

Volume XLII
No. 2

Spring 2023

International Journal of
Choice Theory® and
Reality Therapy



**THE INTERNATIONAL JOURNAL of CHOICE THEORY and REALITY THERAPY:
An On-line Journal
Volume XLII, No. 2, Spring, 2023**

Table of Contents	Listings of Authors, Titles and More	2
Introduction	Editor and Editorial Board	3
Editor's memo	To the Members/Friends of WGI	4
Brian Patterson	The End of My Rope, Where I Found Hope	7
Thomas S. Parish	Ways to Discern Friends from Foes	11
Thomas S. Parish	Helpful Hints for Clients & Students	12
Cynthia P. Mason & Lori Mason-Bennett	Ways of Fostering Better Relationships with Others	18
Janet Morgan	How Well Did You Sleep Last Night?	24
Robert Wubbolding	Self-evaluation and the Fork in the Road	29
Barry Birnbaum & Laura Frey	Applying Total Behavior and Basic Needs to Enhance Well-Being	31
Sergei Bogolepov	Reality Therapy and Self-Injury	40
Sergei Bogolepov	Survival: The Most Neglected Need	44
Thomas S. Parish Joycelyn G. Parish	True Masters of CT & RT: Wm. Glasser and Bob Wubbolding	47

IJCTRT Editor:

The Editor of the Journal is **Dr. Thomas S. Parish**, who is an Emeritus Professor at Kansas State University in Manhattan, Kansas. He earned his Ph.D. in human development and developmental psychology at the University of Illinois at Champaign-Urbana, Illinois. He's CTRT certified and has authored or co-authored more than 350 articles that have appeared in more than 30 professional refereed journals. Dr. Parish and his wife recently served as consultants for the LDS Family Services Group in Independence, MO, and they currently co-own Parish Mental Health and Life Coaching of Topeka, Kansas. Any correspondence, including questions and/or manuscript submissions should be sent to parishts@gmail.com. You may also contact him by phone at: (785) 845-2044, (785) 861-7261, or (785) 862-1379. In addition, a website is currently available. It can be accessed by going to: www.wglasserinternational.org/journals. Notably, the Journal is no longer password protected on the WGI website, so now anyone can gain access to it, anytime, 24/7!

IJCTRT Editorial Board Members:

Editor: Thomas S. Parish, Ph.D., CTRTC, please see listing printed above.

Other Members of the Board:

Janet M. Fain Morgan, Ed.D., is currently a Director of the William Glasser International Board and the Research Coordinator for William Glasser International. She is also a faculty member of the WGI lectures on Choice Theory and Reality Therapy. In addition, Dr. Morgan has an extensive background in counseling and teaching with specialty areas in Military Issues, Grief and Loss, Marriage Counseling, and Domestic Violence Predator Treatment.

Emerson Capps, Ed.D., Professor Emeritus at Midwest State University, plus serves as a Faculty Member of WGI-US.

Joycelyn G. Parish, Ph.D., CTRTC, is a licensed clinical psychotherapist. She earned her Ph.D. from Kansas State University and is a board-certified clinician and certified reality therapist.

Patricia Robey, Ed.D., Full professor at Governor's State University, Licensed Professional Counselor, and Senior Faculty Member of WGI-US and William Glasser International.

Brandi Roth, Ph.D., Licensed Private Practice Professional Psychologist in Beverly Hills, CA.

Jean Seville Suffield, Ph.D., Senior Faculty, William Glasser International, as well as President and Owner of Choice-Makers@ located in Longueil, Quebec, CANADA.

Robert E. Wubbolding, Ed.D., Professor Emeritus at Xavier University in Cincinnati, Ohio, and is the Director of the Center for Reality Therapy also in Cincinnati, Ohio.

Jeri Ellis, Ed.D., Licensed professional counselor in Atlanta, GA, and has also served for many years on the Research Committee for William Glasser International.

IJCTRT Technical Advisor:

Denise Daub, Web Administrator and Finance Manager for William Glasser International.

To: MEMBERS and FRIENDS of WILLIAM GLASSER INTERNATIONAL
Fr: Tom Parish, Editor, IJCTRT
Re: "Brief Bios" for Members and Friends

Compiling "Brief Bios" for members and friends of the William Glasser International organization provides numerous benefits for everyone. For instance, it promotes greater involvement within our communities, across America and around the world as citizens become more aware of who we are and what we do. As a result, more and more people will gladly seek aid for their mental health issues through individuals who have been well trained in Reality Therapy and Choice Theory to provide individual counseling, marriage counseling, family counseling and even assisting young children who might have emotional problems too.

Not only does the public benefit in multiple ways, but we also benefit as we compile "Brief Bios" for reality therapists and choice theorists, since they would surely seek to connect more as it becomes clearer that those who seek our attention, often tell one another regarding what's working, who's an effective therapist or counselor, and how their family members have improved as a result.

Basically, our "Brief Bios" will help us to spread the word as to what works, and once that's understood, our opportunity to teach the world Choice Theory or Reality Therapy will greatly blossom! Importantly, Dr. Glasser (1981) once said that people won't learn what they don't want to learn, but that teaching, counseling, (and many other human services, e.g., Reality Therapy) will become more effective as soon as people who hurt discover that they can learn better ways. In my estimation, I already believe that Reality Therapy is great, and feel that we need to reach out to others and make sure that they're aware of that!

Yet another benefit of our "Brief Bios" is a lifelong opportunity to "connect" together and to provide better care as clients, patients and students talk to us and we talk to one another, making it possible to share various insights more so than we ever have before. After all, isn't Choice Theory the track, and Reality Therapy the engine? If that's so, then Dr. Glasser proposed these ideas and we should continue to share them with others if we are actually going to help them to take more effective control of their lives, both in the short-term and long-term too!

So far, we have had 78 members of our CT/RT group that have already submitted their "CT/RT Brief Bios" (see Table 1 for a list of all of their names), and they're definitely willing to do all they can to make our hopes and dreams come true, including the hope that many more will get onboard before our train definitely leaves the station. By Spring, 2024 (only one year from now), the Journal will begin familiarizing the world with (1) who we are and (2) what we can do, as we sprint forward to help one another, but the question truly is, will you be onboard and benefitting, too, from the experiences we've planned out for everyone. But before we get there, we must begin with you looking over the many "Brief Bios" in Vol. 40 (1)* of IJCTRT, then using one for your template, so that you could then create your own "Brief Bio" accordingly.

*The actual date of this issue of the Journal is Fall 2020. In addition, the reader will need to know the website where this Journal is located. Specifically, the reader should go to www.wglasserinternational.org/journal in order to have unlimited access to these journals, 24/7.

Upon completion, you merely need to send your "Brief Bio" to parishts@gmail.com. Notably, if you are one of the 78 who have already completed this task 3 or 4 years ago, and are listed in Table 1, you need only indicate that you wish to use your existing "Brief Bio" as your final choice, but if you have chosen to create a new one then you will need to indicate that your final choice is your new creation.

Notably, for those who haven't developed an earlier version as a "Brief Bio." but wish to do so now then you take the "Brief Bio" that you just created as your first and final version and sent it to me as such.

In either case, all final choices should be sent to me by year's end (**December 31, 2023**), and no later than that! If you have any questions regarding any part of this process, you should call or write me at your earliest convenience. My phone number is (785) 845-2044, and my e-mail address is parishts@gmail.com

Whatever you do, don't be a stranger, because doing a great job on your "Brief Bio" is important to me, and should also be very important to you!

Reference

Glasser, W. (1981). Reality Therapy: An explanation of the steps of Reality Therapy. In N. Glasser's (Ed.) *What Are You Doing?* Harper & Row, Publishers, Chapter 4.

TABLE 1 OUR CT/RT "BRIEF BIO" SIGNEES

	<u>Page #s</u>		<u>Page #s</u>
Rolf Ahrens	50	Janette More	135-136
Bruce Allen	51	Janet M. Fain Morgan	137-138
Satoshi Aoki	52-53	Kim Olver	139-140
John Archibald	54	Larry Palmatier	141-142
Francesco Bazzocchi	55-56	Joycelyn G. Parish	143-144
Better Blance	57-58	Thomas S. Parish	145-147
John Brickell	59-60	Brian K. Patterson	148-149
Shelley Brierley	61-62	Ernie Perkins	150-152
Cheryl Brown	63-64	Martin W. Price	153
Thomas Burdenski	65-66	Terri-Ann Richards	154-155
Sharon Carder-Jackson	67	Lucy Billings Robins	156
Rhon Carleton	68-69	Patricia Roby	157-158
Willa Casstevens	70-71	Brandi Roth	XXX 2021 ^
Cesar Castaneda	72	Jill Duba Sauerheber	159-160
Gloria Smith Cisse	73-74	Bradley Smith	161-162
Liette M. Collier	75-76	Rob Stones	163
John H. Copper	77-78	Jean Seville Suffield	164-166
Asja Pallnic Cvitanovic	79-80	Kalikamurti S. Suich	167-168
Lois DaSilva-Knapton	81	Lynn Sumida	169-170
Denise Daub	82	Jagoda Tonsic-Krema	171-173
Wendell Dryden	83-84	Tammy Shaffer Totten	174-175
Mona Duncan	85-86	Stephen Tracy	XXX 2021 ^
Frank Dunn	87	Lee Triche	176
Jeri L. Ellis	88-89	Bob Wubbolding	177-179
Mike Fulkerson	90-91	Sandra Wubbolding	XXX 2021 ^
Garry Garnaut	92	Richard Coutu	180
Carleen Glasser	93	Claude Marcotte	180
William Glasser	94-96	Louise-Nicole Dupuy	180
Adrian Gorman	97		
Diane Gossen (Hetherington)	98		
Jane V. Hale	99-100		
Judy Hatswell	101-102		
Nancy Herrick	103-104		
Shari Holland	105		
Ivan Honey	106-107		
Sean Humphries	108-109		
David Jackson	110-111		
Masaki Kakitani	112		
Gwen Kessell	113		
Carol Kretzmann	114		
Brian Lennon	115-116		
Daniel Linnenberg	117-118		
Lawrence Litwack	119		
Bosiljka Lojk	120-121		
Leon Lojk	122-124		
Robert Martin	125-126		
Cynthia Palmer Mason	127-128		
Nino Jose Mateo	129-130		
Sheryl Matwijkiw	131-132		
Maureen Craig MacIntosh	133-134		

While nearly all of the "Brief Bios" can be found in the Fall 2020 issue of the Journal, there are three "Brief Bios", tabbed thusly (^) above, that are located in the Spring 2021 instead. They're on pages 68-71.

THE END OF MY ROPE, WHERE I FOUND HOPE

(From *Connect & Lead: Choice Theory Leadership at Work**)

Brian K. Patterson, M Ed, Psy M, LSSBB, CTRTC

Executive Director, Glasser Institute for Choice Theory- US

From the time I left college, I worked with high school students in churches, non-profits, and schools. I taught history, choir, and coached sports. I thought I was good at leading them. Dealing with a sense of burnout, I tried leadership in a non-profit for three years. It was going all right, when suddenly the organization just collapsed, and I was out of a job. Since I had my education degree, I stopped in at a charter school to see if they needed me.

It was a space in a strip mall that housed a charter school for 'at-risk' high school students. Each student was on an individualized, computerized program for a 4-hour session, and there were three sessions per day. There were about 40 students, each on a computer, in one big room with 3-5 teachers there for assistance and mainly to keep order. Many of the students were chronologically sophomores but had a 3rd grade reading and math level. It was a vastly different setting than any school I had ever seen. It was December and they needed someone desperately, so they hired me. I began to work, part-time, with truly little training, and felt brutalized after every session. These kids were angry, depressed, insolent, and violent! Who could teach them anything? Their favorite word was the "F" word. It was a noun, a verb, an adjective and sometimes a syllable in the middle of another word! The job was like being a substitute teacher in the movie, *Freedom Writers* or worse.

When I began working with these students, I thought my skills were gone. I had been successful with high school kids before. Suddenly, all the tricks I had used to make connections with students were useless. These kids were not getting me. They did not trust me. They were not understanding how much I wanted to help. I would go home at night and circle ads in the paper, looking for another job.

Something was stirring inside me, though. I was starting to see that students were not the problem. I became aware that it was the adults around them- parents, school administrators, former teachers- the system. The students were not failures. It was the adults who had failed to create a positive learning environment with these kids who were brilliant and creative. They were simply not the compliant type and because the adults did not know how to deal with them, they had been labeled as 'learning disabled,' 'oppositionally defiant,' 'attention deficit', or 'just stupid'. These terms were quotes on paperwork or that students remembered from their former teachers, administrators, and parents.

I was working with one other teacher in the night session with about 20 students. This teacher loved working one on one with her favorite students but seemed not to notice the goings-on in the rest of the classroom. I was trying to help students, answer the phone, take attendance, and manage the classroom. There were doors in the back left and back right of the room that exited to the parking lot. Someone on the left side of the room would start an argument with another student or raise their hand for help. As soon as I was done there, a similar situation would develop on the right side. Soon, I realized that there were only six kids left in the room, including the one the other teacher was tutoring. These students had manipulated me so they could sneak out of the classroom. They had a brilliant strategy. There were many times when they demonstrated their abilities by manipulating teachers and creating interesting strategies like that. They just did not see how to apply their wits to academic pursuits.

Curious about where this educational concept had started, I investigated the origins of this particular alternative school system and found that it had started as a school for 'at-risk' students, north of Chicago, from the Lake County, Illinois Juvenile Detention Center and that it had been founded on the concepts of Dr. William Glasser, psychiatrist. Glasser's concepts were called Choice Theory (originally called Control Theory), Reality Therapy, and Quality Schools. I found a poorly photocopied chapter of one of Dr. Glasser's books, *Schools Without Failure* and began to read.

I read this in Chapter Two,

"It is the responsibility of each individual child to work to succeed in the world to rise above the handicaps that surround him (or her); equally, it is the responsibility of the society to provide a school system in which success is not only possible, but probable."

That concept was so profound, yet it was so opposite of what I was seeing, in this school or in any school, and it fanned a spark into flame inside me. I was the one who had to do something differently. If not me, who? How could I abandon these kids to continually be treated like second class citizens by the educational system? Many of them had been told by other teachers that they might as well drop out and that they were too stupid to graduate.

I was learning that school was a place where the products (students) were blamed for failure to meet standards. Bob Hoglund, who became one of my mentors in Glasser Choice Theory concepts, said that school was a complex place because students are our products, our co-workers, and customers. Educators could go on in their profession failing as many kids as they wanted and not be held responsible. It did not make sense. I saw these alternative classrooms, and students, with new

eyes. I began to study Glasser's work and apply what I learned to leading. Students quickly responded. They knew I cared because I paid more attention to them than their scores or habits or even attitudes.

