 1988) is designed to maintain the clinical utility of the original pathogram (Peterson & Parr, 1982), while adding a consistent numerical scale (1-9), with a mean score of 5, and a standard deviation of 1. The revised pathogram is designed to measure quantitatively, various dimensions of the psychological needs of belonging, power, freedom, and fun, as well as the physiological need for survival. The pathogram is utilized to compare the profiles in regard to perceived needs, time/effort invested, and success achieved in satisfying each psychological need. Also, the interrelationships of each need to each of the other needs have been reported. It has been shown to be an effective tool for discovering the internal world of students, as well as an effective tool for counseling (Loyd, 2005; Peterson & Parr, 1982; Peterson & Truscott,

1988; Peterson, Woodward, & Kissko, 1991). Peterson et al. (1998) demonstrated that teaching choice theory principles and using choice theory principles in group counseling with 217 Taiwanese university students was effective in altering both their attitudes and behaviors so that they were better able to meet their five basic needs. Pete's Pathogram was used to measure the dependent variable used in that study.

The other dependent measure used was the Academic Self-Efficacy Scale (ASES; Chemers, Hu, & Garcia, 2001), which is comprised of 8 items that examine how confident the respondent is in his or her ability to accomplish some academic task. The instrument contains a Likert scale that ranges from one to seven with a one representing no confidence and a seven designating compete confidence in being able to perform academically. Following Bandura's (1997) recommendations, the measure was designed to reflect a variety of specific skills pertinent to academic achievement, including scheduling of tasks, note taking, test taking, researching and writing papers, and included general statements about scholarly activity. Chemers et al. reported a coefficient alpha of .81 in a sample of 1,600 college students used to develop the instrument.

Procedures

Each group was given two pretest instruments, consisting of Pete's Pathogram and others. Pete's Pathogram assessed self-reported satisfaction of each of the five basic needs (Survival, Belonging, Power, Freedom, and Fun) as defined by choice theory. The other instrument was the Academic Self-Efficacy Scale. The test data were collected and recorded. Then, the treatment group was exposed to choice theory/reality therapy principles, as presented within the framework of the *Choice Connections Manual* (Loyd, 2003) through instruction, discussion, personal application, and planning for practically applying these principles to life situations during the first five weeks of the course.

When the five weeks of instruction were completed, posttests, consisting of Pete's Pathogram and the Academic Self-Efficacy Scale, were administered to the treatment and control groups. Data were collected and recorded, and analyzed using SPSS (Norusis, 2009), a statistical analysis program for social sciences. Two different operations of statistical analysis were conducted with the research data collected for each of the research questions and hypotheses. First, an Analysis of Covariance (ANCOVA) was conducted for the purpose of controlling for any pre-study differences that might have existed between the control and treatment groups with respect to the level of need satisfaction (as measured by Pete's Pathogram) prior to this study. This type of analysis was necessary because it was not possible to randomly assign students to control or treatment groups independently. Intact, pre-formed groups had to be used instead.

A paired samples t-test for a repeated measures design was conducted on all Pete's Pathogram and Academic Self-Efficacy data for both the treatment and control groups after the five-week treatment period. For a repeated measures design, a participant is measured on two occasions on one measure, in this case during the pretest and posttest. The primary question of interest is whether the mean difference between the scores on the two occasions is significantly different from zero (Green & Salkind, 2002).

An analysis of covariance (ANCOVA) was used to test for differences in pretest scores between the treatment and control group on both Pete's Pathogram and the Academic Self-Efficacy Scale. According to Pallant (2004): "ANCOVA is also handy when you have been unable to randomly assign your subjects to different groups, but instead have to use existing groups (e.g., classes of students). As these groups may differ on a number of different attributes (not just the ones you are interested in), ANCOVA can be used to reduce some of these differences" (p. 264).

ANCOVA can also be used when the researcher has a two group/pretest-posttest design. The scores on the pretest are used as a covariate to "control" for pre-existing differences between the groups (Pallant, 2004). This makes ANCOVA very useful in situations when you have quite small sample sizes, and only a small or medium effect sizes. According to Stevens (1996) this is very common in social science research and he recommends choosing two or three covariates to reduce the error variance and increase the chance of detecting a significant difference between groups. ANCOVA is an extension of Analysis of Variance (ANOVA) that allows the researcher to explore differences between groups while statistically controlling for an additional continuous variable. SPSS uses regression procedures to remove the variation in the dependent variable that is due to the covariate and then performs the normal ANOVA on the corrected or adjusted scores. By removing the influence of the additional variable, ANCOVA can increase the power or sensitivity of the statistical test (the *F* test).

RESULTS

A paired samples t-test was conducted to evaluate the impact of teaching choice theory on students' scores on their perception of satisfaction of their five basic needs, as well as their perceived total need satisfaction. As shown in Table 1, there was a statistically significant increase in satisfaction of the belonging need for the treatment group from pretest (M= 6.12, SD = 1.90) to posttest (M= 7.19, SD = 1.39), $t(25) = -2.24$, $p < .05$. The r statistic (.41) indicated a moderate effect size. The 95% confidence interval for the mean difference between the two ratings was -2.07 to -.09.

There was also a statistically significant increase in satisfaction of the total need satisfaction score for the treatment group from pretest (M= 34.74, SD = 5.86) to posttest (M= 37.50, SD = 4.84), $t(25) = -2.16$, $p < .05$. The r statistic (.40) indicated a moderate effect size. The 95% confidence interval for the mean difference between the two ratings was -5.40 to -.13. There were no statistically significant increases in perceived satisfaction of the power, survival, freedom, or fun scores from pretest to posttest.

Table 1

Changes in Five Basic Needs Score and Composite Need Score from Pre-Test to Post-Test

	Pre-Test				Post-Test			
	Treatment *n*=26		Control *n*=30		Treatment *n*=26		Control *n*=30	
Basic Need Score	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Belonging	6.12	1.90	7.07	1.55	7.19	1.39	7.77	1.10
Power	6.88	1.80	7.00	1.26	7.31	1.23	7.32	1.40
Freedom	7.05	1.84	7.52	1.67	7.35	1.72	7.79	1.16
Fun	7.03	1.84	8.18	1.13	7.50	1.14	8.12	.92
Survival	7.68	1.35	7.64	1.56	8.12	1.28	8.25	.70
Total Need Score	34.74	5.86	37.34	4.43	37.50	4.84	39.09	3.41

As shown in Table 2, there was also a statistically significant increase in the academic self-efficacy score for the control group from pretest (M= 38.48, SD = 7.33) to posttest (M= 42.70, SD = 5.82), $t(29) = -3.61$, $p < .05$. The r statistic (.55) indicated a moderate effect size. The 95% confidence interval for the mean difference between the two ratings was -6.61 to -1.83. There were no statistically significant increases in academic self-efficacy for the treatment group from pretest to posttest.

Table 2

Changes in Academic Self-Efficacy for Treatment Versus Control Group

	Pre-Test				Post-Test			
	Treatment *n*=26		Control *n*=30		Treatment *n*=26		Control *N*=30	
Measure	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Academic Self-Efficacy	39.98	6.89	38.48	7.33	41.89	7.52	42.70	5.82

ANCOVA analyses tested for differences in pretest scores between the treatment and control group on each of the five basic needs scores and the composite needs score, but there were no statistically significant ($p < .05$) differences between the treatment and control groups.

A similar analysis showed no statistically significant differences between the treatment and control group on the academic self-efficacy measure.

DISCUSSION

The eight research questions examined the effect of teaching choice theory principles on the self-perceived need satisfaction and academic self-efficacy of freshmen enrolled in a summer residential program who were taking a developmental math course. The findings indicate that with respect to the needs for survival, belonging, power, freedom, and fun, teaching choice theory was effective with increasing the post-test scores for belonging and the total need score (i.e., the sum of all five needs), with each having moderate effect sizes of .41 and .40, respectively. These findings are identical to what Burdenski and Faulkner (2010) found when teaching choice theory to provisionally admitted freshmen students, only the effect size for the impact of teaching choice theory on the belonging need was even greater in the present study since Burdenski and Faulkner (2010) reported a small effect size of .30 in the earlier study. The results of the present study provide further evidence that teaching choice theory principles can result in higher satisfaction of basic needs, especially the belonging need and the total need score (sum of all five basic needs). Interestingly, however, students who were not taught choice theory principles (as compared to their treatment group counterparts) reported higher academic self-efficacy as measured by the Academic Self-Efficacy Scale (a moderate effect size). This finding, of course, runs counter to the anticipated impact of being taught choice theory principles, but an explanation for such findings is truly beyond the scope of the present study. Future research is needed to ascertain why these findings occurred.

In summary, based on the pre-and posttest comparisons, exposure to and practice of choice theory/reality therapy principles by at-risk, first-semester college freshmen does have a positive effect on those students' perceptions of the satisfaction of their belonging need as well as their total need satisfaction. Given the striking similarities between the conceptualization of the basic psychological needs as proposed by Glasser (1998) in choice theory and the three basic psychological needs theorized by self-determination theory (Deci & Ryan, 1985; Ryan & Deci, 2000), the large volume of research findings on the basic needs for *relatedness* (i.e., belonging), *competence* (i.e., power and achievement), and *autonomy* (i.e., freedom) generated by self-determination theory research has direct bearing on the application of choice theory/reality therapy in a wide variety of settings, including the one studied here.

This article has demonstrated that failing to meet one's basic psychological needs for love and belonging, power, freedom, and fun leads to a wide array of personal and academic problems that directly impact the purposes and goals of professional educators. On the other hand, students who have their basic needs met are generally more likely to be primed to thrive in the classroom environment, developing socially, and experiencing overall well-being. Actively monitoring students' perceptions of their basic needs and using that information to help students satisfy their needs more fully seems to be in the best interests of not only students, but also their parents and families, as well as educators themselves, and the society as a whole.

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Brief Bios

Brenda Faulkner, M.Ed., is the Student Success Programs Director at Tarleton State University. She is Choice Theory/Reality Therapy Certified and an approved practicum supervisor. She has been a Licensed Professional Counselor for 12 years and a Supervisor for 10 years.

Thomas K. Burdenski, Jr., Ph.D., is a licensed psychologist, marriage and family therapist, and professional counselor who teaches and supervises counselors-in-training to use choice theory/reality therapy. He is Choice Theory/Reality Therapy Certified and an approved practicum supervisor. He is also on the editorial board of the *International Journal of Choice Theory and Reality Therapy*.

