

Problem Situations: The Practice of Reality Therapy

The following situations relate to the cycle of counseling using reality therapy. For each situation consider how you might respond to the client from a reality-therapy perspective.

1. *Create a relationship.* You meet a client whom for some reason you take a disliking to. You are aware that the first step in reality therapy is to make friends and develop a therapeutic relationship, yet you are finding it very difficult to care for this person, much less get involved and develop a friendship with him. (Think of *what* kind of person might be difficult for you to relate to in a counseling situation, and imagine that he is the client in question.) If he were sent to you by a court, what might you do or say? Before giving him a referral, can you think of anything you might do to challenge yourself on your dislike for the client?

2. *Focus on current behavior.* Another client with whom you have been working for several weeks seems to continually bring up her miserable home life. She complains that she was never loved by either her mother or father, that she feels stuck with these early memories and feelings, and that she very much wants to get these feelings out now. In spite of your efforts to have her address the question "What are you doing now?" she insists that she needs to talk about her past. What direction might you take? Would you allow her to focus on her miserable past, if that is what she wants? Why or why not? Do you see any value in permitting or even encouraging her to experience catharsis and relive these feelings from her childhood? Do you have any ideas how you might encourage her to look at and talk about what she is actually *doing* today?

3. *Help clients evaluate their behavior.* You have a third client, Debbie, who appears to have difficulty in making a value judgment about her behavior. Although she tells you that she does not like her life at this time, she has a tendency to blame others for her failures, and she is a bit defensive when it comes to making an honest appraisal of what she does. You have asked her a number of times: "Is what you are doing helping you? Is what you are doing now what you want to be doing?" In spite of your efforts she tends to sit at home and keeps herself depressed, hoping and waiting for others to change things for her. What do you do now? What might be your next move with Debbie? Do you have any idea of how you might help her take an honest look at her own part in her problems?

4. *Help clients make a plan.* Another of your clients, Rob, is moving along nicely. (At last—success!) Rob admits that his heavy drug use is not working for him. He is aware that when he sits around the house smoking pot or getting loaded with his friends, this behavior is not getting him where he wants to be. He would like to get into graduate school (in counseling!), yet he fears the workload and fears failing. But he is ready for a change. What plans might be realistic? How might you help him formulate a plan of action? Can you think of some short-range goals that he might pursue? What kind of contract would you want to establish with Rob? Any homework assignments you might suggest?

5. *Get a commitment.* Let's assume that Rob is still with you, that he has agreed to follow through with a written plan that the two of you have developed together, and that he has also made a commitment to you and to himself to follow through with his plans. He comes in the following week and admits that he has done absolutely nothing about making his plans a reality. Instead, his friends came over, and they "got high" and had fun and persuaded him to forget about working so hard. He is feeling guilty because he has not kept his commitment. What would you do? What can you imagine yourself saying to him at this juncture?

6. *Accept no excuses.* Let's say that Rob renews his commitment with you and agrees to stick with the written plan. He promises to go to at least two colleges before the next session and fill out the applications for admission. A week passes, and he returns with "good excuses" for not having done what he said he would do. He complains about not having a car to get to the colleges, and besides, he had to work overtime last week. How would you deal with his excuses? If you challenged him on his excuses and he became defensive, how might you react? Where would you go from here with Rob? (Do not give up and refer him yet!)

7. *Don't use punishment.* You are counseling parents about problems they are having with disciplining their child. The father asserts that the only real way to get his child to "shape up" is to use a variety of punishments. He maintains that his wife has been too lenient and that this is the cause of most of the child's problems. What would you be inclined to do in this situation? Where would you proceed if the father sharply disagreed with you on your stand not to use punishment, preferring to have his child see and accept reasonable consequences?