After a year and a half of self-study and practicing what I learned, I found that the Bob Hoglund, Glasser Senior Faculty member, was leading a 4-Day Basic Intensive Training for Choice Theory, Reality Therapy, Lead Management, and Quality Schools, all based on Dr. Glasser's study and experience, in nearby Tempe, Arizona. When I was driving home at the end of the first of four days, I told myself, "This is it! This is what I've been looking for." I was gaining the knowledge and skills of leadership that would propel me through the next 15 years, and the rest of my life. What Choice Theory gave me was not all the answers. True learning never does. It created a deep, respectful curiosity for how people were thinking and a very flexible modality to discover solutions with the other person. Perhaps, discovering the solutions was not just with them, but within them, making these changes lifelong skills.

Dr. William Glasser was a board-certified psychiatrist and was known as a maverick in the field of psychotherapy. He questioned what was considered the status quo, the 'settled science' and introduced many new viewpoints into the world of thinking and relationships. He had a master's degree in chemical engineering but wanted more so he got his medical degree and psychiatric certification at UCLA. His theories did not come about in the classroom but in application at the Ventura School for Girls in California and work with the Veteran's Administration.

Dr. Glasser taught that each of us is hard-wired with 5 Basic Needs: Survival, Love, Belonging, Power, Freedom, and Fun. Unlike Maslow's hierarchy, these needs are not uniform. These needs are uniquely expressed in each individual. Each of us has an internal Quality World where we store pictures of people, places, or things where these needs are perfectly met. When the Perceived World around us is not allowing us to match those pictures, we behave in some way to try to get them to match. Everyone is doing the best thing they know at the time to meet those needs.

With this new knowledge, I was able to help students, and later, leaders, improve relationships with this new understanding of themselves. To help them see that others were trying to do the same thing helped the environment in the classroom immensely as it will in the workplace.

This knowledge had some positive results. In the learning center where I taught: behavioral incidents went down 80%, test scores went up 50%,

attendance went up to 92%, graduations went up (from the charter school average for at-risk students of 47%) to 95%, and satisfaction for students and teachers went up. The other teachers, and even the center director did not always agree with my approach, but it was working for the kids! The adults seemed to prefer the 'my way or the highway' method better but it did not work long- term for our customers, the students. They had already rejected that model in the education system that had failed them.

WAYS TO DISCERN FRIENDS FROM FOES

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

Who is it that means a great deal to you?
Is it because they always assist you as well as others too?
Do they frequently do things that others would avoid,
or do they help out, even when others become very annoyed?

Truly, some people like to bend over backwards for you,
while others seem to have little interest in what you do.
The former people we refer to as our dearest friends,
but the latter group can't wait until they see our back ends.

One of our life's goals is to figure out which is which,
before some of them might leave us alone in a ditch.
Of course, our real friends would never do that,
but our would-be foes are often tempted to leave us totally flat!

So, how might we know which are our friends or not?
Well, the answer is clear, those who look after us a lot?
For friends spend much of their time being very friendly,
while our foes seem to leave us feeling really empty!

Perhaps what we need is some ways to separate the two,
so that we can readily discern who's a friend or a fool?
To this end, then, we need to discern,
who would help us endlessly, vs. who would leave us to burn?

This simple quiz may be exactly what many need . . .

Friend's Name

- | | | |
|---|-----------|----------|
| 1. Does _____ help you again and again? | Yes _____ | No _____ |
| 2. Does _____ greet you with a friendly grin? | Yes _____ | No _____ |
| 3. Does _____ act like a guardian watching over you? | Yes _____ | No _____ |
| 4. Does _____ stop and listen to you when few others do? | Yes _____ | No _____ |
| 5. Does _____ lift you up and never let you down? | Yes _____ | No _____ |
| 6. Does _____ brag about you when you're not around? | Yes _____ | No _____ |
| 7. Does _____ seem to be someone you can really trust? | Yes _____ | No _____ |
| 8. Does _____ always tell you that you're the very best! | Yes _____ | No _____ |
| 9. Does _____ stay by you when things get awfully rough? | Yes _____ | No _____ |
| 10. Does _____ act kindly even when times are really tough? | Yes _____ | No _____ |

Bottom line: A "good friend" works tirelessly to help you to like yourself, while our foes rarely work tirelessly on anything unless it's for themselves. This being so, check out this grid, and see with whom you are surrounding yourself. If you check "yeses" predominantly when describing your friends, you "WIN", but if not, you should probably change your "friendship pool" in an attempt to not sink, but swim! Of course, in the end, it's always your choice, but wouldn't life really be better if you spent it with friends, and not with someone who makes you feel friendless . . . until the bitter end?

HELPFUL HINTS FOR YOU AND FOR YOUR CLIENTS AND STUDENTS TOO!

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

Helpful Hints

First off, I've had some truly wonderful experiences since I joined ranks with the CT/RT folks, starting with being able to team-teach with Dr. Glasser, via Telenet, in order to share our combined understandings with our students across the State of Kansas in 1979. At that particular point, I was the novice and Bill was the sage who was respected by all, but over the years I have learned a lot from Dr. Glasser, Dr. Wubbolding, and a large cast of other WGI members who gladly shared with me their knowledge, as I also grew in understanding myself, and even contributed a theory or two that hopefully was helpful to more than just a few.

Second, back in 1981 Bill shared with me the idea that neither students nor clients will likely learn anything until they realize that they need that information in order to overcome an unsettled problem or two. I hope sharing this idea with you will ultimately be helpful for you too!

Third, regarding the Eight Steps of Reality Therapy, it's essential that for students and clients, too, you need to carefully create a "friendship" with them, for in so doing they'll more likely be willing to listen to you. Notably, on the first days of class, or when beginning with a new client, I often wear a special button to break the ice with them. Specifically, my button read, "You are my friend, I just don't know your name yet!" That button was a very valuable asset for me, as was my ability to remember up to a hundred names of students at a time, even on the first day of class, while I was teaching 85 students at a time, and taught three or four such classes, multiple times a week, each semester.

Discerning What They Want, Expect, or Have an Interest In

Asking students and/or clients what they wanted or expected is also very important, and it's critical that you remember what they tell you if you really wish to be admitted into their "Quality Worlds" for more than just a semester or two.

Discerning what is of interest to them can also become key, for once you know their various interests, teaching or counseling them will likely go much more easily.

How Well Do They Do at Various Tasks?

The first question that should be asked here is "How well are your students/clients doing at fulfilling various tasks?" In other words, are they able to get what they want, for if they're struggling to do so, you can actually become their hero where and when it really counts.

For example, if they haven't been successful of late, you can share with them some options that they might deem to be really great! To do so, just begin by asking if they are getting what they want, and if they say "No," then you might wish to introduce them to these three ways that should help them to more likely get what they want right away.

First, what have you done before that has worked for you, and could you go back and try those actions again, at least for a time or two?

Second, can you try out new and different ways that you haven't tried before, but don't hang on to them too long if they fail to get you off the floor!

Third, you can also look around and see what works for others, and when you find one or two that really work well for you, don't let them go, especially when you're on a roll!

One strategy that I love to use to find effective ways to motivate others in what they should do, is to steer them toward reviewing sources that offer many helpful alternatives that people have chosen, especially if they have been found to work very well for others, like sorority sisters or fraternity brothers.

Just go to the lists that offer great strategies that you think could work for you, and then hang in there with them, at least for a week or two. Furthermore, don't be surprised if you soon get what you want, while others are still having trouble since they're still "being swamped" since their strategies have only resulted in things that might be more appropriately placed NOT in their "Quality World," but are often in their "All-They-Don't-Want-World" instead!

Incidentally, while Dr. Glasser introduced everyone to the "Quality World," the "All-I-Know-World," and to the "All-There-is-World," it was yours truly who added the following worlds to complete the model. Specifically, I added the "Combination World" as well as the "All-I-Don't-Want-World," where the former is where doughnuts often reside (because we want to eat them, but we don't want to carry them around our stomachs for the next twenty years), while the latter is the world that we really want to avoid at all costs (e.g., being somewhere or doing something we truly hate, or with someone that we really don't like). By the way, I've found that some people can't easily tell others "What They Want," but can often tell people, without hesitation, exactly "what they really don't want!" So, if you can't get someone to tell you what they want, just ask them about what they really don't want instead! It can be a real game-changer!

Check Out What **Honorees, **Interviewees**, and/or **Departed Members** Have Done**

Now let's look at some things that you can do that will provide you with a new friend or two! I promise you, that if you examine the actions performed by the **honorees**, **interviewees**, and/or **departed members** (listed below), it will become clear that these strategies may be exactly what anyone needs to employ if you truly wish to succeed!

<u>Contributors</u>	<u>Honorees</u>	<u>Year, Issue, Page(s)</u>
Janet Morgan	Tom Parish	2019 39 (2) 14-15
Mike Fulkerson	Bob Cockrum	2019 39 (2) 15
Bob/Sandi Wubbolding	Tom Parish	2019 39 (2) 8-9
Tom Parish	Janet Morgan	2018 37 (2) 184
Tom Parish	Patricia Robey	2018 37 (2) 184
Tom Parish	Jean Seville Suffield	2018 37 (2) 184
Tom Parish	Robert Wubbolding	2018 37 (2) 184

<u>Contributors</u>	<u>Honorees</u>	<u>Year, Issue, Page(s)</u>
Tom Parish	Carleen Glasser	2018 37 (2) 183
Tom Parish	William Glasser	2018 37 (2) 183
Tom Parish	Bob Wubbolding	2018, 38 (1), 184
Tom Parish	Jean Seville Suffield	2018, 38 (1), 184
Tom Parish	Pat Robey	2018, 38 (1), 184
Tom Parish	Janet Morgan	2018, 38 (1), 184
Tom Parish	William Glasser	2018, 38 (1), 183
Tom Parish	Carleen Glasser	2018, 38 (1), 183
Janet Morgan	John Cooper	2018 38 (1) 183
Janet Morgan	Tom Parish	2018 38 (1) 183
Janet Morgan	Carleen Glasser	2018 38 (1) 182-183
Janet Morgan	Shearon Bogdanovic	2018 38 (1) 182
Janet Morgan	Jean Seville Suffield	2018 38 (1) 182
Janet Morgan	Bette Blance	2018 38 (1) 182
Janet Morgan	Nancy Herrick	2018 38 (1) 181-182
Janet Morgan	Robert Wubbolding	2018 38 (1) 181
Janet Morgan	Mike Fulkerson	2018 38 (1) 181
Janet Morgan	Beverly LaFond	2018 38 (1) 180
Janet Morgan	Jeri Ellis	2018 38 (1) 180
Janet Morgan	Emerson Capps	2018 38 (1) 180
Shearon Bogdanovic	Carleen Glasser	2018 38 (1) 179
Dirk Matson	Fitz-George Peters	2018 38 (1) 178
Deborah Watson	Patricia Robey	2018 38 (1) 177
Patricia Robey	Carleen Glasser	2018 38 (1) 177
Andrea Bales	Nancy Buck	2018 38 (1) 176-177
Satoshi Aoki	Rhon Carleton	2018 38 (1) 175
Kim Olver	Nancy Buck	2018 38 (1) 174
Kim Olver	Sylvester Baugh	2018 38 (1) 173

<u>Contributors</u>	<u>Honorees</u>	<u>Year, Issue, Page(s)</u>
Kim Olver	Shruti Tekwani	2018 38 (1) 173
Noriko Otsue	Carleen Glasser	2018 38 (1) 172
Farida d'Silva Dias	Jean Seville Suffield	2018 38 (1) 170-171
Multiple	Tom Parish	2017 37 (1) 101-107
Jean Seville Suffield	Tom Parish	2017 37 (1) 98-100
Boba Lojk	Leon Lojk	2017 36 (2) 166-170
Robert Wubbolding	Linda Harshman	2017 36 (2) 24-27
M. Glasser	Wm. Glasser & family	2017 36 (2) 23
Jean Seville Suffield	Linda Harshman	2017 36 (2) 24-27
Carleen Glasser	William Glasser	2017 36 (2) 18-20
Carleen Glasser	William Glasser	2016 36 (1) 17-30
Multiple	W. Glasser & B. Abbott	2016 35 (2) 51
Multiple	William Glasser	2015 35 (1) 70-71
Multiple	Patricia Robey	2015 35 (1) 63-69
Multiple	Kim Olver	2015 34 (2) 42-47
Tom Parish	William Glasser	2014 34 (1) 77
Tom Parish	Thomas Burdenski	2014 34 (1) 76
Tom Parish	Sue Tomaszewski	2014 34 (1) 75
Tom Parish	Rose Kim	2014 34 (1) 74
Tom Parish	Rhon Carleton	2014 34 (1) 73
Tom Parish	Peter Driscoll	2014 34 (1) 72
Tom Parish	Patricia Robey	2014 34 (1) 71
Tom Parish	Masaki Kakityani	2014 34 (1) 70
Tom Parish	Mary A. Graham	2014 34 (1) 69
Tom Parish	Maggie Bolton	2014 34 (1) 68
Tom Parish	Lynn Sumida	2014 34 (1) 67
Tom Parish	Lucy Billings Robbins	2014 34 (1) 66
Tom Parish	Larry Palmatier	2014 34 (1) 65

<u>Contributors</u>	<u>Honorees</u>	<u>Year, Issue, Page(s)</u>
Tom Parish	Larry Litwack	2014 34 (1) 64
Tom Parish	Kim Olver	2014 34 (1) 63
Tom Parish	Ken Lyons	2014 34 (1) 62
Tom Parish	Katherine Randolph	2014 34 (1) 61
Tom Parish	Joycelyn Parish	2014 34 (1) 60
Tom Parish	John Brickell	2014 34 (1) 59
Tom Parish	Jim Roy	2014 34 (1) 58
Tom Parish	Jean Seville Suffield	2014 34 (1) 57
Tom Parish	Janet Morgan	2014 34 (1) 56
Tom Parish	Glen Gross	2014 34 (1) 55
Tom Parish	Ernie Perkins	2014 34 (1) 54
Tom Parish	Emerson Capps	2014 34 (1) 53
Tom Parish	David Jackson	2014 34 (1) 52
Tom Parish	Bruce Allen	2014 34 (1) 51
Tom Parish	Brian Lennon	2014 34 (1) 50
Tom Parish	Bradley Smith	2014 34 (1) 49
Tom Parish	Robert Wubbolding	2014 34 (1) 48
Tom Parish	Beverly LaFond	2014 34 (1) 47
Tom Parish	Al Katz	2014 34 (1) 46
R. Wubbolding/J. Brickell	Brandi Roth	2014 33 (2) 7-11
Multiple	Brian Lennon	2013 33 (1) 131-138
Tom Parish	William Glasser	2013 33 (1) 6
Multiple	Linda Harshman	2013 32 (2) 85-93
Multiple	Robert Wubbolding	2012 32 (1) 69
Multiple	Al Katz	2012 32 (1) 57-68
Robert Wubbolding	William Glasser	2012 32 (1) 8-10
Multiple	Robert Wubbolding	2012 31 (2) 65-86
Multiple	William Glasser	2011 31 (1)

