International Journal of
Choice Theory® and
Reality Therapy

International Journal of Choice Theory and Reality Therapy: An On-Line Journal
Vol. XXX No. 2
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Kindly Note That If You're Aware of Other CT/RT-Related Sources That Have NOT Been Cited in This Issue of the Journal . . . Then the Journal Needs Your Help . . .

In Volume XXXI, Number 1 (fall, 2011) the *International Journal of Choice Theory and Reality Therapy* plans to add to this compilation of CT/RT sources that have been published in various professional journals over the last fifty years. If you are aware of any such sources that have not already been included in any of the above indices, you are urged to send them to the following e-mail address so that they might be made available for the sake of any/all CT/RT readers for many, many years to come. Just send your sources to parishts@gmail.com by August 1, 2011.

In Volume XXXI, Number 1 (fall, 2011), Dr. William Glasser, and his various efforts, will be recognized by WGI members and friends. Please read on . . .

Based upon numerous recommendations, the *International Journal of Choice Theory and Reality Therapy* will henceforth not only eulogize our dearly departed WGI members, but will also "celebrate the contributions of current WGI members" too. This being so, we invite any/all WGI members and friends to send their letters to the above e-mail address if they wish to acknowledge, recognize, and/or thank **Dr. William Glasser** for all of his efforts on The Institute's behalf generally, and for all that he has been able to do for each of us individually. Please be sure that your "letters of appreciation" for Dr. William Glasser are sent to the above e-mail address no later than August 1, 2011. Thanks for your anticipated prompt response to this invitation. Sincerely, Thomas S. Parish, Editor

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

Welcome to the *International Journal of Choice Theory and Reality Therapy*. This is Volume XXX, No. 2, SPRING 2011.

IJCTRT Editor:

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. Besides editing the *Journal*, he also currently serves as an advisory board member of the William Glasser Institute in the United States. Dr. Parish 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. A web-site is also currently operational for the Journal. It is **ctrtjournal.com**

IJCTRT Editorial Board:

Besides Dr. Thomas S. Parish, who serves 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 K. Burdenski, Ph.D., Licensed psychologist and Assistant 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., Senior Research Analyst for the Kansas State Department of Education in Topeka, KS.

Jean Seville Suffield, M. A., President and Owner of Choice-Makers of 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 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 April and October of each year.

Notice to Authors and Readers:

Material published in the *International Journal of Choice Theory and Reality Therapy* reflects the views 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.

Availability of Previous Issues of the Journal:
All previous issues of the *Journal of Reality Therapy* and/or the *International Journal of Reality Therapy* may be obtained from Dr. Robert Wubbolding, who has in his possession a limited number of back issues. For information regarding how to do so it is recommended that you direct any/all correspondence to Dr. Wubbolding's attention at: <u>wubsrt@fuse.net</u>

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Indices of Previous Authors and/or Titles are Located in the Following Volumes:
Vols. 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.

Message to Contributors of the Journal (as originally presented in IJCTRT, Fall 2010 issue, pp. 7-8):
Submissions procedures are really quite simple, though not totally in accordance with the publication manual of the American Psychological Association. Basically, contributors may use any of the articles from the spring or fall, 2010 issue of the *Journal* as a template for their own writing endeavors. Additionally, they should comply with the following procedures:
1. Submit documents as MS Word documents.
2. Keep text formatting as basic as possible.
3. Avoid using tabs to indent. Paragraphs are indicated by a blank line preceding the text.
4. Use Verdana 10 point type.
5. Limit use of paginated lists, tables and figures unless absolutely necessary.
6. Use underlining on the web for hyperlinks, and avoid using it otherwise.
7. Use bold in regular text for emphasis.
8. Left-justify everything unless absolutely necessary to do otherwise.
9. Assume pictures will appear left-justified below your text.
10. Use the default line and paragraph spacing. Don't hold down the space bar to begin a new line. Using "shift+Enter" (holding down the shift key while you press the Enter key) will give you a single return. The Enter key alone will begin a new paragraph.
11. All capital letters on the internet indicate that you're shouting. Kindly reserve "all caps" to appear in Titles at the top of each article.
12. Be sure to include a "Brief Bio" at the end of your submission.

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

For further information, and/or suggestions, the reader is urged to review the entire article by Thomas S. Parish, which appears in the *International Journal of Choice Theory and Reality Therapy*, Volume XXX (No. 1), pp. 6-8.

EDITORIAL INSIGHTS—LOOKING INTO THE FUTURE OF CT/RT

We're here for each of you,
and for The William Glasser Institute too.
Helping Choice Theory to be globally spread
is our ultimate goal as we look ahead.

Yes, assisting any way that we can
is truly the Board's intended plan.
We'll not stop until we're done,
while along the way having lots of fun!

In so doing we'll all be better off,
even if some try to jeer or scoff.
So let's band together for CT/RT,
and make our dreams become a reality.

Notably, this poem was written at the conclusion of the WGI Board Meeting,
which was held in Los Angeles, California, November 12-13, 2010.
It's intended to reflect the prevailing sentiments expressed by the
board members, as discerned by me, i.e.,

Thomas S. Parish, Ph.D., CTRTC.

Spring, 2011

To: WGI members

Fr: Thomas S. Parish, Editor, *International Journal of Choice Theory and Reality Therapy*

Re: New Book by Bob Wubbolding

This announcement (which appears below) was sent to me by Dr. Robert Wubbolding, asking that I share it with the IJCTRT readership. I gladly do so since this newly published book not only honors Dr. Wubbolding, but Dr. William Glasser too. Furthermore, Bob's book also brings honor to the William Glasser Institute and all that it represents. Thanks, Bob, for your efforts and your commitment to CT/RT, and all that we have done and all that we strive to do! Best wishes to you in all of your future endeavors, be they CT/RT-related or otherwise.

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The American Psychological Association has published the following book by Dr. Robert Wubbolding (2011), *Reality Therapy: Theories of Psychotherapy Series*. This recognition marks a major achievement for reality therapy/choice theory in that Dr. Glasser's ideas are now emphatically recognized by the American Psychological Association, the premier psychological organization in the United States.

Dr. Glasser has endorsed this book with the following statement, "Wubbolding continues his exquisite quest to extend the teaching and principles of choice theory and reality therapy. In this book he integrates theory and practice and provides a resource that we hope will be the gold standard for people wishing to learn and practice choice theory and reality therapy. We enthusiastically endorse his work." William and Carleen Glasser.

You can obtain this book directly from APA or from the Center for Reality Therapy, 7672 Montgomery Road, #383, Cincinnati OH 45236 USA. The cost, payable by check, to Center for Reality Therapy is US$28.00, which includes shipping & handling.

4TH EUROPEAN INTERNATIONAL CONFERENCE IN EDINBURGH: KEYNOTE ADDRESS PART 2

Leon Lojk, Author
Robert E. Wubbolding, Editor

Abstract

This article is adapted from the address of the keynote speaker, Leon Lojk, to the European International Conference of The William Glasser Institute on June 23, 2009 in Edinburgh, Scotland. The author of the previous article, Leon Lojk (2009), discussed the work of the European Association of Reality Therapy to harmonize Reality Therapy training with the standards of the European Association for Psychotherapy (EAP). In part 2, presented below, the author adds a discussion of the process by which the European Reality Therapists navigated the decade-long effort resulting in the recognition by the EAP that Reality Therapy fulfills the conditions necessary to be recognized as a scientifically validated system.

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The effort to elevate Reality Therapy to the level of a recognized and endorsed system throughout Europe was a decade-long effort undertaken by many individuals united for the achievement of this very significant goal.

Lojk (2009) summarized the history of the European Association for Reality Therapy (EART), described the attractiveness of Choice Theory and Reality Therapy, as well as cited several criticisms. He summarized the importance of recognition and acceptance by the European Association for Psychotherapy (EAP), as well as the significance of it. The EAP represents 128 organizations, including 18 European Wide Accrediting Organizations for Psychotherapy and more than 120,000 individual psychotherapists. The significance of this achievement in 2008 can hardly be underestimated.

In pursuing its goal, the EART needed to establish that Reality Therapy fulfills the prerequisites for it to be defined as a legitimate system of psychotherapy. The EAP defined the practice of psychotherapy as "The comprehensive, conscious and planned treatment of psychosocial, psychosomatic and behavioral disturbances or states of suffering with scientific psychotherapeutic methods, through an interaction between one or more persons being treated, and one or more psychotherapists, with the aim of relieving disturbing attitudes to change, and to promote the maturation, development and health of the treated person. It requires both a general and a specific training/education" (EAP Board Minutes Appendix I, 2003).

The EART committee conducted a self-assessment by asking the following questions: Is there anything in the EAP definition that Reality Therapists do not do? The answer was: No. Reality Therapy is a comprehensive, conscious and planned treatment for all human problems with scientific psychotherapeutic methods through interaction with clients. The goals are jointly established by the therapist and client, and are facilitated by a therapist with a university education and specific reality therapy training.

To accomplish the recognition of Reality Therapy by the EAP the committee achieved the following goals:

a) Harmonizing Reality Therapy training and education to EAP standards.
b) Demonstrating that the EART has developed a comprehensive training program for Reality Therapy psychotherapists. This required adding significant training to the WGI certification process.
c) Proving that Choice Theory is a legitimate theory and that Reality Therapy is a scientific and successful therapeutic method.
d) Identifying at least six European countries united in one Reality Therapy association.
More specifically, the EART took the following action for fulfilling the four goals necessary for achieving EAP recognition:

Harmonizing Reality Therapy Training and Education with EAP Standards . . .

In order to meet EAP standards for psychotherapy, the EART developed a complementary program building on the William Glasser Institute (WGI) program for certification. The WGI and its branch institutes worldwide sponsor a two-year certification program consisting of training workshops and practica (Phase I). Subsequent to certification is the three-year faculty training program, Reality Therapy (Phase Two), (Figure I).

The EART has added an integral specialized training program to Phase Two called Program B. Completing phases A and B (Figure I) requires at least 5 years after university study is completed. This program contains a depth of theoretical and practical content not covered in certification or faculty training programs.
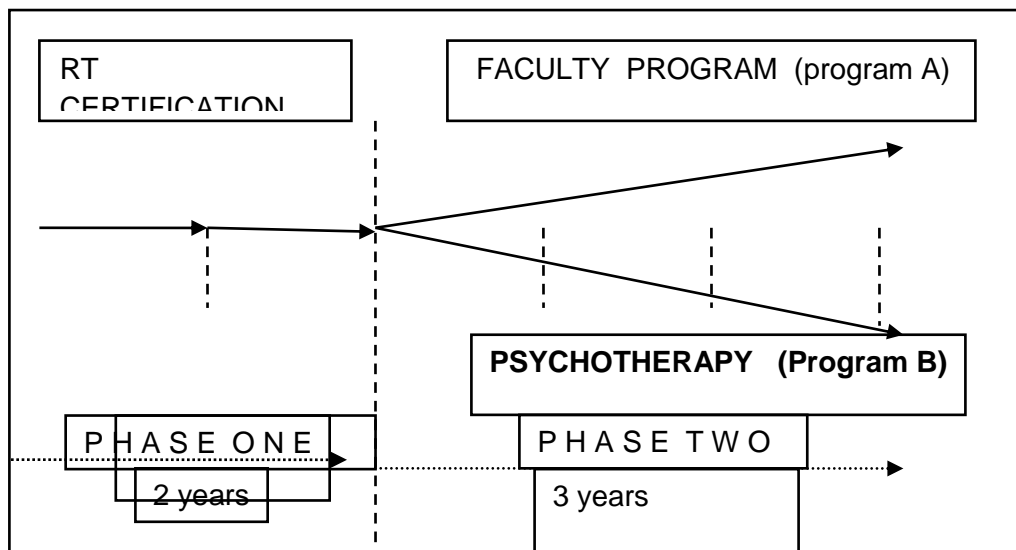
Figure 1

In the last decade the EART has developed Program B as a separate track with the title Post-Certificate Program (PCP) in Slovenia, Croatia and Bosnia/Herzegovina.

At this point in time the PCP (Program B) includes 45 participants from Croatia, 10 from Slovenia and 8 from Bosnia/Herzegovina. We are excited to say that PCP workshops sometimes include people who are "Reality Therapy certified" (RTC), but have no interest in becoming psychotherapists. They often say, "We want to further develop our understanding of Choice Theory and Reality Therapy and use it in our private and professional lives."

Demonstrating that the EART has developed a comprehensive training program for Reality Therapy psychotherapists . . .

In developing Psychotherapy Program B (Figure I) the EART added the following components:

1. Personal Psychotherapeutic Experience that includes self-reflection, self-evaluation, as well as personal therapy with a qualified Reality Therapist.
2. Learning theories of human development throughout the life cycle, other psychotherapeutic approaches, theories of change, understanding social and cultural issues related to psychotherapy, knowledge of psychopathology, and various theories and methods of assessment and intervention.
3. Practical training with ongoing supervision.
4. Placement as a paid therapist or as a volunteer in a mental health setting or an equivalent professional experience.

Proving that Choice Theory is a legitimate theory and that Reality Therapy is a scientific and successful therapeutic method . . .

Fifteen Questions of Scientific Validation from the EAP. By answering 15 questions set by the EAP the EART has shown that the training in Reality Therapy matches the established EAP standards and criteria for scientific validation. Below are the 15 questions:

1. Please provide evidence that Reality Therapy has clearly defined areas of enquiry, application, research and practice.
2. Please provide evidence that the modality has demonstrated its claim to knowledge and competence within its field tradition of diagnosis / assessment and of treatment / intervention.
3. Please provide evidence that the modality has a clear and self-consistent theory of the human being, of the therapeutic relationship and of health.
4. Please provide evidence that the modality has methods specific to the approach which generate development in the theory of psychotherapy, demonstrate new aspects in the understanding of human nature and lead to ways of treatment / intervention.
5. Please provide evidence that the modality includes processes of verbal exchanges, alongside an awareness of non-verbal sources of information and communication.
6. Please provide evidence that the modality offers a clear rationale for treatment / intervention facilitating constructive change of the factors provoking or maintaining illness or suffering.
7. Please provide evidence that the modality has clearly defined strategies enabling the clients to develop a new organization of experience and behavior.
8. Please provide evidence that the modality is open to dialogue with other psychotherapy modalities about its field of theory and practice.
9. Please provide evidence that the modality has a way of methodically describing the chosen fields of study, and the methods of treatment / intervention which can be used by other colleagues.
10. Please provide evidence that the modality is associated with information which is the result of conscious self-reflection and critical reflections of other professionals within the approach.
11. Please provide evidence that the modality offers new knowledge which is differentiated and distinctive in the domain of psychotherapy.

12. Please provide evidence that the modality is capable of being integrated with other approaches considered to be part of scientific psychotherapy so that it can be seen to share with them areas of common ground.
13. Please provide evidence that the modality describes and displays a coherent strategy to understanding human problems, and an explicit relation between methods of treatment / intervention and results.
14. Please provide evidence that the modality has theories of normal and problematic human behavior which are explicitly related to effective methods of diagnosis / assessment and treatment / intervention.
15. Please provide evidence that the modality has investigative procedures, which are defined well enough to indicate the possibilities of research.

EART's Answers and Scrutinizers' Comments

To answer these rather difficult and somewhat unclear questions the committee entrusted the task to Leon Lojk, the EART's representative at the EAP Board, who was familiar with the EAP standards and expectations for the psychotherapeutic profession. Whenever it was necessary Arthur Dunne, John Brickell, Jimmie Woods and Bosiljka Lojk unselfishly helped Leon Lojk in his response to the 15 questions. In preparing their responses they utilized books by William Glasser, MD (1965, 1984, 1998, 2005), the founder of Reality Therapy, as well as books and articles by Robert Wubbolding, Ed.D. (1988, 2000, 2004), Brian Lennon (2000), Wubbolding and Brickell (1999), and Leon Lojk (2001). Thanks to them the answers (too lengthy to include in this article) to the fifteen questions about scientific validation successfully introduced Choice Theory, Reality Therapy and the EART to the EAP.
Two official scrutinizers assessed the EART's answers to the 15 questions. Following are the remarks of Hewart Wilkinson (2008) and Francisco Garcia Esteban (2008) to the EAP Board. Hewart Wilkinson,* from the United Kingdom, provided positive comments about the EART's answers in the following areas:

1. Fundamental epistemology of Choice Theory and Reality Therapy
2. Affinities with congruent approaches
3. Non-pathologizing nature of the approach to psychological difficulties
4. The global and unified approach to the nature of the human person.

More specifically he stated: "I want to say at the outset that I am extremely impressed with this application, which is of very high quality. In general, I believe that our response to it should be acceptance, but I have two reservations (which will be elaborated upon later in this paper). Nevertheless, the quality of the application is in accordance with the philosophy and attitude to science of the approach of Reality Therapy itself, and therefore the application is reflexively congruent with the approach it is advocating. For an approach to be able to achieve this is an admirable sign which is itself validating of its approach." Wilkinson added several more comments below.