8. *Don't give up.* Rob comes back again after some success in following through with his plans. In fact, he tells you that he has been accepted into graduate school and has even signed up for nine units. As the semester comes closer, however, he is convinced that he does not have what it takes to succeed in graduate school. He tries to convince you that he is too dumb, that he does not have enough experience, and that if he failed a class, the situation would be unbearable. He is feeling *very* depressed, and he wants to give up on himself. He tells you that he is surprised that you have not given up on him by this time. Do you have any ideas on how you might challenge Rob not to give up on himself? Might there be a danger that you could feel like giving up on him? What might you do to keep your own faith in his ability to change and succeed? At this point, where might you go with Rob?

Case Examples

CANDY: AN ADOLESCENT IN REBELLION

Fourteen-year-old Candy, her father, and her mother are sitting with you in your office for an initial counseling session. Her father begins:

I'm just at the end of my rope with my daughter! I'm sick and tired of what I see her doing to disrupt our family life. I'm constantly wondering what she'll pull next in her long line of antics. She's gone to the Colorado River with some guys who are older than she is, in outright defiance of my order not to go. She's done any number of things she knows I disapprove of, and the result is that she's suspended from school for three weeks or until she gets some counseling. This was the last straw that broke my back. Her getting kicked out of school was just too much. It moved me to call you, so we can get to the bottom of Candy's problem and get her straightened out. God only knows she needs some straightening out. She's into drugs and dating older men, and I strongly suspect that she's been messing around. Candy knows what my values are, and she knows that what she's doing is wrong. I just don't know how to convince her that if she doesn't change, she'll come to a bad end.

Candy's mother is rather quiet and does not list complaints against Candy. She generally agrees that Candy does seem defiant and says she does not know how to handle her. She says she becomes very upset at seeing her husband get angry and worried over the situation, and she hopes that counseling will help Candy see some of what they see.

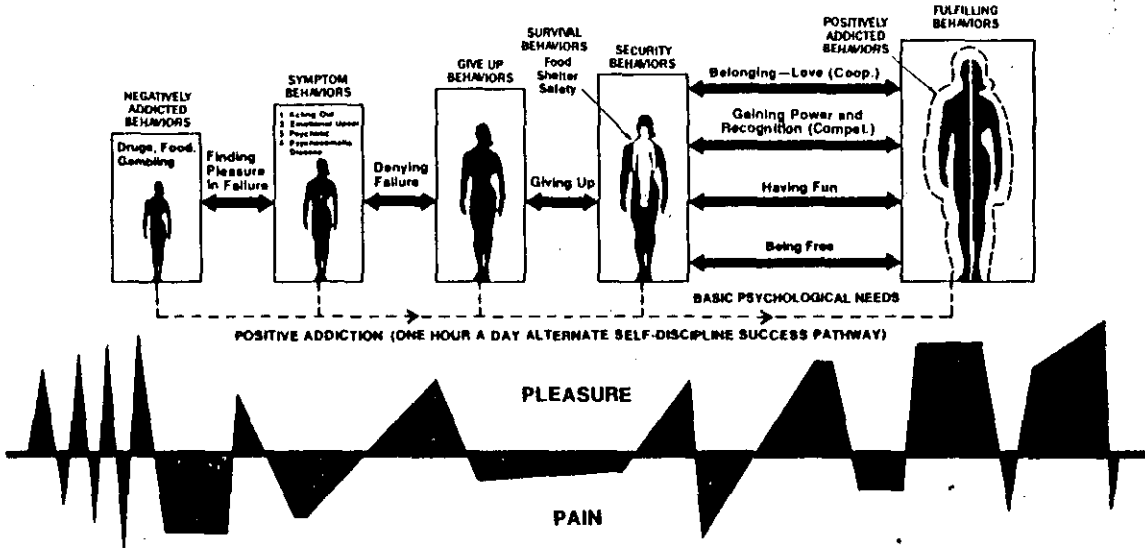
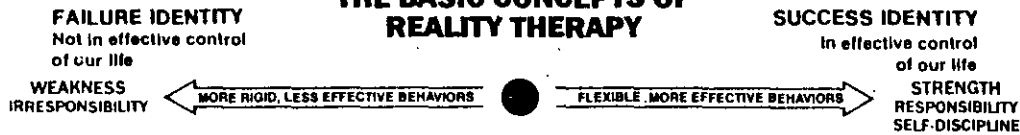
As for Candy she initially says very little other than "I guess I've got a problem." She appears very withdrawn, sullen, and not too eager to open up in this situation with her parents. She is in your office mainly because she was brought by her parents.