<u>EULOGIES</u>	<u>Departed Member</u>	<u>Year, Issue, Page(s)</u>
Multiple	Larry Litwack	2010 29 (2) 7-9
Multiple	Larry Palmatier	2011 30 (2) 73-78
Tom Parish	William Glasser	2013 33 (1) 6
B. Roth + Others	William Glasser	2013 33 (1) 7-43
B. Roth	Jeffery Tirengel	2018 37 (2) 13
<u>Interviewers</u>	<u>Interviewees</u>	<u>Year, Issue, Page(s)</u>
Patricia Robey	Kim Olver	2021 (1) 66-74
Patricia Robey	Lauren Joyce	2021 (1) 63-65
S. Dermer, S. Dunham & M. Mercer	Pat Robey	2019 (1) 48-52
Patricia Robey	Robert G. Hoglund	2019 (2) 29-33
Patricia Robey	Tom Parish	2017 (1) 93-97
Jean Seville Suffield	Tom Parish	2017 (1) 98-100
Patricia Robey	Rose Kim	2016 (2) 45-49
C. Zalaquett	Robert Wubbolding	2016 (2) 36-44
Patricia Robey	Jim Montagnes	2015 (1) 57-62
Patricia Robey	Robert Wubbolding	2015 (2) 35-41
J. Carlson	Robert Wubbolding	2015 (2) 7-10
Patricia Robey	Kim Olver (Part 1)	2014 (2) 86-91
Patricia Robey	Kim Olver (Part 2)	2014 (1) 38-43
Patricia Robey	B. Lennon on W. Glasser	2013 (1) 125-130
Patricia Robey	Linda Harshman	2013 (2) 78-84
Patricia Robey	Al Katz	2012 (1) 48-56

If you have successfully employed some of the above-mentioned strategies that others have often used in order to succeed, then don't forget to write a brief note or two, to some of your friends who might like to know what works really well for you! Besides, they will likely place you firmly in their "Quality Worlds," which is exactly where you should be as you seek to teach the entire world both CHOICE THEORY and REALITY THERAPY!

REFERENCES— The Source for ALL of the references listed in this paper is at the following website:

www.wglasserinternational.org/journals

WAYS OF FOSTERING BETTER RELATIONSHIPS WITH OTHERS

Cynthia Palmer Mason¹ and Lori Mason-Bennett²

¹Department of Counseling and Student Affairs, Western Kentucky University

²Health Sciences Management, DeVry University

Abstract

This manuscript was designed to examine the ways by which we can foster better relationships with others. Creating and maintaining healthy relationships is important, yet challenging (www.churchescare.com). The significance of personal relationships will be reviewed and discussed using a choice theory/reality therapy framework. Choice theory teaches that total behavior is made up of four distinct components – acting, thinking, feeling, and physiology. This theoretical approach emphasizes thinking and acting. The primary emphasis is on what the client is doing and how the doing component influences the other components of total behavior.

Keywords: total behavior, choice theory, reality therapy, therapeutic relationship, choices

Ways of Fostering Better Relationships with Others

The concept of relationships is broad and varies from person-to-person. The meaning of “relationships” is unique to each individual; however, most people seem to think of a state of connectedness, especially an emotional connection. Personal relationships refer to close connections between people, formed by emotional bonds and interactions. These bonds usually grow from and are strengthened by mutual experiences. Relationships are not static, they are continually evolving; and to fully benefit from them we need skills, information, inspiration, practice, and social support (Kreitzer, 2016).

There is compelling evidence that strong personal relationships contribute to a long, healthy, and happy life. Findings from an abundance of research projects indicate the significance of healthy relationships; for instance, a review of 148 studies found that people with strong social relationships are 50% less likely to die prematurely; and, in a study of over 100 people, researchers found that people who completed a stressful task experienced a faster recovery when they were reminded of people with whom they have strong personal relationships. Also, according to research efforts by psychologist Sheldon Cohen at the Earl E. Bakken Center for Spirituality and Healing, college students who reported having strong relationships were half as likely to catch a common cold when exposed to the virus, while an AARP study with older adults found that loneliness is a significant predictor of poor health among the elderly (Kreitzer, 2016).

Furthermore, low social support is closely linked to several health consequences, such as: depression, decreased immune function, and higher blood pressure. In addition, psychiatrists Jacqueline Olds and Richard Schwartz found that social alienation is an inevitable result of contemporary society’s preoccupation with frantic “busy-ness” and materialism. Their research efforts support the idea that a lack of relationships can cause multiple problems with physical, emotional, and spiritual health (Kreitzer, 2016).

Healthy relationships are important, and they are externalized in many ways such as parents modeling appropriate behaviors when providing a materially secure atmosphere for their children. The need for belonging occupies a central place in human motivation and a wide range of behaviors springs from the desire of people to connect with each other. There

are several theories that focus on changing negative behavior which impacts the lives of individuals and those with whom they interact. Also, it is important to note that there is evidence for the effectiveness of behavior change interventions at individual, community, and population levels (Abraham, et al., 2009). In the following paragraphs, total behavior and ways to foster better relationships with others will be explored using a choice theory/reality therapy framework.

Choice theory was developed by William Glasser (1998), it explains why and how people function. This theoretical approach is the basis for reality therapy. Reality therapy provides the delivery system for helping individuals take more effective control of their lives. Therapy consists mainly of helping clients to make more effective choices as they deal with the people and situations in their lives. For therapy to be effective, it is essential for the therapist to establish a satisfactory relationship with the client. After this, the skill of the therapist as listener and teacher assumes a central role.

Choice theory posits that we are not born blank slates waiting to be motivated by forces in the world around us. Rather, we are born with and motivated by five genetically encoded basic needs that drive us all our lives (Glasser, 1998). These needs are survival, love and belonging, power or achievement, freedom or independence, and fun. Each person has all five needs; however, they vary in strength. This approach emphasizes that shortly after birth and continuing all through life, individuals store information inside their minds and build a file of wants that comprise their *Quality World*. This is the world we would like to live in; it is completely based on our wants and personal needs and these are very specific. This somewhat imaginary world consists of specific images of people, activities, events, beliefs, possessions, and situations that fulfill our needs (Wubbolding, 2000, 2011a).

People we are closest to, and most enjoy being with, are the most important components of our *Quality World* and these are the individuals that clients care about and want most to have a relationship with. Choice theory explains that everything we do is chosen and every behavior is our best attempt to get what we want to satisfy one or more of our basic needs (Glasser, 2001). Getting into the client's quality world is the art of therapy; for therapy to be successful, the therapist must be the kind of person clients would consider putting in their *Quality World* (Glasser, 2001).

Choice theory practitioners stress the significance of the therapeutic relationship which is the foundation for effective counseling outcomes (Wubbolding & Brickell, 1999). Choice theory counselors are usually able to develop effective therapeutic relationships with clients because they possess the personal qualities of warmth, congruence, acceptance, sincerity, concern, openness, understanding, and respect for the individual (Corey, 2009). They use attending behaviors, listening skills, suspension of client judgment, facilitative self-disclosure, summarizing, and focusing to create the type of climate that leads to client participation (Wubbolding, 2000). The artful integration of these skills is paramount to a trusting and supportive relationship between the professional and the client.

Choice theory teaches that total behavior is made up of four distinct components; these are acting, thinking, feeling, and physiology which accompany all our thoughts, feelings, and actions. This theoretical approach emphasizes thinking and acting. The primary emphasis is on what the client is doing and how the doing component influences the other components of total behavior. Behavior is purposeful because it is designed to close the gap between what we want and what we perceive we are getting. Our behaviors come from within; therefore, we choose our destiny.

Reality therapy was developed by William Glasser (1965); it is a method of counseling and psychotherapy based on choice theory principles. The essence of reality therapy is that we are all responsible for what we choose to do. We are internally motivated by current needs and wants, and we control our present behavioral choices. Reality therapy emphasizes the importance of the therapeutic relationship which is the foundation for effective counseling outcomes (Wubbolding & Brickell, 1999). To enhance client relationships, therapists must eliminate the seven deadly habits of criticizing, blaming, complaining, threatening, punishing, nagging, and rewarding for control. These negative reactions must be replaced with the seven caring habits of supporting, encouraging, listening, accepting, trusting, respecting, and negotiating differences.

The atmosphere in any setting must be one of friendliness and firmness; therapists establish this by involving, encouraging, and supporting clients. This interaction helps to build trust. It is through this relationship with the therapist that individuals begin to drop their defenses and learn from them.

Wubbolding (2000) extended the theory and practice of reality therapy with his conceptualization of the WDEP system. It is a pedagogical tool that is useful for understanding and teaching the concepts. Each letter represents a cluster of appropriate skills and techniques for assisting clients to take better control of their lives and thereby fulfill their needs in ways that are satisfying to them and to society. Wubbolding has expressed these elements in a way that makes them easy to remember, for instance: W=wants, needs, and perceptions; D=direction and doing; E=self-evaluation; and P=planning. The art of counseling is to weave these components together in ways that lead clients to evaluate their lives and to decide to move in more effective directions.

Regardless to the setting, the goal or desired outcome for reality therapy is a change in behavior resulting in need satisfaction and greater happiness. After the introduction and informed consent, reality therapists move to the procedures and use them as a guide. They start by helping clients to discover their wants, needs, and perceptions. All wants are related to the five basic needs and the key question is, "What do you want?" Clients are asked to describe what they want for themselves, the world around them, and from the therapy process itself. They would be asked about their level of commitment (Wubbolding, 1988, 1996b) as "How hard are you willing to work at solving the problem or gaining a better sense of control for yourself?" Questions in each area of the system are designed to help clients move from a sense of external control to a sense of internal control. It is an art for therapists to know which questions to ask, how to ask them, and when to ask them.

The next step in the procedures is the "D" which involves questions about what the client is doing and where the client's current behavior is taking them. Even though problems may be rooted in the past, clients are encouraged to learn to deal with them in the present by learning better ways to get what they want. Early in the counseling process, it is essential to discuss with clients the overall direction of their lives, including where they are going and where their behavior is taking them. Clients are asked if their current behavior is leading them in the direction where they want to be in a month, a year, or two years.

After the discussions about what clients want and what they are doing, clients are asked to conduct a searching inner self-evaluation. Self-evaluation ("E") is the third step in the procedures, and it is the cornerstone of the WDEP system. Glasser (1990a, 1990c) described it as the core of reality therapy; and Wubbolding (1990, 1991a) viewed it as the keystone in the arch of procedures. This evaluation involves the client examining behavioral direction, specific actions, wants, perceptions, new directions, and plans (Wubbolding, 2011b, 2015b). It is the counselor's responsibility to assist clients in evaluating the quality

of their actions and to help them make responsible choices and develop effective plans for change.

The last step in the system of procedures is the “P” which refers to planning and action. When clients determine what they want to change, they are generally ready to explore other possible behaviors and formulate an action plan. The process of creating and carrying out plans enables clients to begin to gain effective control of their lives. If the initial plan does not work for any reason, the therapist and client work together to devise a different plan. The plan is important; it gives the client a starting point. Wubbolding (2011a, 2011b) uses the acronym SAMIC to capture the essence of a good plan: simple, attainable, measurable, immediate, involved, consistently done, committed to, and controlled by the client.

Discussion

This theory (choice theory) and method (reality therapy) comprise a comprehensive system for both understanding human behavior and enhancing relationships (Wubbolding, 2000). Because of the documented effectiveness of this theoretical approach, it was used to explore the ways by which we can foster better relationships with others. Creating and maintaining healthy relationships are important. The meaning of “relationships” is unique to each individual; however, most people seem to think of a state of connectedness, especially an emotional connection. Relationships are not static, they are continually evolving; and to fully benefit from them we need skills, information, inspiration, practice, and social support. There is compelling evidence that strong personal relationships contribute to a long, healthy, and a happy life; whereas, low social support is closely linked to several health consequences.

Personal relationships are important. The need for belonging occupies a central place in human motivation and a wide range of behaviors springs from the desire of people to connect with each other. Regardless of the setting, the goal or desired outcome for reality therapy is a change in behavior resulting in need satisfaction and greater happiness. Along these lines, it is important to note that there is evidence for the effectiveness of behavior change interventions at individual, community, and population levels (Abraham et al., 2009).

Choice theory was developed by William Glasser; it explains why and how people function. This theoretical approach is the basis for reality therapy. Reality therapy provides the delivery system for helping individuals take more effective control of their lives. Therapy consists mainly of helping clients to make more effective choices as they deal with the people and situations in their lives.

Choice theory practitioners stress the significance of the therapeutic relationship which is the foundation for effective counseling outcomes (Wubbolding & Brickell, 1999). Choice theory counselors are usually able to develop effective therapeutic relationships with clients because they possess the personal qualities of warmth, congruence, acceptance, sincerity, concern, openness, understanding, and respect for the individual (Corey, 2009). The atmosphere in any setting must be one of friendliness and firmness; therapists must establish this by involving, encouraging, and supporting clients. This interaction helps to build trust. It is through this relationship with the therapist that clients begin to drop their defenses and learn from them.

Wubbolding (2000) extended the theory and practice of reality therapy with his conceptualization of the WDEP system. Each letter represents a cluster of appropriate skills

and techniques for assisting clients to take better control of their lives and thereby fulfill their needs in ways that are satisfying to them and to society. These elements are expressed in a way that makes them easy to remember, for instance: W=wants, needs, and perceptions; D=direction and doing; E=self-evaluation; and P=planning. The art of counseling is to weave these components together in ways that lead clients to evaluate their lives and to decide to move in more effective directions.

After a discussion about what clients want (W) and what they are doing (D), they are asked to conduct a searching inner self-evaluation (E). At this point, the therapist helps clients to decide if what they want (to foster better relationships with others) is supported by what they are doing and if what they are doing is leading them in the direction they want to go. It is the counselor's responsibility to assist clients in evaluating the quality of their actions and to help them make responsible choices and develop effective plans for change.