APPENDIX A

Pete's Pathogram

(Peterson & Truscott, 1988)

9 = EXTREMELY STRONG															
8 = MODERATELY STRONG															
7 = SOMEWHAT STRONG															
6 = SLIGHTLY STRONG															
5 = NEUTRAL															
4 = SLIGHTLY WEAK															
3 = SOMEWHAT WEAK															
2 = MODERATELY WEAK															
1= EXTREMELY WEAK															
	I	**E**	**S**	**I**	**E**	**S**	**I**	**E**	**S**	**I**	**E**	**S**	**I**	**E**	**S**
NEEDS	**BELONGING** **Love, relatedness, acceptance, caring**			**POWER** **Competence, meaning, achievement, importance, control**			**FREEDOM** **Choice, autonomy, expression, thought, to be, to become**			**FUN** **Discovery, learning, adventure, exploring, enjoyment**			**SURVIVAL** **Food, water, shelter, reproduction, feeling safe and secure**		

I = INTENSITY (perceived level of intensity, urge, strength, drive of need)

E = EFFORT (perceived level of effort, energy, time expended meeting need)

S = SATISFACTION (perceived level of need satisfaction and success)

From: "Pete's pathogram: Quantifying the genetic needs," by A. V. Peterson and J. D. Truscott, 1988, *Journal of Reality Therapy, 8,* pp. 22-32. Adapted with permission.

QUOTABLE QUOTES and INSIGHTFUL IDEAS OFFERED by WILLIAM GLASSER

Jim Coddington, CTRTC, MSW, Director, Sales and Marketing, William Glasser, Inc.

Abstract

It may be that by our actions we are known, but it is also so that through our thoughts and words true insights can be achieved. This being so, this brief paper will provide glimpses into the thoughts and ideas of William Glasser, M.D.

Please consider the following:

"Your vision will become clear only when you look into your heart. Who looks outside, dreams. Who looks inside, awakens."
Carl Gustav Jung

"An eye for an eye makes the whole world blind."
Mahatma Gandhi

"I have a dream that my four children will one day live in a nation where they will not be judged by the color of their skin but by the content of their character."
Martin Luther King, Jr.

"Any intelligent fool can make things bigger and more complex… it takes a touch of genius—and a lot of courage—to move in the opposite direction."
Albert Einstein

These internationally recognized quotes from four iconic world visionaries continue to have a profound influence on humanity. Such citations offer a determined perspective into the underlying philosophy attributed to these men. Similarly, glimpses of Dr. Glasser's brilliance have been referenced from his publicized displays of his written and spoken words. The following is a handful of some of the more recognized quotes attributed to Dr. Glasser.

"Good or bad, everything we do is our best choice at that moment."

"Caring for but never trying to own may be a further way to define friendship."

"If everyone could learn that what is right for me does not make it right for anyone else, the world would be a much happier place."

"Don't marry someone you would not be friends with if there was no sex between you."

"If you want to change attitudes, start with a change in behavior."

"Running a school where the students all succeed, even if some students have to help others to make the grade, is good preparation for democracy."

There are only two places where time is valued more than the work done, school and prison."

"What happened in the past that was painful has a great deal to do with what we are today, but revisiting this painful past can contribute little or nothing to what we need to do now."

"I think it is totally wrong and terribly harmful if education is defined as acquiring knowledge."

"I think education is both using and improving knowledge and that changes the whole picture."

"We may be up against a stone wall, but we don't have to bloody our heads against it unless we choose to."

"Everybody needs one essential friend."

"A friend of mine, a dedicated golfer, shot a hole in one playing by himself. Disaster."

"Since there will be no one left to talk peace after the next war, it makes good sense to break with tradition and hold the peace conference first."

Recently, at the request of Dr. and Mrs. Glasser, I've been sorting through a treasure chest of hundreds of letters with the intent of compiling the most compelling material into a book. The gems found in these letters will offer an exclusive look into Dr. Glasser's work from a highly personal and historic perspective. Besides the quotes already noted above, there are other excerpts from Dr. Glasser writings that include various quotes that may one day help define his legacy and ultimately determine how he might ultimately match up with the late world leaders notions and ideas that were cited at the outset of this brief article.

"Coupling disconnection with heavy-duty weaponry is a prescription for disaster."

This is what Dr. Glasser had to say in April of 1999 as an immediate response to the Columbine tragedy that transpired on April 20th in Colorado. As many will remember, on this date two students were involved in a shooting spree that claimed the lives of twelve students, one teacher, and injured many more.

"*Thank you very much for your E-mail and your appreciation of my presentation. It was only a few days later when the situation in Littleton revealed itself to be a horrible example of what students do who are disconnected. We have to get connected with them and when I say "we" I mean responsible adults connecting with young people. The schools are filled with cliques, as written about (in various) papers. They connect with themselves, but the one thing absent from all these cliques is a responsible connection with adults who care about them and who kids care about as well. When this happens, the cliques don't make that much difference. When it doesn't happen, the cliques make all the difference in the world. Coupling disconnection with heavy-duty weaponry is a prescription for disaster."*

Such a cautionary statement still bears significant relevance as witnessed by the numerous shootings, most recently in Norway, that continue to plaque schools and communities around the world.

"Both of us are rebelling against the epidemic of organic psychiatry with all the drugs that are now the present solution for all the mental health problems of the world"

The following are Dr. Glasser's thoughts concerning a professional peer who received some criticism for a paper she wrote for a prestigious conference.

"Even though I don't believe it would be possible for me to do [the] things she does, I was also impressed that in many respects she and I share the same psychological point of view. Both of us are rebelling against Freudian psychiatry. Both of us are rebelling against the epidemic of organic psychiatry with all the drugs that are now the present solution for all the mental health problems of the world"

Found further in Dr. Glasser's rebuttal is a classic Choice Theory declaration, *"In finishing, I say read her paper and believe it. If you can't do what she does, as I think I can't, admire it. If you can, then learn from it, and expand the work that she is pioneering."*

"Using the deadly habits on yourself destroys the relationship you have with yourself."

In one letter Dr. Glasser writes in September of 2004, *"Don't use these habits [the Seven Deadly Habits] with yourself either. That is what you're doing now. Using the deadly habits on yourself destroys the relationship you have with yourself. My great teacher Dr. Harrington used to say, "Don't criticize yourself as there are plenty of other people willing to do this for you." He was right!*

"The basic needs are biological. They have nothing to do with culture."

Dr. Glasser responds to an inquiry about the cross-cultural benefits of Reality Therapy with, *"Reality therapy works fine cross-culturally. We are one of the few organizations that have a wide group of cultures represented among our staff and in our training. The basic needs are biological. They have nothing to do with culture. Culture is how we satisfy them and a good reality therapist can easily adapt the basic needs to the culture people are living in. So, it has no cross-cultural problems."*

"I want to be known for Choice Theory."

Recently I had the privilege of asking Dr. Glasser what he wanted most to be recognized for. Without any sense of hesitation his adamant reply was, "I want to be known for Choice Theory." He continued by briefly stating how Reality Therapy and Control Theory have been eclipsed by Choice Theory psychology. Such an evolution in philosophy is found in a handful of personal correspondences.

On February 17th, 1999, Dr. Glasser wrote, *"I've also recently completed my latest and I think my best book- even better than Choice Theory in some respects. It is a book called Reality Therapy II: 35 Years of Evolving. It's really about applying reality therapy in cases. I think when you see it you'll be very excited. The agent was so excited when I sent it to him that he tracked me down and just told me that he was blown away by my new book."* A year earlier, Dr. Glasser contemplated naming this book "Re-connecting with Reality Therapy: A Choice Theory Approach". As many of you may already know, this book was ultimately published in 2000 entitled, "*Counseling with Choice Theory: The New Reality Therapy*."

From his written history, over the years Dr. Glasser's work continued to evolve. Along the way he was routinely asked to clarify such a vibrant and progressive process. In the fall of 1999 Dr. Glasser responded to such a query. *"The purpose of an Institute like mine or the Alder Institute or the Erickson Institute or any of the Freudian Institutes, is to promote the ideas of the people around whom the Institute was formed. I changed the name to make it quite clear to everyone that if they contact us, they are going to get what William Glasser*

*presently believes. Not what he did believe, not what he hopes will happen in the future, but what he's teaching and working with now."**

I hope that you've enjoyed this sampling of material that will ultimately be another living testimony to Dr. Glasser and all that he stands for. Of course, if you wish to ascertain all the bibliographic information regarding all of these quotes, and many more, too, the reader is urged to look for the forthcoming book by this author that more completely summarizes Dr. Glasser's "key quotes," which should be published in 2012.

* The Institute for Reality Therapy, founded in 1967, eventually became The Institute for Choice Theory, Reality Therapy and Lead Management, which was then renamed The William Glasser Institute in 1996.

Brief Bio

Jim Coddington, originally from Long Island, New York, moved to Los Angeles in 2004 after spending many need-satisfying years nestled in the heart of the Rocky Mountains of Aspen, Colorado. In addition to being the Sales and Marketing Director for William Glasser, Inc., he also serves as a Recovery Specialist by providing a full spectrum of services to individuals and their loved ones who are contending with substance abuse (Eagle's Gift Recovery Resources). Jim, an aspiring screenwriter, has written a booklet, "*Offering Hope: A Survival Guide to Those Coping With a Loved One's Addiction.*" Having a high need for freedom, Jim has chosen to live on a boat in Marina del Rey, California.

Tributes Offered to Dr. William Glasser in Recognition of His Lifetime Achievements and His Efforts at Becoming a True Benefactor to So Many. Thanks for the Memories!*^

A tribute to Dr. William Glasser--

We can hardly improve on the tribute we wrote for the 1990 banquet program commemorating the Silver Jubilee of the publication of *Reality Therapy* in 1965. It reads as follows:

"It has been said that 'a journey of a thousand miles is begun with one step'. When you first used the phrase 'reality therapy' you took that first step. And when you spoke of 8 steps, schools without failure, identity society, positive addiction, control theory, environment, procedures, and quality, your stride increased.

Tonight, as you pause in your journey, we, the Institute for Reality Therapy, wish to say, as best we can, 'a thousand thank you's'. Thank you for choosing to make the journey. Thank you for your ideas. Thank you for your achievements, for your authenticity, for your support, for your encouragement, for your friendship. Thank you for showing us the way.