    1. Fundamental epistemology

    The fundamental epistemology of the approach is highly sophisticated and integrates within it a very mature overview and understanding of the

*Heward Wilkinson is UKCP Registered Integrative Psychotherapist, Full Teaching Member, ScPTI and was editor for ten years of the EAP journal, The International Journal of Psychotherapy.

development of philosophical and scientific thought, and of the scientific worldview, since the philosophers of Ancient Greece. In particular, the understanding of teleological causality in the light of Aristotle and Kant, and the contrast between a Lockean scientific empiricism, and one (equally scientific, but on a broader base) informed by the advances in epistemology and the understanding of human volition associated with the name of Kant is one for which I have the utmost sympathy and which was indeed the challenge I made in my own first two papers published in *International Journal of Psychotherapy.* I certainly did not at that time know that it was in accord with the conclusions of Reality Therapy theory. (It has congruent affinities with other approaches.) Reality Therapy is a *distinctive approach* which nevertheless has much in common with approaches which have taken similar steps into the middle ground of the psychotherapies, with a strong emphasis on work in the present mode, such as Gestalt Therapy, Transactional Analysis, Alvin Maher's Experiential Psychotherapy, Personal Construct Psychology, Rational Emotive Therapy,

(plus) various forms of Integrative Psychotherapy, and several others. Like some of them, if a Reality Therapy organization were to apply to the United Kingdom Council for Psychotherapy (UKCP) within Section structure, it would be a moot point whether Reality Therapy would find a home in the humanistic and integrative psychotherapy section, or the experiential constructivist therapies section, or even, at a pinch, the cognitive and behavioral psychotherapies section. Thus, Reality Therapy has a recognizable congruence with some very mainstream approaches. It is also clear that Reality Therapy is open to dialogue with other approaches in a scientific and humanistic spirit.

2. Non-pathologizing approach to psychological difficulties

Congruent with its general view of human nature as needs based, Reality Therapy is admirably free of the pathologizing tendency in psychotherapy and psychiatry.

Moreover, Reality Therapy has a global and unified approach to the nature of the human person. It also has a unified, yet admirably accessible understanding of the person, which is fully integrated. With this goes a fully 'person-centered' – in the true sense - approach to methodology and implementation.

The same scrutinizer found two problems worthy of consideration by the WGI:

1. Blurring of counseling and psychotherapy

There is a blurring of counseling and psychotherapy. Of course, we accept there is a continuum, but the line is drawn by training standards and must not be lost. The United Kingdom Institute only mentions the British Association for Counselling and Psychotherapy (BACP), an organization that has no separate training standards for psychotherapy, when speaking of going on to psychotherapy qualification. This all goes with the second problem.

2. Incompatible elements of application and the websites of the Reality Therapy institutes (there seemed to be) an apparent incompatibility between the description of the pathway to psychotherapy in the Application, and those on the websites.

The scrutinizer had checked the programs on the websites of WGI Ireland and UK Institute and had found differences between the quantity of the training as presented in the Application and the data on websites that describe the training for the CTRTC Program without Post-Certification Programs. We clarified this issue by describing the amount of training that we developed in Slovenia and use in Croatia and Bosnia with PCP programs. We also have written that in UK, Ireland, and Finland they are only starting with additional Post-Certificate Programs in Phase Two. When Heward checked the UK and WGII websites he observed that training programs were shorter than those in Slovenia, Croatia and Bosnia! Our additional response is summarized below.

 1*. Blurring of counseling and psychotherapy*

The 'difference' between counseling and psychotherapy has been debated and argued for years without resolution because of different theoretical comprehensions of human behavior and approaches to human problems. There is no point in theorizing about this matter. We wish to provide a simplified and pragmatic distinction useful in the development of psychotherapy training within the EART framework.

In counseling we help clients find solutions to their problems and assist them in changing their actions. Choice Theory is part of the counselor's or psychotherapist's belief system, but it is not necessarily part of the clients' beliefs. Clients are often able to solve some of their problems without a deep internalization of the Choice Theory principles.

When clients need long-term solutions in broader areas of life, Reality Therapists use Reality Therapy as a method to anticipate deeper change in clients' cognitive systems, especially their belief about their interdependence and connectedness with others. Transferring the 'Choice Theory' ideas to the clients and – even more importantly – enabling them to experience change, demands longer training for psychotherapists. Reality Therapists must first experience these changes themselves with personal experience, self-reflection, and self-evaluation through interactions with trainers and therapists.

Therefore, the EART emphasizes the need for longer and more intense training of psychotherapists, while maintaining continuity in transition from counseling to psychotherapy. However, both counselor and psychotherapist, if they want to be efficient, must first internalize Choice Theory at the deepest level. The EART members accept this.

2. *Elements of incompatibility of application and the websites of the Reality Therapy Institute*

The EART response answered the problem pointed out by Francisco Garcia Esteban**, the 2nd scrutinizer who had provided the following observation:

> The EART document with short answers to 15 questions constitutes the most relevant source of information regarding the meeting of the requirements set to becoming a European Wide Awarding Organization (EWAO)… It appears

** Francisco Garcia Esteban is the President of the Spanish Federation for Bioenergetic Analysis.

that different levels of training and certification have been offered in different member organizations: Phase One – Reality Therapy Certification, Practicum Supervisor, Instructor, Senior Instructor, and Program B – Psychotherapy Training. They state that this last program is designed to meet the European Certificate of Psychotherapy (ECP) requirements. They supply detailed information about the number of hours required in the different training activities. This program started to be offered in 2001 when 5 Reality Therapists in Slovenia got the ECP.

Dr. Esteban included the following quotation from our application:

This training has been adopted by each of the six national Reality Therapy institutes / associations. In three countries (Slovenia, Croatia, & Bosnia/Herzogovina) this program is in progress and is being facilitated by 19 faculty who already hold ECP (9 from Slovenia, 8 from Croatia, and 2 from Bosnia/Herzogovnia). These instructors are collaborating with the introduction of the program into the other three countries (Ireland, United Kingdom, & Finland).

In these countries there are faculties who are in the process of applying for ECP through the Grandparenting Advisory Panel (GAP) and who would then be qualified, according to EAP standards, to facilitate the training. Until such time as they gain ECP, the program will be supervised by the international faculty team of 19 ECP holders in EART.

In his report, Dr. Esteban continued with the following narrative:

It seems strictly speaking that the training program to become a psychotherapist at the ECP level is currently in place in just 3 countries, and is in the process of being introduced in the other 3. It seems that initially the training in these last 3 countries will mainly be conducted by trainers who still don't have the ECP, but are in the process of obtaining it, and will take place under the supervision of trainers of the other 3 countries holding the ECP.

EAP adopted in Reykjavik in October, 2006, a principle for the re-application procedure for European Wide Organization (EWO) and EWAO status. The purpose was 'to be more a support for the development of quality, than a detailed control.' I consider that, generalizing that principle for the original application, we could consider the current status and anticipated evolution of EART's training program to be acceptable to obtain the EWAO status.

Dr. Esteban concluded that most conditions needed to obtain EWAO status were met by EART. He expressed some reservation that three of six countries had fulfilled the highest level of training desired by EAP and recommended that EAP adopt a position of flexibility in this regard.

Identifying at least six European countries united in one Reality Therapy Association . . .

There are already six member countries thus fulfilling the prerequisite for joining the EAP. However, the EART extends the invitation to all other European countries to join EART regardless of interest in psychotherapy. There is much work ahead of us to achieve the ideal described in a speech by the French lawyer Fransois-Henri Briard at the French Supreme

Court, of achieving "the liberty of inner autonomy that determines all liberties of the human spirit and heart." This lofty statement summarizes the goal of our training.

Conclusion

Dr. Glasser once said to the audience that he was addressing that he would like to change the world. There was laughter in the audience. He asked them, "Why do you laugh? Are you satisfied with it as it is? No? Will somebody else change it for you? No? I am asking you to change it in a non-violent way." Is this a grandiose idea? No? Mahatma Ghandi once said, "Whatever good you will do it will not be very much, (but) do it anyway!"

Concluding comment from editor Robert E. Wubbolding, Director of Training for The William Glasser Institute 1987 to the present. "The importance of the recognition of Reality Therapy by the European Association of Psychotherapy can hardly be overestimated. This monumental achievement takes Reality Therapy to a pre-eminent status that is need-satisfying to everyone who has studied or will study Reality Therapy. We are indebted to Leo Lojk who spearheaded this decade-long effort, as well as to the many members of the committee and the national associations within EART. To Leon and to all colleagues who worked so hard to bring about this accomplishment we say, *Ad multos annos* (i.e., Live long and prosper)*.*

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Brief Bios

Leon Lojk is a licensed psychologist and a senior instructor for the William Glasser Institute. He was the founder of the Reality Therapy Association in both Yugoslavia and Slovenia, and is the first president of the European Association of Reality Therapy. He is currently serving as a board member of the European Association for Psychotherapy, as well as the chair of the Professional Board of the National Umbrella Organization for Psychotherapy in Slovenia. In addition, he has authored a book entitled *Scientific Argument for Reality Therapy*, and authored/co-authored numerous professional articles regarding Choice Theory, Reality Therapy and Lead Management.

Robert E. Wubbolding, Ed.D., is the Director of Training for the William Glasser Institute, has authored eleven books and scores of articles on reality therapy, and is Professor Emeritus at Xavier University. His most recent book is *Reality Therapy: Theories of Pyschotherapy Series* (2011). It is the first reality therapy book published by the American Psychological Association. In their endorsement of this book, Dr. and Mrs. Glasser stated, »*We hope this will be the gold standard for people wishing to learn and practice choice theory and reality therapy.*«

'MINDING UP' WITH CHOICE THEORY IN A RAPIDLY CHANGING 21ST CENTURY

Daphni Clifton

"The global brain is the quasi-neural energy and information processing network created by six and a half billion humans on the planet, interacting in many ways" (Laszlo, 2008, p.1).

Abstract

How visible is Choice Theory® and Reality Therapy to the millions who could benefit from its motivating inspiration and force today? We have both the theory and the practice to nurture, educate and cultivate the positive relationships promoted by current interpersonal neuroscience and therapeutic social support systems. How do we share what we know works and works well, in a way that those who need to hear, do indeed hear it?

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The reality we are experiencing today is substantially different from the reality that birthed Reality Therapy half a century ago. Choice Theory® groups entering training today are more sophisticated and informed. Are we aware, as instructors, of the volume of scientific detail that now backs what we believe and practice? Are we 'minding up' with current brain information and other evolving systems (education, enterprise, technology, et al,) in an attempt to keep pace with change and to integrate information that can enhance and enrich our future programs?

Sharing what we know along with integrating what other domains have researched for us, can only invigorate and revitalize what we have to offer as we promote and nurture the art of "getting along" in the 21st century.

It is the purpose of this article to reach those, both internally involved with the teaching of Choice Theory and those coming to it from other disciplines for an initial curious glance, to consider how effectively the social and wellness demands that arise out of current neuroscience are answered by professional and efficient delivery of Choice Theory and Reality Therapy.

Background

When Reality Therapy first surfaced with its eight simple steps back in the days of the Waltons, the Beatles, and LSD, its succinct approach and capacity to extract personal relevance provided many seeking roles, in preference to goals, a more effective route to mental balance during the identity crisis of the sixties. Psychoanalysis in comparison seemed too plodding and mired in the past to some young practitioners like William Glasser who was launching his career in psychiatric therapy. He found the increasing numbers of school drop-out youth more in need of validation and recognition, than analysis. It was the dawning age of drugs and explored perception.

Enter the credit card, colored TV and the desk top computer and life took on more complexity and change. Consumerism, information addiction and a need for immediate satisfaction pervaded the culture as it became more urbane and cyber-driven. The identity

seekers of the sixties became the baby boomer parents of the eighties who demanded from the 'establishment' a new kind of accountability. Relevance and authenticity climbed in importance over protocol and bureaucratic practice. The present and the future overshadowed the values and customs of the past. Even the Beatles sang of yesterday being far away. Reflection, caution and cause and effect thinking were not valued like thinking on one's feet, spontaneity, and innovation. Resumés called for creative, computer-related expertise. As the Information Age emerged, the universal brain, it seemed, was evolving towards the right.

It was during this push for a more informed authenticity that William Glasser began asking questions of his own practice. If Reality Therapy seemed so practical and was reaping such effective results, then how could he prove what he believed about internal motivation to be authentically so? Like Einstein foraying for a formula for relativity, Glasser searched for a theoretical answer to why his intuitive work with human pathology was reaping such sound results. The answer came after his association in the seventies with William Powers, an engineer similar to himself who was attempting to map his knowledge of automated control systems onto the workings of the human brain. Also believing vehemently in internal motivation theory and the power of perception, Powers likened the brain to a self-regulated control system which attempts to readjust itself when surrounding conditions fail to deliver what the system's internal program has been set to regulate. One example used is the thermostat. The notion that humans are similarly designed validated what William Glasser had always believed about human motivation theory that we are biologically encoded to connect, to learn and grow independent, and to enjoy. When the information coming from the real world does not match or satisfy these deeply encoded instructions, we have an urge to act or behave. Being a master of synthesis, Glasser was able to formulate a visual framework, beautifully simplistic for lay folk to grasp, but sophisticated enough to make solid theoretical sense.

When these new ideas were launched publicly through his book, *Take Effective Control of Your Life* (1984), the control theory content gave reality therapy process more gravity and credence. The theoretical backdrop provided those facilitating therapeutic change with a solid mental roadmap to guide and deliver credible support. Internal motivation theory was well on its way, reaching a point by the turn of the century when Skinnerian behaviorism started to be seriously questioned. Perception came under the microscope and guiding perception in a counseling session became as important, if not more so, than the study and processing of behavior.

As the new millennium approached, Glasser, now calling his theory *Choice Theory®,* challenged his audiences with a question that still resonates a decade later. He invited us to look back at the 20th century to recall how much we had accomplished in technical achievements. We have been able to land a man on the moon because we have been willing to relinquish beliefs and approaches that no longer fit or worked, but across the same century we endured two world wars and an accumulation of global conflict as human relationships remained flat-lined. Why? He was challenging our accepted beliefs about how the human motivation system really functions.

"We have made technical progress because we are willing to change theory. We have not made human progress because we are not willing to change theory. All human problems stem from our unwillingness to give up an ancient theory – Stimulus Response Theory" (Glasser, 1999, pp.8-9, Handout. Vancouver, 2000).

If there could be one goal and one root cause of happiness, it would be better interpersonal relationships (Wubbolding, 2011). Said somewhat differently, Michael Eisner (2010), the Disneyland CEO, claimed his one sure fire ingredient for happiness is a single sustained relationship over a long period of time.

If our younger generation understood the human system to the same extent that they understand their computers, they might tend to look at human interaction in a whole new light. Seeing ourselves as mini control systems makes a huge difference to falling prey to the chosen behaviors of shame and blame so prevalent among our current youth and middle school children. If another person's words could be perceived as 'mere information' and not a condemnation of our lives, how differently might we choose to behave?

"In particular the designers (of a social system) must understand that people are not just control systems, they are the best, most precise, most complex multilevel control organizations ever to appear on Earth, and as a result, when they come into conflict with each other the results can quickly become deadly. The designer of social systems who understands this will begin by rooting out of the design anything that depends on controlling other people. This isn't moralizing and it has nothing to do with idealism. It is simply facing up to the fact that people are control systems and therefore cannot be moved in the same way one would move a rock. (Hence,) a new concept of human nature requires along with it, new concepts of human interaction" (Powers, 1992, pp. 142-143).

What current neuroscience has to say about human relationships and brain plasticity

Never before in history has it been more crucial for us to be sure about the most important system of all, the human brain; more importantly, the human brain and its connection to relationships, the interactive human brain. Until recently, parents, educators and therapists, those who should be most concerned with guiding and shaping minds, usually gave the human brain a cursory glance. But in today's world the human brain has become the new vital frontier, "a treasure trove of information about where we have come from, what we are capable of and why we act as we do. It holds many secrets about how we can know ourselves better and improve the way we do psychotherapy, teach and parent our children. "… Those of us who study interpersonal neurobiology believe that friendships, marriage, psychotherapy, in fact, any meaningful relationship, can reactivate neuroplastic processes and actually change the structure of the brain" (Cozolino, 2006, pp. 8-9).

We are closing the gap between the social sciences and the neuroscience labs of yesterday. Theory is beginning to look like practice. The proliferation of information on the human brain today is moving so rapidly it is hard to conceive how one brain can take it all in. The new challenge now, is how to become perspicacious with the volume of detail and how to develop the skills of prioritization, relevance and application. If we ever needed William Glasser's gift of synthesis, we need it now. One thing we do know, for sure, is that without

mutually stimulating interactions, people and neurons wither and die. "In neurons, this process is called apoptosis. In humans it is called depression, grief, and suicide" (Cozolino 2006, p.11). Brain researchers are only now telling us what Glasser intuited forty years ago, that from birth to death, we need each other. Relationships are our natural habitat.

Cozolino, a psychotherapist himself, describes the components of therapy that optimize neuroplasticity (a word still new enough to be classified a spelling mistake in the computer):

- A safe and trusting relationship with an attuned therapist
- The maintenance of moderate levels of arousal
- The activation of cognition and emotion
- The co-construction of narratives that reflect a positive, optimistic self

How closely these components underscore what the reality therapy procedures towards change actually do. "This approach," he says, "would require transcending professional rivalries or zealous devotion to a particular perspective in order to better serve our clients." What an advance on the days of psychoanalysis when distancing between client and therapist was encouraged.

In a recent interview with Oprah Winfrey, Debbie (nee Boone), daughter-in -law to Rosemary Clooney, shared her relationship with her adored mother-in-law and grandmother to her children. Describing how her children responded to their grandmother when she walked into the room, Debbie herself glowed as she revealed, "their eyes literally lit up." How electric is that, when one human being can light up a room for those receiving their presence? What greater life gift can one give than that? "You light up my life!"

On the other side of that coin, Goldie Hawn invites us to *Mind Up* in reference to youth who remain emotionally numb or blind while staring at a rape and remaining transfixed. "Why are we not including in our school curriculum information to help our children grow and know about themselves?" she asks. "Our children are in desperate need of learning pro-social behaviors. This is a group of children who have lost empathy with what matters and who matters." I would love for Goldie to know what we know but more than that, join hands with her in helping to raise the importance and value of implementing emotional/social intelligence programs in our schools. Knowing oneself is the best information we can impart to our youth to take them through life. Choice Theory®, taught well, can give them that.