The last step in the system of procedures is the "P" which refers to planning and action. When clients determine what they want to change, they are usually ready to explore other possible behaviors and formulate an action plan. The process of creating and carrying out plans enables clients to begin to gain effective control of their lives. The plan is important; it gives the client a starting point. Wubbolding (2011a, 2011b) uses the acronym SAMIC to capture the essence of an effective plan: simple, attainable, measurable, immediate, involved, consistently done, committed to, and controlled by the client.

References

- Abraham, C., Kelly, M. P., West, R., & Michie, S. (2009). The UK National Institute for Health and Clinical Excellence public health guidance on behavioral change: A brief introduction. *Psychology, Health, and Medicine*. 2009; (1); 1-8. Doi: 10.1080/13548500802537903.
- Corey, G. (2009). *Theory and practice of counseling and psychotherapy*. Belmont, CA: Thompson Brooks/Cole.
- Glasser, W. (1965). *Reality therapy*. New York: HarperCollins.
- Glasser, W. (1990a). *A diagram of the brain as a control system* (Chart). Chatsworth, CA: The William Glasser Institute.
- Glasser, W. (1990c). *The quality school*. New York: HarperCollins.
- Glasser, W. (1998). *Choice theory*. New York, NY: HarperCollins.
- Glasser, W. (2001). *Counseling with choice theory*. New York: HarperCollins.
- Kreitzer, M. J. (2016). Why personal relationships are important. Earl E. Bakken Center for Spirituality and Health. <https://www.takingcharge.csh.umn.edu/why-personal-relationships-are-important>
- Wubbolding, R. (1988). *Using reality therapy*. New York: HarperCollins.
- Wubbolding, R. (1990). Evaluation: The cornerstone in the practice of reality therapy. *Omar Psychology Practitioner Series*, 2, 6-27.
- Wubbolding, R. (1991a). *Understanding reality therapy*. New York: HarperCollins.

Wubbolding, R. (1996b). Professional issues: The use of questions in reality therapy. *Journal of Reality Therapy*, 16(1), 122-126.

Wubbolding, R. (2000). *Reality therapy for the 21st century*. Philadelphia, PA: Brunner Routledge.

Wubbolding, R. (2011a). *Reality therapy*. Washington, DC: American Psychological Association.

Wubbolding, R. (2011b). Reality therapy/choice theory. In D. Capuzzi & D. R. Gross (Eds) *Counseling and psychotherapy: Theories and interventions* (5th ed., pp. 263-285).

Wubbolding, R. (2015b). *Reality therapy training manual* (16th rev.). Cincinnati OH: Center for Reality Therapy.

Wubbolding, R., & Brickell, J. (1999). *Counseling with reality therapy*. Oxfordshire, UK: Speechmark.

Brief Bios-

Cynthia Palmer Mason, EdD, BOE, CTRTC, also Faculty Member of William Glasser International; School Counseling Program Certification-Only, Rank I, and Clinical Practicum Coordinator; and Professor in the Department of Counseling and Student Affairs at Western Kentucky University.

Lori Mason-Bennett, EdD, Visiting Professor 2, DeVry University, Keller Graduate School of Management. Doctor of Education in Higher Education - Educational Leadership Studies, College of Professional Sciences; Xavier University, Cincinnati, Ohio, 2020.

Author's Note-

Correspondence concerning this article should be addressed to Cynthia Palmer Mason, Department of Counseling and Student Affairs, Western Kentucky University, Bowling Green, KY 42101, United States. E-mail: cynthia.mason@wku.edu

HOW WELL DID YOU SLEEP LAST NIGHT?

Janet Morgan, Ed.D., CTRTC, Board Member, IJCTRT

Abstract

"How is your sleep?" This is a question that I often ask in my intake interview or questionnaire in my counseling practice. Notably, most of my clients have sleep issues! However, my military clients often experience "sleep complications." Before we go any further, though, let's lay out some basic information. Chronic insufficient sleep can be associated with any of the following: increased morbidity, mortality, and health issues. Health issues, such as sleep deprivation, can be significant. Sleep deprivation has been linked with various mental health disorders, such as depression and increased anxiety. Experts from the American Academy of Sleep Medicine propose that adults aged 26-64 require greater than—or equal to— 7 to 9 hours of sleep every night in order to achieve optimum physical and mental health. Interestingly, though older adults may have different sleep requirements depending upon co-morbidities and related medications but they were found to also require 7 to 9 hours of sleep daily too.

Given that opening information, how much sleep do you need to perform your best? Well, let's do the math—

Follow these simple steps:

1. Set aside a week or two so that you can focus on your sleep and not allow disruptions or changes to your sleep schedule.
2. Select a typical bedtime and stick with it, night after night.
3. Allow yourself to "sleep in" as long as you want, awakening without an alarm clock in the morning.
4. After a few days you will have paid off your sleep debt, and you will begin to approach the average amount of sleep that you need.
5. Once you determine your need, try to set your bedtime at an hour that will allow you the sleep you need, while still waking up in time to start your day.
6. Once you determine the number of hours of sleep for yourself calculate the time you need to wake up (for work or duties) and subtract the hours from that time to determine what time you need to go to sleep. For example, you need 8 hours of sleep for optimal sleep. You need to wake up at 7:00 am to get ready for work. You will need to be asleep by 11 o'clock PM to get your 8 hours of sleep.
7. Remember, that calculation determines "sleep hours", not get ready to sleep hours.

WHAT ARE YOUR 'GET READY FOR SLEEP' HOURS?

Preparing for bed, or sleep, impacts the quality of our sleep!

What are you **DOING** to prepare to sleep?

Physical Environment:

Does the bed invite SLEEP? Is it comfortable? How is the PILLOW?

When was the Pillow or MATTRESS PURCHASED?

The Sleep Foundation suggests replacing PILLOWS every 1-2 years!

The Sleep Foundation also suggests replacing MATTRESSES every 6-8 years!

How about the sheets and comforter? Are they inviting for sleep?

How is the TEMPERATURE of the room? The Sleep Foundation suggests a temperature of 68 degrees for adults (<https://www.sleepfoundation.org/bedroom/environment/best-temperature-for-sleep>)

Is there a TV in the bedroom? Sleep can be disrupted by sounds or lights emitted from a TV (or any other electronic device), and sleep quality can suffer from interference in the circadian-rhythm cycle, affect melatonin levels, as well as foster an increased cancer risk. See (<https://www.sleep.org/is-it-bad-to-watch-tv-right-before-bed/>)

Does the lighting at night interfere with some other nighttime needs, e.g., causes glucose regulation problems and blood pressure problems. See (<https://www.sleepfoundation.org/bedroomenvironment/light-and-sleep>)

Cell Phone usage before bedroom: Using the phone 30 minutes before bedtime showed a positive correlation with sleep quality, daytime sleepiness, and sleep disturbances, so leaving the phone in a different room may help sleep quality.

(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7320888/pdf/nss-12-357.pdf>)

(<https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0228756&type=printable>)

Sounds

Do sounds interfere with sleep quality? Traffic sounds, motorized sounds, and environmental noises may interfere with sleep quality and may affect cardiovascular outcomes. Insulating windows and turning off anything motorized in the room may help reduce noise interference. In addition, wearing earplugs could reduce sounds made by machines.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4608916/#.text=Nocturnal%20noise%20has%20been%20shown,Basner%20et%20al>.

<https://www.sleepfoundation.org/noise-and-sleep>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMCS187651/>

Snoring partner and sleep quality: <https://eri.ersjournals.com/content/34/5/1127B>

Behavior

Getting ready for bed involves a process of implementing relaxation techniques that might improve the quality of our sleep experience.

Nutrition

Some research suggests that eating before bedtime may interfere with sleep quality, but recent is looking at the type and quantity of food intake and evaluating the results. I ask clients to try both methods: Try a week with not eating 2-3 hours before bedtime and then try a week of eating a small, quality carbohydrate snack before bedtime. A quality piece of cheese and a whole grain cracker may be enough to maintain sugar levels throughout the night. Spicy food may be a culprit of poor sleep. A food diary may come in handy to identify how certain foods may affect sleep quality.

Caffeine may also interfere with the quality of sleep. Caffeine metabolism rates may vary in individuals, but the mean half-life of caffeine in plasma in healthy individuals is about 5 hours. However, caffeine's elimination half-life may range between 1.5 and 9.5 hours, while the total plasma clearance rate for caffeine is estimated to be 0.078L/h/kg (Brachtel & Richter, 1992; Busto et al., 1989). So drinking coffee between 5-10 hours before sleep can have a negative impact on quality sleep.

(<https://jcsn.aasm.org/doi/pdf/10.5664/jcsnicsn.3170>)

Cutting off caffeine might be an individual decision. Diet and how it affects sleep is currently being researched. Some foods can promote quality sleep while others may interfere with sleep.

(<https://www.sleepfoundation.org/nutrition>)

(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5015038/pdf/an012336.pdf>)

It is important to do your own research and find the diet that works best for you.

Stay hydrated. Lack of efficient hydration may, or may not, impact sleep quality. There is little research on this topic, but the few articles found generally point to something important to personal sleep quality.

<https://www.everydayhealth.com/sleep/how-does-hydration-affect-your-sleep/>

<https://www.health.harvard.edu/staying-healthy/shorter-sleep-may-cause-dehydration>

EXERCISE FUN FREEDOM SURVIVAL

People that invest in a daily exercise routine seem to sleep better at night. The benefits of exercise go beyond getting a good night's sleep, but if sleep quality is desired, exercise is a good foundation for better sleep!

What do YOU do for FUN!

<https://hopkinsmedicine.org/health/wellness-and-prevention/exercising-for-better-sleep>

(<https://www.sleepfoundation.org/insomnia/exercise-and-insomnia>)

<https://www.sciencedirect.com/science/article/abs/pii/S0022395618308525>

<https://academic.oup.com/sleep/article/20/2/95/2731654>

Bathing

One of my favorite activities is bathing before bedtime. Notably, many of my clients have disclosed to me that engaging in a nighttime bath or shower before bedtime has improved their quality of sleep! I always thought the bath was a way to warm the muscles and also helps the body to relax, but available research has also shown that it elevates brain temperature, too, which is required if one hopes to have a good night's sleep. According to Dr. Matthew Walker (2017), he states in his book (entitled: *Why We Sleep*) that we need hot baths *prior to going to bed so that we can also induce 10 to 15% more deep NREM sleep in healthy adults.*

<https://www.medicalnewstoday.com/articles/321627>

<https://www.healthline.com/health/6-bath-soaks-to-help-you-catch-some-zzzs>

<https://www.sleep.com/sleep-health/benefits-of-a-hot-bath>

Notably, during sleep our brains are performing operations that may help us experience the following day(s) with alertness, clarity, and regulate our bodily functions. Without sleep we may run the risk of reduced physical performance, a hindered ability to learn and retain information, and an increased probability of neurological and psychiatric conditions (Alzheimer's disease, anxiety, depression, bipolar disorder, suicide, stroke, and chronic pain). Recent neuroscientific studies of military personnel provided links to sleep deprivation and disturbances in testosterone/cortisone ratio levels (hormones) (<https://doi.org/10.1371/journal.pone.02655121>). These results are not unique findings as research turns its attention towards short-term and long-term effects of sleep deprivation, combat stress, insomnia, and deployment science.

For those of you working with military personnel please note that current research is being conducted to find solutions to a persistent issue for veterans. This research is illuminating the parameters of sleep and how important it is for our physical and mental health.

Our findings regarding sleep quality are consistent with previous research showing that both too little and too much sleep can lead to a wide range of physical and mental health detriments [33, 34, 70, 71]. In general, negative effects of poor sleep can include an increased risk of mortality, obesity, poor cognitive performance, and a number of additional health outcomes [72-77]. This is particularly relevant with regard to military populations, where limited or fragmental sleep can be commonplace, if not the norm [67, 78, 79]. Recent epidemiological surveys have found approximately half of all AD Army personnel report getting fewer than 6 hours of sleep per night [1] and may develop sleep disorders that persist beyond return from deployment. (Qual Life Res, [2017] 26:1839-1851 DOI 10.1007/s11136-017-1523-7)

As mental health counselors, we have a duty to our clients to help them choose the best DOING behaviors that may accommodate their three other behaviors: thinking, feeling, and physiology. At the same time, they could choose a new bedtime routine to meet their Basic Needs in new and fulfilling ways. Below are some resources that may be helpful.

<https://www.healthline.com/health/nighttime-routine>

<https://thesleepdoctor.com/sleep-hygiene/bedtime-routine/>

<https://www.risescience.com/blog/bedtime-routine>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC26755894/>

<https://www.sleepfoundation.org/sleep/hygiene/bedtime-routine-for-adults>

<https://aquilla.usm.edu/cgi/viewcontent.cgi?article=2964&content=dissertations>

Brief Bio—

Dr. Janet Morgan NCC, LPC, CT/RTC, EMDR, MFLC, BC-TMH

US Army Veteran

Janet is in private practice in Helen, Georgia and has been with WGI since 1992. Her practice is comprised of a significant percentage of military, active duty and retired. She specializes in Trauma, Anxiety, Grief and Loss.

SELF-EVALUATION: INTERVENTIONS FOCUSING ON THE FORK IN THE ROAD

Robert E. Wubbolding, Ed.D.

Abstract:

The art of questioning and formulating other interventions focusing on self-evaluation constitutes an indispensable component for using reality therapy. The metaphor, fork in the road, operationalizes the principle of effective and ineffective behaviors described by William Glasser (2005). Some choices are seen as effective and others as ineffective. The helper uses questions, reflections and many other interventions to assist clients and client systems to assess the value and effectiveness of their total behavior.

As stated throughout the choice theory and reality therapy literature, self-evaluation is the cornerstone, the keystone in the arch of the rich array of interventions used by practitioners (Wubbolding, 2023). Discussed in a previous article, a counselor helps Jeddy, a hypothetical client, to evaluate his wide range of anti-social behaviors.

A reading of the abbreviated dialogue (Wubbolding, 2022) indicates that the counselor utilizes not only divergent thinking but also convergent thinking. The reason is to illustrate that not everyone is comfortable with open-ended questions. It seems that many clients in schools, agencies, and even in successful business institutions are more likely to evaluate their behaviors if the helper (counselor) intervenes with "either – or questions" that reflect Situation A or Situation B (Glasser, 2005).

The counselor began with an open-ended question, "Jeddy, we've talked about your troubles. What do you think about what's happening to you?" As the session develops, the counselor intervenes with 15 simple questions and reflections that attempt to elicit simple responses. Among these are: "Do you agree?" "Which road is better for you?" "Are you willing to take the first step down 'happiness highway' (Situation B)?" "Do you think you deserved expulsion?" "How about I explain this to you?"