Show how you would proceed to use the cycle of counseling as a reality therapist if Candy were your client for three sessions.

1. What are your initial reactions, thoughts, and feelings about this situation? How willing would you be to work with Candy as your primary client if she had come in simply because her father said that she needed counseling?

2. Assume that in an individual session with Candy she does open up with you, and you find out that her father's presentation of the problems is correct. In fact, matters are worse than he imagined. Candy tells you that she had an abortion recently after a short affair with a married man in his early 30s. She also tells you that she has been experimenting with various drugs. How might you proceed

THE BASIC CONCEPTS OF REALITY THERAPY



THE PRACTICE OF REALITY THERAPY

Counselors should be aware that reality therapy is an ongoing process made up of two major components: (1) the counseling environment and (2) specific procedures that lead to changes in behavior. The art of counseling is to weave these components together in ways that lead clients to evaluate their lives and decide to move in more effective directions.

THE COUNSELING ENVIRONMENT

The counselor should attempt to create a supportive environment within which clients can begin to make changes in their lives. To create this environment counselors should consistently:

Be friendly and listen to their clients' stories. It is important that counselors be perceived as people who are not overwhelmed by clients' situations and who have confidence that they can help their clients find more effective ways to fulfill their needs.

Try not to allow clients to talk about events in the past unless these events

can be easily related to present situations.

Avoid discussing clients' feelings or physiology as though these were separate from their total behaviors. Always relate them to their concurrent actions and thoughts over which clients have more direct control.

Accept no excuses for irresponsible behavior. This relates particularly to clients not doing what they said they would do.

Avoid punishing, criticizing or attempting to protect clients from the reasonable consequences of their behavior.

THE PROCEDURES THAT LEAD TO CHANGE

Counselors must be sure to use the following specific procedures:

Focus on clients' total behaviors, that is, how they are acting, thinking and feeling now. Help them to learn the difficult lesson that, painful and self-destructive as these may be, all total behaviors are chosen.

Ask clients what they want now, their present pictures. Then expand this to the directions they would like to take their lives. If they say they do not know, continue to focus on what they are doing now (total behaviors) to make sure that they realize they are choosing their present directions.

The core of reality therapy is to ask clients to make the following evaluation, "Does your present behavior have a reasonable chance of getting you what you want now and will it take you in the direction you want to go?"

Usually, clients answer "no", which means that where they want to go is reasonable but their present behaviors will not get them there. Counselors should then help them plan new behaviors. For example, "I want to improve my marriage but to do so I will have to treat my spouse differently."

Sometimes, they answer "no", but then they seem unable to get where they want to go no matter how hard they try. Counselors should then ask them to