Exciting new science confirms Glasser's deepest intuitions: Good relationships nourish us and support our health, while toxic relationships can poison us. Our success and happiness on the job, in our marriages and families, even our ability to live in peace, depend crucially on the emotional radar and specific skills we can teach our children when they are young. Goldie Hawn, Daniel Goleman, and many others ask, "How does social intelligence develop in childhood? How can we improve it in ourselves, in others? How can we deal with those who lack it? I believe CTRT and reality processing hold the answers.

Daniel Siegel (2008) refers to the triangle of human potential: The Brain (the hardware), the Mind (the flow of energy) and the Relationship (the nurture). Having organized over forty neurologists, therapists, doctors, educators and related practitioners over a five-year period of discussion, research and practice, they came to the definition of The Mind as, "an

energy force or flow." The grandchildren of Rosemary Clooney felt that force. I believe in that force after facilitating a practicum or a group of children doing a choice theory week with me. It is as though one mind ignites the other and energy becomes synergy.

Despite the tremendous strides numerous related disciplines have made collectively and individually as they have worked overtime pushing the frontiers of human brain research to incredible discoveries and which have given further credence and depth to Glasser's original beliefs regarding human motivation, the question remains: If fulfilling our human relationships can give us healthy, active brains and well bodies, what more needs to be done to really change the global belief system about what motivates mankind to work optimally? What do we reap by working from the outside in, versus the inside out?

Our world in macroshift

In his book *Quantum Shift in the Global Brain* (2008), Ervin Laszlo speaks to us of the global brain, the composite of six billion cells working together not unlike the way it works inside of our own heads. Each head is like a miniature of the global brain. The more the tiny cells cooperate and link, feed and nurture each other, the healthier the brain becomes. How powerful do we become when we ignite our own brains with self-understanding, self-evaluation and positive self-management? As that brain interacts with another and ignites another, the magic begins.

"The global brain is the quasi-neural energy and information processing network created by six and a half billion humans on the planet, interacting in many ways" (Laszlo, 2008, p. 1). The shifts that are taking place globally and at home as change becomes more rapid than ever before, are forcing us to learn how to connect positively or lose our planet both emotionally and ecologically. The challenge gets louder and larger with each emotional and geophysical quake. It is as if the earth itself is shaking us to wake up and get with the real program. We have to learn how to connect in a positive way or we will fail. Our reality is shifting. Are we ready for surprise? How do we help others be ready and stabilize their systems through change? As the economist, Kenneth Boulding, remarked, "The only thing we should not be surprised at is being surprised. "

Solutions through rapid change are elusive to say the least, but one art that reality therapy processing teaches us well is to sculpt our thinking towards effective questions. This for me personally has been the most solid learning I have gained from my experience with Choice Theory® training. We need to redefine the questions for 2011. Are we ready to present CTRT effectively in this rapidly changing time to help empower others toward more satisfying and fulfilling relationships? Are we tapping salient resources and educating ourselves toward the new technologies to widen our fields of contact?

I have one concern as this reasonably new science of interpersonal neurobiology flowers, that it may steer more towards 'outside in' methods, such as brain scanning, chemical experimentation and commercially driven programs, while missing the magic and power that 'inside out' effective human interaction such as Choice Theory® training offers.

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Brief Bio

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DEPRESSING DEPRESSION

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Abstract

Depression has often been referred to as the "common cold" of mental health. Roughly twenty percent of the population of the United States will experience depression at some point in their lives, with approximately 19,000,000 Americans suffering from depression at any given time. Women have been found to experience depression about twice as much as men, regardless of their race, ethnic background, and/or economic status. Notably, however, depression has been found to be on the increase for both gender groups in the U.S. today (American Foundation for Suicide Prevention, 2010). This paper will seek to explain some of these findings, plus discuss some ways to ameliorate this very difficult problem.

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To begin with, the reader needs to answer the following questions IF he or she wants to really help others work through depression. What is depression? Where does it come from? What are its characteristics? What can we do to help someone who is experiencing it?

Of course, psychology really isn't an exact science, so the answers to these questions are rarely absolute. That's why there are many disagreements among those who claim to be psychologists! For instance, there are several current theories that describe cognitive behavioral methods. Despite these differences in description and explanation, however, they often find that there are major areas in which they agree too. With such dissimilarities and similarities in mind regarding what qualifies as psychological problems, and how they might be treated, the American Psychiatric Association (2004) has published many editions of the _Diagnostic and Statistical Manual of Mental Disorders_ (i.e., the DSM) in an attempt to bring order and organization to this field. Notably, however, each new edition generally fails to simplify the matter. Rather, each new edition has generally contributed to the complexity of diagnosing various mental disorders (including depression). Perhaps this is because psychology is merely a compilation of theories, with no unified approach to any given problem. Truly, a great number of these theories and methods of psychology are very diverse in many ways (e.g., B. F. Skinner's behaviorism vs. Carl Roger's nondirective person-centered therapy), and so each theorist and/or practitioner sees disorders differently, and often wishes to treat them in different ways too.

Notably, though, Choice Theory does tend to simplify matters greatly, attributing success or failure based on our choice of actions, and remediation coming when we change what we're doing by making better choices. Incidentally, in Choice Theory terms, depression isn't merely "depression," but its "depressing" instead, since it's an action that you're choosing to do, and not simply a problem that is literally "dumped" upon you or an illness you "catch," like seasonal flu.

Where does depression come from?

Staying with the Choice Theory approach, "depressing" is chosen as an ineffective way to handle problems, to get others to do what they want them to do by acting very depressed (Glasser, 1998). As mentioned above, this mode of action (i.e., depressing) is engaged in much more often by females than by males (possibly because males are more likely to "give in" to females' wishes when they act that way, while males might not do so for other males who acted similarly—notably, though, research has been inconclusive as to the cause of differences in male and female prevalence rates for depression).

Of course, many psychologists look beyond one's actions and look for causes of depression that might be the result of a physical problem or a chemical imbalance. If this is the case, then attending psychologists should certainly consider such etiologies and seek to remedy the depressive state accordingly, but if other explanations and interventions fail, focus upon what those who are depressed are doing is critical, for we need to stop them from "depressing" by making better, more efficient choices that will fulfill more needs without creating new needs.

For example, a study by Johnsgard (2004) indicated that a proper exercise program can do as much good as a medication program, and sometimes better. This approach would seem to have merit since most people who are "depressing" want to stay immobile, i.e., they wish to stay in bed and not face the world. When they make themselves get up and get busy, however, they can more readily overcome their so-called depression by regaining the ability to control at least some part of their lives. Such "positive behaviors" as exercise have often been found to get those who claimed to be in a rut, back on their feet and able to overcome their "depressing" behaviors before the "depressing" behaviors overcame them.

While many psychologists and counselors have looked upon each edition of the DSM as their personal Bible, others have not been so impressed. For instance, William Glasser (2003) even accepts the various terms provided in the DSM's for those suffering from those symptoms, but contends we should all reject the notion that what they describe are mental "illnesses." Rather, William Glasser and others (e.g., Parish & Van Deusen, 2007), have concluded that these symptoms are merely the result of past choices made and that they can be resolved. To define them as "illnesses" is like placing a "bad label" on these people who manifest these behaviors, and may brand them with that label for life. It's little wonder that William Glasser often refers to each edition of the DSM as a "Big Book of Bad Words."

In addition, of all the major theories concerning cognitive behavior therapy, Choice Theory stands alone in focusing **both** on the need for changing our thinking and our actions if we wish to overcome depression/depressing. To illustrate how this works, William Glasser has referred to Perry Good's "automobile analogy." Through this model Glasser envisions the two front wheels as being the wheels (i.e., thinking, doing) that determine the direction the car is going to go. He then pictures the two back wheels (i.e., feeling, physiology) as following whatever direction the front wheels go. If, however, when we choose to "depress," the back wheels tend to take over control and the front wheels lose it. Thus, in Og Mandino's (1968) book entitled *The Greatest Salesman in the World*, he claimed that weak is s/he who allows his/her feelings to control his/her actions, but strong is s/he who allows his/her actions to control his/her feelings.

How can the counselors and psychologists best help their clients to take better control of their lives? Initially, they might wish to introduce their clients to good books that offer great insights regarding distinguishing between efficient and inefficient actions, and why they should fill their behavioral repertoires with efficient actions, and not inefficient ones. William Glasser has written several books that focus on these concepts, and has even developed two lists of behaviors that convey this message very well.

The Ultimate Question…

If we say or do _____ (see list below), will it bring us closer together (i.e., Caring Habits), or will it push us further apart (i.e., Deadly Habits)?

Seven Deadly Habits	**Seven Caring Habits**
Criticizing	Supporting
Blaming	Encouraging
Complaining	Listening
Nagging	Accepting
Threatening	Trusting
Punishing	Respecting
Rewarding to control	Negotiating differences

While William Glasser offered these two sets of habits, noted above, around the turn of the 21st century, such ideas /notions have also been readily available for thousands of years in the Bible. Consider the Bible's options regarding what we should do, and what we shouldn't do . . .

Things to do:	**Things not to do:**
Be affectionate (Rom. 12:10)	Be adversarial (Psalms 38)
Be well behaved (Isa. 3:5)	Be prideful (Psalms 10:4)
Be blameless (2Peter 3:14)	Be a backbiter (Eph. 4:31)
Be brotherly (Rom. 112:10)	Be boastful (1Kings 20:11)
Be charitable (Col. 3:14)	Be a brawler (1Tim 3:3)
Be cheerful (Prov. 15:13)	Be contentious (Prov. 26:21)
Be compassionate (Zech 7:9)	Be corrupt (Eph. 4:29)
Be contented (1Tim. 6:6)	Be cruel (Prov. 11:17)
Be contrite (Psalms 34:18)	

These are just a few excellent sources that you, as the counselor or psychologist, can refer your clients to for advice and direction, as you seek to "right their ship," and/or correct what they're doing currently, as well as for the foreseeable future. So whether you going with popular psychology-like suggestions that urge you "Not to worry, and to be happy," or instead seek to do what the Bible teaches by seeking peace within as we openly rejoice, it really matters not, as long as you avoid the snares that "depressing" and other inefficient choices bring, and simply do what you believe is best for you, as well as for everyone else too.

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Brief Bios

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CHOICE THEORY TO EMPOWER COMMUNITY CHANGE

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Abstract

Choice Theory, a cognitive theory that was developed by Dr. William Glasser in the mid-twentieth century, is currently widely applied within education (see Glasser, 1988) and counseling (Glasser, 2000; Wubbolding, 2000, 2011). It can be used in community development, too, to empower community change (Glasser, 1998). This article will seek to describe the start of an ongoing community development project that originated when a local community center director invited the first author to give a presentation to local residents on Choice Theory. This venue offered a place for community residents to learn Choice Theory, as well as improve their communal and personal well-being. The initial presentation led to participants describing a vision of a Choice Theory-based "Quality Community," which subsequently resulted in them moving forward by putting their words into action, and diligently working toward the realization of their vision within the local community. Notably, their vision included: helping neighbors, reducing crime rates, fostering greater success in school-aged students, and even making input into local government.

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It all began at a small community center that was located in a city of approximately eight thousand people in a small and otherwise rural community in the South. As of the 2000 census, 755 of the city's population was African-American. In 1999, the median household income was $19,646, and approximately 32% of the families in the city lived in poverty. The community center was a small, non-profit organization with a primary mission of providing community education around environmental health concerns to eliminate racial and ethical health disparities within the community. The community center was grant-funded. Its two coordinators were non-traditional graduates of the local university's Social Work program—both were grandmothers at the time they began college. The center provides workshops that cover a variety of community health concerns, including mental health.

In this small city, approximately two-thirds of the population was under 25 years of age. Of the city's adult population that was over 25 years of age, only 15% were high school graduates, although 61% of the population had at least a high school diploma. These data likely relate to the city being the home to one of the state's land grant universities. Land grant universities originated in the late 1800's, when the federal government gave land to the states for the establishment of institutions of higher education that would emphasize teaching and research, and extend these services into the community. As noted above, almost one-third of the families in the city lived in poverty; in addition, half of the families with children under five years of age lived in poverty, and almost half of these were female-headed households. In other words, with the exception of the university students, the population disproportionately consisted of families with low incomes and little formal education.

The introductory presentation and discussion of Choice Theory at the community center was attended by approximately ten people, and the interest it generated led to a monthly Choice Theory workshop at the center. These workshops focused on Choice Theory and improving local residents' quality of life, both individually and at the community level, with the overall goal of developing a "Quality Community." They explored the basic needs of Survival, Love and Belonging, Power, Freedom and Fun, concepts which the introductory presentation had introduced along with the basic tenets of Choice Theory (Glasser, 1998).

At the introductory presentation and at the follow-up workshops, some participants became acquainted, but many knew very little about one another. Approximately fourteen people participated in the first workshop, all of whom were African-American. To open dialogue among participants, the facilitator first distributed cards from the "Storycatching" game (Holton, 2008). The game involves dividing people into dyads or triads, and asking them to spend five minutes talking to each other about their thoughts, feelings, physical reactions and behaviors that the cards instantly initiated within them. In addition to serving as an icebreaker, this introduced the components of Total Behavior (Glasser, 1998). Almost as soon as the participants divided into their respective groups, they were talking, laughing, and sharing information with one another – in sum, they began building relationships. When the larger group reconvened, participants found themselves to be relaxed and ready to learn.

At that time the facilitator initiated discussion with the first axiom of Choice Theory, i.e., "The only person whose behavior we can control is our own" (wglasser.com). This statement, which is basically the heart of Choice Theory, was found to be difficult for some of the participants to accept, primarily because of their belief that parents can and do control their children. At this point, the group stopped to consider what happens when children are not in sight, or if children were physically punished in what participants considered to be a normal manner. Some parents agreed that parents may get what the think they wanted initially, but often children and adolescents will then do what the child or adolescent wants to do when their parents are not looking. The group then talked about the "Quality World," and the value of being in one another's "Quality Worlds" (Glasser, 1998). The facilitator continued with the second axiom of Choice Theory, i.e., that all people can give or get from others is information, and the participants accepted this with little difficulty. In this context, the group briefly discussed the statement "I can't make you angry."

The facilitator then moved to the third and fourth axioms of Choice Theory, i.e., "All long-lasting psychological problems are relationship problems," and the "problem relationship is always part of our present life" (wglasser.com). This led to extensive discussion, as unbeknownst to the facilitator there was a retired mental health professional among the group members. This participant asked for clarification and posed some opposition to the idea that psychological problems can be relationship problems. The retired mental health professional mentioned working with people who were severely mentally disturbed, and the facilitator explained that Dr. Glasser had completed much of his work in a mental hospital with such people. The facilitator also shared, with consideration for patient confidentiality, an example of someone the facilitator had worked with who was "psychotic" and also isolated. The facilitator had assisted the client in doing two things: focusing upon what she could control, and working toward getting more people in her life that she could trust. The

client had reported improvement following just a few months of practicing these two important behaviors. The retired professional participating in the group appeared satisfied with this response, although she did not return for the second workshop.

The group moved on to consider the fifth axiom of Choice Theory: "What happened in the past that was very painful has a great deal to do with what we do today, but revisiting this painful past can contribute little or nothing to what we need to do now: improve an important, present relationship" (Glasser, 1998, p. 334). This presented an opportunity for participants to discuss how they felt their community had gotten to the place that it was at today, and then developed a definition for a "Quality Community."

The group moved on to Glasser's (1998) basic needs and the sixth axiom: We are driven by five genetic needs: survival, love and belonging, power, freedom, and fun (p. 335). Participants spent time identifying Total Behavior components of doing, thinking, feeling and physiology related to each of these needs. They then proceeded to the seventh axion: "We satisfy these needs only by satisfying a picture or pictures in our quality worlds" (p. 335). Participants were told that the "Quality World" is like a mental photo album or file cabinet where the most important pictures of things of value are kept. These are the pictures that people reach for when they are trying to get a need met. It was also explained that needs are not always met directly. For instance, when feeling low on the "love and belonging" need, people often do not necessarily try to find more love – instead, they simply look for a person with whom they can give and/or get love.

The last three axioms (Glasser, 1998; wglasser.com) related to behavior, seemed to spark a great deal of discussion. Actually, the facilitator anticipated the participants would have some trouble with these ideas and planned to use an exercise she learned while working toward Reality Therapy certification (wglasser.com). The exercise acts out the car metaphor used to explain Total Behavior (Glasser, 1986, 2002). Modified for this group of participants, it consisted of individuals who represented each of the four behavior wheels in the Total Behavior car, with a fifth person as a steering wheel. This activity introduced participants to the proposition that almost all behaviors are chosen. They were asked to think about the various "wheels," or components of behavior. In Choice Theory language these are: doing, thinking, feeling, and physiologizing. The facilitator used five volunteers to guide through the car activity and, by so doing, demonstrate how each of these concepts work.

The person chosen to be the steering wheel was the participant who appeared to have the most difficulty processing the idea of giving up control. She was asked to try and direct the vehicle in a particular direction. Each of the other participants were instructed to engage in acting, thinking, feeling, and physiologizing as if the individual was depressing. When processing what happened the "steering wheel" participant proclaimed that she was exhausted from trying to get the car to go where she wanted it to go with all of the other things going on at the same time.

This initial workshop was three hours in length, and half-way through participants were given food provided by one of the community center coordinators. The group then reconvened to address the remaining Choice Theory axioms. Following this event, the

facilitator was asked to return to the community center in order to continue the Choice Theory-related dialogue during a second workshop.