Fork in the Road

I prefer the metaphor "Fork in the Road" rather than "Crossroads". If you've driven on a road that you've never been on, it is easier to make a decision if you come upon a fork, rather than crossroads. The latter presents too many choices. Keep in mind that we are focusing on clients and metaphors. Besides, the fork in the road more clearly represents Situation A and Situation B. The motto for dealing with clients whose behavioral suitcases are filled with anti-social or ineffective behaviors is, "KIS" Keep It Simple. Depressed clients, anti-social clients, even people victimized by society, or behaviors that no one would say is their fault such as debilitating sicknesses, can gain more effective inner control if they realize they have a pathway that leads them to even a slight increase in satisfaction or happiness.

In summary, clients often feel empowered by coming to believe that they have choices resulting in more productive behaviors.

Future Direction

Interventions for organizations such as Subsequent interventions with Jeddy might include: "How will you spend your time today, this afternoon?" "When you take steps down happiness highway, what will it look like?" "What obstacles might you find?" What short-cuts do you have available? Regardless of the environment (e.g., schools, agencies, businesses), you almost always have choices. The key to it all, however, is to analyze the alternatives, and then choose wisely! For instance, "What specifically do you need to do to take more steps on Situation B, to make it the more effective, more productive pathway?"

Summary and Conclusion:

The metaphor "Fork in the Road" provides a way for clients and client-systems to evaluate their own behaviors, the behaviors of the organization such as policies, rules both written and unwritten and the culture of the organization. A reading of Glasser's early use of reality therapy and even his later training materials as well as his books are grounded in the philosophy "KIS". Such is his legacy. He always helped individuals and groups take better charge of their lives by making more effective choices. The "Fork in the Road" helps the practitioner introduce clients to Choice Theory and helps them become motivated to lessen Situation A behaviors and to increase Situation B behaviors.

In the future, please be alert to a book, maybe several books, on this powerful metaphor.

References

- Glasser, W. (2005). *How the brain works*. The William Glasser Institute.
- Wubbolding, R. (2022). Self-Evaluation: The Bulls-Eye in Choice Theory/Reality Therapy. *International Journal of Choice Theory and Reality Therapy*, (52)2, 41-45.
- Wubbolding, R. (2023) 22nd Revision. *Cycle of Counseling, Therapy, Coaching, Managing, Supervising, & Parenting*. Center for Reality Therapy.

Brief Bio—

Robert Wubbolding, Ed.D., emeritus professor at Xavier University, who served as the Director of Training for the William Glasser Institute (1988-2011). He has also written eighteen (18) books on Choice Theory and/or Reality Therapy, plus he has also written forty-one (41) chapters regarding Choice Theory and Reality Therapy that have appeared in various textbooks in an ongoing effort to increase readers' understanding and insights concerning these topics and how they could be applied in a myriad of ways.

APPLYING AN UNDERSTANDING OF TOTAL BEHAVIOR & BASIC NEEDS TO ENHANCE EDUCATOR AND STUDENT WELL-BEING

Dr. Barry Birnbaum, Western Illinois University
Dr. Laura Frey, Central Rivers Area Education Agency

Abstract

This article presents an educator self-reflection for well-being process that integrates the concepts of Choice Theory with the Applied Behavior Analysis Model to support educators' understanding of the cause-and-effect relationship of behavior and the environment in which it occurs. The educator self-reflection for well-being is a proactive process that uses the Choice Theory concepts of Basic Needs and Total Behavior with ABA behavior pathways. Through examination of their perceptions and their own basic needs, educators can gain insights about their personal well-being and subsequent actions (total behavior). Improved educator well-being is anticipated to also benefit and enhance student well-being in the classroom.

Keywords: choice theory, total behavior, applied behavior analysis, behavior pathways

Applied Behavior Analysis and Functional Behavior Assessment

Applied Behavior Analysis (ABA) is widely used in public schools in the United States through a data collection process referred to as Functional Behavior Analysis/Assessment (FBA) (Kerr & Nelson, 2006; Van Houten & Hall, 2001; Yell, Shriner, & Meadows, 2009). General principles of ABA are that behavior is: (a) controlled by its consequences, which need to be immediate and consistent, (b) strengthened or maintained by reinforcement, and/or (c) strengthened, weakened or maintained by modeling (Sullivan, Crosland, Iovannone, Blair, & Singer, 2021). Behavior can be seen and measured with an analysis of collected data to identify the cause-and-effect relationship of a specific behavior and the environment in which it occurs. This is depicted in the following 3 behavior pathways (desired behavior, problem behavior, replacement behavior):

Setting Event-Antecedent-Desired Behavior-Maintaining Consequences (Function)

Setting Event-Antecedent-Problem Behavior-Maintaining Consequences (Function)

Setting Event-Antecedent-Replacement Behavior-Maintaining Consequences- (Function)

The desired behavior is a specific setting acceptable behavior that is observed to align with the guidelines, rules, and/or expectations for the setting. The problem behavior is a specific behavior that is observed to not follow the guidelines, rules, and/or expectations for the setting. The replacement behavior, an approximation of the desired behavior, follows the guidelines, rules, and/or expectations for the setting. By learning it, the individual gets closer to demonstrating the desired behavior (Moreno, Wong-Lo, & Bullock, 2017).

Moreno et al. (2017) found that setting-events refer to the conditions, both internal and external that influence the probability and form of behavior demonstrated by an individual. An antecedent is the thing or event that occurs precedes, occurs before the event or response.

A maintaining consequence is what occurs directly after a behavior that either increases, decreases, or maintains the behavior. The function is defined as the purpose of the behavior for the individual (Lloyd, Torelli, & Bullock, 2020). Function is relevant across each pathway (i.e., Why is the individual displaying the behavior? What does the individual get out of displaying this behavior? What is the unmet need that this behavior seeks to satisfy for the individual?). Data collection across the pathway process leads to the development of a hypothesis of the function of the behavior, which increases understanding of the cause-and-effect of the behavior (Barker, 2021; Frey & Wilhite, 2005; Lloyd, Randall, Weaver, Staubitz, & Parikh, 2020; Yell et al., 2009; Young, Andrews, Hayes, & Valdez, 2018).

Focus on Changing the System, Not the Student

In a school setting, the FBA process implemented by educators is typically activated with the perception that a student is demonstrating a “problem behavior” that has a frequency, intensity, and/or chronicity that is perceived to inhibit the student’s success. The problem behavior may also have a negative impact on other students in the classroom or school environment. The intent of the FBA is to collect data to understand the cause-and-effect relationship of the student’s problem behavior with the environment through data collection on setting, antecedent, behavior, and consequences. This leads the educators to understand the function of the behavior for the student.

The data collection depends on the educational team implementing the FBA process. When the FBA process does not fully explore the environment in breadth and depth, it can minimize the breadth and depth of data collection for a comprehensive understanding of the behavior which will negatively impact problem-solving for the student. Overemphasis during the data collection on the student who demonstrates the problem behavior can lead the educators to perceive that the root cause of the problem behavior is the student. This can imply that the problem, the root cause, is within the student. This puts the team at risk to extend to a perception that a student is willful and purposeful in displaying the problem behavior. An incomplete understanding of student behavior will impede future work to help a student decrease problem behavior, learn a replacement behavior, and display a desired behavior. An FBA process will be more robust when it explores all aspects of the student’s school and classroom environment. This includes educators and the component of an educator self-reflection for well-being.

Introducing Educator Self-Reflection into the FBA

The authors present an educator’s self-reflection for well-being as a component to the FBA process. The educator’s self-reflection for well-being is a check-in with self that integrates the concepts of Choice Theory (Glasser, 1969; Glasser, 1992; Glasser, 1998; Glasser, 2013) with the ABA model (setting event-antecedent-behavior-maintaining consequences-function). The Choice Theory concepts of basic needs and total behavior are highlighted. The educator self-reflection for well-being component can be a first step for educators to check-in with self. Educators can gain insight to understand their own basic needs, respond proactively through total behavior that meets their basic needs as they observe and perceive student behavior in the classroom and school setting.

Choice Theory Overview

Choice Theory presents a perceptual system with the intent of helping participants understand how and why individuals behave so they learn how to take more effective control or choice over one’s life (Glasser, 1969; Glasser, 1992; Glasser, 1998; Glasser, 2013). The foundation of Choice Theory postulates that all behaviors in humans are

internally motivated, purposeful, flexible, and creative. Fundamentally, in our constant attempt to gain more effective control, we as humans (control systems) behave in the world to get the picture (quality world) that we want at the time.

Glasser presented the foundation that people are intrinsically motivated to meet five innate basic needs: survival, fun, power, freedom, and love and belonging. The needs are universal and overlap with one another (Glasser, 1969; Glasser, 1992; Glasser, 1998; Glasser, 2013; Marlatt, 2014; Pedigo, Robey, & Tuskenis, 2018). Survival is the basic physiological need to survive as an individual, includes our physical needs for food, water, air, safety, shelter, warmth, physical health, and sexuality. Fun is a psychological need is enjoyment, the desire to enjoy a job, have a sense of humor, to engage in a hobby, to have interest, and to feel excitement about a work project or leisure time activity. Power is a psychological need for a sense of empowerment, worthiness, self-efficacy, and achievement. The need to be able, to be capable. It is an inner sense of accomplishment, pride, importance, and self-esteem. Freedom is a psychological need is for independence and autonomy; the ability to make choices, create and explore, to express oneself freely; have sufficient space to move around, feel unrestricted in determination of choices; free will. Love and Belonging is a psychological need to love and care for others and to believe that we are loved and cared for. Connectedness with people includes family relationships, friendships, working relationships, and acquaintanceships.

As an individual makes choices to meet needs, balance pain, and/or enjoyment, an individual acts through total behavior (thinking, acting, feelings, & physiology). Total Behavior is our best attempt to our needs met (Glasser, 1998; Glasser, 2013; Rapport, 2020). Every and all behavior is total behavior. Within Choice Theory, the visual of a car with delineation of the wheels is used as the depiction of Total Behavior, our behavioral system. The front wheels of behavior are (1) Thinking and (2) Acting. The rear wheels are (3) Feelings and (4) Physiology. Our thinking wheel is what is going on internal with our thoughts. Our acting wheel is our doing behavior (i.e., talking, walking, etc.). Our feelings wheel are our emotions (i.e., sad, angry, happy). Our physiology wheel is our physical symptoms (i.e., knees shaking, heart racing, body tensing). In a real car, all the wheels move at the same time to make the car go anywhere. The same applies with each individual and total behavior. All four components of total behavior are all interconnected to make our behavioral system. Wherever your thinking and actions take you, your feelings and body physiology will follow. Pausing to think and reflect can help look at options for actions. Changed actions can adjust feelings and physiology and consequently, an individual can increase his/her likelihood of meeting basic needs.

Educator Self-Reflection of Basic Needs and Total Behavior

Self-reflection is a standard component in and Choice Theory as it supports self-responsibility to understand basic needs and action for change (Kianipour & Hoseini, 2012; Larijani, Ghadirian, Saatchi, Layegh, & Arishiha, 2020; Marlatt, 2014; Morgan, 2020; Palmer Mason & Mason-Bennett, 2021; Parish, 2020; Rapport, 2020). Glasser believed that individuals are successful if they take responsibility for their choices (Glasser, 1969; Glasser, 1992; Glasser, 1998; Glasser, 2013). Choice Theory has a long history of application and integration in school settings (Barker, 2021; Frey & Wilhite, 2005; Glasser, 1969; Glasser, 1986; Glasser, 1992; Glasser, 1997; Glasser, 2002; Hammond, 2022; Harvey & Retter, 2002; Hinton, Warne, & Wubbolding, 2011; Ignoffo, 1999; Kianipour & Hoseini, 2012; Ludwig & Mentley, 1997; Palmer Mason & Mason Bennett, 2021; Rebane, 2000; Robey, Beebe, Mercherson, & Grant, 2011; Wittek, 2000).

Educator behavior is part of students' environment. Educator behavior contributes to the cause-and-effect relationship of student behavior and the environment of which students demonstrate behavior (desired, problem, and replacement). It is important for educators to understand their own basic needs and the subsequent impact of their needs on students they work with in the classroom and school setting. Basic needs self-reflection questions for educators can assist them to tune into themselves at any moment in time when they are working with students.

Setting Event-Antecedent-Behavior-Maintaining Consequences (Function)

Educator self-reflection for well-being is directly applicable to each stage of the behavior pathway for the educator and is relevant to the impact of the educator's behavior on students. The opportunity with the educator self-reflection for well-being provides a process for educators first to understand their own needs and behavior before they set-out to interpret a students' behavior.

The proposed array of educator self-reflection for well-being questions are shared as a starting point and crosscut the 3 behavior pathways. These questions can be used proactively throughout the day by educators. They can be used by educators when they are happy, tired, excited, hungry, upset, energized, angry, and/or overwhelmed (to just get started). The questions are relevant when educators notice they are making internal negative or less than positive self-comments about student behavior. The educator self-examination for well-being is also extremely helpful for educators and students when observing positive student behaviors.

Ideas for Educator Self-Reflection for Well-Being: Educator Basic Needs Check-in:

- What is the status of my five basic needs today? Is there one or more that feels unmet to me? Is this negatively impacting me in the classroom at this time?
- What is the status of my five basic needs today? Is there one or more that feels met and satisfied to me that I want to maintain and focus on?
- How does my perception of what is going on in my life have a positive impact for me that can help me with positive student interactions today?
- How does my perception of what is going on in my life have a negative impact for me in my interactions with students today?
- What is the status of my Love and Belonging need at this specific point in time?
- What is the status of my Survival need at this specific point in time?
- What is the status of my Fun need at this specific point in time?
- What is the status of my Freedom need at this specific point in time?
- What is the status of my Power/Self-Worth need at this specific time?
- How is my perception of what is occurring in the current classroom or school setting helping or challenging my basic needs?
- What is occurring in my five basic needs that can be a positive antecedent to my response to my needs?
- What is occurring in my five basic needs that may be a negative antecedent to my response to my needs?
- How are my 5 basic needs contributing to the function of my behavior?