Our program tonight is for you and for all in the Institute for Reality Therapy. Our hope for us is that we can keep pace with your journey."

Since that memorable evening many obvious changes have occurred. But the following words spoken by Bea Dolan, Superintendent of Ventura School 1962-1976 are timeless. "We, at Ventura, started every treatment program the department had: citizens advisory groups, ward advisory committees, small and large group counseling, off-campus services, etc. AND WHAT DID WE GET – EACH OTHER! A REWARD BEYOND COMPARE."

In the 21st century, we wish to extend our heartfelt gratitude to you for your journey and leadership you have provided for the last 21 years. You have enthusiastically continued to enrich the lives of thousands of people. With the development of choice theory you have offered an avenue of hope for the hopeless, freedom for the un-free, and a pathway to better mental health for anyone wishing to follow your lead.

To you and Carleen, Sandie and I, your friends, say AD MULTOS ANNOS!

Best wishes,

Bob and Sandie Wubbolding

***The vast majority of these tributes were previously gathered by Dr. Brandi Roth. Hence, we all owe her a debt of gratitude for all of her tireless efforts on our behalf.**

^If you would like to send a letter recognizing what Dr. Glasser did for you, and/or others, just send it to parishts@gmail.com at your earliest convenience. It will definitely be included in the packet with all of these letters printed in this issue of the Journal, and will likely appear in the Journal at a later date.

A tribute to Dr. William Glasser—

Dr. Glasser and I have worked with one another on various occasions over the last thirty plus years, and in every instance I have found him to be very knowledgeable, extremely cordial, as well as always calm, cool, and collected. In addition, I have found Dr. Glasser to be an excellent theorist (e.g., originator of Choice Theory), and a phenomenal practitioner. Whenever he conducts a "role play" using Reality Therapy, he always has been able to master all elements of it on every single occasion. Hence, his video tapes, CDs, and DVDs, have continually been in great demand by clinicians, counselors, educators, and others too. Beyond a doubt, Dr. Glasser has sought to share much with others, primarily because he simply loves to assist others in taking more effective control of their lives. Thus, he has truly been the "wind beneath the wings of many," including myself. For all that he has done for me and others, I am extremely grateful.

In addition, Dr. Glasser's friendship has been very precious to me, and so it will always be throughout eternity.

Thanks for all of the wonderful memories!

Thomas S. Parish, Ph.D., CTRTC
Editor, International Journal of Choice Theory and Reality Therapy
U.S. Advisory Board Member and Mid-America Region Representative

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Letter of Appreciation for Dr. William Glasser—

As a relative newcomer to the institute, I am very grateful to you for supporting Dr. Emerson Capps' idea to create the Glasser Scholars program back in 2007. As a counselor educator who makes his living teaching master's level counselors how to be effective counselors in school and agency settings, I have benefitted enormously from that program. It has provided me with a wonderful network of colleagues who are devoted to jointly conducting research on and writing about choice theory/reality therapy. I have also gained a great deal from the senior trainers who were involved in my certification process and later, my certification as a basic and advanced practicum instructor and intensive instructor. Dr. Bob Wubbolding, John Brickell, and Dr. Pat Robey have all been generous with their time and expertise with teaching and training, and more importantly I think, showing me how to LIVE the choice theory lifestyle. I have also had the privilege of being mentored by Dr. Tom Parish, the editor of the *International Journal of Choice Theory and Reality Therapy*, who has given freely of his time to help me navigate the many challenges I faced on the road to tenure. My involvement with the WGI has been a big gift to me in my life and I feel honored to be selected as a Glasser Scholar. I now look forward to "passing forward" the many wonderful ideas you have developed to the next generation of counselors!

Dr. Tom Burdenski, LPC, LMFT, LP
Associate Professor of Counseling and Psychology, Tarleton State University
U.S. Advisory Board Member and Sunbelt Region Representative

A tribute to Dr. William Glasser—

Until I recently retired from the position of Executive Director of The Institute, Bill Glasser and his work had occupied a major part of my waking hours.

His passion to create a choice theory world has been unrelenting. Over the last several decades, he has continued to speak and write book after book to tease out the ideas in language that could be understood by the masses.

There are over 82, 000 people worldwide who have taken the training through The Institute. I have read the many letters and emails from individuals, couples, families and organizations who have expressed gratitude for the gifts of knowledge that he has given so freely – knowledge that has given them freedom to make major life changes and achieve happiness and success.

When I think of my experiences with him, certain phrases come immediately to mind: a brilliant creative mind, an infectious sense of humor, a willingness to take a stand for his beliefs, a strong sense of fairness, a master negotiator, an extremely hard worker and a person who was always open to discuss issues, 24/7.

It has truly been a joy and a privilege to have been in the presence of such a master teacher for almost half of my life!!!

Linda Harshman , MSW

A tribute to Bill Glasser--

In 1981, I was introduced to Reality Therapy. As a struggling teacher of emotionally disturbed high school students I found the concepts and practice a perfect fit for me, my temperament and personality. Your influence led me to become an outstanding teacher of internal motivation and behavior choices (Choice Theory ®). While teaching as many as a dozen subjects in one day, internal motivation, responsibility and effective choices were the common themes I taught. As I eliminated coercion and punishment, the students improved and, in some cases, thrived.

Armed with my success and desire to be a part of the William Glasser Institute faculty, I began teaching Choice Theory and Reality Therapy in a variety of settings, I used the knowledge I learned from you to serve on the Board of Directors and to dedicate a great deal of my life to The William Glasser Institute.

As I embarked on a "training and consulting" career, your influence was profound and immeasurable. In the last few years alone I have facilitated the training of over 1200 educators in CT, RT and the Glasser Quality School in just one school district. The impact you have had in helping people to evaluate their lives and choose more effective behaviors is profound. Since 1996, I have conducted 206 Basic and Advanced Trainings which in the end impact many more lives through shared knowledge. This does not include thousands that have benefitted from your ideas in non-Intensive Training sessions.

Consequently, your ideas allowed me to help over 10,000 people add quality to their lives!

Thank you for all that you have taught! I know I am only one of many that have helped others, through your work, add quality to their personal and professional lives.

Bob Hoglund
Senior Faculty
U.S. and International Board
A tribute to Dr. William Glasser--

When I was "retooling" my career in education, I went back to graduate school to earn a master's degree in Counseling Psychology. When I was touring Plymouth State University in New Hampshire, I noticed an item on the student bulletin board for Psychology majors. Dr. William Glasser, inventor of Reality Therapy, would be speaking in Boston, Massachusetts. I signed up for a "Day with Glasser."

It was a life-changing event. I listened to Bill talk about taking responsibility for choices, not interfering with natural or logical consequences, and about finding efficient ways to work in settings such as clinics, schools, and corrections. After the morning's talk, Bill asked for volunteers from the audience to role play with him so we could see how he might work with someone. One of those volunteers played a happy-go-lucky Life of Reilly sort of person whose relationships with employers and his wife were strained. As Bill talked with the "client," his questions went to the very heart of irresponsible behavior; by the end of the short role play, the client admitted he had a problem with alcohol which limited his ability for meaningful connections with others. At the end of the afternoon, I sat in my seat for awhile and then approached Bill. I told him I lived in Vermont and I wondered if there was a teacher in Glasserian psychology in Vermont. There was---only one.

I sought out the teacher, took the graduate credits I had already earned, and located a master's program which would support my quest for learning Glasserian psychology. I had been thoroughly trained in another model and had to start over via the Glasser Institute's certification process. In those days, we had the bigger and more cumbersome tape recorders and I hauled one everywhere to record Bill as he worked: he always welcomed being taped and never charged us for that. I would listen to the tapes over and over at night after my children had gone to bed. I read everything he had written, and I continue to read everything he writes. When he writes, he "thinks out loud" with the reader. I always felt I was taking an adventure and trying to perfect how to better be useful to people who were in pain. Bill said it was unethical to keep people in treatment longer than they need to be there.

Over the years, Bill incorporated ideas from the work of others and integrated them with his own emerging theories (among these the most significant may have been Powers and Deming). He modeled excellence for me in that his curiosity about people and what drove us to think, feel, and behave seemed like a jewel held up to the light with every facet examined. To this day, I tumble through the processes with each and every client regardless of presentation: basic needs, needs intensities, frustration signals, the Quality World, Total Behavior, organized, habituated behaviors, creative reorganization. I find that Choice Theory is the template through which I sort my own life and how I try to help others. His ideas are what have given me year after year effectiveness at work and at home, and I am indebted to him forever.

Suzy Hallock-Bennigan

A tribute to Dr. William Glasser--

Thirty years have passed since Dr. Glasser made the statement, "There are some people high in the school system who believe that school would be better and children would learn more if all grades were eliminated and only constructive comments were placed on papers and tests," to my sixth grade students sitting in a circle in the school auditorium with their parents in the audience. That "magic circle" where all comments were welcomed and students learned how to speak, respect, and care for one another changed "us" as a class and "me" as teacher and human being.

Patricia Hughes

A tribute to Dr. William Glasser--

My life has been transformed on many levels by Dr. William Glasser and the implementation of Choice Theory in my life. Personally, every relationship in my life, especially the one with myself, has improved and become more authentic. I can say that I am a happy person because I understand myself and others more fully and I am capable of choosing a way of being in the world that is very needs-satisfying. Professionally I have experienced much success. I am an elementary school educator and my classroom environment and teaching has developed into a passionate way of being, and my students benefit from my growth and understanding. After working with the Glassers and meeting a variety of therapists from around the world, I decided to complete my Masters in Counseling. I wanted to have the professional credentials to teach Choice Theory and help others on a more intimate level. Clearly, as you can see, meeting Dr. William Glasser and learning and applying Choice Theory in my life has helped to enrich my life beyond my own expectations! I only hope others will benefit as much from this great man and his message to the world.

Heather Guay

A tribute to Dr. William Glasser--

I have worked with Dr. William Glasser for 40 plus years, in other words, for my whole career. For the past 27 years I have worked full-time as a consultant-trainer using only Reality Therapy/Choice Theory. Dr. Glasser has been my mentor and inspiration. His ideas I believe can change how we as a world society choose to deal with each other. He has dedicated his whole life to assisting all of us to learn that we in fact have personal freedom. I believe his ideas have had a tremendous impact on the world and will in the future have an even greater impact. He provides us with an understanding of much of what works in the world to provide peace and goodwill.