In all, fifteen people participated in the second workshop, three of whom had attended the first workshop. The facilitator revisited Choice Theory for those new to the topic. Again, participants were all African-Americans, as was the facilitator. In age, participants ranged from youth to retirees. The information regarding Choice Theory was followed by a lengthy discussion on quality of life and the ways that individuals defined this. The group decided that quality of life is a highly subjective concept and generally open to individual interpretation. Discussion continued with this understanding in mind. Nevertheless, the group then discussed quality of life in each participant's person life, and more broadly in view of the neighborhood community, in the context of the Choice Theory concept of the Quality Community.

First of all, community safety was considered as a critical component of quality of life. Some participants noted that home break-ins, increased substance abuse, and diminishing respect for the elderly were ongoing points of great concern for everyone within the community. More specifically, safety was identified as central to a quality neighborhood or quality community, as well as Glasser's (1998) basic need of Survival.

Next, participants also emphasized the importance of happiness as a part of quality of life, although defining happiness proved to be difficult: Cooking for one another and for children, knowing one's neighbors, and remaining connected to family, were all mentioned in this context. Happiness, at least for these workshop participants, involved mutual relatedness and belonging. Civic pride, cleanliness, and care for property were also connected to this theme of mutual relatedness and belonging within the community. Caring for neighborhood children and helping neighbors learn to garden were cited as examples of community pride and well-being that participants wanted to see happen regularly. This portion of the discussion reflected Glasser's (1998) basic need for Love and Belonging.

Power as a basic need was addressed when participants identified the importance of being heard and acknowledged by community leaders, such as members of the City Council and/or the Mayor of the city, as an important part of their vision for a Quality Community. Freedom, the basic need for autonomous action, was then reflected in the group's recognition of their ability to choose to speak on their own behalf to participate in the community development process. Education and recent changes in the local school system were also mentioned, but were not elaborated upon due to time constraints. This second three-hour workshop spontaneously addressed four of Glasser's (1998) five basic needs: Survival, Love and Belonging, Power, and Freedom. When challenged by the facilitator about what they would do differently to start making positive change happen in their community, the group came up with an idea of a block party to which all neighbors could be invited. A date was chosen and an initial program was outlined: the party would include food, music, and dancing. This action plan addressed Glasser's fifth basic need, i.e., fun!

The community block party did not take place as scheduled, because of a death within the community and the funeral taking precedence. The community center plans to host this party at a later date. The monthly Choice Theory workshops have continued and thus far

five such sessions have taken place. Attendance has averaged twelve individuals, including a core of 5-6 people who have attended consistently. While no formal evaluation has been done of these workshops, participants have routinely commented positively regarding the group's progress. A local journalist attended the fifth workshop and asked participants for feedback; they stated that they had learned better ways to interact with neighbors within their community. This involvement has led to a newspaper article in the local newspaper (Kulkosky, January 26, 2011).   In addition, a minister from a nearby county heard about the workshops and is now working with the facilitator on ways to involve his church community in a similar Choice Theory workshop experience.

Of course, all workshops are structured similarly. Basically, the facilitator uses a slide presentation on Choice Theory and Basic Needs for each workshop, and then adds different Choice Theory-related concepts to follow-up discussion that centers on community building and ways to foster a Quality Community. Learning Choice Theory has been described as a "bondage buster," meaning that it gives people the opportunity to free themselves as they recognize their own power to change. As workshop participants put it, once people recognize their power that can more readily "shake off" depressing and avoid other problematic behaviors that they had formerly thought were beyond their control. Thus, introducing Choice Theory into this socio-economically depressed community has truly led to significant relationship building and goal-setting, too, among residents who have learned how they might take better, more effective, control of their lives through the implementation of the Choice Theory axioms that were briefly described in this paper. Next, such successful efforts in sharing Choice Theory axioms need to be replicated by others, in other settings, and with other groups of people, in order to show that they are truly viable ways to help people in any/all walks of life who wish to live a better quality of life.

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Brief Bios

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THE PREVALENCE AND PSYCHOLOGICAL IMPACT OF BULLYING ON ADOLESCENTS: AN APPLICATION OF CHOICE THEORY AND REALITY THERAPY

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Abstract

Incidents of bullying behavior in schools have increased significantly and are of special concern due to the numerous school shootings that have occurred in the past decade. This article provides background information on the prevalence of bullying and describes the effects of bullying on both victim and perpetrator. Motivation for bullying behavior is discussed through the lens of Choice Theory, and the application of Reality Therapy to a case study is presented.

Bullying has recently gained significant attention from professionals in academia, education, and the community at-large due to an increase in widespread prevalence among school-aged children (Cole, Cornell, & Sheras, 2006). The media has been, and continues to be, in the forefront of reporting incidents of school bullying, and is a leading contributor to the heightened awareness surrounding this issue. As a result, researchers, teachers, school counselors, and parents have responded to this dilemma by examining the complexities of bullying and developing prevention efforts, education, and intervention efforts, such as presentations, courses, websites, and legislation that addresses this ongoing concern.

Although bullying has generated increased attention in the media, bullying has been a concern for many decades, with several reviews of literature dedicated to the topic of bullying (Espelage, Bosworth, & Simon, 2000; Hoover, Oliver, & Hazler, 1992; Smith & Brain, 2000). Interest in bullying has gained momentum as a result of the school shootings that have occurred over the past decade (Fein et al., 2002; Harlow & Roberts, 2010; Limber, 2006). The topic of bullying has generated interest among several researchers (Cole et al., 2006; Nansel et al., 2001; Oh & Hazler, 2009; Olweus, 1993a); however, it was not until the 1980's that research commenced on bullying. Historically, bullying was not viewed as a concern that warranted attention, as it was just accepted as a normal part of childhood (Campbell, 2005; Limber & Small, 2003). Nevertheless, in the last two decades, attitudes have changed and bullying is being viewed as a serious concern that warrants greater attention (Shariff, 2008).

Research on bullying began in 1978, by a Norwegian researcher, Dan Olweus. His seminal work: *Aggression in the Schools: Bullying and Whipping Males* provided a foundation for future research in this area. Bullying is categorized as an aggressive behavior that is intentional and involves an imbalance of power (Nansel et al., 2001; Olweus, 1993a). In order for behavior to be categorized as bullying three characteristics must be present: intent to cause another harm; imbalance of power or strength between the bully and the victim; and repeated and lasting negative actions over time (Scaglione & Scaglione, 2006). Bullying behaviors include hitting, kicking, taunting, and/or name-calling (direct bullying). Indirect bullying behaviors include isolation, gossiping, rumor spreading, exclusion from

social networks, and manipulation (O'Connel, Pepler, & Craig, 1999; Scaglione & Scaglione, 2006). A recent study indicated that males perpetrate direct bullying more frequently than their female counterparts; females, however, participate in more indirect bullying, such as rumor spreading and social isolation (Rivers, Duncan, & Besag, 2007).

Prevalence of Bullying

Bullying is a pervasive problem nationally and internationally (Olweus, 1997). Bullying among youth is as high as 30% with adolescents indicating moderate or frequent involvement in bullying as the perpetrator and / or victim (Nansel et al., 2001). In one large-scale study, it was projected that 13.7 million youth have been physically bullied and 15.7% million were teased or emotionally bullied (Finkelhor, Ormond, Turner, & Hamby, 2005). It is estimated that in the United States, bullies represent 7 to 15% of the school-aged population (Pellegrini & Bartini, 2000).

Several research studies contend that gender is a significant factor in traditional forms of bullying (Borg, 1999; Boulton & Underwood, 1992; Jackson, 2005; Seals & Young, 2003). Males are identified both as perpetrators and victims more often than their female counterparts. The type of bullying behavior in which males most often engage is referred to as direct bullying, which includes hitting, punching, and kicking behaviors. Conversely, females are more likely to engage in indirect bullying, including gossiping, social isolation, and rumor spreading more frequently than their male counterparts (Crick, Grotpeter, & Bigbee, 2002; Finkelhor et al., 2005; Olweus, 1993a; Rigby, 2002).

Impact of Bullying

The impact of bullying can affect the physical, mental, and academic well being of an individual, resulting in high levels of anxiety, low self-esteem, and more frequent thoughts of suicidal ideation (Craig, 1998; Fekkes, Pijpers, & Verloove-Vanhorick, 2006; Rigby, 1996). As a result of bullying behaviors, adolescents may experience physical and psychological consequences that include depression, low self-esteem, loneliness, increase in at-risk behaviors, anxiety, academic problems, and suicidal ideation (Kowalski, Limber, & Agatson, 2008; Olweus, 1993a). Repeated bullying may lead to depression, suicidal ideation, and loneliness (Van der Wal, de Wit, & Hirasing, 2003). In 2003, it was concluded that there is a relationship between being bullied and suicidal ideation. Key findings indicated that the relationship between bullying and suicidal ideation can begin as early as nine years old and are common among both male and female bully victims (Van der Wal et al., 2003). Furthermore, bullying victimization over an extended period of time can result in antisocial behavior (Rigby, 1999).

Students who are consistently and continuously bullied by their peers are more likely to not like school and receive lower grades, resulting in increased absences from school and truancy concerns. As a result, students may miss out on opportunities to develop a connection to peers and the school environment. Earlier research suggests that there is a link between academic achievement, healthy behavior, and attachment or connection to school. Students that feel more connected to school are more likely to earn higher grades, and less likely to smoke cigarettes and less likely to indulge in substance abuse. Individuals who are repeatedly bullied are more likely to miss out on opportunities afforded by

education (Bonny, Britto, Klostermann, Hornung, & Slap, 2000; Johnston, O'Malley, Bachman, & Schulenberg, 2006). Victims of bullying behavior are more likely to have psychiatric disorders, such as depression, anxiety, attention deficit disorder, and conduct disorder (Kumpulainen, Rasanen, & Puura, 2001). As frequency of bullying behaviors increases, there is an increase in suicidal ideation when compared with non-bullied peers (Rigby, 1996). More recent research suggested that depression and suicidal ideation are more common among children that report being victims of indirect bullying (Van der Wal et al., 2003).

Victims of long-term bullying have long-term negative effects, such as increased depression, low self-esteem, and school failure (National Alliance on Mental Health, 2007). At the same time, there are notable consequences for the perpetrator. Ybarra and Mitchell (2007) reported the existence of multiple mental health problems for bullies. For example, alcohol and substance abuse, depression, aggressive behavior, and weak caregiver-child relationships were found to be more common among individuals that were identified as bullies. Bullying continues to be the most prominent form of aggression and victimization experienced by children (Nansel, Overpeck, Haynie, Ruan, & Scheidt, 2003). Overall, the impact and consequences of bullying victimization is considered to be a serious form of violence and should not be taken lightly (Batsche & Knoff, 1994).

Prevention, Education, and Intervention

In response to an increase in bullying in the schools, teachers, school counselors, and parents have responded to this dilemma by examining the complexities of bullying and developing prevention efforts, education, and intervention efforts, such as presentations, courses, websites, and legislation to address this concern. It is important to develop prevention and education efforts in the schools beginning as early as kindergarten.

Roth and Van Der Kar-Levinson (2002) reported the success of a school that included conflict resolution as part of its curriculum. Beginning in kindergarten, students were taught how to deal with conflicts and how to solve problems. They also learned skills to enhance their self-esteem. As a result, there was a decrease in reports of bullying behavior. Other schools have used class meetings as an opportunity to address concerns such as bullying and other aggressive behaviors. Counselors meet with students in small groups, which provide a safe environment in which students can express their concerns and get feedback about how they can better handle the situation. Victims may also have an opportunity to confront their persecutor with the guidance of a mediator. The goal is to come to a plan so that the bullying behavior ceases.

Parents are often unsure about how to respond to their child's complaints about being bullied. Some parents want to contact the aggressor's parents. However, this creates a risk for inter-family conflict and deprives the children of the opportunity to engage in conflict resolution. Parents can help their children by teaching children how to manage themselves when confronted by a bully. Parents should encourage children to ask for help when needed. Role-playing can be useful in teaching children how to handle situations (Roth & Van Der Kar-Levinson, 2002).

It is also essential that the perspective or world view of the bully/perpetrator is examined and addressed in order to develop successful interventions. Only by gaining a deeper understanding of why bullies perpetrate their bullying behaviors may we ultimately discover more effective prevention, education, and intervention methods. Consequently, these efforts may decrease bullying and increase a safer environment that promotes behaviors that enhance learning for all students.

Profile of a Bully

Research that has focused on the bully suggests the presence of multiple mental health problems for bullies. Commonalities identified by bullies include alcohol and substance abuse, depression, aggressive behavior, and weak caregiver-child relationships (Ybarra & Mitchell, 2007). Earlier research found that youth who report aggressive bullying behaviors were likely to experience psychosocial challenges, including problem behavior, substance use, depressive symptomatology, and a low school commitment (Ybarra & Mitchell, 2004a). Additional commonalties of bullies include previous bullying victimization, social rejection, violence, low emotional warmth at home, and low socioeconomic status (SES). While the impact of bullying behaviors is well researched and documented from the victims' perspective, research that examines the bully's perspective is generally lacking. However, available research does indicate that bullies are at risk for increased academic, social, emotional, and behavioral problems (Glew, Fan, Katon, Rivara, & Kernic, 2005; Seals & Young, 2003). As a result, bullies are also at risk for peer rejection, delinquency, criminality, violence, and suicidal ideation (Marsh, Parada, Craven, & Finger, 2004). Recent research (Ma, Phelps, Lerner, & Lerner, 2009) contends that bullies experience academic problems and have school attendance problems.

Character traits identified in bullies include a lack of empathy and concern for others. In addition, bullies are more likely to participate in gang activity when compared with their non-bullied peers. Bullying behaviors are also highly predictive of a conduct disorder (Cook & Weldon, 2006; Kokkinos & Panayiotou, 2004; Roth & Van Der Kar-Levinson, 2002). When gender is considered, boys are more likely to bully or perpetrate bullying behaviors (Bauman, 2010), but boys and girls are both equal in experiencing victimization. According to Pellegrini (2004), transition from one school to another after the fifth grade increases bullying behaviors. Furthermore, it is posited that the more stress students endure increases the likelihood that they will engage in bullying behaviors (Konishi & Hymel, 2009). Middle school is the peak time for bullying behaviors to occur, therefore the majority of the research has focused on this age range (Finkelhor et al., 2005; Kowalski & Limber, 2007; Kowalski et al., 2008; Nansel et al., 2001). Consequently, given the onset of most bullying behaviors by middle school, it is essential to develop effective prevention and education efforts beginning at the elementary school level.

Choice Theory and Reality Therapy

In 1965 Glasser published his book *Reality Therapy*, which explained how the combination of a good counseling relationship and a focus on helping clients accept personal responsibility for their actions were useful in counseling. Glasser's work with delinquent girls

influenced the development of Reality Therapy and is a pragmatic and effective way of working with clients (Glasser, 1965; Richardson, 2001; Wubbolding, 2000, 2010).

In 1969 Glasser published *Schools Without Failure*, in which Glasser reiterated his emphasis on involving children in their own learning process and enhancing their self-esteem. To accomplish these ends, Reality Therapy has been used in counseling, while *Choice Theory* (Glasser, 1998) has sought to explain human behavior and motivation. According to Choice Theory, human behavior is driven by five basic needs: survival, love and belonging, power, freedom, and fun. All behavior is purposeful – to satisfy one or more of the basic needs. Bullying, therefore, can be a need-satisfying behavior for the bully. Bullies can meet their need for survival by intimidating others and keeping themselves safe. Bullying can create a sense of power, as bullies feel importance and grandiosity in imposing their own desires on others. Bullying provides a sense of freedom and fun, as bullies seem to be able to do what they want without regard for the feelings of others. Ironically, bullying can also result in love and belonging, as bullies may have their own group of friends who want to get their own needs met through association with the powerful bully.

Choice Theory helps counselors understand clients before they even meet in sessions. Knowing that clients' behaviors are initiated to get their needs met leads counselors to hypothesize about how the behavior is helping clients. Counselors can then help clients get their needs met by identifying more socially acceptable behaviors that will have the same, or similar, need satisfaction and will build more positive relationships with others. Adults fail youth when they attempt to change youths' identities without providing alternative ways to get needs met. For example, forcing a youth to forsake membership in a gang without considering how the youth will find belonging and power elsewhere is likely to result in resistance and further disconnection from authority (Richardson, 2001).

Counseling the Bully

In all counseling, the therapeutic relationship provides the foundation for effectiveness. According to Richardson (2001), when working with troubled youth it is also important that counselors are aware of how their own experiences shape their perception of events. "We all have emotional triggers and tough kids have an uncanny ability to locate and activate them" (p. 22). Richardson noted that we filter what we learn about our clients through our memories of our own early experiences. When we realize this, we are more likely to offer a helpful and rational response to clients.

Creating the relationship involves an awareness of clients' developmental stage, socioeconomic status, culture, and other environmental factors that influence clients' choices. The counselor must provide an appropriate balance between support and challenge, working toward solutions rather than focusing on problems. Although it is not the only way to apply Reality Therapy, using the WDEP (Wubbolding, 2000, 2010) framework of counseling can help counselors organize their thinking and structure counseling sessions for optimal results. Briefly, the WDEP process involves asking clients to identify what they want (W), rather than what they don't want (the problem). It is important to identify clients' wants, because this also helps identify what need the client is trying to meet. Once the want is identified, clients are asked what they are doing (D) to get what they want, and then to

evaluate (E) whether what they are doing is helping. Finally, clients are asked to create a plan (P) for how they can get their wants/needs met more effectively.