Ideas for Educator Self-Reflection for Well-Being: Educator Total Behavior Check-in:

- What do I want my desired behavior to be so I can meet my basic needs and promote a classroom environment that meets student needs?
- How can I use Total Behavior to continue my own desired behavior pathway? (feelings, physiology, action, thinking)

- How can I use Total Behavior to change my own problem behavior pathway? (feelings, physiology, action, thinking)
- How can I use Total Behavior to make progress on my own replacement/alternative the desired behavior pathway? (feelings, physiology, action, thinking)
- Am I driving my Total Behavior car forward for my optimal behavior in the school setting?
- What is the status of my feelings behavior? How is it impacting my Total Behavior?
- What is the status of my physiology behavior? How is it impacting my Total Behavior?
- What is the status of my action behavior? How is it impacting my Total Behavior?
- What is the status of my thinking behavior? How is it impacting my Total Behavior?
- How is my Total Behavior contributing to the function of my behavior?
- What are my unmet needs (the function) that I might be bringing into the classroom?
- What impact does my current Total Behavior have on my basic needs?
- What impact does my current Total Behavior have on students and their basic needs?

Educator Self-Reflection for Student Well-Being

Simultaneously, as educators are trying to gain control and choice over their life, students are doing the same. In the classroom setting, students' total behavior is their best attempt to meet their needs. The application of educator self-reflection for well-being to student well-being provides an opportunity for educators to gain insight into the impact of their behavior on students' needs, students' total behavior, and overall students' well-being.

Student Desired Behavior Pathway: Educator Reflection for Student Well-Being

The student is perceived as displaying acceptable behavior (i.e., is following guidelines, rules, and expectations for the school setting). The following are questions educators can ask themselves for increased insight into student well-being:

- What student(s) needs are being met in the classroom at this time?
- What is supportive and proactive for students in the classroom, and school setting that is likely to support students' positive, desired total behavior?
- What are the supportive and proactive antecedents in the classroom, school setting for the students that are likely to support students' behavior so that it is likely to be perceived as positive, desired total behavior?
- What is following, or occurring after the positive, desired total behavior? What am I, as the educator, doing to help the student(s) to continue this positive total behavior? What can I continue to do?

Student Problem Behavior Pathway: Educator Reflection for Student Well-Being

The student is perceived as displaying a problem behavior (i.e. the student is not follow guidelines, rules, or expectations for the setting). The following are questions educators can ask themselves for increased insight into student well-being:

- What student(s) needs are not being met in the classroom at this time?
- What is not supportive and proactive for the student(s) in the classroom, and school setting that may contribute to the challenging student total behavior?
- What are non-supportive and proactive antecedents in the classroom, and in the school setting that may contribute to the challenging student total behavior?

- What am I doing that directly or indirectly may contribute to students' unmet needs that contribute to what I perceive as students' challenging total behavior? What can I do to help the student(s)?
- What is my personal attitude and perspective about the problem total behavior being displayed by this student(s)? Am I letting a personal attitude negatively impact positive teacher-student classroom interactions? Am I unintentionally contributing to the student's display of challenging total behavior?

Student Replacement Behavior Pathway: Educator Reflection for Student Well-Being

When the student is perceived to need a new behavior, the effort is often made to find a replacement to the problem behavior that is incompatible with the problem behavior. Educators who are using Choice Theory to understand student behavior are not using behaviors in an effort to power over or control student behavior. The following are questions educators can ask themselves for increased insight into student well-being:

- What student(s) needs are being met in the classroom that help support the replacement total behavior?
- How will the replacement total behavior assist the student to replace the problem total behavior? What student needs should be met to assist the student with the new, replaced behavior?
- What is supportive and proactive for students in the classroom and school setting that supports students' positive, replacement total behavior?
- What are the supportive and proactive antecedents in the classroom and school setting for the students that support students' positive, replacement total behavior?
- What should directly follow the display of the replacement total behavior to meet student needs and increase the display of this new skill?
- What am I doing to help the student(s) to continue this replacement behavior? What can I continue to do?

Educator Well-Being for Student Well-Being

The educator self-reflection for well-being component presented in this article is fundamentally a focus on teacher well-being in the pathway process to maximize student well-being. The proposed educator self-reflection for well-being check-in integrates the concepts of Choice Theory and the Applied Behavior Analysis implementation of a Functional Behavior Assessment. The use of ABA and FBA is common in public school settings to address a wide-range of decisions regarding student behavior. It is highly likely their use in school settings will continue. The Choice Theory foundations have an extensive history of use in understanding behavior, including use in school settings. It is relevant and applicable to integrate Choice Theory into the FBA process for students and educators. Assisting educators to implement effective self-reflection supports their perceptual system of optimal behavior change. Through the use of self-reflection for well-being, educators help themselves by tuning into their own basic needs (met and unmet) so they can apply the concept of total behavior first to themselves as a first pathway for behavior change. They can enhance their well-being and share their optimal well-being with students.

References

- Barker, C. (2021). Infusing Choice Theory into functional behavioural assessment. *International Journal of Reality Therapy*, 41-1(1), 35-45.
- Frey, L. & Wilhite, K. (2005). Our five basic needs: Application for understanding function. *Intervention in School and Clinic*, 40, 156-160.
- Glasser, W. (1969). *Schools without failure*. New York, NY: Harper & Row.
- Glasser, W. (1986). *Control theory in the classroom*. New York, NY: Harper & Row.
- Glasser, W. (1992). *The quality school: Managing students without coercion*. New York, NY: HarperCollins.
- Glasser, W. (1997). A new look at school failure and school success. *Phi Delta Kappan*, 78(8), 597-602.
- Glasser, W. (1998). *Choice Theory: A new psychology of personal freedom*. New York, NY: HarperCollins.
- Glasser, W. (2002). *Unhappy teenagers: A way for parents and teachers to reach them*. New York: HarperCollins.
- Glasser, W. (2013). *Taking charge of your life: How to get what you need with Choice Theory psychology*. Bloomington, IN: IUUniverse.
- Hammond, S. (2022). The story of the Glasser quality school and how it was installed at Saint Patrick's Catholic School in Norfolk, Virginia. *International Journal of Reality Therapy*, 41(2), 75-81.
- Harvey, V. S., & Retter, K. (2002). Variations by gender between children and adolescents on the four basic psychological needs. *International Journal for Reality Therapy*, 21(2), 33-36.
- Hinton, D., Warne, B., & Wubbolding, R.E. (2011). Choosing success in the classroom by building student relationships. *International Journal of Reality Therapy*, 31(1), 90-96.
- Ignoffo, M. (1999). Know thyself: Teaching students to discover their needs and values. *International Journal for Reality Therapy*, 21(2), 37-40.
- Kianipour, O., & Hoseini, B. (2012). An examination of the effectiveness of Choice Theory on Teachers' Teaching Effectiveness and Students' Subsequent Academic Achievement, *International Journal of Reality Therapy*, 31(2), 55-63.
- Kerr, M. M., & Nelson, C. M. (2006). *Strategies for addressing behavioral problems in the classroom* (5th ed.). Columbus, OH: Merrill- Prentice Hall.
- Larijani, T. T., Ghadirian, F., Saatchi, B., Layegh, K., & Arishiha, M.S. (2020). Effect of

- training William Glasser's Choice Theory on nursing students' happiness. *International Journal of Choice Theory and Reality Therapy*, 40(1), 27-31.
- Lloyd, B., Torelli, J. Pollack, M. (2020). *Practitioner perspectives on hypothesis testing strategies in the context of functional behavior assessment*. Grantee submission.
- Lloyd, B., Randall, K., Weaver, E. Staubitz, J., & Parikh, N. (2020). An initial evaluation of a concurrent operant analysis framework to identify reinforcers for work completion. *Behavioral Disorders*, 45(2), 85-102.
- Ludwig, A. A., & Mentley, K. W. (1997). *Quality is the key: Stories from Huntington Woods School*. Wyoming, MI: KWM Educational Services, Inc.
- Marlatt, M. (2014). The neuropsychology behind Choice Theory: Five basic needs. *International Journal of Reality Therapy*, 34(1), 16-21.
- Mishler, J. (2013). Integrating the Concepts of Basic Needs and Applied Behavior Analysis to Understand Student Behavior (A review of Dr. Laura Frey's presentation). *William Glasser Institute US Newsletter Conference Special Edition*, August, 7-8.
- Moreno, G., Wong-Lo, M., & Bullock, L. (2017). Investigations on the practices of the functional behavior assessment: Survey of educators and their experiences in the field. *International Journal of Emotional Education*, 9(1), 54-70.
- Morgan, J. (2020). Ideas concerning how one might satisfy his/her needs during this coronavirus pandemic. *International Journal of Choice Theory and Reality Therapy*, 40(1), 45-47.
- Palmer Mason, C., Hughey, A. W., & Galloway Burke, M. (2019). Decreasing the academic achievement gap in P-12 schools by implementing Choice Theory and focusing on relationships. *International Journal of Reality Therapy*, 39(2), 20-26.
- Palmer Mason & Mason-Bennett (2021). Enhancing academic achievement in P-12 schools using a Choice Theory framework. *International Journal of Reality Therapy*, 41-1(1), 48-58.
- Parish, T. S. (2020). Improving our choices through effective goal setting and plan-making. *International Journal of Choice Theory and Reality Therapy*, 40(1), 41-44.
- Pedigo, T. M., Robey, P. A., & Tuskenis, A. D. (2018). Realizing health: The path of mindfulness and Choice Theory. *International Journal of Reality Therapy*, 38(1), 63-75.
- Rapport, Z. (2020). Exercises and an interview to teach total behavior. *International Journal of Choice Theory and Reality Therapy*, 40(1), 23-26.
- Rebane, K. (2000). Choice theory and the identification of emotionally impaired students. *International Journal of Reality Therapy*, 19(2), 56-68.
- Robey, P. A., Beebe, J. E., Mercherson, A. D., & Grant, G. (2011). Applications of Choice

Theory and Reality Therapy with challenging youth. *International Journal of Reality Therapy*, 31(1), 84-89.

Sullivan, K., Crosland, K., Iovannonne, R., Kwang-Sun, B., & Singer, L. (2021). Evaluating the effectiveness of prevent-teach-reinforce for high school students with emotional and behavioral disorders. *Journal of Positive Behavioral Interventions*, 23(1), 3-16.

Yell, M., Shriner, J. & Meadows, N. (2009). *Evidence-based practices for educating students with emotional and behavioral disorders*. Upper Saddle River, NJ: Pearson Prentice Hall.

Young, A., Andrews, C., Hayes, C., & Valdez, C. (2018). Should teachers learn how to formally assess behavior? Three educators' perspectives. *International Journal of Special Education*, 33(2), 416-426.

Van Houten, R. & Hall R.V. (2001). *The measurement of behavior: Behavior modification* (3rd edition). Austin, TX: Pro-Ed.

Wittek, C. M. (2000). Helping children make choices for life: Glasser's choice theory at work in a third-grade classroom. *International Journal of Reality Therapy*, 20(1), 30-33.

Brief Bios—

Dr. Barry Birnbaum is an Associate Professor of Special Education in the School of Education at Western Illinois University. Dr. Birnbaum teaches undergraduate and graduate courses. He has received numerous awards for teaching students who are exceptional in their field. Dr. Birnbaum can be reached at: bw-birnbaum@wiu.edu

Dr. Laura M. Frey is a Special Education Consultant with Central Rivers Area Education Agency (Clear Lake, IA). Dr. Frey was Choice Theory and Reality Therapy certified in 2003. She has over 40 years of experience in the field of education (18 years in higher education and 22+ years in K-12 public schools). Dr. Frey can be reached at: Lmfreyedu@gmail.com

REALITY THERAPY AND NON-SUICIDAL SELF-INJURY: ARE THEY A “GOOD MATCH” OR NOT?

Sergei Bogolepov, MD, CTRTC

Abstract

Non-suicidal self-injury was discussed as a way to gain attention and power over others, but Reality Therapy (especially using the WDEP technique) could certainly achieve the same ends without putting anyone's life at-risk.

So-called Non-suicidal Self-injury (NSSI) is defined as intentional destruction of one's body tissue without suicidal intent, and for purposes that are not socially sanctioned. Behaviors like cutting arms and legs, burning, scratching, banging or hitting are very widespread among teenagers and adult populations. Self-mutilation of various body parts includes removal of ears, genitals, tongue, and teeth. We are not talking about socially-acceptable forms of inflicting pain like tattoos, piercings or ritual cuttings or burnings. Roughly 4% of the general population and 14% of college students have reported a history of deliberate self-harm. There is evidence that NSSI has become more prevalent in recent years. I have unique experiences spanning many years working as a psychotherapist, but also as an emergency medicine physician who has treated hundreds of these kinds of patients in acute-care facilities.

William Glasser (1998) reportedly noted that every behavior, even pretty crazy ones, will likely have its own purpose. After all, every human being is believed to want to satisfy his/her own basic needs (Glasser, 1988). For the past 25 years, we have been fascinated by the word “Choice”, and generally curse the word “Control.” Have we forgotten that under control Glasser meant control of his own life and never control of other people. Surprisingly, NSSI behaviors, in many instances, actually allow people to take pretty effective short-term control of their lives.

So why do people harm themselves? There are several reasons why many choose this kind of strange behavior and here are but a few of them. NSSI frequently functions to temporarily alleviate negative emotions, resulting in feelings of calm and relief. In addition, self-injury has been used as a coping strategy with short-term effectiveness in dealing with various internal problems and demands. For instance, slightly more than one-half of those surveyed reported that they self-injure as a form of self-directed anger or self-punishment. Finally, self-harm might convey to others your displeasure with their behaviors or provide a physical sign of emotional distress. In other words, self-injurious behavior certainly can readily communicate to others your failure to accept their actions as being a positive way to act toward others (Klonsky, 2014; Menninger, 1935; Misoch, 2012).

There is also strong evidence that NSSI is a strong predictor of future suicidal attempts, even stronger than a history of past suicidal attempts. Some researchers say that the severity of injury seems to be determined by the severity of its psychopathology and even offer neurochemical explanations for it. But it certainly doesn't explain why people who choose NSSI behavior often have little or no history of mental illness. In my opinion, patients with so-called NSSI must be treated more seriously—and not less seriously—than people who have actually attempted to take their lives (Nagaraja, et al., 2008).

Despite the high frequency of NSSI, most medical authorities fail to provide clear methods for the treatment of this form of psychopathology. B.J.Turner et al., (2014) have published

a detailed review regarding the treatment of NSSI. Among the most commonly used methods were Dialectical Behavioral Therapy (DBT), Emotional Regulation Group Therapy, Manual-assisted Cognitive Therapy, and Dynamic Deconstructive Psychotherapy. For instance, medical therapy targeting the serotonergic, dopaminergic and opioid systems also have demonstrated some benefits. DBT specialists think that Non-Suicidal-Self-Injury is often used by patients as a coping strategy, but despite some therapeutic effects, they came to the conclusion that change can't be specifically attributed to the "crisis coping skills" (Turner, et al., 2014).