Jim Montagnes

A tribute to Dr. William Glasser--

Dr. William Glasser (Bill) began the process of changing my life long before I met him. I began reading Reality Therapy about the time I was studying to get my M.A. degree in counseling from Liberty University (1988). It was through his book Reality Therapy that I realized I wanted to master what Dr. Glasser had to offer. I saw no reason to spend time on other schools of therapy. When I finally considered myself qualified to counsel and coach

others, I spent an additional two years studying in a group setting at Bill's home in Brentwood. The four day intensive training sessions and the one Saturday a month at his home were one of the highlights of my life. The education I received was invaluable. I daily recognize that I am faced with making decisions that will impact my life and the lives of others. I have counseled and coached friends, individuals, couples and groups using the principles of choice theory and know that the results are because Choice Theory works. Choice Theory makes one stop and think before acting, to consider the consequences of the action about to be taken.

As a Christian, I also believe that Choice Theory goes hand-in-hand with the teachings of our Lord and Savior Jesus Christ. "Do unto others as you would have them do unto you". I often heard Bill say that people are about as happy as they make up their minds to be. The Bible tells us to be content no matter what the circumstances are. We have a choice to rejoice or be a complainer.

My fondest memory is Bill and Carleen inviting me to spend the night with them in their home instead of getting a motel room. I felt honored to be an overnight guest. That let me know how humble and caring they really are.

Jolly Roger Holman

A tribute to Dr. William Glasser--

I was introduced to Choice Theory several years ago by two colleagues who were training with the Glasser Institute. Since then, it has become an integral part of my clinical practice.

I love the simplicity and elegance of Choice Theory – it is easy to teach the concepts to clients and gives them a framework upon which to solve current and future dilemmas. These concepts apply equally well across different ages, different types of relationships (i.e., friends, couples, parents & children) and different life conflicts. Choice Theory has enriched my ability to conceptualize a case and to determine a course of therapy. I feel much more empowered as a therapist with Choice Theory in my tool-kit.

Dr. Glasser's books are written in a very user-friendly way. He provides very helpful examples of Choice Theory in action so that clients (and therapists) can learn the concepts quickly and easily. I recommend his books to clients and friends all the time.

Deborah Anderson

A tribute to Dr. William Glasser--

My introduction to and training in Choice Theory has changed my total behavior completely. I have accepted Choice Theory as a way of life and teach it in all of my counseling activities. I am at greater peace with myself and those with which I have a relationship. Dr. Glasser and his wife, Carleen, have become mentors to me and I count them among my dearest friends.

My clients comment on how capable I am in handling frustrating incidents – how nothing upsets me. This is not true, of course, but I am able to deal with disturbing events in a much calmer manner that in the past. This total behavior on my part provides an excellent

example for my clients, who, for the most part, are having difficulties with their anger and many of whom are sent to me by the courts for violent actions toward others.

I find that those clients who accept the information regarding Choice Theory that is given to them during the counseling sessions are able to make choices of less aggressive actions in frustrating and angering situations. Choice Theory works with perpetrators of domestic violence and parents who are not able to provide adequate supervision for their children.

I have written two books dealing with my experiences as a counselor, facilitator, and instructor that illustrate the workings of Choice Theory and its expected results in the client's relationships when applied to those whom the client cares about. These books have been well received and are reported to be of help to the reader. The last of them is "Happiness in the Family, Using Choice Theory to Eliminate Hostility in the Family."

Tom Bellows

A tribute to Dr. William Glasser--

I am in a unique position, having been accused of being the longest active teaching member of the William Glasser Institute. Four decades ago, I began to study Reality Therapy written by a young psychiatrist, William Glasser, while I was a student in a clinical psychology graduate program. I had become increasingly frustrated with traditional therapeutic techniques. Instead of showing improvement, my clients were regressing. Rather than changing, they were stagnating. I was unhappy with the snail's pace of any perceptible progress. When I began to apply the principles and techniques of Reality Therapy, however, things began to change quickly as clients took responsibility for their own behavior. When I shared the results with my supervising psychiatrist, she, too, was awed by the outcome.

After a few months of evaluation, we flew to California to meet Bill Glasser. I spent the day - from 8 a.m. to midnight - with this brilliant man. He led an informative workshop with the faculty at the Ascot Avenue Elementary School and then demonstrated numerous entertaining *classmeetings* with students (a technique to enhance learning, thinking, communicating, and relationships as later described in Schools Without Failure). I was dumbfounded when Bill, who was driving me to the next event, suddenly turned and matter-of-factly announced, "I just got an idea for chapter seven of my new book!" Later that day, he captivated a parents' group, delivered a persuasive presentation to a school board, and taught a lively evening class in Reality Therapy. It was on that day, April 9, 1967, that I began to feel I was on to something important.

The next day - my 27th birthday - I left Los Angeles and went directly from the airport to the New York City school where I worked as a psychologist. I can still feel my excitement as I visited room after room facilitating those first classmeetings as modeled by Bill himself the previous day. Ultimately, I received a grant to teach this technique to hundreds of teachers - affirmation that I was, indeed, doing important work.

Studying with Dr. Glasser and his associates, I continued to learn the nuances of Reality Therapy. Schools Without Failure was being applauded by educators around the country. I began conducting workshops with Alex Bassin, the psychology professor who first introduced me to Reality Therapy, together with my esteemed colleagues and friends, Sam Buchholtz and Roger Zeeman.

What I had not yet learned in the very earlier days, however, was how Bill would influence me personally. As the ideas which later become *Choice Theory* evolved, I embarked on some serious self-evaluation. I began to weigh *what I wanted* against *what I was getting*, and felt my scale was tipped. I initiated a series of discussions that amicably ended my first marriage. In addition, I took responsibility for my own well-being and decided to quit smoking, embark on a weight-loss program, and begin an exercise regimen.

I learned the importance of what Bill refers to as *connections* in great part through my personal relationships with him and his family. Being involved from the beginning allowed me the unique privilege of getting to know him, Naomi, and their children. It was during those personal times that we had some of our most revealing conversations. I was humbled throughout the years when he sought my advice. Later, I appreciated it when he read a dissenting opinion written by my wife, Susan, and considered her point of view a valid one.

Where would I be today without Choice Theory? When Susan and I began to travel together to the annual conventions, we found a whole new, yet comfortably familiar world. We spend many rich hours meeting Bill and Carleen Glasser at various destinations. It continues to be those *same-time-next-year* farewells that endear us to scores of colleagues from many countries.

As a friend, I know Bill as a man who values travel, literature, theater, sports, fine food and friends. He sees people through a fine-tuned, utterly perceptive lens. I am certain that he wakes in the middle of the night to write a chapter for his next book. He truly wants to make the world a better place by teaching Choice Theory. He captivates an audience with his keen insight and legendary sense of humor. As a faculty member of the William Glasser Institute, I continue to teach, to laugh, and to learn from its founder as he refines, rethinks, renames, and writes anew. I can hardly wait to see what lies ahead!

Albert Katz
Senior Faculty
William Glasser Institute

Thank you Bill Glasser--

Where does one begin to describe a forty year relationship? Whenever I think of what Bill Glasser has meant to me I think about his awed expression and deep emotion whenever he describes his own "teacher," Dr. G. L. Harrington, and how their relationship progressed over eight years from "student to colleague." As you know, in 1965, *Reality Therapy* was dedicated to Dr. Harrington. My relationship with Bill has progressed from his student to colleague to friend but he will always be my "teacher."

Bill Glasser is an extraordinary person. In his roles as mental health practitioner, educator, and social scientist he has had, and continues to have, a major and significant influence on my personal and professional life. Basically, my entire professional identity has evolved around the concepts of Reality Therapy…Control Theory…Choice Theory…Schools without Failure…and Quality Schools.

In 1966, just a year after publication, *Reality Therapy* was the text in Professor Alex Bassin's course at Ferkauf Graduate School, Yeshiva University called New Concepts in Group Counseling. My undergraduate exposure to psychology had been a course with B. F. Skinner—yes, really; and my graduate courses were grounded in Freudian psychology. When I was introduced to Reality Therapy a new world opened—one that I saw as a perfect

fit for my personality and style of dealing with children. Shortly thereafter, I actually got to hear Bill in person at a standing-room only seminar at NYU. He was magnificent-- we all know his magical ability to wow an audience as well as his unique sense of humor. Shortly thereafter *Schools without Failure* was published. Entering the field of school psychology, I was able to apply the principles from both sources.

In 1970, I joined the faculty of William Paterson College (now University) in New Jersey. I integrated Bill's work into my courses preparing future teachers of students with disabilities. Then, in 1972, my wife Rita, a learning disabilities specialist, and I flew to Los Angles to complete a workshop in Reality Therapy. Later, there was training at the Educator Training Center. Rita and I invited Bill east and he did three brilliant workshops (two in New Jersey and one in Manhattan). There's a poignant story associated with the third of these workshops. Rita and I had to go on ahead of Bill to prepare at the facility. Bill was left alone for hours at our home with Shawn, our Shetland Sheepdog. Shawn was a unique, indescribable, highly intelligent dog with an endearing personality. Following that experience, Bill has always reminded us that Shawn was the best *teacher* and a "master of Control Theory."

An additional benefit of my learning Reality Therapy with Alex was my meeting Al Katz, also a student at Ferkauf. My four decades friendship with Al has brought happiness and fun beyond measure. I joined Al doing several introductory week workshops. I also conducted many workshops on Reality Therapy and Schools without Failure throughout the mid-states area and spoke on a couple of NYC radio programs (WPAT, WMCA). Feedback over the years has provided immense satisfaction. I love hearing from teachers and helping professionals who delight in how they've helped children and adolescents with these ideas.

When Bill initiated the RT certification, he offered to meet me, Al and a couple of others in Atlantic City to work with us. Was I nervous performing my case study and role play? You bet! But to be in the original Glasser "endorsed" few was one of life's most memorable distinctions.

Whether being a faculty member, psychologist, supervisor, school principal, husband, or father, Bill's teachings have been my guiding light. When I received my professional license in psychology and entered private practice, I advertised myself as a "humanistic psychologist and Reality Therapist." In fact, one of my most successful counseling experiences using RT is reported in the first chapter of cases edited by Naomi Glasser. I still write about Bill's ideas and, in fact, just two days ago, was teaching his ideas to my students at Marymount Manhattan College!