While the focus of Reality Therapy is on helping clients accept responsibility for their own behavior and allows clients to generate their own plans for change, there are also consequences to behavior that are imposed on by the systems in which clients live. Though we can understand the purpose of behavior, we don't have to condone or excuse it. Communicating the truth in situations effectively relies on the type of language that is used. For example, it is more effective to say, "If you do choose to run away, I will have to call the police," rather than "I forbid you to leave this house" (Richardson, 2001, p. 78). The latter only exacerbates the problem as it provides a challenge and may be unenforceable. However, even the former example will be perceived as coercive if the message is delivered with a tone of anger or frustration.

Case Study: Conner

Conner is a 13-year-old Caucasian boy who is in seventh grade. He attends a middle school that is located in an urban setting. Conner's mom and dad were married for ten years and have recently separated, and are in the process of going through a divorce. He is the youngest child and he has two brothers, Jack and Patrick. Beginning in third grade, he began to bully other boys in his class. The bullying behaviors included name-calling and physical aggression such as pushing, hitting, and kicking. By the end of sixth grade, school administrators, counselors, teachers, and parents perceived Conner as a bully. As a result, Conner was not allowed to participate or join extracurricular activities such as football, basketball, and science club. Similarly, his older brothers, Patrick and Jack, also have a reputation at the high school as bullies.

Conner is struggling academically; his grades dropped from a B average in all subjects to a low C in sixth grade. He has just transitioned to the middle school and is in seventh grade where he continues to struggle academically. However, Conner is still maintaining an A average in Science. Conner missed 15 days of school before the first report period in November. In addition to an increase in absences, Conner is tardy to first period three out of the five days of the week. The school counselor is meeting with his mom and dad this week to inform them of the current situation, and to develop a Support Plan (SP) for Conner.

The Session

Mom, dad, and Conner arrived on time for the session with the counselor. The counselor expressed her appreciation that the family agreed to meet with her and stated her desire that the meeting would not be about blaming but instead would be about helping Conner to be successful and happy in school. In doing this, the counselor defused some of the family's resistance, since all members present agreed that they wanted the best for Conner. The family appeared to relax a bit following her statement.

The counselor shared some of the positive feedback that teachers and staff had given regarding Conner. She asked Conner to talk about Science, the class in which he was

currently earning an A grade. Conner said he liked the class because the teacher was nice and that the students were able to do experiments rather than just sit and listen to lectures.

The counselor asked Conner to share some times that he was happy at school other than in science. Conner said he liked lunch and liked gym class, but that he was currently on suspension from gym class because he got into a fight with another boy. The counselor chose not to challenge Conner about the word "fight" vs. the word "bullied," since this would likely create dissension and defensiveness rather than collaboration.

This statement from Conner prompted his father to complain that the school rules were too rigid. Dad noted that Conner was a good football player, but was unable to play football due to his academic problems. Dad expressed his concern that Conner would be unable to attend college if he couldn't get a scholarship for athletics.

The counselor saw dad's comment as an opportunity to provide motivation and direction for the support plan. The counselor asked Conner if he was interested in joining the football team. Conner said that he was. This was a want (W) that could be utilized to help Conner get himself back on track at school. The counselor then asked Conner why he was not on the team (D). Conner replied that he was being punished because he had been fighting with other students (E). The counselor asked Conner what he could do to make up for his previous behavior so that he might possibly get back on the team (P).

Conner, with the help of the counselor, mom, and dad, created a plan for what he could do that would help him get back on the football team. The plan included strategies for attendance, class participation, and homework. In addition, Conner and the counselor discussed strategies he could use instead of fighting. Conner agreed to meet with the counselor weekly to work on improving his conflict management skills. The counselor also invited him to drop by her office any time that he felt he would like to talk.

Because there were systemic consequences in place for behavior problems, the counselor felt it was important that Conner and his parents were made aware of them before leaving. The counselor asked Conner what he knew about school rules and what would happen if he broke them. The counselor told Conner and his mom and dad that she would like to work collaboratively with them, but that ultimately it was up to Conner to choose success rather than punishment. Before Conner and his parents left her office, they signed a behavior contract that all felt would be workable.

In following sessions, the counselor worked with Conner to keep him accountable and to generate new goals as he completed goals already in place. The counselor taught Conner a simplified form of Choice Theory and the WDEP process, so that Conner had a tool to use when he felt himself sliding into his old behaviors. Understanding that bullying was need satisfying for Conner, the counselor helped him develop ways to get his needs met in ways that were not harmful to him and/or to others. The counselor met periodically with Conner and his parents, creating a team approach that encouraged Conner to follow through with the plans he generated.

Conclusion

Bullying appears to be at epidemic proportions and is damaging to bullies as well as to victims and those who witness episodes of bullying (Nansel et al, 2001). An estimated 160,000 students skip school because they are afraid of being bullied. When surveyed about their response to bullying, 70% of the teachers surveyed believed that educators "almost always" intervened when they observed bullying. However, only 35% of 9th graders surveyed believed that teachers were interested in stopping bullying behaviors, and 66% of victims felt school staff did not respond well when they observed bullying. Bystanders were even less helpful. Only 10 – 20% of bystanders provided any useful assistance (Teaching Tolerance, 2010a).

School counselors can work individually with students like Conner, but must also be aware of, and proactive in, addressing the systemic influences that support bullying behavior. Websites like Teaching Tolerance (2010b) offer classroom activities that counselors and teachers can facilitate. In addition to activities related to bullying, the site addresses social boundaries, diversity, and other relevant topics. Finally, counselors must be aware of the influence of families, communities, and social contexts when working with both perpetrators and victims of bullying. Richardson (2001) noted that treatment of challenging youth often involves a variety of service providers. Collaboration among providers is essential for successful outcomes.

The purpose of this article was to provide information on bullying and to provide a theoretical and practical example of how to work with a bully in counseling. It is by no means an exhaustive review of literature, nor is the case study an in-depth accounting of all the intricacies and complications that are inherent in working with a bully. Those who are interested or have experience with this topic are encouraged to read the reference materials provided and to contribute to the literature available on bullying.

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INSIGHTS GAINED ALONG THE WAY:
COUNSELING STUDENTS SHARE THEIR LEARNING

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Abstract

Counseling students are expected to apply the concepts and practices they learn to their own lives, as well as in their work with clients. In an independent study group focusing on Choice Theory and Reality Therapy, students applied Choice Theory to themselves and their clients and practiced Reality Therapy in role-play. Students also learned how to take control of their own choices, how to deal with their own excuses, and how to make plans for future direction. In this article, the students share the insights gained through this process.

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Governors State University (GSU) is located in the south suburbs of Chicago. The Masters in Counseling program at GSU prepares students to practice in the areas of community, marriage and family, and/or school counseling. As part of their preparation, students are expected to "Understand the nature and needs of individuals at all developmental levels through the application of theory, learning, personality development, and human behavior" (Governors State University, 2010, Mission & Objectives section, paragraph 4, objective 3).

All students are required to take a course in counseling theories and ethics. Patricia Robey, who is a senior faculty member of The William Glasser Institute (WGI), teaches the section on Choice Theory (CT) and Reality Therapy (RT). Due to increasing interest in CT and RT, Robey has created an independent study group in which students study and apply these ideas to their clients and to their own lives.

Although not all students in the independent study are on the WGI certification track, the independent study is designed to meet the requirements of a WGI basic or advanced practicum. Therefore, students who have already taken a basic or advanced intensive training will be prepared to move to the next level of training. The group meets for three four-hour sessions, during which members discuss Choice Theory, apply theory to cases, and role-play. They are required to read _Choice Theory_ (Glasser, 1998) and can choose other books based on their own personal interests. Students who are in the WGI certification track will do additional work that will meet the thirty-hour requirement for a WGI practicum.

A Set of Directions

Student feedback has indicated that a highlight of the independent study is the insight students gain into their own personal process. To help facilitate that process, Robey added the book _A Set of Directions for Putting and Keeping Yourself Together_ (Wubbolding & Brickell, 2001) to the reading list for the study. This book is a practical and easy-to-use tool that engages readers in an active process of taking responsibility for what they can control – themselves – and encouraging readers to self-evaluate the effectiveness of their behavior in working toward their goals. The intention of the book is "to be a reminder that if your life

is not what you want it to be, you can make it better" (Wubbolding & Brickell, 2001, p. 11). At the end of the fall 2010 semester, Robey asked group members to share some of the insights they experienced during their independent study. The students, Gwendolyn Grant, Alishia Davis Mercherson, and Pamela Price, spoke meaningfully about how they had grown throughout the course, especially as they worked through their own set of directions. To inspire others to learn by personalizing these ideas, Robey asked these students to write their experiences. Following are their stories:

Gwen's Story: Living by Choice

Becoming a counselor has been one of the best inconveniences of my life. Although I have enjoyed the journey, I have also faced many challenges along the way. What immediately comes to my mind is something my mother told me when I was a young girl - "anything worth having is worth working for." When she said this, I did not have a clue what was really meant by it, but I can say today that I fully understand.

Making choices in life is not easy. Even Jesus had a choice to make when He was about to be crucified. Instead of choosing to save Himself, He submitted to the almighty God. What is your choice today, to live and submit to keep yourself together or to stay in a state of disarray? Reading the book by Wubbolding and Brickell (2001), I learned a great deal about choice, more than I even thought I already knew. I have always believed it was just a matter of choosing to do the right thing and then doing it. Well, I have learned through the years that excuses play a big part in why failure has been so prevalent in the choices I've made. When I would attempt to do what I decided to do, somewhere along the way, I would make the excuse not to do it. So does that mean to make a choice and then make an excuse is all bad? According to Wubbolding and Brickell, "Excuses are not all bad. They serve a purpose. They protect us from feeling excessive failure… Be patient with yourself" (p. 29).

Putting yourself together ends only in the next life (Wubbolding & Brickell, 2001). This says to me that who we become in life is a process, one that we go through, never really succeeding but coming to a place where we can accept where we are at that moment and continue to face the process of moving forward.

I believe the greatest thing I have learned through my study and understanding of Choice Theory and Reality Therapy would have to be that I choose to accept the things/people I cannot change and do my best to change what I can. I know that I cannot change people, so I adjust myself to recognize that they are who they are and I never expect them to be any different. Finally, I will work hard to be content in whatever state I may find myself, and as I counsel people throughout my career, attempt to teach them to do the same.

Alishia's Story: Keeping It Together

Having to take the independent study course and being required to read the book *A Set of Directions for Putting and Keeping Yourself Together* (Wubbolding & Brickell, 2001) could not have happened at a better time for me. I had no idea what to expect from the book, but I must say that I was impressed. Just glancing at the title, I immediately began wondering what the book would be about. At first, by reading its title, I wondered how "a" set of

directions for putting and keeping yourself together could be generalized and fit to work for all people. Now that I have completed this book, I understand. I thought this book did an excellent job of providing tools and direction without having to be very "technical." This makes for a very easy read and an easy understanding for the average person.

Even as a firm believer and follower of the principles of Reality Therapy and Choice Theory, it is still easy for me to sometimes slip into a place of "unhappiness." Hence, the reason I stated that having to read this book at this time, could not have come at a better time. I have been struggling mainly with "keeping myself together" lately. Of the things this book mentioned that could help you take control of your life more effectively, what stood out most for me is to "work hard, even when you don't feel like it" (Wubbolding & Brickell, 2001, p. 12). This is a very important concept to me because this is exactly what I was struggling with. I was at a place where I was almost about to give up. The authors wrote, "you will be tempted to give up if you don't get quick results" (p. 67). Understanding that it is normal and healthy at times to revert back to old behaviors helped me to understand why it is important for me to keep going even when I don't feel I can or want to.

Another way to take control of your life more effectively that stood out for me is to "give yourself credit; even brag to yourself about yourself" (Wubbolding & Brickell, 2001, p. 13). I almost never do this, but I surely do the opposite. When you really sit back and think that self-criticism is something that helps, it is not. Change begins with the choices I make, and if I begin to choose different behaviors about my current situation, I have no choice but to receive different outcomes. This essentially helps me to feel better.

Chapter 3, which dealt with excuses, inspired a great deal of insight for me. Completing all the activities in this chapter helped me once again evaluate some of my own behaviors and the choices I was making that had me "stuck" in a particular place. I learned that reverting back to using excuses is normal as it takes time to completely abandon them. The tool I found most helpful and that I even shared with my husband and co-workers, is how to stop asking and allowing others to create excuses. With this I can help better myself and others at the same time, because using excuses will not get any of us to the place we want to be.

Although the chapter on excuses was quite insightful, chapter 9 on wants and goals was the chapter I took the most from. This chapter was about going back to the basics for me. I remembered the importance in doing a self-evaluation and coming up with the things I want, which helped me meet my needs. Articulating this provided the energy I needed to meet these needs/goals. I have always written myself notes or "to-do" lists on a consistent basis. Instead of putting things on the list that seem easy to do, I understand the importance of not worrying about how the goals will be accomplished. Simply starting off knowing what all of my goals are and letting things fall into place sets the stage for success. It was nice to see a list of some prominent people who failed several times before "making it," because it reiterated the fact that no one is perfect. Even when you do fail, it's important not to fall into negativism. Another important thought is to only share your goals with people who will encourage you. Don't share your goals with negative people who will criticize you or agree with you and then put you down instead of lifting you up when you revert to negativity.

It was so ironic that as I read through the book and was taking in such information, I remembered thinking that all of the things I was reading, coupled with my faith in God, will surely put me on the road to living a more effective life in which I am in control. The book concludes with a chapter on faith. Having faith in the idea that you can do it is enough to get you started.

Overall, even though I truly understand the concepts of putting and keeping yourself together, taking action and doing what is required will still take time. However, this will come sooner rather than later, if the effort is applied. I have been so stuck in an unhealthy way of trying to create change that it almost seems impossible to be able to follow these simple tasks. I thought that putting myself down and criticizing myself was my way of motivating myself to do better, but after reading this book, I clearly understand that doing these things did not help me in any way other than to keep me in a place that I did not desire to be in. I will change my focus and now will not feel guilty about past negativism. I have identified it and can now discard it. After reading this book, I am now deciding to let those feelings go in an effort to become more optimistic as I accept my reality.

Pam's Story: Making the Leap

I'm a mother of three boys (one thirty, one eighteen and one nine-year-old). My nine-year-old is my real challenge and I find a lot of what I've learned regarding Reality Therapy and Choice Theory has become vital in extending his days (upon this earth). For you see, I didn't practice Reality Therapy or Choice Theory with my other two sons and my gray hairs are a result of it. In addition, after years of the boys pleading for a dog, we finally added one to our family. I often joke that the Lord has a sense of humor because I always wanted a daughter but He sent me a dog instead. In many ways she is the daughter I often longed to have. Last but certainly not least, is my companion, the man that I chose, who is rich in spirit, to accompany me on life's journey.

That's my family; they keep me busy and they satisfy the love that keeps me balanced. However, I have found time to fill another desire, and that is my desire for education. After completing my undergraduate degree in Accounting and Marketing, I secured a job in corporate America, where I worked for a major electric company. Over the next ten years, my life consisted of trying to please unsatisfied customers, over whom I had no control. All I could offer the customer was more excuses. This left me feeling hopeless and defeated.

After years of doing nothing, I finally decided that I needed to do something for myself. Initially, my plan was gray because I wasn't sure what I needed to do. I had spent the last ten years of my life trying to meet the needs of customers. I knew I enjoyed the soft sciences, but wasn't sure how I could apply it in a job. A thought came to mind. "Whatever I chose certainly had to be better than what I was currently doing." No doubt, that was the courage I needed to begin small steps to change.

Also during this time, my past needs conflicted with my current needs, which provided more ammunition for me to get the ball rolling in the direction of my dreams. Initially, my direction was focused on financial security. Now it became more important for me to be a mom, spend quality time with family, and have peace of mind. Again I weighed what I needed and I came up with more excuses and negative talk. I began to wonder what my

life could look like, what would I be doing and above all, how would I feel if I was living my life in the way I desired? My brain wouldn't let it go. So just to satisfy my new thoughts, I began to identify with the new plan and this brought hope. Now I had hope that sustained me through the tough days on the job that I dreaded going to. But I was quick to remind myself that even though I had hope, I couldn't become complacent and sit again. Therefore, it required me to work hard at keeping my plan in front of me.

Years passed and one day a window of opportunity prevailed and I stepped out of corporate American, taking a leap of faith. I never looked back. I felt like I had just jumped out of a parachute and was lost. However, I remained hopeful and persevered. I felt this was the best choice I could have made, regardless of my negative thoughts. I knew I wasn't returning to the past. I remembered the hope I felt when I was miserable on the job and decided it was time to take it off the shelf.

In the upcoming months, I pondered what I would do with my life. I was still a bit nervous but I kept saying "Anything has got to better than where I've been." That encouraging statement helped me to continue moving forward. I decided to pursue my educational goal and I enrolled in Governor State University's counseling program. This wasn't a difficult choice. In my daily arena of family and friends, I enjoyed assisting individuals to recognize change and make better choices.

Later I discovered I was practicing something that was similar to Reality Therapy. This seemed to come naturally to me because it is a huge part of who I am and how I interact in my environment. I sought to learn more. Governors State offered an independent study in Reality Therapy. Dr. Robey facilitated the course. Oh, how pleased I was to be taught by a Glasser certified instructor. Over the next couple of weeks, we role-played, we shared clients' stories, and we role-played those scenarios. The absolute best part of the class was the interaction with other future clinicians, because each of us practiced our Reality Therapy and Choice Theory skills.

