

REALITY THERAPY

applied to alcoholism

by Robert E. Wubbolding, Ed.D.

Reality Therapy is based on a theory of brain functioning called control theory or control system theory. It sees the brain as a computer seeking input and generating output. Briefly, it includes the following principles:

- I. Human beings are motivated to fulfill general needs (belonging, power, fun, and freedom) and specific wants.
- II. Human beings generate behaviors (doing, thinking, feeling, and psychological behaviors) in order to fulfill needs and wants.
- III. All behaviors are therefore purposeful. That is, they are designed to achieve fulfillment.
- IV. Most behaviors are chosen. They are not caused by outside stimuli. Consequently, this theory is the opposite of stimulus theories.

Reality Therapy is widely used in alcoholism programs because of its practical, down-to-earth, no-nonsense delivery system. This delivery system consists of eight steps or guidelines that should be applied, not in cookbook fashion, but as the situation demands.

1. Be Friends. Establish an ongoing authentic relationship with clients by asking about their wants and needs. Help them explore their general needs (described in Principle I above). Ask about specific wants: what they want from their counselor, their therapy group, their employer, their spouses, their children. The key here, as in all the subsequent steps, is to be specific.

This first step of establishing a relationship is common to most counseling methods. But Reality Therapy specifies that the relationship is formed by explicitly exploring the needs and wants of the client. Thus, "friendship" is more than merely being friendly, warm, and empathic.

2. Ask "What are you doing?" In Reality Therapy the *doing* component of behavior is emphasized. The reason for this is that when we change what we do, we will change how we feel.



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The article summarizes a day-long workshop presented to the Ohio Association of Alcoholism and Drug Abuse Counselors in 1984.

For example, when we awake in the morning, we often pretend to be awake, enthusiastic, and friendly when we actually feel sleepy, groggy, and unenthusiastic. Before very long our feelings tag along behind, and we genuinely feel awake. In Reality Therapy the *doing* component is seen to be the basis of other more negative feelings like anger, resentment, guilt, or self-pity. Helping clients change how they act will help them change how they feel.

Another reason for emphasizing the *doing* component is that we are not always aware of what we do! This statement is contrary to conventional wisdom, which states that we are aware of what we do. But have you ever driven somewhere while you were preoccupied with something that happened at work or at home? When you arrived at your destination, you did not remember the details of your driving. You were very much aware of what you thought or felt, but less aware of your *doing* component. We tell a child who is excited and runs to greet grandmother, "Watch what you're doing" because the child is excited and less aware of the *doing* component. When a client says that he/she doesn't "drink that much" or only drinks "a little bit" he/she is frequently not lying. Through denial there is often little awareness of this *doing* component. Thus in family interventions the effective counselor emphasizes instances of drinking to make the client become aware of the *doing* component.

3. Ask "Is it helping or working?" In Step 3 we ask the client to make value judgments. These must be the value judgments of the client rather than the counselor. It is perfectly

acceptable for a Reality Therapist to confront, to challenge, and to express opinions. But they are most effective if the client has made the value judgment that his/her life is unmanageable—that his/her present behavior is not helping self, family, or employer.

- **"Is what you are doing helping you?"**

A client can be asked, "Is it really helping you to break the rules of the program?" Or a family member is asked, "What effect has lying to his boss had on his drinking? Has it caused him to stop?"

- **"Is what you want realistic or attainable?"**

A recovering client is frequently asked "Is it realistic to expect that your wife will enthusiastically return the financial responsibilities of the family to you?" Or a troubled parent could be asked, "Is it realistic to expect that your recovering teenage daughter will never get in any normal adolescent trouble at school? Can she suddenly become a perfect adult?"

4. Make a positive plan of action.

This step is the one for which Reality Therapy is most well known. Nevertheless, its use will be successful only if it is preceded by the earlier steps. The plan should be simple and attainable, not grandiose. It should be measurable. And so when clients say, "I'll try" or "I could" or "probably" in relation to their plans, the alcoholism counselor doing Reality Therapy can reply, "I know you'll try, but will you do it?" or "I know you could follow

through, but will you?" or "Does 'probably' mean you will or you won't do it?"

5. Make a commitment. Step 5 is an extension of Step 4. The plan should be firm. The client can call a sponsor, write a plan, call the counselor, etc., etc. There are many ways to express this step. It can be merely a handshake—or whatever is appropriate to the situation.

6. Ask for and accept no excuses. Excuses serve only to get the person off the hook. They lead to more failure and misery. As a rule of thumb, the Reality Therapist avoids asking, "Why did you fail?". If you ask someone why he/she drank, relapsed, or broke the rules of the unit, you will have to listen to the answer! Accepting excuses only encourages the client to believe that his/her life cannot become manageable because other people and situations are to blame for the alcoholism and its accompanying problems.

7. Don't criticize, but allow consequences. Ridicule, derision, sarcasm are rarely helpful in therapy. Nevertheless, there are consequences of human behavior that must be applied. Family interventions are built around severe consequences for the client who refuses treatment. These consequences in a family, in a hospital, or in a therapy session should be applied without apology. Reality Therapy has been confused with "Toughlove", and not without reason. For in Reality Therapy the counselor functions as a strong person who should be a model for a responsible and well-managed life.

The application of consequences need not be cruel and blind. It should be balanced with Step 1. There is sometimes a danger that this step will be seen as the only one. There are eight steps, and the imposing of consequences is only one of them.

8. Don't give up easily. This step means to hang in with clients in spite of relapses and resistance. Every alcoholism counselor is familiar with clients who through their behavior beg you to give up on them. Yet you are often their last best hope of recovery!!

In his old age, Winston Churchill was asked to give a talk at a high school graduation class. He shuffled to the podium and gave one of the most inspiring talks of his long and productive life. The entire speech consisted of the words "Never... never... never give up"! No words could more clearly describe the philosophy of Reality Therapy applied to alcoholism.

A word of caution: The steps of Reality Therapy appear to be simple. And indeed they are not difficult to understand. They are, however, easier to understand than to implement in practice. They comprise a skill learned through practice. Many skills are easy to understand, like baseball. But it is harder to hit a home run than to understand how to swing a bat.

When many people observe a Reality Therapist, they sometimes conclude that the method consists of saying "what's the problem and what are you going to do?" Thus, Steps 2 and 4 are the most obvious. Yet Steps 1 and 3 are the most powerful and in many ways comprise the foundation of therapeutic movement in a client. These steps are the most easily skipped components of this practical, down-to-earth method.

In summary, Reality Therapy is based on a system that sees the brain as a computer seeking input, i.e. to satisfy needs and wants. It generates doing, thinking, feeling, and physiological behaviors designed to attain the input. Reality Therapy further states that people are responsible for their behaviors and that when a person's life is out of control, he/she can regain control with proper intervention and assistance. Reality Therapy provides a delivery system that is practical and workable for any alcoholism counselor without reference to academic background. ■

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