In summary, my professional identity and any success I've had squarely rests upon Bill Glasser's shoulders. In my personal relationships as well I have benefited beyond measure from understanding and applying the concepts I've learned and internalized over these many years. Additionally, just as all those associated and networked with Bill, I've had the opportunity to meet scores of wonderful and talented colleagues. I welcome this opportunity to thank Bill and to express my deepest love and appreciation for him as a person, friend, colleague and, most notably, *mentor*.

Roger D. Zeeman

A tribute to Dr. William Glasser--

Since Dr. Glasser introduced his ideas into Ireland in 1985 at the request of the Institute of Guidance Counsellors a very big number mainly of counsellors and educators have participated in official courses in Reality Therapy/Choice Theory. At the present time (2007) at least one in every 1,500 people on the island of Ireland have taken a Basic Intensive Week in RT/CT.

Many seek the courses in order to improve their professional skills but almost everyone comments on the impact these ideas have on their personal and family lives. The core idea of Choice Theory is that each of us is responsible for our own behaviour and, consequently, that we cannot control others nor can others control us, This idea has far-reaching consequences in the lives of those who choose to accept it.

In Ireland Glasser's ideas are used a lot by drug rehabilitation counsellors and by educators especially in second-chance educational institutions. He along with others has had an impact on convincing psychiatrists and others to move away from chemical theories of so-called "mental illness" to an approach based on individual responsibility. His ideas are also being taught directly in many social and health classes since Choice Theory serves as a very relevant and practical psychology of human behaviour.

In my personal life I see the impact of Choice Theory ideas every day. Although the ideas in themselves are simple, their realization in everyday life is a constant challenge. In my work as a psychologist and counsellor Reality Therapy is the core approach I use in every single session with clients.

Brian Lennon

A tribute to Dr. William Glasser--

Learning and practicing Dr. Glasser's Choice Theory ideas in my personal and professional life has been challenging, but worth the effort. Through the strength-based relationships I have established, it seems like everyone I have an important relationship with is happier and the effectiveness of my endeavors just continues to improve. Dr. Glasser has given me a way to understand human behavior, my own and others, at a deeper level and to connect in a more meaningful way.

I have worked with troubled boys for 30 years and I used to think it was necessary to control their behavior and to make them change whether they wanted to or not. I now see how important it is to love these children and to help them to learn how to live happier, more productive lives. It is actually more difficult in some ways to work this way, but seeing these young men become happy and successful in their relationships is clearly worth the effort.

In my personal life, I have made a similar change in attitude, which has resulted in my colleagues, friends and family feeling supported and nurtured by the improved quality of our relationships.

I will continue to use and to teach Choice Theory, Dr. Glasser's ideas, and related information, as long as I am able, recognizing that these ideas will grow as we all learn how to be more effective in all that we are called to do.

Peter Driscoll

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A tribute to Dr. William Glasser--

Dr. Glasser and Choice Theory has transformed my life. I finally realized that the only person's life that I could control or change was my own. This is a very freeing concept as a wife, mother, and as a teacher. However, it carries with it the idea that I can only give information to those I love and hope that the information will assist them in making the right choices for themselves. One question that I now always use when relating to another is, "Is what I am about to do or say going to move me closer to myself and/or the person I am trying to influence?" Cathy Curtiss, one of my trainers, shared this with me. I have gone on to be a member of the William Glasser Faculty. I am very proud of this. I have also become a Certified Parent Coach and use Choice Theory when I am coaching parents.

I have read every book Dr. Glasser has written and many that his colleagues have written and each has enriched my life and the lives of those I love.

I chose to use Choice Theory in my kindergarten classroom. Carleen Glasser gave me permission to adapt to her workbook, *My Quality World Workbook,* for my kindergarteners. My classroom became a more loving, caring, place. The principal had even more requests for children to be placed in my room. The superintendent, who visited every classroom every year, remarked to me something is different. "What is it?' I briefly explained Choice Theory to him. He was amazed that the kindergartners could not only understand but use it. He heard one of my little ones say to another, "Was that a good choice?" He then invited me to present how I was using Choice Theory with my kindergarteners at a Board of Education Meeting. I really enjoyed sharing this with the Board of Education. Parents also wanted to know more about it so they could follow the principles at home. So I did several in-services for the parents, which I also enjoyed.

I am now retired and my last class of kindergarteners is in fourth grade. When I was substitute teaching in fourth grade one of my former kindergarteners asked me if I remembered Choice Theory. I, of course, said "Yes." He said I still think about, "Is this a good choice?" This is truly a testimony to the positive impact of Dr. Glasser's work.

Barbara J. Bushey

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A tribute to Dr. William Glasser--

I met Dr. Glasser, Carleen and Linda Harshman in 1994 after looking for a personal interview with Dr. Glasser for almost a year. I first became interested in his work when I read *The Quality School Teacher* for a book review in a Total Quality Management in Educational Systems seminar during my Master's in 1992. I started formal training with 26 other participants from Rochester School--the first two groups to take the Basic Intensive Week in 1997 in Bogota, Colombia, with Nancy Dees and Brian Lennon.

In 1998 I stopped smoking and was practicing Tai-Chi Chuan regularly. I also reduced significantly drinking liquor, and I seriously think that all this was fundamentally based on the new learning and understanding of Choice Theory and its applications to the quality of my life. In 1999 I got certified in CT/RT/LM and got married with a wonderful pre-school educator and warm and loving lady named Claudia. Our first boy, Juan Felipe, was born in

2000 and I could not have been able to teach and rear him with Claudia using internally-controlled psychology without CT formal training. My wife started her training in 2001 and is now a successful and loving Basic Practicum Supervisor under my mentorship.

Between 1997 and 2007 (10 years), almost 300 people have taken the Basic Intensive Week in Colombia and 100 of them have accomplished Reality Therapy Certification. In 2001, we founded a non-profit organization, Fundacion ELEGIR, in Bogota, Colombia, for the teaching of CT and its applications in Latin America.

I know consider myself to be a systems thinker that continuously tries to understand, not blame, looking for systemic change, not individual external control quick fixes. I could not have achieved this without CT and its applications in leadership, counseling, parenting and education. I could not have been able to manage and lead Rochester School (our family business for almost 50 years) since 1987 without the training in CT and Quality Schools that I started in 1992. Thank you Dr. Glasser for helping me be a better manager, leader, and teacher.

I thank God for thinkers and natural practitioners like Dr. Glasser. Our perceptions of the world are not static and linear due to his work. Our perceptions are dynamic and systemic in nature due to his teachings, understandings and research. I re-educated myself through his work and found that mental and emotional health is possible, and is much more than the absence of mental illness. I hope humanity studies his work with the professionalism needed to understand the complexity of his ideas, because they can easily be taken too superficially. His constancy of purpose in internally-controlled relationships in parenting, education, management and counseling is admirable and scientifically sound.

Thank you for helping me in so many ways get closer to living the conditions needed for quality and health to come about.

Juan Pablo Aljure

A tribute to Dr. William Glasser--

The best four years of my thirty years in public education was the four years Dr. Glasser worked with my staff and me at Apollo High School, where I was the Principal. During this time he was writing one of his best selling books, The Quality School." Together, we accomplished so much to improve the school, which was written up in The Educational Leadership Journal. The improvements included, reduction in tardies, office referrals down, no more vandalism, student absences down, drop out rates down, and a decrease of students on probation. There were increased in classroom participation, 20% to 35% improvements on state achievement tests, increases in student graduations and increases in the amount of students going to college.

I was able to observe Dr. Glasser during these four years and watch him as a lead manager show us how to make improvements by teaching us choice theory and his encouraging, supporting and inspiring us to make improvements and self evaluate our progress, was my opportunity to see the seven caring habits modeled by the best.

Not one time during these four years did I ever hear Dr. Glasser criticize anyone. There were never any threats. What we heard was constant encouragements, support, building of trust, listening to our concerns, inspiring us to look carefully at what we were doing, select new total behaviors and make connections with our students and with each other as a

faculty. Together we certainly built better relationships, created a warm, caring, trusting and safe environment to empower our students to make measurable improvements in the quality of their work. As a result of this, all the areas in the first paragraph, were a part of those accomplishments.

As a result of being a part of those four years, and having Dr. Glasser as a role model, I am now a Senior Faculty member with the Glasser Institute and my team and I have successfully led twelve other schools in the nation to Glasser Model Quality Schools. Choice Theory, Lead Management, and Self-Evaluation certainly do work and create a competency-based school.

Dr. Bradley H. Greene

A tribute to Dr. William Glasser--

The psychiatrist William Glasser devised a pioneering clinical approach called Reality Therapy. Glasser's work with patients led him to conclude that the failure to take responsibility for one's actions is a major cause of psychological illness. He rails against external motivations to change behavior. In his landmark book, *Schools Without Failure*, he illustrated how coercive approaches are counterproductive for lasting success.

Attempts to apply external pressure upon students to motivate them generally fail. In contrast, Reality Therapy does not concern itself directly with motivation. We don't attempt to direct motivation because we know that it can be produced only with a "gun" or some other forceful method. But guns, force, threats, shame, and punishments are historically poor motivators and work (if we continue the gun example) only as long as they are pointed and as long as the person is afraid. If he loses fear, or if the gun is put down, the motivation ceases.

In a more recent work, Glasser notes that the following verbs all signal coercion: force, compel, manipulate, boss, threaten, control, criticize, blame, complain, nag, badger, put down, preach, rank, rate, withdraw, reject, ridicule, bribe, reward, punish.

With his Choice Theory, Glasser further explains that all problems are present problems. For example, an abused person may, because of an unhappy past, have difficulties dealing with the present, but he or she is still not totally incapable of doing so. The past—be it abuse, neglect, or rejection—is not the problem. This means that inquiry into an earlier experience may be of interest, but has little bearing on the resolution of a problem.

Finally, Glasser asserts that all problems are their core relationship-oriented. An obvious example is that if a client has a poor relationship with a counselor, counseling session will have little success. The client's negative emotion impinges upon anything positive emanating from the session. Similarly, how a student feels has a direct bearing on learning. Cognition does not occur in isolation. If the student does not feel emotionally, psychologically, and physically safe, learning will be diminished.

In summation, my system to promote responsible behavior incorporates several of Glasser's ideas:

- Taking responsibility for one's own behavior;
- Using a non-coercive approach;
- Investing little if any time in determining the motivation for a behavior; and

- Establishing a safe environment.