The following semester, I enrolled again. This time, Dr. Robey invited me to present some chapters from the book, *A Set of Directions for Putting and Keeping Yourself Together* (Wubbolding & Brickell, 2001). The presentation focused on overcoming excuses. How ironic that I picked that chapter! I found that I identified with my earlier behaviors and that I understood what was motivating me to change.   When I gave the presentation, it was enriching for the class. Immediately they could understand how excuses empower. However, "the best excuses are those which put the control outside of ourselves or lessen our own inner ability to choose" (p. 20).

The book resonated within me. I recognized how I addressed my environment and how I filtered my goals through corporate America.   After ten years, I finally began to invest in what was important to me. Doing so helped me reach my educational goal and brought me closer to my family. In addition, it forced me to plan ahead, at least three months to a year. It wasn't easy but there was nothing in the past that I wanted to take with me in the future. I had no doubt that moving forward was the best choice.

In closing, I can honestly attest that utilizing the skills from Reality Therapy and Choice Theory consistently has brought balance to my life. Now I understand how my choices are

derived from how I think and act. Also, when true to myself, I make fewer mistakes. My personal motto is "In love or not it has to stop." One final note - when one plan isn't working, it's never too late to get another set of directions. I appreciate the opportunity to share this reflection. I hope someone will be inspired to get another set of directions, especially if the current set is not working.

Conclusion

This article presented three students' accounts of the personal insight they gained through reading and engaging in an independent study in Choice Theory and Reality Therapy. The personalization of concepts is an effective way for counseling students to integrate what they have learned before applying ideas to their work with clients. Insight gained through contextual learning is appropriate for counselor education (Granello, 2000). It can enhance counseling skills and can create a greater sense of understanding and empathy for clients. Experiential coursework has been found useful in teaching counseling skills and is also essential in creating a sense of trust and shared experience in the classroom (Ziff & Beamish, 2004). However, educators must be aware of the potential for breaches of confidentiality and dual relationships that might occur when students are encouraged to share their personal experiences with educators and peers. Before engaging students in experiential and personal applications of coursework, educators should create an environment of safety by engaging class members in a review of ethical guidelines, asking students to agree to maintain confidentiality, encouraging students to be discerning in disclosing personal information, and providing resources for counseling services if students feel distress as a result of personalization.

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ASSESSING THE EFFICACY OF A CHOICE THEORY-BASED ALCOHOL HARM REDUCTION INTERVENTION ON COLLEGE STUDENTS

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Abstract

The United States' National Institute on Alcohol Abuse and Alcoholism (NIAAA) has formally recommended a four-tier model of empirically validated strategies aimed at reducing hazardous alcohol consumption patterns on college campuses (NIAAA, 2002). Tier One recommendations propose intervening with high-risk or problem drinkers utilizing interventions demonstrating efficacy with college students, including cognitive-behavioral skills training and motivational enhancement interventions. As alarming rates of alcohol use and related negative consequences on American college campuses persist, innovative approaches to addressing this issue are vital.

The current study explores a novel intervention based on Choice Theory (CT), an explanation of human motivation proposed by William Glasser, M.D., against a pre-existing Motivational Interviewing (MI) intervention, already well-established as an effective collegiate harm reduction intervention. Over the course of the 2009-2010 academic year, college students from Loyola Marymount University (Los Angeles, CA) who had been sanctioned for campus alcohol policy violations were randomly assigned to attend either a CT (N = 93) or MI (N = 98) group alcohol intervention. Findings demonstrate that the CT intervention was similarly effective in significantly reducing alcohol consumption (68% reduction in average weekly drinking) and negative alcohol-related negative consequences (8% decrease in the experience of past month consequences) as the established and verified MI intervention, thus providing promising support for the potential of a novel CT-based intervention approach to reducing problematic drinking on college campuses.

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Over the past seven years, Loyola Marymount University (LMU) of Los Angeles, California, has validated a Tier One intervention employing Motivational Interviewing (MI) techniques to reduce drinking among at-risk students (LaBrie et al., 2008; LaBrie, Lamb, Pedersen, & Quinlan, 2006; LaBrie, Pedersen, Lamb, & Quinlan, 2007).

As alarming rates of alcohol use and related negative consequences persist, however, particularly within emergent-adult populations, innovative approaches to addressing the issue are essential.

One such novel intervention is Choice Theory (CT), the latest thinking by psychiatrist William Glasser (1998). Glasser is perhaps best known as the architect of Reality Therapy (RT), an action–oriented therapy residing in the cognitive behavioral therapy (CBT) suite of methodologies. CT is, according to Glasser, the logical maturation of RT itself, clarifying its underlying theoretical explanation for most human behavior and the central tenet that all fundamental sources of human motivation are internal. Glasser regards RT as distinct from

CT, in that RT represents the methods and techniques that collaboratively frame the process of self-evaluation and choice-effectiveness – a process instrumentation often operationalized (and dramatically simplified) within the acronym WDEP [1] – whereas CT is the language of "how and why" behavior is produced.

CT is similar to MI in its usefulness in modifying behavior through shifts in internal motivation. Comparisons have been drawn between MI and CT approaches (Schoo, 2008). Both utilize cognitive mechanisms to help individuals develop awareness of discrepancies within personal values, beliefs, and behavior to promote positive, internal motivation for change. Central to both approaches is an empathic, reflective, and non-judgmental style of facilitation focused on the client's perspective.

The two methodologies diverge significantly, however, in that CT interventions are accompanied by a simple "sticky" vocabulary that identifies and defines five basic human needs (Basic Needs), four specific components of behavior (Total Behavior), and the way in which individuals psychologically conjure and construct their values, wants, and worldview (Quality World). This linguistic emphasis subtly provokes an internally-derived evaluation directed at the kernel of emergent-adult ambivalence regarding behavior change: "What's in it for me?"

It is CT's emphasis on clarifying specific cognitions and the componetry of behavior that organically facilitates this interior impulse towards choice-assessment and evaluation of current behavioral choices – and the contemplation of alternative behaviors. Evoking internally-generated recognition of alternative behavioral choices that may be more effective in meeting ones' needs (often manifested as "wants"), and linking them to the enhancement of overall life goals appears particularly effective with emergent-adult individuals and their cohort. In this way, CT resonates with an informational tenor that does not confront the developmentally-appropriate insistences on personal agency, self-interest, and autonomy typical of emergent-adults.

Most American college students experience a unique developmental period of unprecedented independence, and Tier One interventions seek to enhance personal responsibility by empowering students to establish more positive behavioral drinking patterns and reduce the risk for trajectories of alcohol dependence or alcoholism. Given this relevance to college student populations, as well as CT's demonstrated efficacy in individual clinical sessions and within a growing body of qualitative reflection reports from classroom-style CT educational interventions, the investment was made to explore the application of CT ideas in brief interventions aimed at better meeting students' needs and reducing negative drinking behavior and consequences. This pilot program compared a novel CT-based intervention against a pre-existing MI intervention, already well-established as an effective harm reduction intervention within this population.

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[1] The acronym, WDEP, is a pedagogical tool useful for teaching the concepts to students and clients. Each letter represents not merely an isolated procedure, but a broad cluster of possible dimensions, skills, and techniques for facilitating more-effective client control of their own lives, thereby fulfilling their needs in ways that are satisfying to them and congruent with the norms of their respective societies (Wubbolding, p.98). These four letters are framed as questions: What do you **W**ant? What are you currently **D**oing to get it? Is what you are doing helping or hurting you get what you want (**E**valuation)? What is your **P**lan?

This research is ongoing, with interventions and data collection anticipated to be completed by August, 2012. This paper presents preliminary findings from the course of the 2009-2010 academic year, when students - mostly freshman and sophomores, all sanctioned for campus alcohol policy violations - were randomly assigned to attend either a CT (N = 93) or MI (N = 98) group alcohol intervention, in which pre- and post-intervention self-reported alcohol consumption and consequences were assessed.

Choice Theory Intervention Overview

Conceptualization and Significance:

Fidelity to Choice Theory is a priority at each step of intervention design. Leaders and Senior Faculty from the William Glasser Institute in Chatsworth, California, are consulted throughout intervention conceptualization, design, and implementation. Each CT session is led by two facilitators with familiarity of, and training in, CT principles and techniques. The primary CT facilitator is certified in CT/RT, while the co-facilitator is trained to the level of a "Basic Intensive Training" competency, representing 21 contact-hours with fundamental CT precepts and the first step on the pathway to formal certification. Consistent with the principles of CT, interventions employ an overarching theme of emphasizing and clarifying intentionality in everyday decision-making. Further, the CT intervention is designed to address specific definitions of *Basic Needs* [2] - including the conceptualization of "power" unique to CT [3]; how these needs can be met or unmet through satisfaction or frustration of personally unique mental images contained in *The Quality World* [4]; how choice-recognition and attention to satisfaction of needs can lead to improved personal outcomes; and, how these choices and recognitions are projected into the real world via *Total Behavior*. [5] These three concepts were selected for application as they are central to CT and resonant to college student populations.

Intervention Components:

Interventions begin with an assurance of confidentiality and a short ice-breaking activity – a "Quality World Thumb Ball," a small ball with brief personal-interest questions printed on its panels that is passed to each participant, who first introduce themselves to the group and then answers the question found on the panel beneath their thumb - designed to ease apprehension and build rapport. Students are informed that they are under no obligation to attend, and hold the choice to leave at any point and may also select another avenue for satisfying university policy (e.g., paying a fine, meeting with judicial affairs). This introduces

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[2] These five Basic Needs, characterized in CT as universal to all human beings, are expressed within this intervention as Safety (Survival), Love and Belonging, Power, Freedom, and Fun.

[3] Glasser emphasizes the distinction between Power "over;" a mere leverage of domination and external locus of control, from Power "to;" representing a creative and non-coercive constellation of internally-motivated behaviors and perceptions serving to affect and create meaningful environments and conditions for the satisfaction of needs.

[4] The Quality World may be best thought of as a mental "picture album" that holds images of all that we value and/or possess, or wish to eventually value and/or possess. These images fall within three broad categories: People, Experiences and Things, and core Systems of Belief.

[5] There are four components to "Total" Behavior, each operating simultaneously and interactively: Acting, Thinking, Feelings, and Physiology. For the purposes of this intervention, students are asked to conjure the four wheels of an automobile. The front wheels, for which they have direct and immediate control, are Acting (Doing) and Thinking. The rear wheels, for which similar to an automobile there is only indirect control, are Feelings and Physiology.

the concept of perpetual choice. It is also explicitly stated that the session is not intended as punishment and that no one will be exercising power over them.

Subsequently, students are interactively introduced to a set of five vocabulary terms describing the Basic Needs: Power, Freedom, Fun, Belonging, and Safety (Survival). This leads to discussion and a brief written exercise in which each participant is asked to assess the overall personal value attached to each need (ranging from "not important at all" to "very important"), as well as the extent to which they feel each need was "currently being met" (ranging from "not being met at all/completely unsatisfied" to "completely met/completely satisfied").

After a brief discussion of the written exercise, where intergroup sharing of individual findings is encouraged and contrasted, facilitators introduce the Quality World concept. The Quality World is a perceptual domain, intimate and unique to each individual, comprised of mental images of valued relationships (people), experiences, and systems of belief, all of which are purposely (though often unconsciously) placed within the Quality World as representations of individuals' needs, goals, and collective worldview. Alcohol is then introduced as a potential stakeholder in the Quality World, and discussed in relation to its role in effectively satisfying students' basic needs, all the while encouraging, acknowledging, and validating the participants' reasons for including alcohol in their Quality Worlds.

Participants then complete a second brief written exercise similar to the first, except in that it evaluates the Basic Needs' importance and fulfillment as it relates to a "typical drinking occasion." After discussing the relationship between needs fulfillment and drinking, each participant completes a decisional balance exercise in which he/she lists five desirable aspects and five undesirable aspects of drinking alcohol. Facilitators then engage participants in a dialogue about the positive and negative aspects of drinking, and validate reasons to drink as well as reasons to change drinking behaviors.

Next, students select gender and weight-specific blood alcohol concentration (BAC) cards, and the facilitators present an overview of the biphasic physiological effects of alcohol, as well as a brief explanation of BAC and perception of subjective intoxication at varying BAC levels. Here, participants are encouraged to brainstorm strategies that can be employed to minimize the risk for negative alcohol-related consequences associated with drinking, and the facilitators present and discuss a list of concrete protective behavioral strategies used to reduce risky drinking, such as alternating alcoholic drinks with water or using a designated driver.

It is at this point that the four components of Total Behavior are introduced, using language and metaphor readily understood and relevant to this demographic: the four wheels of an automobile. Participants are asked to conjure the front wheels (Thinking and Acting) and back wheels (Feeling and Physiology) as simultaneously conspiring to produce behavior. Throughout this component of the session, the importance of choosing an active internal locus of control to intentionally meet individual needs is emphasized (Who or what is driving your car? Which wheels do you have direct and immediate control of? Is it okay to allow something or someone else to "drive" your car?). Finally, participants complete behavioral

goal sheets in which they set personal drinking behavioral goals as well as drinking intentions for the following month.

Motivational Interviewing Enhancement Intervention Overview

The brief motivational enhancement interventions follow the non-confrontational and empathic spirit of MI (Miller & Rollnick, 2002). The facilitator-led interventions begin with a group Timeline Followback exercise in which participants report the number of drinks consumed each day in the 3-month period prior to the intervention. Previous research is presented regarding the influence of expectancies of alcohol use on the actual drinking behaviors and outcomes. Students are then provided normative data about drinking behaviors of typical students at their university to correct misperceptions of drinking norms, which participants tend to overestimate. Similar to the CT intervention, an interactive group discussion follows in which BAC cards are distributed and physiological gender effects of alcohol consumption and the biphasic effects of alcohol is discussed. Participants then complete a decisional balance exercise in which they weigh reasons for and against changing their existing drinking patterns. Mirroring the CT sessions, the MI encounters are concluded with participants setting behavioral goals with regard to their alcohol consumption over the next month.

Method

Participants and Procedure:

Students cited by campus Public Safety officers or Student Affairs staff for violating the university's alcohol use policy are responsible for choosing to attend a group meeting or paying a fine. Students are informed that the group experience will include information about and discussion of alcohol use, although whether the group will follow motivational enhancement or CT principles is not disclosed. Upon completing confidential online pre-intervention surveys that assess self-reported drinking and associated consequences, each participant selects a meeting date and time in which to attend an upcoming two-hour group (8-10 students) meeting (randomized as a CT or MI). All groups are led by a trained facilitator and co-facilitator. During the 2009-2010 academic year, 93 individuals participated in the CT intervention (59% female), and 98 individuals participated in the MI intervention (55% female). Regardless of treatment condition, participants complete 12 weekly, online follow-up surveys that capture drinking and related consequences post-intervention. All procedures, surveys, and materials used are approved by the university's Institutional Review Board.

Measures:

Alcohol Consumption is assessed at baseline and in all 12 weekly follow-up surveys using the Daily Drinking Questionnaire (DDQ; Collins, Park, & Marlatt, 1985; Kivlahan, et al., 1990). Participants report the typical number of drinks they consumed each day of the prior week, and responses are summed to provide the total number of drinks consumed per week.

Negative consequences encountered during the past month (e.g., neglected your responsibilities, tried to cut down on drinking, had a hangover or felt sick) are measured using the validated 23-item Rutgers Alcohol Problem Index (RAPI; White & Labouvie, 1989), and assessed at baseline, 4-week, 8-week, and 12-week follow-up points. A composite RAPI score is created by summing scores of each of the 23 items ranging from 1 (*never*) to 6 (*10 or more*).

Results

Overall, regardless of intervention condition, participants reported significantly lower levels of alcohol consumption ($p < .001$, Figure 1) and alcohol-related consequences ($p < .05$, Figure 2) from pre-intervention through post-intervention follow-up. No interaction effects emerged, thus indicating that the *interventions were similarly effective*. CT participants reported a 68% reduction in average weekly drinking from pre-intervention (13.46) to post-intervention (4.32) and 8% decrease in the experience of past month alcohol consequences. Similarly, MI participants reported a 58% reduction in weekly drinking from pre-intervention (10.47) to post-intervention (4.43) and 10% reduction in alcohol-related negative consequences.