Furthermore, I strongly believe that Reality Therapy represents a very promising approach to NSSI types of behavior, because it doesn't address superficial symptoms, but to deepest psychological needs of the person. I am using the "classical" format of Reality Therapy (WDEP), as described in detail by Robert E. Wubbolding (1988), in his book, entitled *Using Reality Therapy*.

My client, a 21 y/o girl, is a university student who attempted suicide by cutting the main artery in her foot. It is very unusual because typically this kind of client tends to cut superficial veins. In this case, though, the bleeding was very strong and indeed threatened her life. She came to see me at the insistence of her mother.

Th. Your mother brought you to me for counselling about your suicidal behavior. What does she want?

C. She wants me to stop cutting my blood vessels.

Th. And what do YOU want?

C. I want to die because I feel so lonely...

Th. Is it that bad?

C. At times it's just unbearable. Feeling insanely alone. Nobody sees you. It's like being in a desert...

Th. For me it looks like you don't want to die, you just want people to be by your side. Do you think you'll attract people by cutting your blood vessels?

C. I didn't think of it that way. It's just when people see blood, they rush to help.

Th. What else do you do to attract people's attention?

C. When I was just cutting my veins, it quickly ceased to impress people around me...

Th. Yes, it's true. People get tired by stuff like this very quickly. They think it's not serious.

C. (proudly) I found a stronger way to get them!

Th. What is it? You surely got my full attention.

C. I gave myself an anesthetic injection and cut an artery in my leg. The flow of blood is very strong and impresses people around me, especially my mother. I can press my fingers on the wound to stop the bleeding when I wish. I'm totally in control.

Th. You seem to be making a very strong impression. Sounds like Triumph of Power for me. Can I ask you a question?

C. Sure

Th. You have cut your arteries twice. How much do you have left?

C. Well... probably two.

Th. Not much...Have you thought of other ways to impress people and to satisfy your need for Power?

C. What do you mean?

Th. You are the real Grandmaster of causing and stopping bleeding. How about speaking in front of 500 medical students? They will surely listen to you extremely attentively and will likely talk about you during the next couple of weeks.

C. Sounds interesting... I'll need to think about. When will it happen?

Th. I think I can arrange this meeting within a week. Is it enough time for you to put your thoughts together and to write a small plan of your presentation?

C. Yes, I think it will be enough.

Comments.

This is an abbreviated description of a therapy session. WDEP is not the only way to practice Reality Therapy, but it is a well-structured approach that any therapist can use. When dealing with suicidal attempts, we automatically assume that the patient is lonely and his/her need for Love and Belonging is frustrated. Yes, it can be, but it is not always the case. In the described case, the patient uses NSSI behavior mostly to satisfy her need for Power. Therefore, I worked in this direction to obtain the primary therapeutic effect. I think it's not realistic to try to solve all the patient's problems in one therapeutic session. Subsequent sessions were aimed at getting reasonable balance in other needs. Later on, Choice Theory was discussed in detail, and it was well received by the patient.

References:

Glasser W.(1988) "*Choice Theory: a new psychology of personal freedom*". HarperCollins Publishers.

Klonsky E.D. (2014) "Non-suicidal self-injury: what we know and what we need to know". 3. *Canadian Journal of Psychiatry*. November 2014

Menninger K.A. (1935) "A psychoanalytical study of the significance of self-mutilations" *Psychoanalytical Q.* 1935; 4: 408-66

Misoch,S (2012) "Image communication and self-injurious behavior on the internet". University of Manheim.

Nagaraja Rao et al. (2008) "Self-injurious behavior: a clinical appraisal" *Indian Journal of Psychiatry* 2008; 50 (4)

Turner, B.J., et al. (2014) "Treating non-suicidal self-injury: a systematic review of psychological and pharmacological intervention". *Canadian Journal of Psychiatry*. November

Wubbolding R.E. (1988) "*Using Reality Therapy*". Harper Perennial.

Brief Bio--

Sergei Bogolepov, MD. Fell in love with Dr Glasser's books ever since 1993. Luckily, "I was in the right time and place" and received personal training from Bill and Carleen Glasser in their home in Brentwood, California. I also play classical guitar and blitz chess. I can be reached by email. Sbogolepov1@academ.org

SURVIVAL: THE SINGULAR NEED THAT IS MOST NEGLECTED BY PSYCHOLOGISTS

Sergei Bogolepov, M.D.

Most psychologists agree that Glasser's Need for Survival is similar to Maslow's psychological and safety level needs and that these basic needs are of LITTLE INTEREST unless they are threatened. Sadly, even devoted CT/RT practitioners are not paying very serious attention to this basic need. For instance, I have never heard discussions on this point in CT/RT circles, nor read articles about it in our Journal.

According to Dr. Glasser, all living creatures are genetically programmed to struggle to survive (Glasser, 1984,1998). Notably, people need food, clothing, shelter, breathing, personal safety, security, sex, and to have children so that the species survive. Most people make an effort to live a life that leads to substantial longevity, but at the same time, many human beings are involved in very risky behaviors that surely shorten their own life expectancy. For instance, they smoke heavily, use alcohol and drugs, involve themselves in speeding and extreme sports, plus frequently change sexual partners. We can call this category "low survival level people". During COVID-19 times, it was especially important to pay attention to this category of people. They often failed to wear protective masks, resisted being vaccinated, and actively spread the virus throughout the population. All of the above resulted in enormous health, social and economic consequences (Weber, 2002)

This category of people has always existed in humanity. Why didn't these guys die out? Usually, they die before they reach the ages of 25-35, but since they are actively having sex, they often have enough time to leave offspring which can pass their high-risk genes to later generations.

Dr. Glasser, since the 1960's, has been talking about genetic-background of the basic human psychological needs, but he did not provide any scientific basis for his position. We, his students, had to take it all on faith. In the last twenty years, a science called Behavioral Genetics has been actively developing. Karlsson Linner, et al. (2019) discovered genome-wide association of risk tolerance and risky behavior in over one million individuals. Nicos Nicolau and Scott Shane (2019), after researching 1898 monozygotic and 1344 same-sex dizygotic twins from UK, found that risk-taking preferences in health, career, sport and leisure, stock market participation, financial investment choices, and the decision-to-be self-employed are often explained by genetic factors. Some people have versions of their dopamine genes that require a higher level of dopamine release to experience the same level of pleasure that other people get from a much lower level of release of this neurotransmitter. As a result, these people engage in more risk-taking behavior to trigger the same pleasurable sensation than other people from lower levels of stimulation (Gokhan Aydogan, et al., 2021).

It should be noted that there are specific areas of the brain that are responsible for taking risky behaviors, specifically, the ventromedial prefrontal cortex (WMPC), the amygdala, and the insula. The most recent studies claim that the cerebellum plays an especial role in risky behavior. Risky decision-taking is influenced by opposing forces of the lure of gain and the fear of risk. The primary fear response is elicited by the amygdala, which has been associated with fear processing and avoidance behavior. This fear response activates the WMPC whose function is to mediate risky decision taking. There are also measurable differences in the cerebellum of more risk-tolerant people. More specifically, there is less gray matter in these areas (Jung, et al., 2018).

Risk-taking comprises uncontrolled impulsive decision-taking, concentrating on short-term gains with less consideration for potential long-term losses. Lydia de Haan and her colleagues (2011) from the Netherlands introduced the special RT-18 scale to differentiate levels of risk-taking behavior. It is quick and practical to administer and can help target appropriate interventional strategies. This scale was originally published in 2011, in the International Journal of General Medicine, and it was also published online in November 2022. It is logical to assume that this scale can be used now without permission.

At the end of the last century, I worked as a consulting psychiatrist in a maximum-security facility in Russia. If we rate ordinary people's need for survival at around 3 out of 5, these prisoners had no more than 2, and even 1. Hence, they did not experience much fear in various risky activities. It's like they didn't have any brakes!

While working with this category of patients I designed my own "Need for Survival Scale" (NSS-8). It is very easy to use and pretty reliable in screening people with a low Survival Need.

1. I can jump off a 10-meter platform into water without much hesitation.
2. I tried smoking and drinking alcohol before I was 12 years old.
3. I have had over ten sexual partners in the last three years.
4. There have been several accidents throughout the history of my extended family.
5. I believe that traffic rules are written to keep incompetent drivers safe.
6. One need not save money because nobody knows how long one will likely live.
7. Sometimes to cheer up myself I do things that I later regret.
8. I am not afraid of sudden loud sounds, nor flashes of light.

Please feel free to use my scale, but kindly mention my authorship.

Last year there was a ruthless war in Ukraine, which was accompanied by huge human losses on both sides. There is a concern among many that most people are afraid in war and that not everyone can perform combat duties. The Russian leadership has used cannon fodder tactics in order to gain success in this military operation. In other words, they have discovered that normal people are really not good in war. The owner of the private military company "Wagner", Evgeny Prigozhin, found a solution to this problem. With the consent of President Putin, he recruited more than 80,000 high security prisoners to take part in the war with Ukraine. These people are used exactly as cannon fodder and that most of them have already been killed. However, Evgeny Prigozhin claims that each of these criminals is more effective on the battlefield than any 4 normal soldiers. This is a classical example of the mass use of people with a low need for survival being sacrificed for political purposes.

In conclusion, I want to say that genes cannot CAUSE people to engage in risky behavior, but they may increase the probability that they will do so. Our role as psychologists is to identify this high-risk group of low-survival need individuals and help them to make more responsible choices. In the words of Dr. Glasser, we have to encourage this type of person to make every effort to fix their "broken negative feedback loop" so that their chances for longer longevity might more likely be improved.

References

- Glasser W. (1984). *Control Theory*. New York. Harper Collins.
- Glasser W. (1998). *Choice Theory: a new psychology of personal freedom*. New York. Harper Collins.
- Gokhan Aydogan, et al. (2021). Genetic underpinning of risky behavior as related to altered neuroanatomy. *Nature Human Behavior* (5) 787-794
- Irwin P. Lewin, et al. (2012) A neuropsychological approach to understanding risk-taking for potential gains and losses. *Frontiers in Neuroscience*. Vol 6
- Jung, W., et al. (2018) Amygdala functional and structural connectivity predicts individual risk tolerance. *Neuron*, 98, 394-404
- Karlsson Linner, et al. (2019) Genome-wide association analysis of risk tolerance and risky behaviors in over 1 million individuals. *Nature Genetics*, 51, 245-257
- Lydia de Haan, et al. (2011) The RT-18: A new screening tool to assess young adult risk-taking behavior. *International Journal of General Medicine*. Vol 4, 575-584.
- Nicos Nikolaou, Scott Shane (2019) Common genetic effects on risk-taking preferences and choices. *Journal of Risk and Uncertainty*, 59, 261-279
- Weber E. (2002) A domain-specific risk-attitude scales measuring risk perception and risk behaviors. *Journal of Behavior and Decision*, 15, 263-290

Brief Bio—

Sergei Bogolepov, MD, I fell in love with Dr Glasser's books ever since 1993. In addition, I was lucky "to be in the right time and place" and received personal training from Bill and Carleen in their home in Brentwood, California. I like to play classical guitar and blitz chess. I can be reached by email. Sbogolepov1@academ.org

TRUE MASTERS OF CHOICE THEORY AND REALITY THERAPY

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

Joycelyn G. Parish, Ph.D., CTRTC

We've known Drs. Glasser and Wubbolding for more than forty years and have never stopped admiring them for what they do and/or what they've done. Both are well published with an impressive number of publications including books and chapters in books (see Tables 1 & 2). Those who have known them well would likely say that their knowledge and application of Choice Theory and Reality Therapy cannot be surpassed. Both are accomplished teachers with teaching styles that provide students with need-satisfying experiences in their classes. Both can be described as very "approachable," with no one having ever been afraid to ask them questions in small or large groups, despite the occasion, which makes the two of them exceptional as teachers and as human beings.

Most impressively, both have provided, and in Dr. Wubbolding's case, never stopped providing feedback, seemingly "bending over backwards" in their attempts to help others quench their thirst for knowledge related to Choice Theory principles and how to apply them. Both Dr. Glasser and Dr. Wubbolding would often take questions from members of their audiences and try their hardest to get their responses back as quickly as possible. While Dr. Glasser passed away in 2013, his loving wife, Carleen, continues to respond to the questions that still come in addressed to Dr. Glasser, and will likely continue to do so for the foreseeable future!

Besides both being prolific writers and highly responsive speakers, they both have set a stellar example of what "friends" should be like, and in the forty -plus years that we have known them we have never seen either of them become angry with anyone. Having read Carleen Glasser's (2016) article describing her perceptions of her husband (Dr. Glasser), she certainly confirmed for us that he had the "patience of Job" (from the Bible). Notably, we have been with Dr. Glasser and Carleen often over the years and we never saw Dr. Glasser employ any of the "Seven Deadly Habits" when speaking to his wife, or anyone else for that matter.

Dr. Glasser's personal history includes the following: He was born in Cleveland, Ohio, in 1925, the third child in his family. His parents were Russian immigrants who immigrated to America in 1905. From the outset, his family's goal was to assimilate into the American culture. As a young man, William Glasser earned an engineering degree from Case Western Reserve University in 1946 (at the age of 21), and then subsequently a psychology credential, followed by his MD from UCLA.

As a young psychiatrist, Dr. Glasser worked in a correctional institution and in a mental health hospital in California. Early on in his work as a psychiatrist he moved away from his training in the psychoanalytic method, and instead, talked less about the importance of early childhood experiences, and more about his patients and their current experiences and/or relationships, and whether or not they were need-satisfying for them. Dr. Glasser's seminal book, entitled Reality Therapy (1965), was provocative at the time because it sought to provide clients with ownership of their problems, as well as the way in which to deal effectively with their problems. While his contemporaries often sought to impose their judgments upon their clients as they tried to "fix" their problems, Glasser simply sought to become "friends" with his clients, and to follow a simple procedure, which was often, early on, referred to as the "Eight Steps to Reality Therapy."

It wasn't until the mid-nineties that Dr. Glasser finally developed a more thorough understanding as to why Reality Therapy really works. More specifically, in (1998) he published the book "Choice Theory" that provided the theoretical underpinning for Reality Therapy. Choice Theory, then, proposes that human beings choose to act in ways that satisfy their five genetic needs—survival, belonging, power, freedom, and fun—resulting in their achieving closer proximity to their specific wants or pictures related to each need (Parish & Wubbolding, 2016). Glasser often claimed that Choice Theory was simply the train track that the Reality Therapy train ran on.