Dr. Marvin Marshall

A tribute to Dr. William Glasser--

The word that comes to mind is invaluable. Dr. Glasser is a treasure of originality in his vision of understanding. I use, think and am aware of his principals of "Choice Theory" constantly. The information he shared has completely elevated the quality of my life, both personally and professionally. It has provided me with a passive creativity for being involved using tools that are incredibly powerful while not being forceful.

Gratefully,

Joel Sill

A tribute to Dr. William Glasser--

I am proud to write in support of the work and ideas of William Glasser.

Ever since I first read the book *Reality Therapy* in the mid-l960s, Dr. Glasser has been a strong influence in my life in almost every sphere.

When I have used the methods suggested by Glasser in his books and articles, whether teaching students in the classroom, interacting at home with my children and husband, or dealing with pain management after surgery, I have always found solid, workable, efficient solutions, written in clear, practical prose.

I consider myself a lifelong student of Choice Therapy. I will probably never stop striving to learn all that this great teacher has to share with us all.

Sincerely,

Julie Szende, MA

A tribute to Dr. William Glasser--

Destiny is not a matter of chance; destiny is a matter of choice. I have had the wonderful experience to train with Dr. Glasser and the people in the Glasser family that teach and practice Choice Theory. Through my training in Choice Theory I traveled back and forth from Dallas, Texas to Los Angeles to learn and experience his teachings and ideas. The positive relationships I have developed have impacted my life and will last a lifetime.

Dr. Glasser and his Choice Theory ideas have had a positive effect on my life personally and professionally. As a counselor I practice and teach Choice Theory to my clients. It is Dr. Glasser and his Choice Theory ideas that help my clients make better choices in their lives and teaches them the relationship skills needed to pursue their destiny.

Deirdre McTeggart

A tribute to Dr. William Glasser--

I decided to study Dr. Glasser's ideas based upon the recommendation of a university professor in 1986. This professor thought it would be useful for me with my work with adolescents and sexual health….it was exactly the understanding and communication process I needed at the time…since I was struggling as a nurse counselor because I wanted to take the youth home with me…I was very good at setting a counseling environment, but did not know where to go from there…with Reality Therapy I now had a communication process that helped the youth move forward with their lives and take responsibility for themselves…Over the years and with the advent of Choice Theory, these ideas have been adopted in most of our sexual health programs in the province of New Brunswick as well as in many other areas of Public Health.

In my personal life I was living in a very destructive relationship. I will be forever indebted to Dr. Glasser for his writing and teaching of Choice Theory. With his guidance and my understanding of the ideas I was able to become the person I wanted to be and move on with my life. I don't think words in a few sentences can express my gratitude to such a friend and mentor as Bill Glasser.

Today I work hard to practice and live a Choice Theory life both personally and professionally. I communicate with Choice Theory; I counsel with Choice Theory, I coach with Choice Theory, I facilitate learning with Choice Theory, and I lead with Choice Theory.

I am a member of the Senior Faculty of the William Glasser Institute and currently run my own private counseling, coaching, training and consulting company. I am committed to teaching Dr. Glasser's ideas as long as I am alive!

Maureen Craig McIntosh

A tribute to Dr. William Glasser--

For the past 28 years, I had the privilege of working with Dr. Glasser and applying his theories in my life, work, and relationships. For six years I served on his advisory board in the capacity of Mid-America Regional Director. During this time my life changed by applying the concepts of internal motivation. I learned to take responsibility for my own thoughts and actions. This led to an improved relationship with myself and others.

I have taught Dr. Glasser's Choice Theory, Reality Therapy, and Lead Management to people in all professions of life. One such experience took me to Croatia during the War to help them recognize the things they could influence and change, therefore, giving them effective control over every aspect of their lives. Another such opportunity took me in Australia for 8 months.

While working in Dr. Glasser's Institute I had the opportunity to train the entire staff of the Juvenile Court System in Kansas City, Missouri. This staff received national recognition for helping teenagers become more responsible. The teenagers learned to make better choices by choosing to face reality, accept responsibility and feel better about themselves.

My experience brought me in contact with training staffs in many of William Glasser's quality schools throughout the Untied States and in foreign countries too.

I was influential in assisting in developing a program for the National Safety Council in Chicago based on Choice Theory. This program was used in many states to help drivers who received citations for driving while intoxicated to become more responsible and to make better choices in their driving behaviors.

I will always be grateful to Dr. Glasser for dedicating his life to developing concepts that influenced me to change my life while helping others change theirs.

Jeanette McDaniel

A tribute to Dr. William Glasser--

Dr. Glasser's ideas have improved my life a thousand-fold (and that is NOT an exaggeration). I began to learn Choice Theory (then called Control Theory) in 1988, when I was hired to help start up a new school for at-risk high school students in Charlottesville, VA. I began at Murray High School (which became the first Glasser Quality Public High School in the U.S.) in October, 2001. Back in 1988, however, none of us knew the best way to reach that population of failing students, who had basically given up on school. Many techniques of "discipline" and "punishment" had been used on them, including failing grades, zeroes, even yelling and suspension from school. None of them had "worked." We were eager to try something different, rather than to simply recycle the same old methods.

After only a few months at Murray, once the teachers and administration had begun to understand the solid core of Choice Theory, students began to blossom. Ever since then, as I have learned more and more Choice Theory, Reality Therapy, and Lead Management (and I am currently scheduled to complete the Advanced Practicum Supervisor level of training this summer), I have witnessed more miracles than one human being has a right to, for sure, all of which are directly attributable to our implementation of Dr. Glasser's ideas.

For instance, there was Ruby (names have been changed to protect privacy), who had loved school in kindergarten, but who had come to our school after a physical tussle with her high school principal. She was failing every subject and was so full of anger that it was difficult to stay in the same room with her. Her aggression was frightening to most of the teachers and students in the school when she first arrived. However, after being treated with the respect inherent in CT/RT and LM, she was able to relax her anger, to eventually work it out through many sessions with Choices teachers (teachers trained in CT/RT/LM), so that she smiled all the time and became a school leader. In fact, she loved the school so much that after graduation, she returned to volunteer her time and has remained in touch with us. She just emailed me to tell me that she's using CT/RT/LM with her three children and that it has helped her heal a damaged marriage. She's planning on going back to college to become a teacher. She thanked me again for teaching her Choice Theory because without it, she believes she would have dropped out of school, become deeply involved in the drug life, and become lost, maybe even living on the streets.

Another student whose recovery due to Dr. Glasser's ideas would have to be counted as a miracle was a young man named Stephen, who had been diagnosed as being oppositional/defiant. He was failing most of his classes when he arrived at our school, though he had an IQ of 153. Another wonderful thing about Choice Theory is that it doesn't accept such diagnoses as 'truth,' but simply as 'total behaviors,' behaviors which have been developed to help someone meet his needs, but which may have become more detrimental than beneficial. With Dr. Glasser's Reality Therapy, his non-threatening method of questioning, an art, really, we were able to help this angry boy, who was so shut down that

he was reminiscent of Bartleby the Scrivener, Melville's character, who died saying, "I would prefer not to." Over and over again, Stephen would be sent to Choices (our program where students get to talk over whatever behaviors they're using which aren't working to help them graduate), where he would declare that public education was useless and that he didn't intend to ever learn anything we had to offer. He was just going to sit in school until he was old enough to graduate and do nothing that was asked of him because it was meaningless. Using Reality Therapy, we were able to avoid getting into a power struggle with him. We helped him come to the realization that he had been spending a lot of time using the disconnecting behavior of 'blaming,' rather than becoming active in designing an education that WOULD be meaningful to him. Finally, he became a team member with the teachers and began planning out courses that he would love to take, like an advanced English class in which he read travel literature, such as *Gulliver's Travels*, or *On the Road* by Kerouac, and then wrote about them in the context of taking his own trip across the country. Then, he planned out the trip, wrote what he hoped to achieve on the trip, and then actually took the trip, keeping a journal along the way, taking photos, doing interviews of interesting people, and then turning out a GORGEOUS final product. Because he was able to learn CT/RT/LM, he was able to stay in school long enough to graduate, and more importantly, long enough to realize that his life is his own to craft, an understanding that many adults on this planet seem to have yet to master.

I could list literally hundreds of miracles such as the two mentioned above, and for these I lay the accomplishment at Dr. Glasser's feet. His books and his training programs beautifully describe many concrete techniques for implementing his ideas in real-world situations. I have found that they work not only within a classroom context (student/teacher), but also between teachers, as well as between teachers and administrators.

Dr. Glasser's ideas have also transformed me personally. I have learned how much strength I have to make changes in my life. I am able to remain calm in situations in which I would have previously been tempted to erupt with anger or frustration. This has made me a much better teacher and my marriage has also improved. Now the embarrassing scenes of anger and recrimination that destroy so many marriages are, mostly, a thing of the past for us. Dr. Glasser has taught both my husband and me how to notice when we are coming close to such an emotional explosion and how to protect our marriage from damage. We've learned how to work out our problems calmly because we value the marriage almost as a separate entity that must be cherished in its own right. For this I will be forever grateful, because going through life with a loving partner is a great gift.

One of the important requirements for a school to declare itself a Glasser Quality School is that emphasis must be placed on doing well on state-mandated testing and that students and teachers will approach this testing with confidence and pride, working together as a team. When the state first began such testing, our students and parents rebelled. They didn't respect multiple choice tests and for the first two years of testing, they purposefully selected the wrong answers out of contempt for such tests. However, we have found that Dr. Glasser's emphasis on teamwork, on students and teachers working as equals toward common goals, has paid off very well. This year, we received a VIP Award of Excellence from the VA State Board of Education for having consistently high scores on state testing in every subject area, over a two-year period. Murray has had such scores ever since we became a Glasser Quality School. Just yesterday, when the scores on a recent state test on Algebra II were announced, I had several students who had not passed, sitting in my room crying because they felt they had let the school down and themselves down too. They immediately made a plan to practice their weak areas and to attempt the test again. I felt proud to be in a school where the students cared so much about themselves and about the

school, rather than a school where the students would laugh at such results and brag that they hadn't tried to do well. Again, this is the result of using Choice Theory to create a loving, supportive environment, where it's okay to make mistakes and where, when faced with a setback, students and teachers dig down to find the inner strength to work just a bit harder.