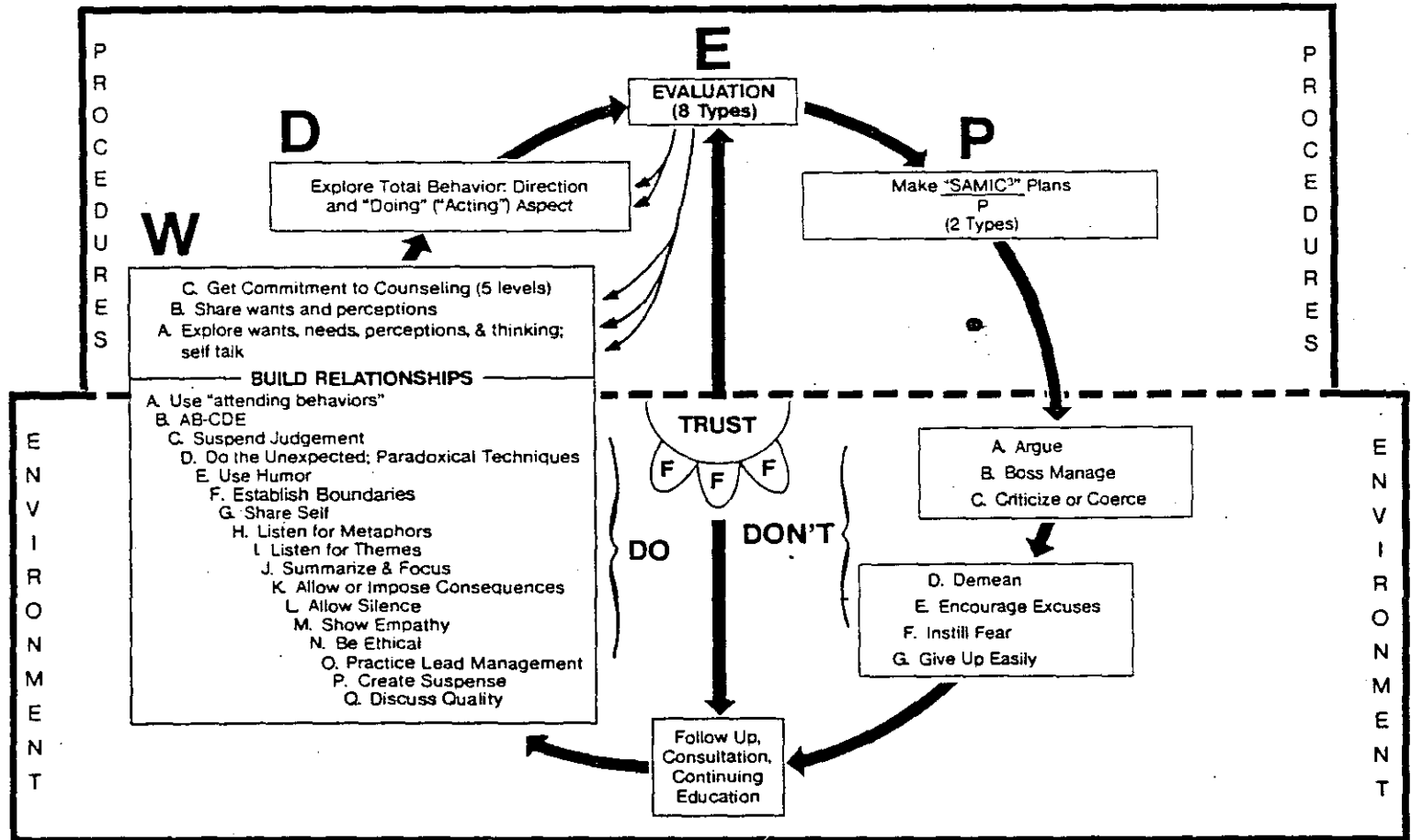
consider changing directions. For example, "No matter how well I treat my spouse, he/she is still unloving. It looks like I have to consider divorce." In this case, the plan now becomes more to change the direction than the behavior.

In the rare situation in which they answer "yes", this means that they see nothing wrong with their present behavior or where they want to go. Counselors should then continue to focus on the clients' present behaviors and keep repeating the core question in a variety of ways. Be patient, with difficult clients this may take a while.

Before a plan is attempted, both client and counselor should agree that it has a good chance to succeed. Once a plan is agreed upon, ask the client to make a commitment to the counselor to follow through with the plan. Clients who make commitments tend to work harder. With young students, and others at times, a written commitment is generally more effective than a verbal one.

Do not give up on the client's ability to find a more responsible life, even if the client makes little effort to follow through on plans. If the counselor gives up, it tends to confirm the client's belief that no one cares enough to help.

CYCLE OF MANAGING, SUPERVISING, COUNSELING AND COACHING USING REALITY THERAPY



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SUMMARY DESCRIPTION OF THE "CYCLE OF MANAGING, SUPERVISING, COUNSELING AND COACHING USING REALITY THERAPY" (*The Cycle is explained in detail in two books by Robert E. Wubbolding, Using Reality Therapy, Harper/Collins, 1988, and Understanding Reality Therapy, Harper/Collins, 1991.*)

Introduction:

The practice of Reality Therapy has been formulated by Wm. Glasser, MD, as two general concepts: Environment conducive to counseling and Procedures leading to change. The "Cycle Chart" is an expression and an extension of these two general principles. This description is intended to provide a brief summary.