Figure 1. Intervention Effect on Drinks Consumed in Prior Week

Figure 2. Intervention Effect on Alcohol-Related Consequences
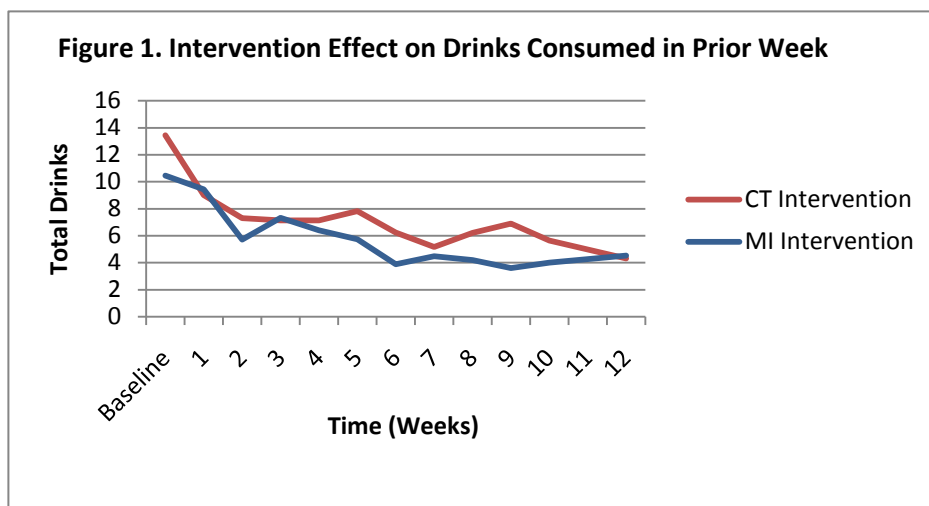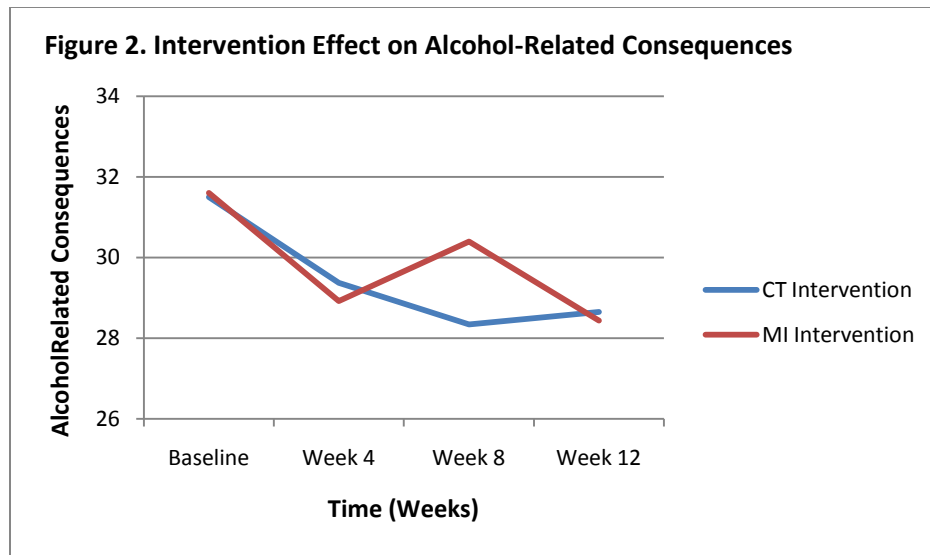
As part of the CT intervention, participants are asked to set a behavioral goal regarding drinking behavior. At the 12-week follow-up, 70.5% reported achieving their goal to some extent while 23.5% reported completely achieving their goal.

Preliminary findings present promising support for the efficacy of a novel CT-based intervention approach to reducing problematic drinking on college campuses. The CT intervention elicited reductions in students' risky drinking behaviors as effectively as an established and verified MI intervention. The CT intervention offers the potential as a novel Tier One strategy for addressing collegiate drinking.

Loyola Marymount University is currently evaluating the effectiveness of a CT intervention compared to not only a MI intervention, but to a no treatment control as well. Moreover, the research team at LMU is exploring the design of instrumentation that better accounts for the specific language and principles of CT. This ongoing research seeks to provide further support for the efficacy of college-based CT interventions. Clearly, continued development and evaluation - and a collaborative research effort, both domestically and internationally - is warranted, and will best propel this vital area of research.

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Using Choice Theory Principles and the Choice Theory Career Rating Scale to Enhance Academic Achievement for Minority Youth

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Abstract

The primary purpose of this manuscript is to explore the potential impact school counselors who have completed choice theory/reality therapy certification programs (CTRTC) can have on minority academic achievement when the Choice Theory Career Rating Scale is employed. The achievement gap between European-American and racial minority students will be discussed, the ASCA National Model will be summarized, and the principles of choice theory will be introduced. Finally, specific examples will be used to illustrate how choice theory practitioners can work within the ASCA National Model to improve academic achievement for all students.

Using Choice Theory Principles and the Choice Theory Career Rating Scale to Enhance Academic Achievement for Minority Youth

As we enter the new millennium, it is clear that our society and our schools continue to evolve and change at a rapid pace (Wittmer & Clark, 2007). Public school enrollment is up and is expected to continue to grow. Our students are increasingly diverse throughout the country and this reflects a myriad of needs in the interrelated areas of educational achievement, personal/social adjustment, and career development. The demographics of our population are shifting with an increase in racial and ethnic diversity. For instance, from 1972 to 2004, the percentage of European-American students dropped from 78% to 57% and the percentage of Hispanic-American students increased from 6% to 19% (National Center for Education Statistics, 2006).

Recent statistics also indicate that the poverty level in the United States continues to rise with 18% of children under the age of 18 living below the federal poverty level (National Center for Children in Poverty, 2006). The poverty level in the United States is a major concern for society in general and schools in particular because poverty is associated with negative outcomes for children. It can impede their cognitive development which determines their ability to learn; and, it can also contribute to behavioral, social, and emotional problems (Wittmer & Clark, 2007).

The achievement gap between European American and poor and racial minority students, specifically African American and Hispanic American students, remains frustratingly wide, despite unprecedented efforts to improve racial minority achievement in the past decade. This divide between racial minority and European American students, especially the disparity in reading scores, appears to be one of the most pressing challenges in public education (Achievement Gap, 2009). These concerns are revealed in recent legislation, such as the No Child Left Behind Act (2001), the re-authorization of the Elementary and Secondary Education Act, and the Individuals with Disabilities Improvement Act of 2004. These laws provide the legal foundation for schools to improve educational outcomes for all students (Yell, Katsiyannas, & Shiner, 2006).

To accomplish the desired goal of enhanced academic achievement for all students, the school counseling profession has gone through a major transformation in the past decade. These changes are reflected in the American School Counselor Association (ASCA) National Standards (Campbell & Dahir, 1997), the ASCA National Model (2003), and the Education Trust's Transforming School Counseling movement (Education Trust, 1997). Each of these contributions emphasizes the essential principle of working to help all students be successful in schools (Wittmer & Clark, 2007).

In the world of 21st century schools, where increased academic performance for all students is the mandated goal, school counselors must act as agents of school and community change by creating a climate where access and support for quality and rigor is the norm (Lapan, 2005; Stone & Dahir, 2007). The development and implementation of the ASCA National Model: A Framework for School Counseling Programs (2003) is extremely important. This new model supports higher standards for student achievement and is both comprehensive and developmental in nature.

ASCA National Model

The ASCA National Model: A Framework for School Counseling Programs was published in 2003 (Wittmer & Clark, 2007). This model provides a foundation, a delivery system, a management system, and an accountability system (Wittmer & Clark). The ASCA National Model's framework includes the three domains of academic achievement, career decision-making, and personal-social development.

The delivery system of the ASCA National Model (2003) is comprised of four program components (Guidance Curriculum, Individual Student Planning, Responsive Services, and System Support), and each has been designed to make specific contributions to enhance academic achievement, career decision-making, and personal/social development for students (Gysbers & Henderson, 2006). For instance, the Guidance Curriculum complements the academic curriculum. Its purpose is to provide preventive, proactive lessons to promote positive mental health and enhanced academic achievement. These activities usually take place in the classroom.

The Individual Student Planning component of the ASCA National Model (2003) consists of activities that help students plan, monitor, and manage their own learning and personal career development. Within this element, students explore and evaluate their education, career options, and personal goals. The Responsive Services component provides individual counseling, small group counseling, consultations, and referrals to meet the immediate needs and concerns of students. These services help students to resolve personal concerns that could possibly impede their academic concentration and achievement if left unattended. The System Support component provides management activities that support the total school counseling program. These activities include research and development, professional development, program management, committee/advisory boards, community outreach and fair-share responsibilities (Gysbers & Henderson, 2006).

Choice Theory Principles

According to choice theory, all humans are motivated by five genetically encoded needs including love and belonging, power and achievement, freedom or independence, fun, and survival. These needs are intrinsic to all individuals and provide a driving force for behavior throughout life (Glasser, 1998). Choice theory emphasizes that beginning shortly after birth and continuing all through life, individuals store information inside their minds and build a file of wants called the quality world. The quality world consists of people, activities, events, beliefs, possessions, and situations that fill personal needs (Wubbolding, 2000, 2011). For therapy to be successful, a therapist must be the kind of person the client would consider putting in his/her quality world (Glasser, 2001).

Choice theory practitioners stress the importance of the therapeutic relationship, which is thought to be the foundation for effective counseling outcomes (Wubbolding, 2011; Wubbolding & Brickell, 1999). The atmosphere is one of firmness and friendliness (Wubbolding, 2000). Choice theory counselors are usually able to develop effective therapeutic relationships with students because they possess the personal qualities of warmth, sincerity, congruence, understanding, acceptance, concern, openness, and respect for each and every individual (Corey, 2009).

Choice theory practitioners may enhance their effectiveness with students by employing the *Choice Theory Career Rating Scale for Children and Adolescents*, Figure 1 (Mason & Duba, 2009; based on Glasser's *Choice Theory Needs Rating Scale,* 1999). Need Strength and Need Satisfaction are measured on a rating scale of 0 to 10; with 10 representing a high need strength on any given basic need; and 10 representing that the particular basic need is being completely satisfied. The basic needs of love and belonging, self-worth or power, freedom, fun and enjoyment, and survival and health are clearly defined on the scale. To be creative, counselors may also use the *Choice Theory Career Rating Scale for Children and Adolescents* as a back-drop for discussing personal and social matters. The following paragraphs will provide examples of how choice theory practitioners may use the *Choice Theory Career Rating Scale for Children and Adolescents* to positively impact academic achievement, personal/social adjustment, and career development when applied to the program components of the ASCA National Model.

School Counseling Curriculum

The School Counseling Curriculum program component involves the systematic delivery of structured guidance lessons designed to provide all students with the knowledge and skills appropriate for their developmental level (Wittmer & Thompson, 2006). General topics for all grade levels are as follows: understanding one's self and others, understanding peer pressure, study skills, time management, accepting limitations, capitalizing on strengths, recognizing differences, using conflict resolution techniques, learning communication skills, and exploring careers. In addition to creating these units, counselors also teach lessons on a variety of subjects relevant to P-12 students (Cuthbert, 1987).

Choice theory practitioners emphasize choice and responsibility (Glasser, 1998). Students are challenged to examine and evaluate their own behavior. Counselors may teach students to use the *Choice Theory Career Rating Scale for Children and Adolescents*. They

are encouraged to consider how effective their choices are with regard to their personal goals for academic achievement, personal/social adjustment, and career development. After class discussions, students are taught to make better choices, that is--choices that will help them to close the gap between their need satisfaction and their need strength (or how satisfied they are with meeting these needs) in appropriate areas on the *Choice Theory Career Rating Scale for Children and Adolescents* (Mason & Duba, 2009).

Individual Student Planning

The purpose of this component is to assure that P-12 school students will graduate from their respective secondary schools with more realistic plans for the future. School counselors are thereby responsible for helping students focus on personal goal-setting, academic-planning, career-planning, problem-solving, and an understanding of self (ASCA, 2006). Often, these objectives can be met through group exercises and team building, lectures, and even through guest speakers from the community. However, it is imperative that each student has personal, one-on-one time with the counselor. It is from the basis of this personal and meaningful relationship that effective outcomes are likely to follow and become sustained. This is especially meaningful for minority youth who may not be receiving quality one-on-one attention at home. In addition, such youth have the opportunity to establish a relationship with someone who can be completely vested and focused on their academic and career achievement.

Choice theory practitioners use attending behaviors, listening skills, suspension of client judgment, facilitative self-disclosure, summarizing, and focusing to create the type climate that leads to client participation (Wubbolding, 2000). The artful integration of these skills is paramount to a trusting and encouraging relationship between the school counselor and the racial minority youth (or any youth for that matter). Many racial minority youth have faced situations where trust is minimal (e.g., gang situations, authoritative parental styles) and so prior to any work being done, it is imperative that a trusting climate be established. School counselors are encouraged to invite the youth's guardians to the session. In the case of racial minority youth, where parental figures may not be readily available, students should be encouraged to invite someone with whom they have a positive relationship, whether this is an aunt, uncle, or grandparent.

Within a choice theory framework the cycle of counseling proceeds with the employment of the WDEP system. Students are encouraged to explore their wants, needs, and perceptions in the areas of academic achievement, personal/social adjustment, and career development ("W"). This is followed by an exploration of their total behavior in each of these areas and their personal evaluations of how effective they are in moving toward what they actually want ("D"). Students are asked to self-evaluate. They are asked if their present behavior has a reasonable chance of getting them what they want now, and if they believe it is taking them in the direction they want to go ("E"; Wubbolding, 2000). Students will be more apt to change and consider a plan of action if they are convinced that their present behavior is not getting them what they want ("P"). Further, when students believe they have options, they will be even more motivated to choose other behaviors that will get them closer to what they want (Glasser, 1992). If students experience the struggles and setbacks that being a member of a racial minority imply, the school counselor may need to spend more

time exploring avenues of options and choices. Some students may presume that they have no choices based on what they have been told, or upon what they have experienced in their own families. We recommend that counselors consider creative ways of helping students explore their options.

When students determine what they want to change, choice theory practitioners are able to help them formulate structured plans for change. Wubbolding (2000) uses the acronym SAMIC to capture the essence of an effective plan: simple, attainable, measureable, immediate, consistent, committed to, and controlled by the planner. These are essential qualities of making a plan doable, especially in cases where many racial minority youth are bombarded with various conditions at home that appear to be uncontrollable (i.e., financial insecurity, parenting deficits, lack of health care, etc.).

Responsive Services

School counselors are responsible for responding to the immediate needs and concerns of their students. Such responses may include providing information, peer mediation, referrals, counseling, or consultation. Further, the ASCA National Model provides specific criteria or objectives of Responsive Services. For example, how can the provision of information and consultation be done in a choice theory context? We suggest working from a lead management perspective. Glasser (1998) suggests that lead management strategies focus on creating a cooperative system; the relationship between "instructor" and "student" is a mutually caring one. (For additional information on lead management, we suggest reading chapters 10 and 11 of *Choice Theory* by W. Glasser, 1998). Consider racial minority youth who have been bossed around, neglected, mistrusted, and disrespected by teachers and other persons in authority. Why would they have reason to trust anyone else? Thus, school counselors must lead and counsel with the attitude that caring "costs nothing," but it often results in a "huge return" (Glasser, 1998).

A component of meeting the objectives of responsive services includes providing every P-12 student with prevention education to address life choices in academic, career, and personal/social development (ASCA, 2003). From a choice theory lens, the value of education is its applicability. That is, Glasser writes, "Education is not acquiring knowledge; it is best defined as using knowledge" (1998, p. 238). School counselors are thus responsible for providing opportunities for youth to practice speaking, listening, reading, and acting in ways that positively affect their academic, career, and personal/social development. Examples of how school counselors can provide responsive services within a choice theory context are listed below (Mason & Duba, 2009). In addition, these opportunities are meant to set the context for enjoyable experiences for all involved, teachers and students alike.

Academic development. The opportunities suggested are based upon the assumption that if one of the five basic needs is not being satisfied, misery will follow (Glasser, 1998). In a school system, misery is typically related to academic difficulties, a lack of interest and motivation, and failure. Consequently, school counselors are urged to consider the uniqueness of each student, while providing opportunities that serve to meet all five of the basic needs.

a. Survival and Health (physiological needs). Mental and emotional stressors are directly linked to organic responses within the body.

    i. Teach students stress and relaxation coping mechanisms as a part of the health education curriculum.

    ii. Lead students through brief relaxation techniques prior to all examinations.

    iii. Teach appropriate thought-reframing and cognitive-restructuring, and its relation to pulse rate and the body's stress response.

b. Love and Belonging

    i. Hold multiple small and large group parties, celebrations, and groups in order to solidify relationships; goal of groups can be learning the 14 habits (See Rapport, 2007); include celebrations of minority events where *all* students are invited to participate and contribute.

    ii. Use basic counseling skills so that they are better able to relate to students on an intimate and friendly level.

    iii. Teach students basic counseling skills so they are better able to relate to others.

    iv. Develop partnerships among students (accountability, studying), particularly between students of different socioeconomic statuses.

c. Self-Worth/Power

    i. Set up activities so that all students can achieve; encourage the use of open-book tests.

    ii. Provide flexible learning activities so that all students can be empowered.

    iii. Encourage leadership positions among *all* students (see Fox & Delgado, 2008, Secret Agents' Club). Students who appear introverted and withdrawn should be sought to serve in such positions. Examples of minority persons in leadership positions should be identified and discussed (e.g., President Obama).

d. Freedom

    i. Teach the students the WDEP system; help them use it in order to maximize the realization of their potential, whatever it might be.

    ii. Curriculum, Reading: Students can select from a list of books as required reading; books highlighting the success of minority individuals should be provided and highlighted.

       iii. Curriculum, Math: Set up role-play scenarios that would encourage students to *use* math abilities (e.g., paying at a restaurant, figuring the tip for any given service, developing a budget based on career choice).

    e. Fun: All of the exercises above could include elements of fun depending on the attitudes of those participating.

Career development. All students should be tutored and encouraged to complete the *Choice Theory Career Rating Scale*, Figure 1 (based on Glasser's *Choice Theory Needs Rating Scale, 1999*). Group discussions and individual sessions should be available for students to talk about how their career choices meet their basic needs. Another option is holding an annual career fair. Employees from the community can serve as representatives of any given career. We suggest including racial minority members from the community to represent and talk about their career choices.

After such a fair, students can be encouraged to choose one particular career. The following outline serves as a method of encouraging awareness about how one's career choice will impact flexibility in choices and options on a day-to-day schedule.

1. Students are asked to review career choice in terms of potential salary, schedule, and training.

2. Various cases will be distributed related to potential circumstances that could arise in adulthood such as a need for a new car, personal or family illness, marriage, family obligations, etc. Students will need to consider how their chosen line of work, and/or job, either poses challenges when such personal issues arise or allows for flexibility.

3. Students take the *Choice Theory Career Rating Scale for Children and Adolescents* to evaluate if such a career choice fits their needs.

This is only one example of how creativity can be applied within a choice theory framework. Counselors and teachers are encouraged to consider other possible strategies too.