Murray High School is full of visitors and all of them comment on how happy everyone seems to be, which they say is very unusual in many US high schools. They want to know why we are so happy, and how we have achieved this. We are often invited to take our students to present the concepts of CT/RT/LM as they work in our school to groups of student teachers in local colleges, such as James Madison University, Longwood College, and recently, the University of Virginia. We present at statewide, national, and international conferences, as well. We have traveled to San Antonio, TX, to teach 170 teachers and administrators to implement a program like Murray in a school of 3000+ students, and we are currently acting as a sister school for a middle school in southwestern VA, which is working to become a Glasser Quality Middle School.

Recently, I had the opportunity to comment on the miracles that occur in a school that practices Choice Theory to a Congressman, and now we have been invited to speak before the Congressional Education Subcommittee to share how Dr. Glasser's ideas have improved our lives and the educational accomplishments of our students. We will be speaking with them some time this spring and the entire school community is excited to get such a chance.

Dr. Glasser has taught me that the goal of life is happiness and that we become happy by learning how to meet our needs well. We can meet most of our needs on our own, but the need for love and belonging can only be met with the help and participation of other people. Choice Theory teaches us how to work with others in a respectful way so that they WANT to be with us. I constantly thank Dr. Glasser, both in my mind, and in emails, for helping me learn how to create a life full of happiness for myself and for showing me how to help others to do so too.

Charlotte S. Wellen

A tribute to Dr. William Glasser--

The knowledge (expertise) of Dr. William Glasser's Choice Theory has helped me enormously in my professional and private life. In my counseling it reveals the phenomena of choosing, the importance of connectedness, and that there could be brain illnesses, but no mental illnesses; in management the phenomena of renouncing of the control to get the control; in the schools the elimination of the discipline programs; in the family and other relationships it reveals yet other destructible habits, etc. Choice Theory reveals that we are as living creatures born with the innate egoism to survive -- we can change this egoism from the short-term into a long-term egoism that is in its essence, altruism.

Spreading Choice Theory is not applicable only to my professional field, but also to everyday life as it is enabling something that I call the "culture of equal self-worthiness". In contrast with "equality" or "equal rights" that can be ensured, or at least measured and guided by the law, the achievement of "equal self-worthiness" - a subjective measure of oneself feel of belonging, worthiness and ultimately happiness - can only come about via appropriate process of building relationships with one another. Despite perhaps the idealistic nature of the "equal self-worthiness," Choice Theory teaches us how to keep at (and keep on) this

appropriate process. It is an extremely important process for the happiness of the individual and ultimately provides promising possibilities for the survival of our civilization.

Leon Lojk

Retrospective on Dr. William Glasser--Genius in Motion

Dr. Glasser, presenting in White Plains (NY) in the 80's, was the catalyst to shift my perception and reshape my life choices. It was for my own personal commitment to begin RT training and for professional determination as a Superintendent of Schools to promote and facilitate Glasser Quality Schools in the early 90's in The Richlieu Valley School Board and subsequently the South Shore. Following my Certification Week in New Orleans (LA) in 1993 to the present day, I have followed Dr. Glasser to a vast majority of events in Canada and attended many venues across the U.S.A.

Dr. Glasser is genius in motion: possessing superior intellectual ability; transforming complex ideas into ways that are comprehensible to everyone; and challenging those involved with his ideas to integrate Choice Theory as one's own and living it in the real world. Bill's wealth of knowledge in understanding human behavior, his willingness to develop and refine his ideas, his wit and, above all, his personal support of my professional development throughout the years, have increased my hope, my knowledge, and my skills to face life head on with more confidence. I am proud to have shared with others in promoting his concepts and applications in Canada, the United States, Australia, Bogotá (Colombia), Ireland, Seoul (South Korea), and South Africa. I offer Dr. Glasser and Carleen my love, my continued loyalty, and my firm commitment to keep the Canadian Region viable to continue promoting his ideas. Congratulations, Loyola Marymount University, for creating an endowment to preserve Dr. Glasser's legacy.

Jean Seville Suffield, Senior Faculty
The William Glasser Institute

A tribute to Dr. William Glasser--

I don't know where to begin to give a testimonial about Bill Glasser and Choice Theory because it will be too much to tell and too little space and time to tell you now and here. When I called Bill in summer of 1989 (when we had IRT convention in Kansas city), he told me he just came back from KC, not even unpacked yet and he was a very busy person, so he could not tell when he could meet me. I dared to tell him I need to learn RT very well, not only to help myself, but to help my country, and I, too, was a very busy person. Besides that, I had come to LA all the way from Korea, so he really should give me some time to meet with him immediately. I must have impressed him somehow and he gave me the directions to his house. I rented a car and I drove up to his house. The way he gave the directions, I sensed his willingness to listen to any needy call. I was strongly convinced that I needed to learn Choice Theory (then Control Theory) after his short but clear answers to a few of my questions regarding the RT process. I have tried a few other leading experts to find out the possibilities for any practical applications, not only for the counseling, but for all areas of human relationships in general, such as in daily life, in school systems, and in the work place.

In our country, we have had many different kind of demonstrations in family, in school, in factories, and in various police settings, but very few knew how to compromise and not

many knew that there were ways to resolve their conflicts through sensible applications, like RT and CT. I knew the theory only a little from Dr. Glasser's books. It all seemed to make sense, but not enough to help my people. One time I had to change my plane ticket three times because of the changes in schedule. One time my plane didn't land into St. Louis because of bad weather, so my husband and I rented a car to drive up there from KC, recalling Bill's encouraging and convincing words, "If you choose to change or start first, you will see what you want to see happen". I went to 15 different cities and 5 countries. I even flew back and forth to Japan for my practicum. Every time saw Bill, he convinced me once again that his theories were very effective.

I will try to give you some rough numbers of people who have taken a lot of the regular RT/CT training, for there are more than 250 MA and PhD theses we have in our national assembly concerning these topics. I personally have glasses with two lenses, one CT lens and the other an RT lens. I look at this world with these glasses and I usually choose my behaviors in an RT quality way. In traffic jams, in mediating sessions, in the public demonstration situations, in children's conflicts, in family disagreements, for those who dislike me, and to the wrongs they do toward me, or when I want to fight or hate my unfair friends, I always use the RT questioning system and soon I restore my personal peace and happiness. By learning and teaching others, most of the time, I am happily busy and gracefully getting old with my daily problems. I am still teaching and have taught millions of my people and am sure those who learned RT, CT, and QM will live more contently with other people and with their daily problems. All problems are there to help us to grow and learn to be happy, I believe.

Rose-Inza

A tribute to Dr. William Glasser--

Bill Glasser's vision and tireless dedication to that vision has influenced me both professionally and personally throughout my career as a public school teacher, education specialist, psychologist and author.

Bill's ideas, that he named Reality Therapy and Choice Theory, have broad application in education, in business, in the family, and in the community. Bill's Choice Theory has led to a focus in four major domains: in quality schools, in lead management in the workplace, in counseling, and in personal awareness.

Bill's book, "Schools Without Failure", gave me tools to create a solving circle between students. My students learned to problem-solve and dialogue effectively within minutes of learning strategies to describe the events, to describe their thinking, and to plan their actions. For a young teacher to find insightful ideas that worked was like finding gold.

Bill's creations are tools for a framework around relationships. His approaches help people to focus, to think through the information, and to understand how values, perceptions and needs or wants affect the picture of a person's behavior and happiness.

My counseling helps people to live happier through understanding themselves, their behavior, and their choices. This work is both a privilege and a huge responsibility. Bill's Choice Theory ideas provide a framework, yet they allow room for my own creativity, unique needs, and ideas to flourish.

Thank you Bill.

Brandi Roth, Ph.D.

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A tribute to Dr. William Glasser--

I first read Dr. Glasser's work during my undergraduate years as a part time adult student during the 1970s. I read *Schools Without Failure* and later *Positive Addiction.*

I subsequently worked in high schools for ten years and saw Dr. Glasser speak in Melbourne, Australia, in the late 1980's, and subsequently enrolled in the Choice Theory – Reality Therapy Certification course which I completed in 1991.

At the time of my training, I was teaching and a sole parent to four children aged 5, 8, 11 and 14 years old. Choice Theory and its applications to teaching and parenting turned my life around. Since then, I worked as a registered psychologist following my post-graduate years and practiced as a counselor and consulting psychologist using predominantly the Choice Theory framework.

Choice Theory and its tenets have permeated my life, my way of thinking and being, and from my professional and personal experience, the most powerful endorsement and testament I can give Dr. Glasser and his ideas are that "they work!"

P.S. When from time to time, I find myself in a group activity where you may be asked for people who have made a significant contribution to-or influence on-your life, I always nominate William Glasser as one of those people, and proudly so every time it happens!

Jamie Edwards

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A tribute to Dr. William Glasser--

Many years ago I studied psychology. It enhanced my understanding of human behaviour and it gave me a broad foundation.

However, coming across the work of Dr. Glasser in the mid-seventies has been life changing. It has had a major impact on my life as a counsellor, teacher, parent, partner, colleague, friend, manager and trainer. It has given me the tools to make major improvements to all the above mentioned roles I am playing.
Choice theory has provided me with clear pathways to realize the vision for my life which I began to develop as an eight year old child. I grew up during the Second World War and because of my experiences during those war years I made up my mind at a very young age that I was going to do something as an adult so that people would not fight, kill and behave in a destructive manner any longer. Dr Glasser's ideas are helping me to realize that vision.

I have internalized the ideas and I endeavour to practise and teach them at all times so that others also improve the way they relate to individuals and groups of people. Being a choice theory role model is my contribution to the creation of a better world.

Joan Hoogstad

A tribute to Dr. William Glasser--

As a Clinical psychologist with a background in Cognitive Behavioural Therapy (CBT), I came across Dr. William Glasser's *Choice Theory and Reality Therapy*. In the course of my professional reading I also read *"Choice Theory: A new psychology of personal freedom".*

To say the least, Glasser's Choice Theory has led me to the following significant understanding: that I always have the choice to change the course of my life, by changing my thoughts and/or my actions, and by taking responsibility for my decisions. I was intrigued by his ideas. Then I decided to study his theory in depth by attending all formal courses from Basic Week to Certification.

I learned that Glasser's Choice Theory could lead us to authentic happiness. Glasser's Choice Theory helped me to provide an answer to the "question of questions": *How can we help ourselves and others, individuals, communities and society, become happier?* Glasser taught me that the quality of thoughts and actions determine our degree of happiness. We always have direct control over our thoughts and actions, and that responsibility is always the partner of personal freedom.