Relationship between Environment & Procedures:

1. As indicated in the chart, the Environment is the foundation upon which the effective use of Procedures is based.
2. Though it is usually necessary to establish a safe, warm, friendly Environment before change can occur, the counselor can feel free to enter the "Cycle" at any point. Thus, the Practice of Reality Therapy does not occur in lock step fashion.
3. Building a relationship implies establishing and maintaining a professional relationship. Methods for accomplishing this comprise some efforts on the part of the helper that are Environmental and others that are Procedural.

ENVIRONMENT:

DO: Build Relationship: a close relationship is built on TRUST through friendliness, firmness and fairness.

- A. Use Attending Behaviors: Eye contact, posture, effective listening skills.
- B. AB = "Always Be..." Consistent, Courteous & Calm, Determined that there is hope for improvement, Enthusiastic (Think Positively).
- C. Suspend Judgment: View client behaviors from a low level of perception, i.e., acceptance is crucial.
- D. Do the Unexpected: Use paradoxical techniques as appropriate; Reframing and Positioning.
- E. Use Humor: Help client to fulfill need for fun within therapy sessions.
- F. Establish boundaries: the relationship is a professional one: "My job . . . your job . . . our job . . ."
- G. Share Self: Self-disclosure within limits is helpful.
- H. Listen for Metaphors: Use client's figures of speech and provide other ones.
- I. Listen to Themes: Listen for behaviors that have helped, value judgements, etc.
- J. Summarize & Focus: Tie together what the client has said and focus on client rather than on "Real World."
- K. Allow or Impose Consequences: Within reason, clients should be responsible for their own behavior.
- L. Allow Silence: This allows client to think, as well as to take responsibility.
- M. Show Empathy: Perceive as does the client.
- N. Be Ethical: Study Codes of Ethics and their applications, e.g., how to handle suicide threats, informed consent, etc.
- O. Practice lead management, e.g., democracy in determining rules.
- P. Create suspense and communicate hope. Clients should be taught that something good will happen if they are willing to work.
- Q. Discuss quality.

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DON'T:

Argue, Boss Manage, Criticize or Coerce, Demean, Encourage Excuses, Instill Fear, or Give up easily.
Rather, stress what clients can control, accept them as they are, and keep the confidence that they can develop more effective behaviors. Also, continue to use "WDEP" system without giving up.

Follow Up, Consult, and Continue Education:

Determine a way for client to report back, talk to another professional person when necessary, and maintain ongoing program of professional growth.

PROCEDURES:

WDEP

Be Friends:

- A. Explore Wants, Needs & Perceptions: Discuss picture album or quality world, i.e., set goals, fulfilled & unfulfilled pictures, needs, viewpoints and "locus of control." Discuss ineffective & effective self talk.
- B. Share Wants & Perceptions: Tell what you want from clients and how you view their situations, behaviors, wants, etc. This procedure is secondary to A above.
- C. Get a Commitment: Help clients solidify their desire to find more effective behaviors.

Explore Total Behavior:

Help clients examine the Direction of lives, as well as specifics of how they spend their time.

Evaluation - The Cornerstone of Procedures:

Help clients evaluate their behavioral direction, specific behaviors as well as wants, perceptions and commitment to counseling. Counselor evaluates own behavior through follow-up, consultation and continued education.

Make Plans: Help clients change direction of their lives.

Effective plans are Simple, Attainable, Measurable, Immediate, Consistent, Controlled by the planner, and Committed to. The helper is Persistent. Plans can be linear or paradoxical.

Note: The "Cycle" describes specific guidelines & skills. Effective implementation requires the artful integration of the guidelines & skills contained under Environment & Procedures in a spontaneous & natural manner geared to the personality of the helper. This requires training, practice & supervision. Also, the word "client" is used for anyone receiving help: student, employee, family member, etc.

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