Personal/Social development. Again, the use of the *Choice Theory Career Rating Scale* provides an excellent springboard for conversation. For example, if a student is struggling to make satisfactory grades, he/she is also likely to be feeling incompetent and "unworthy" or different from the other students in the class who are performing at higher levels. It would be helpful then to investigate where the student's need strength falls within the Self-Worth and Power scale. Next, the student would be asked to rate his or her present need satisfaction within this scale. (Given the presenting problem, we could assume that one's need satisfaction rating is going to be less than the rating given for the need strength on this given scale.) The counselor could inquire about what steps would be important and essential in moving the client's need satisfaction rating up closer to the need strength rating. For example, let's say the student's need strength rating for Self-Worth and Power was an 8, however, the student's need satisfaction rating on the same scale was a 4. The counselor might respond, "No wonder you are not feeling so good about getting a C in

math. You really would like to have a B; this is not working out so well for you. You feel embarrassed to talk to the other students in class and sometimes you even compare yourself to them. Let's say that next week, instead of being satisfied at a number 4, you moved up to either a 4 ½ or a 5. What would you have done that week in order to feel more satisfied about being a better student in math class?" This is one way in which the *Choice Theory Career Rating Scale* can provide a context for conversation with students about how their academic achievement (self-worth and power need) and their desired personal and social development (love and belonging need) are related to each other, as well as how they are going to go about meeting these needs.

System Support

School counselors provide system support by managing activities within the school that serve to establish, enhance, and/or maintain the total counseling program. This involves providing professional development opportunities to staff, as well as collaborating with colleagues. From a choice theory perspective, the heart of successful collaboration includes healthy, good, and effective relationships among those collaborating (Mason & Duba, 2009).

People who maintain healthy relationships believe that the only behavior they can control is their own (so they are not using what Glasser refers to as external control psychology). They choose to care, support, listen, negotiate, love, encourage, trust, accept, esteem, and welcome, while refraining from choosing to coerce, compel, force, reward, punish, boss, manipulate, criticize, blame, complain, badger, nag, rank or withdraw (Glasser, 1998). In addition to upholding these healthy behaviors, school counselors who are required to establish and maintain system support within the school are encouraged to do so within a lead management framework.   By following the four essential principles of lead management, school counselors can provide an enjoyable system of collaboration that serves to enhance relationships among everyone in the school system regardless of socioeconomic or minority status (Mason & Duba, 2009).

1. The school counselor engages all colleagues in an ongoing honest discussion of both the cost of the work and the quality that is needed for the system support component to be successful.

2. The school counselor models the job so that all stakeholders can see what she/he expects.

3. The school counselor does not micro-manage but believes that all stakeholders are responsible for evaluating how they are contributing to the system support program.

4. The school counselor accepts every opportunity to teach that the quality of the system support program component is based on continual improvement. That is, the road towards quality is a journey rather than a destination.

Please see Glasser, 1998, chapter 11 for a more exhaustive explanation of this concept.

Discussion

As we enter the new millennium, it is clear that the demographics of our population are shifting with an increase in racial and ethnic diversity (National Center for Education Statistics, 2006). Equally important is the fact that the poverty level in the United States continues to rise with 18% of children under the age of 18 living below the federal poverty level (National Center for Children in Poverty, 2006). However, the most significant concern in education at this time seems to be that the achievement gap between European-American and racial minority students remains frustratingly wide, despite unprecedented efforts to improve racial minority achievement in the past decade (Achievement Gap, 2009). It seems that these data are indicative of a need for change.

We believe that school counselors who have completed choice theory training (a certification program through the William Glasser Institute), which included the use of the *Choice Theory Career Rating Scale for Children and Adolescents,* can be most effective in providing all students, including the underserved and underrepresented, with a chance to acquire the knowledge and skills necessary to participate fully in the 21st century economy. There are specific reasons that support this assumption. First, choice theory training emphasizes the importance of the personal qualities of warmth, sincerity, congruence, understanding, acceptance, concern, openness, and respect for the individual. These characteristics help school professionals to build trust and develop positive therapeutic relationships with students. This is vital. Second, choice theory practitioners understand and are able to teach the basic principles of choice theory, basic needs, and the quality world. They emphasize choice and responsibility. This knowledge has the potential to provide an added sense of self-esteem, self-confidence, and inner-peace. Finally, choice theory practitioners have been trained to use the WDEP system to create awareness and encourage behavior change which will be required to decrease the achievement gap that exists between European American and racial minority students.

With regard to accountability, it is important to note that the body of research that points to the efficacy of using the underlying principles of choice theory is increasing. Wubbolding (2000) provided a sampling of research studies conducted on various aspects of choice theory/reality therapy; some of the topics include applications to schools, minority groups, addictions, multiculturalism and self-concept, at-risk high school students, school drop-outs, and behavior management. The studies were conducted in a variety of settings and, a general critique was developed and provided for each student.

In summary, we believe that the introduction and use of the *Choice Theory Career Rating Scale for Children and Adolescents* will improve the performance of P-12 school counselors as they teach students to take more effective control of their lives by making more appropriate choices. Counselors may use this scale as a guide for discussing career interests as well as personal and social concerns which have been documented to impact academic achievement (Adelman & Taylor, 1998; Repie, 2005). We have outlined a number of activities that choice theory practitioners may use in conjunction with the *Choice Theory Career Rating Scale for Children and Adolescents* (Mason & Duba, 2009) to enhance academic achievement for all students in P-12 schools.

School counseling programs and those who implement them are vital to our society. We recommend that school districts implement the ASCA National Model (2003) and incorporate choice theory/reality therapy training as a part of the required professional development for all school counselors. We also recommend that school counselor education programs include the introduction of the *Choice Theory Career Rating Scale for Children and Adolescents* in the appropriate course offerings. These efforts could move school counseling from the periphery of school programs to a position of leadership in all areas that impact all students' growth and development (Education Trust, 2003).

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Brief Bios

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Figure 1. Choice Theory Career Rating Scale for Children and Adolescents

Needs and their Definitions	STRENGTH AND SATISFACTION RATING SCALE
Love and Belonging: The need for interpersonal contact, working together with others, and the potential for developing long term relationships and friendships. To feel wanted and approved of by classmates, as well as by authorities.	Need Strength _____ 0 1 2 3 4 5 6 7 8 9 10 Need Satisfaction _____ 0 1 2 3 4 5 6 7 8 9 10
Self-Worth/Power: The need for a sense of empowerment, competence, and opportunities for personal effectiveness in the school environment. A connection between one's personal sense of achievement and worthiness with similar experiences in the home, school, and community. Opportunities for leadership and management roles.	Need Strength _____ 0 1 2 3 4 5 6 7 8 9 10 Need Satisfaction _____ 0 1 2 3 4 5 6 7 8 9 10
Freedom: The need for autonomy, independence, and limited restrictions in the school environment and in the home. Opportunities for spontaneity and change in all areas of one's life.	Need Strength _____ 0 1 2 3 4 5 6 7 8 9 10 Need Satisfaction _____ 0 1 2 3 4 5 6 7 8 9 10
Fun and Enjoyment: The need for balance between work and pleasure. Sufficient opportunities for enjoyable and fun experiences within the context of school, home, and community.	Need Strength _____ 0 1 2 3 4 5 6 7 8 9 10 Need Satisfaction _____ 0 1 2 3 4 5 6 7 8 9 10
Survival & Health: Safe physical environment at home and school. An environment that is a supportive context for one's mental and emotional health. Family income that adequately provides for enhanced educational opportunities, personal self-care, leisure activities, and vacations.	Need Strength _____ 0 1 2 3 4 5 6 7 8 9 10 Need Satisfaction _____ 0 1 2 3 4 5 6 7 8 9 10

Eulogies Offered for Dr. Larry Palmatier (1937-2000)

An Ode to Larry Palmatier--

How well I remember, Larry, those deep philosophical exchanges at conventions and quality schools events, and as we worked together on *Preventative Counseling in the Elementary School*. Sadly, your second volume never came to fruition due to your untimely passing, but what remains indelibly carved in my memory is your soft, gentle spirit, encouraging mentorship, and incredible depth. Truly, you are sadly missed.

Daphni Clifton, Vancouver, Canada

————————————

Remembering Dr. Larry Palmatier:

Larry Palmatier was an inspiration to all who knew him and offered hope to people who were in search of a better way to live their lives. A great teacher, a loving husband and caring father, Larry is missed and will always remain in our memory. We are all indebted to him for his most enthusiastic contributions to education and the WGI training programs. How can we ever fill a void like the one left by the loss of Larry Palmatier? Our heartfelt condolences go out to his wife, Indira, and to his children too.

Sincerely,
Bill and Carleen Glasser

————————————

In Remembrance of Dr. Larry Palmatier—

Larry and I were colleagues for about eighteen years. Our offices were next to each other at the University of San Francisco. Larry was truly a creative problem-solver and his "reframing skills" were second to none. He was also highly devoted to Reality Therapy. Notably, there was a standing joke among some of our colleagues that whatever course Larry taught, no matter the title or subject, it was always about Reality Therapy. What I observed, however, was that Larry's students always came out of his classes with practical therapy skills. I watched Larry teaching once and was impressed by his ability to quickly engage a class through the use of humor, using students' names, and doing Glasser-style therapy role-plays. Larry would not just tell how to do therapy, he would show his observers in an explicit demonstration. Larry was the Coordinator of the School Counseling Program at USF for over twenty years. During that period he graduated more than 300 school counselors trained in Reality Therapy. Larry's book: *Crisis Counseling for a Quality School Community* remains one of the seminal works in the emergent field of school-based family counseling. For me, and for many others who knew him, it was obvious that Larry Palmatier was a great healer, teacher, husband, parent, and friend, and is deeply missed by all who knew him.

We still miss you today,

Brian Gerrard

_____

Regarding my very dear friend, Dr. Larry Palmatier—

Though it has been several years since Larry Palmatier was amongst us, his impact lingers still. Here's why: Larry taught Reality Therapy like few others, since he lived it in both word and deed. For instance, though I knew Larry very well, and considered him to be one of my closest friends, I cannot remember him ever saying a disparaging word about anyone. His patience with others was absolutely remarkable, but he was that way because he firmly believed that "experience was the best teacher," so he almost always granted everyone the opportunity to "experience" things for themselves, rather than ever intercede prematurely. As a father and as a husband I found Larry to be exceptionally calm and accepting, as well as loving too. After his loss I deeply mourned for his family since he had been such a wonderful influence upon them, and was taken from them in a flash! What a terrible loss for his family, and for everyone else who knew him too. The term "friend" has a very special meaning to me, i.e., "A friend is someone who helps others to like themselves." Well, Larry was a friend to nearly everyone, including me. Notably, though, my words cannot express how much I appreciate Larry and everything that he did, so I'll simply say this about Larry: He was a friend to all, and he tried hard to help everyone to reach his or her own potential like few others had ever done. That's how I will always remember him!

Best wishes my friend,

Thomas S. Parish

_____

Remembering Larry—

Larry was exceptional for many reasons. He had a warm and welcoming spirit to all manner of men and women. He was not a "one pony show," i.e., he was much more than just a Glasser "groupie." He was interested in everything that was going on from Brief Solution Focused Therapy to post-modernism, to MRI, to Milton Erickson, to Thought Field Therapy to Social Constructionism, to individual people and their contributions, which I felt very keenly and personally, and so much more too. He also treasured his family, Indira and the children! He worked tirelessly on doing what was right, and never settled for simply doing what was easy or convenient. Above all, Larry was a real winner!

Contributed by:

John H. Frykman, San Francisco, CA

_____

My eulogy for Larry Palmatier:

In addition to his role as family man, Larry was, for us in the WGI, a friend, scholar, author, teacher and editor. He provided indispensible help to me in upgrading my manuscript for Reality Therapy for the 21st Century and the lessons he taught remain with me today. More importantly, to know Larry was to have a permanent friend. His premature death took from us a man known for his acumen, humor, loyalty, compassion and willingness to serve others. To Larry we say "Unto Eternity." To his wife Indura and his family we say "You will see him again someday." His book, *Crisis Counseling for a Quality School Community*, stands even today as a must read for school personnel interested in the Glasser Quality School experience.

Sincerely,

Bob Wubbolding

———————————————

Remembering Dr. Larry Palmatier—

I met Larry Palmatier in the fall of 1986 studying to become a school counselor in a Masters program at the University of San Francisco. Hence, I know Larry Palmatier best as a teacher, one who surely will affect others for all eternity, for no one will ever know where his influence will stop! Yes, twenty-five years later I can still see and hear Larry encouraging us to take risks in trying new behaviors and urging us, as neophyte counselors, to unconditionally dedicate our energy to help students and families to succeed at school in spite of the tremendous challenges many of them face. I often think about Larry Palmatier and his impact on so many school counselors, but never as much as when I talk about the application of Choice Theory to a new group of counseling candidates. May the legacy of Dr. Larry Palmatier's work and passion for kids and families live on, and may it do so for many generations to come. After all, Larry's teaching profoundly affected me, countless kids and families that I counseled over the years, and still inspires me today to share my insights that Larry shared with me with all those that I teach. Thank you, Larry, for making such an enormous difference to so many. You enriched our lives immeasurably through your dedication to teach and help others.

Gratefully,

Will Dunn, San Francisco, CA

———————————————

To Larry, my dear friend, important mentor and priceless colleague—

What really stood out about Larry was his unwavering independence of thought. Truly, he was one of those rare people who really could and did think for himself. He did not accept the models and rules that were passed along to him, and his own ideas were extremely creative, powerful and useful.

I have been missing him for years.

Bruce Peltier, San Francisco, CA

_____

To Larry—

Larry Palmatier was a raconteur, dear friend, and consummate professional. Along with his multilayered interests, his devotion to Indura (his wife) and his children was unshakable. By nature, Larry was always affiliative without being nostalgic, pragmatic and focused without being superficial, and direct without being ill-mannered. Larry lived what he taught, and taught from the warmth of his heart and the depth of his intellect. He sought to merge his diverse life experiences with his professional persona. Consequently, he truly "walked the talk," and is very much alive with those among whom he lived and worked.

Best wishes,
Terrance Patterson

_____

To my brother, Larry—

Larry's life personified Choice Theory, in my layman's understanding of the principle. He was an indomitable optimist in his approach to life and his work, and this drove his unremitting quest for quality and meaning. Notably, Larry seemed to love to teach, and preferred to stand beside a lectern, rather than behind it. His chief desire was to address a room filled with responsive students, and he was always gratified by their active participation. As I watched videos of my brother delivering an oration, it was plain to see that he was completely at ease in his chosen professional element. Larry certainly understood that the essence of social justice, morality, and mental health itself always involved empathy and cooperation, and that aggression, competition and conflict brought personal misery, but that empathy and cooperation aided people in their pursuit of happiness. Finally, I truly miss my brother's wit and wisdom in my life, and likely always will.

Sincerely,

Ron Palmatier

_____

An ode about my father, Larry Palmatier—

My father, Larry, gave me freedom. While he made sure that I would stay out of any unsafe situations, he also gave me the leniency to make a mistake. My father would guide me and shared strategies with me on how to do something, rather than lead me by the hand every step of the way. An example of this is when he first taught me how to drive in a

parking lot at the age of fifteen. He fully realized that I was not going to brake smoothly the first time, but he let me discover that on my own. Though he let me brake in a jerky

fashion until I could eventually come to a smooth stop, he was always right there within hands' reach to take over the steering wheel or gear selector if we were in danger; any one of his children getting hurt was not something he would risk. Nevertheless, by letting me discover the skill of driving for myself, I was able to experience a sense of personal achievement—I did this on my own—and, in turn, it was fun! Thanks Dad for "steering me in the right direction".

I love you,

Tristan

_____

To my dad,

I am the eldest son of Larry Palmatier. My dad was a philosopher, of sorts, always sharing memorable quotes around which my life developed. For instance, dad would say that "living well was the best revenge," and that "I must have the courage to define myself, and not allow others to do it for me."   He always could come up with quotable quotes, especially when he saw me struggling. For instance, he would always tell me that "Repetition is the mother of skill," which definitely has guided me successfully, whether I was trying to play the guitar, or master product knowledge for my sales career. Notably, my dad lives on through his children and his grandchildren. That is, in so many ways each of them seem to embody characteristics that are distinctively Larry's, be it their math or science aptitude, swimming technique, or leadership qualities. Hence, it seems clear to me that Larry does live on through each of us, and his influence lingers among us still, and in my estimation, it will always be.

With love,
Brent Palmatier

_____

Regarding my father, Larry Palmatier—

What I remember most about my Dad's parenting was sense of no expectations, and limitless possibilities. From this I knew he had a profound trust in my inner drive, and in my capabilities. Throughout my childhood I can't remember him ever hounding me over my homework, or punishing me, and the last thing he would say to me before dropping me off at school each day was "have fun.

With fond memories and endless love,

Laurent Palmatier

_____

Hello—

I am Larry Palmatier's daughter, Laurel, and I simply want to say that I still miss my dad every day! Primarily because I have never met anyone else who was so smart and so well-rounded. With dad gone, I often wonder who to seek personal and professional advice from, so I usually turn to dad's younger brother, Denny, who remains very dear to me. Currently, I am pursuing a career in psychiatric nursing and also plan to get back involved in the case management area, working with veterans. I am happy and proud to be following in my father's footsteps.

Sincerely,

Laurel Palmatier Bell

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Where to Look for RT/CT-Related Information
Developed by Larry Litwack and Edited by Thomas S. Parish

TABLE of CONTENTS
The following RT/CT-related topics are cited below, and a compilation of articles, papers, videos and audio tapes that relate to each of these topics is included herein. Notably, this entire document only includes published and/or presented sources from 1975-1995.

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