So for me Glasser's theory was an invitation to responsibility. Therefore, as a professional therapist, I choose to convey this message to the people who are searching for happiness.

Dr Ali Sahebi (MAPS, Ph.D., CTRTC)
Senior Clinical Psychologist

A tribute to Dr. William Glasser--

The work of Dr. William Glasser has been profound and significant in my life both personally and professionally.

I was a classroom teacher, then a school psychologist. My post-graduate training in the middle 1970's emphasized the strategies of Applied Behaviour Analysis in classroom teaching, yet supported the skills aligned with internal psychology in counselling sessions. This was my first introduction to confusion in conflicting approaches in providing services to schools.

In 1979 I was asked to be a Specialist School Counsellor for students diagnosed with severe behaviour problems or emotional disturbance. My only training for classroom support was Applied Behaviour Analysis, and as you would expect the interventions were failures. I went looking for something else.

In late 1979 I discovered the work of Dr. William Glasser. I was excited to try the new ideas. From books and the old reel-to-reel projection materials I introduced the ideas to staff in a large metropolitan, multi-cultural high school, as well as to a staff in a special school catering to 144 students aged 8 – 18, who were assessed as mild intellectual disability with most students also displaying non-conformist behaviours. The staff achieved success in both settings. Using Reality Therapy ideas I experienced more success with my

referral clients than I ever had using other interventions. My enthusiasm for the ideas developed by Dr. Glasser went from excitement to passion to firm belief.

I completed my first Basic Intensive course in Los Angeles in 1982 and my Advanced Intensive Week with Barbara Garner in Australia in 1988. 1989 was a highlight year for CT/RT in Australia. Dr. Glasser presented six (6) presentations in major cities in Australia. This was the real beginning of CT/RT/LM "down under." Over the past 20 years I have been privileged to grow with CT/RT/LM ideas with so many skillful instructors and wonderful people. We all share the passion of teaching Choice Theory. This has enhanced my life.

As a professional I have shared Dr. Glasser's ideas with over 20,000 people across Australia. I have presented in school settings, businesses, non-government agencies, as well as with other psychologists. The impact of CT/RT/LM ideas has been significant. It is not unusual for participants to report back to me that the ideas changed their lives for the better.

As a partner, particularly when both people understand Choice Theory, the results are a loving, caring, trusting relationship. As a parent, I certainly know I have been intentional in my endeavours to raise a beautiful, articulate, responsible daughter. When my now 22 year old was 17 I think she encapsulated the significance of the work of Dr. Glasser when she said "Mum, I just wish that everyone understood Choice Theory, it would make things a lot easier for everyone". Who am I to disagree with the wisdom of an adolescent!

Thank you, Dr. William Glasser for the ideas that have so enriched my life.

Judy Hatswell

A tribute to Dr. William Glasser--

Congratulations on the establishment of The William Glasser Fund for Public Mental Health at Loyola Marymount University.

Recalling my encountering with Choice Theory was back in 1986. My very good friend, Mr. Kakitani, who is the representative of Japan Reality Therapy Association, asked if I would like to take a Basic Intensive Week. After I finished that week, I thought I would work on improving people's quality of life with the idea of Choice Theory. Then I started to run the company of education consulting with Choice Theory, and have tried to spread the idea to Japanese society every day since then.

Through ups-and-downs, it has been 21 years. When I started the company, there were only 5 employees, but now there are 80 people. Not just me, but every one of them works very hard on spreading the idea of Choice Theory while we improve our community.

I had decided to spread Choice Theory all over Japan as long as my life continues. I can't thank Dr. Glasser enough. Not only for myself and my family, but also for my employees and clients who will be able to spend their lives in better ways.

I always wish more and more people in many countries were also touched by the idea of Choice Theory, for in so doing, I believe our world would become more peaceful and joyful.

The foundation may spread Choice Theory more in the States, so we would in Japan. I am glad to take part in this worldwide movement of Choice Theory.

In conclusion, I would say thanks again Dr. Glasser.

My best wishes to all.

Satoshi Aoki
President of "Achievement"

A tribute to Dr. William Glasser--

The following statement describes the impact and value to my life personally and /or professionally from my studies or training with Dr. William Glasser and his Choice Theory ideas.

I am a retired Air Force Chaplain (30 years), clinical hospital chaplain (10 years), and now the LifeCare Coordinating Pastor for Frazer Memorial United Methodist Church. Dr. William Glasser has been the singular most influential teacher/theorist of human behavior and professional friend I have been privileged to have in my life. I graduated from Duke University Divinity School (M.Div.1962) with a major in pastoral psychology, Troy University (1972) with a M.S. in Counseling and Guidance and served in the U. S. Air Force Chaplain Service 14 years before I met Dr.Glasser. As he taught me the Basic Intensive Week in Reality Therapy in 1976, I finally began to understand why people choose destructive behaviors and the process of healing through Reality Therapy. As a pastor, I began comparing Reality Therapy and Choice Theory with Judeo-Christian Scripture, theology and practice, and discovered that Dr. Glasser's ideas and theories are approximately 98% compatible with them. Like Dr. Glasser, I, too, believe that Jesus Christ was a "choice theorist."

During the 32 years of our association, I have taught as a senior instructor on the William Glasser Institute faculty in the certification process, faculty training, quality school and lead management programs, and in areas of Christian vocation. I have also conducted various seminars teaching clergy and laity using Reality Therapy and Choice Theory in the Christian context. I have employed Lead Management in all aspects of my professional careers and credit my promotion to the rank of Colonel to the implementation of these theories and practices. I have established therapeutic programs in the Air Force under the Social Actions umbrella to treat Drug/Alcohol-addicted service members in therapy groups. In 1977, we built a 30-day therapeutic community program for addicted airmen stationed at remote radar sites in Alaska. Airmen were flown into Elmendorf Air Force Base where they were housed in barracks and treated with individual counseling, in RT groups and Alcoholic Anonymous meetings.

Upon receiving orders for a permanent change of station to Japan in 1983, I told Dr. Glasser that I would try to start the Institute's work there. While stationed as the Installation Staff Chaplain at Yokota Air Base, Japan, I met a Japanese Christian pastor by the name of Masaki Kakitani, who had read Dr. Glasser's books and complained that the Japanese translations were of very poor quality and often misleading. I met with him weekly (1984),

training him in the basic concepts and process of Reality Therapy. Once he attained competency, Masaki served as my translator in teaching the first basic intensive week to a class of all Japanese students. Over the years we built certification and faculty training programs. Masaki has become a senior faculty member and the only official translator of Dr. Glasser's books into the Japanese language. Many thousands of persons have now taken these certification classes in Japan. Professor Kakitani now teaches in a university and pastors an interdenominational Christian church while serving as the President of the William Glasser Institute in Japan.

In chaplain programs, I have trained my staff members and lay leaders in a seminar titled, "Gatekeeper Ministry," which employed Choice Theory and Reality Therapy with Judeo-Christian scripture, belief and practice as a delivery system for the ministry. As the sole clinical chaplain in a 258 bed, acute care hospital (1998-2008), Choice Theory and Reality Therapy became the vehicle to deliver ministry to patients and their families during all stages of illness and end-of-life care. Family members were always included in ministry support as they experienced the trauma of caring for hospitalized loved ones.

I am presently serving as the LifeCare Coordinating Pastor at Frazer Memorial United Methodist Church, Montgomery, Alabama. In this position, I am teaching the Gatekeeper Ministry Seminar to the church's leadership, care coordinators, and lay ministers. Frazer Memorial UMC is the fourth largest church of the United Methodist Denomination in the United States with 9000 members and the largest Sunday school in Methodism. In *my* estimation, I believe that Dr. William Glasser is the singular psychiatrist of the 20th and 21st centuries who has understood and taught the true nature of human behavior. Human beings are imprinted with the Image of God, which I have interpreted to be, at least in part, the genetically implanted needs. Dr. Glasser has understood God's general revelation of the nature of human behavior, and the primacy of loving relationships, as the key to choosing to have life and to have it in abundance.

Rhon V. Carleton, Chaplain Colonel (USAF ret.)
William Glasser Institute Senior Faculty
LifeCare Coordinating Pastor
Frazer Memorial United Methodist Church
Montgomery, Alabama

A tribute to Dr. William Glasser—

What follows are my reflections on Dr. William Glasser's work.

As a board certified psychologist for over 30 years, I had studied the various theoretical models that were available. In each were kernels of truth that could be applied sporadically to my work with individuals and groups. However, there was no comprehensive, practical model that could be applied widely. And then I discovered Bill's work in Choice Theory, Reality Therapy and Lead Management.

Here was an approach based on sound ideas and tools that one could use and evaluate immediately.

Here was an approach that was respectful and effective and that challenged the client to believe in himself/herself and his/her own abilities.

Here was an approach that reminded the helper that we are nothing more than another perspective on someone's life.

Here was an approach that implied innate competence within the client.

Here was an approach that assumed that all challenges could be met.

Here was an approach that questioned many of society's assumptions about people, psychological labels, and the use of medication.

Here was an approach that showed clients how to regain self-control anytime and anywhere.

And here was an approach that was, and still is, refreshing, insightful, and very effective.

Respectfully

Kenneth L. Pierce, BA, MA, RTC, NLPC, ADFC, CDHREF

A tribute to Dr. William Glasser—

Words cannot express the gratitude I feel toward Dr. Glasser and his work.
Choice Theory has helped me to become a better counselor, teacher, manager, mother and friend, and the effects of Choice Theory do not stop with me. Every time I teach a Basic Training, it is so gratifying to watch the light bulbs "turn on" for others, creating a ripple effect. These ideas have strongly impacted my life, the lives of those I teach, and then the people they touch on their Choice Theory journey.

Thank you Dr. Glasser for the legacy you have created and for allowing me to play a small role in it.

Yours in Choice,

Kim Olver, Executive Director USA
The William Glasser Institute

A tribute to Dr. William Glasser—

Anne Marie Trechslin once wrote: "Some people mean more than words can say, or thoughts can imagine, or feelings can express."

Dr. Glasser, you are one of those people to us.

Love always,

Roger and Beverly LaFond

TOPICAL GUIDE TO RESEARCH AND WRITINGS REGARDING CHOICE THEORY AND REALITY THERAPY (Supplement #2)

Compiled by Larry Litwack and Edited by Thomas S. Parish

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