Regarding Dr. Wubbolding, having previously served as a member of the clergy, he probably acquired many ways to control his emotions better than most, and as a husband he has only earned the highest "marks," in our estimation. Over the last forty years we have seen Dr. Wubbolding and his wife, Sandra, together at various places and events, both always demonstrating the very best of "caring" behaviors for each other and for everyone else too. Although he is no longer an active member of the clergy, Dr. Wubbolding attends church often, and routinely asks others (even strangers) if they would like to join him. Then, while attending local churches, he manages to "make friends" with those he meets, even if they were not friends before. Dr. Wubbolding truly embodies for us what Jesus Christ might have been like when he walked the earth, and we have been there on many occasions to witness this in person!

Dr. Wubbolding's efforts within the William Glasser organization have been primarily directed at improving counseling techniques and the ethical conduct that goes with them. For instance, in the journals that have been associated with WGI, he has published a total of 67 articles since 1981, and 24 of them have been directed at improving the ethical conduct of counselors or anyone else charged with "helping others," or at least to try to "do no harm." His focus has been to provide those with whom he counsels the very best possible service, which would be to use Reality Therapy, and to always do so in the most ethically correct ways possible.

In many ways, the personal profiles of Drs. Glasser and Wubbolding seem to parallel as well as complement each other quite well, perhaps even "melding together" over time. Both have displayed an excellent command of Choice Theory principles and the application of those principles in understanding behavior and helping individuals take more effective control of their lives. Both travelled extensively internationally, most often doing work for and on behalf of Reality Therapy and Choice Theory. Both advanced the William Glasser International organization, with Dr. Glasser having been the Founder and undisputed group leader, and Dr. Wubbolding serving as the Director of Training for the organization from 1987-2011. As such, he basically served in the #2 position within the WGI organization for over twenty years, while Dr. Glasser founded the organization by beginning the Certification Week Program in 1975 and shepherded it until his passing in 2013. Both witnessed the growth of the organization and the spread of Choice Theory/Reality Therapy throughout the world with developments such as the following:

- The Reality Therapy Training Program in Europe, about fifteen years ago, achieved the distinction of having its certification program be approved for licensure for psychologists in Europe.
- From 1981-1996, under the direction of Dr. Larry Litwack, the *Journal of Reality Therapy* was published and distributed to members in hard copy, free-of-charge.

- From 1997-2009, under the direction of Dr. Larry Litwack, the *International Journal of Reality Therapy* was published and was also distributed to members in hard copy, free-of-charge.
- From 2010-present, Thomas S. Parish, Ph.D., became the editor of the *International Journal of Choice Theory and Reality Therapy*, which is now published and distributed around the world via internet at www.wglasserinternational/journals.

Since the inception of Reality Therapy in 1965, and then the publication of Choice Theory in 1998, there have been many others who have also contributed to the refinement and application of this powerful theory which is now a major foundation for improving lives with applications not only in counseling but also in education, business, leadership, and much more. Hats off to all those who have contributed masterfully to this refinement process, and the commensurate growth within the WGI organization.

References:

Glasser, Carleen (2016). Up close and personal With William Glasser. *The International Journal of Choice Theory and Reality Therapy*, 36 (1), 17-30.

Parish, T. S., & Wubbolding, R. E. William Glasser (1925-2013). In Robin L. Cautin & Scott O. Lilienfeld (Eds.) *The encyclopedia of clinical psychology*. First edition. Hoboken, NJ: Wiley, 2016.

Brief Bios—

Thomas S. Parish, Ph.D., CTRTC, is an emeritus professor of developmental psychology at Kansas State University. Since 2010 he has served as the editor of the *International Journal of Choice Theory and Reality Therapy*. He has authored/co-authored more than 400 articles that have been published in more than 35 refereed professional journals.

Joycelyn G. Parish, Ph.D., CTRTC, is a Licensed Clinical Psychotherapist with previous experience in academia, as well as in research design and measurement. She is currently in private practice in Topeka, Kansas, serving individuals, couples, and families.

TABLE #1

BOOKS AUTHORED (or CO-AUTHORED) by William Glasser, M. D., 1925-2013

- Reality Therapy: A New Approach to Psychiatry*, HarperCollins, Pub., 1965.
- The Identity Society*, Harper & Row, Pub., 1972.
- Schools Without Failure*, Harper Perennial, 1975.
- The Identity Society*, Harper & Row, Pub., 1972.
- Stations of the Mind*, HarperCollins, 1981.
- What Are You Doing?* HarperCollins, Pub., 1982
- Take Effective Control of Your Life*, HarperCollins, Pub., 1984.
- Control Theory: A New Explanation of How We Control Our Lives*, HarperCollins, 1985.
- Positive Addiction*, Harper Perennial, 1985.
- Control Theory in the Classroom*, Harper Perennial, 1986.
- Staying Together*, Harpperen, 1995.
- Choice Theory in the Classroom*, Harper Perennial, 1998,
- Choice Theory: A New Psychology of Personal Freedom*, HarperCollins, 1998.
- The Quality School: Managing Students Without Coercion*. Harper Perennial, 1998.
- Reality Therapy in Action*, Harper, 1999.
- Counseling and Choice Theory*, Harper Perennial, 2001.
- Unhappy Teenagers: A Way for Parents and Teachers to Reach Them*. Harper, 2002.
- For Parents and Teenagers*, Harper Perennial, 2003.
- Warning: Psychiatry Can Be Hazardous to Your Mental Health*, Harper, 2003.
- Every Student Can Succeed*, Black Forrest Book Promotions, 2006.
- Eight Lessons for a Happier Marriage*, Harper Perennial, 2007. (Co-author: Carleen Glasser)
- Take Charge of Your Life*, iUniverse, 2013.
- The Language of Choice Theory*, Harper Perennial, 1999 (Co-author: Carleen Glasser)
- Getting Together and Staying Together: Solve the Mystery of Marriage*, 2000 (Co-author: Carleen Glasser)

Table #2

Robert E. Wubbolding, Ed.D., Director*
Center for Reality Therapy

Chapters in textbooks & other scholarly books as well as entries in encyclopedias:
Resources for illustrating wide acceptance and evidence-support for reality therapy.

Chapters in Books

- Wubbolding, R. (2024). Reality Therapy. In A. Vernon & C. J. Schimmel (Eds.), *Counseling Children & Adolescents*, (6th ed.), (pp. TBD). San Diego, CA: Cognella Academic Publishing.
- Wubbolding, R. (2019). Reality therapy. In A. Vernon & C. J. Schimmel (Eds.), *Counseling Children & Adolescents*, (5th ed.), (pp. 185-221). San Diego, CA: Cognella Academic Publishing.
- Wubbolding, R. (2019). Reality Therapy: The Train for the Train Track (temporary title). In M. Muratori & R. Haynes (Eds.), *ACA Workbook*, in Process.
- Wubbolding, R. (2019). Counseling for results: Reality therapy in action. In C. Dollarhide, & M. Lemberger-Truelove (Eds.), *Theories of school counseling for the 21st century*, (pp. 127-154). New York: Oxford University Press.
- Wubbolding, R. (2018). WDEP: We definitely endorse planning for counselor self-care. In G. Corey, M. Muratori, J. T. Austin II, J. A. Austin (Eds.), *Counselor self-care*, (pp. 205-208). Alexandria, VA: American Counseling Association.
- Wubbolding, R. (2016). Reality therapy. In H. E. A. Tinsley, S. H. Lease, N. S. G. Wiersma (Eds.), *Contemporary theory and practice in counseling and psychotherapy*, (pp. 173-200). Thousand Oaks CA: Sage Publications, Inc.
- Wubbolding, R. (2016). Professional school counselors and reality therapy. In B. Erford (Ed.), *Professional school counseling* (3rd ed.), (pp.279-289). Austin, TX: pro-ed.
- Wubbolding, R. (2016). An expert's perspective on reality therapy/choice theory in groups. In G. Corey, *Student manual: Theory and practice of group counseling* (pp. 24-26). Boston, MA: Cengage Learning.
- Wubbolding, R. (2015). Reality therapy and school practice. In R. Witte, & G. S. Mosley-Howard (Eds.), *Mental health practice in today's schools* (pp. 169-192). New York: Springer Publishing Company.
- Wubbolding, R. (2015). Reality Therapy / Choice Theory. In D. Capuzzi & D. Gross (Eds.), *Counseling and psychotherapy: Theories and interventions* (6th ed.), (pp. 263-285). Alexandria, VA: American Counseling Association.

- Wubbolding, R. (2014). Reality therapy process. In G. Vandenbos, E. Meidenbauer & J. Frank-McNeil *Psychotherapy theories and techniques*, (pp. 307–316). Washington DC: American Psychological Association Psychological Association.
- Wubbolding, R. (2013). Reality therapy. In J. Frew & M. Spiegler (Eds.), *Contemporary psychotherapies for a diverse world* 2nd ed.), (pp. 339–372). NY: Routledge Taylor Francis Group.
- Wubbolding, R. (2013). Reality therapy. In B. Irby, G. Brown, R. Lara-Alecio, & S. Jackson (Eds.), *The handbook of educational theories* (pp. 481–489). Charlotte, NC: Information Age Publishing, Inc.
- Wubbolding, R. and Robey, P.) (2012). Introduction to choice theory and reality therapy. In. P. Robey, R. Wubbolding & J. Carlson (Eds.), *Contemporary issues in couples counseling* (pp. 3-19). NY: Taylor & Francis Group.
- Wubbolding, R. and Robey, P.) (2012). An interview with William and Carleen Glasser. In. P. Robey, R. Wubbolding & J. Carlson (Eds.), *Contemporary issues in couples counseling* (pp. 21-30). NY: Taylor & Francis Group.
- Wubbolding, R. (2011). Client inner self-evaluation: A necessary prelude to change. In H. Rosenthal (Ed.), *Favorite counseling and therapy techniques* (2nd ed.), (pp. 337-340). NY: Routledge
- Wubbolding, R. (2010). Professional school counselors and reality therapy. In B. Erford (Ed.), *Professional school counseling* (2nd ed.), (pp. 338-351). Austin, TX: pro-ed.
- Wubbolding, R. (2010). The effect of long-term outcome studies on the therapy of schizophrenia. In M. Richeport- Haley, & J. Carlson (Eds.) *Jay Haley revisited*, (pp. 451-457). NY: Routledge.
- Wubbolding, R. (2009). Applying reality therapy approaches in schools. In R. Christner & R. Mennuti (Eds.), *School-based mental health*, (pp. 225 – 250). NY: Taylor & Francis Group.
- Wubbolding, R. (2009). Another reality therapist's perspective on Ruth. In. Corey, G. (Ed), *Case approach to counseling & psychotherapy*, (7th ed.), (pp. 178-185). Belmont, CA: Thomson Brooks/Cole.
- Wubbolding, R. (2007). Reality therapy. In A. Rochlen, (Ed.), *Applying counseling theories*. NJ: Upper Saddle River: Pearson Education, Inc.
- Wubbolding, R. (2001). Quality time for improving family relationships. In H. G. Rosenthal, (Ed.). *Favorite counseling and therapy homework assignments*. (pp. 220-222). Philadelphia, PA: Brunner-Routledge.
- Wubbolding, R. (2000). Brief reality therapy. In J. Carlson, & L. Sperry (Eds.), *Brief therapy with individuals and couples*, (pp. 264-286). Phoenix, AZ: Zeig, Tucker, & Theisen Inc.
- Wubbolding, R.E. (2000). Reality therapy. In A. Horne (Ed.), *Family counseling and therapy*, (3rd ed., pp. 420-453). Itasca, IL: Peacock Publishing.

- Wubbolding, R., & Brickell, J. (2000). Reality therapy. In S. Palmer (Ed.), *Introduction to counselling and psychotherapy: The essential guide*. London, United Kingdom: Sage Publications, Ltd.
- Wubbolding, R. (1999). Creating intimacy through reality therapy. In J. Carlson, & L. Sperry (Eds). *The intimate couple*, (pp. 227-246). Philadelphia, PA: Brunner/Mazel.
- Wubbolding, R. (1999). Reality therapy. In W. Matthews, & J. Edgette (Eds.), *Current thinking and research in brief therapy*, (pp. 55-82). Philadelphia, PA: Brunner/Mazel.
- Wubbolding, R. (1998). Client inner self-evaluation: A necessary prelude to change. In. H. G. Rosenthal, (Ed.), *Favorite counseling and therapy techniques*, (pp. 196-198). NY: Taylor & Francis.
- Wubbolding, R. (1996). Reality therapy. In S. Palmer, S. Dainow, & P. Milner (Eds.), *Counselling: The BAC counseling reader*, (pp. 52-58). London, UK: Sage Publications.
- Wubbolding, R. (1993). Reality therapy with children. In T. Kratochwill, & R. Morris (Eds.), *Handbook of psychotherapy with children and adolescents*, (pp. 288–319). Boston, MA: Allyn and Bacon.
- Glasser, W., & Wubbolding, R. E. (1995). Reality Therapy. In R. J. Corsini, & D. Wedding (Eds.), *Current psychotherapies* (5th ed., pp. 293-321). Itasca, IL: F. E. Peacock Publishers, Inc.

Encyclopedia Entries:

- Wubbolding, R. (2017). Couples' quality time. In J. Carlson & S. Dermer, (Eds.), *The SAGE Encyclopedia of Marriage, Family, and Couples Counseling*, (pp. 375-378). Thousand Oaks, CA: Sage Publications Inc.
- Wubbolding, R. (2017). Death, parents of deceased children. In J. Carlson & S. Dermer, (Eds.), *The SAGE Encyclopedia of Marriage, Family, and Couples Counseling*, (pp. TBD). Thousand Oaks, CA: Sage Publications Inc.
- Parish, T. and Wubbolding, R. (2016). William Glasser (1925-2013). In R. Cautin & S. Lilienfeld, (Eds.), *The encyclopedia of clinical psychology*, Hoboken, NJ: Wiley Blackwell.
- Wubbolding, R. (2016). Reality therapy. In A. Wenzel (Ed.), *The Sage encyclopedia of abnormal and clinical psychology*. (pp. 418-420). Thousand Oaks, CA: Sage Publications Inc.
- Wubbolding, R. (2015). Reality therapy. In E. S. Neukrug (Ed.), *The Sage encyclopedia of theory in counseling and psychotherapy*. (pp. 856-860). Thousand Oaks, CA: Sage Publications Inc.
- Wubbolding, R. (2015). Glasser, William. In E. S. Neukrug (Ed.), *The Sage encyclopedia of theory in counseling and psychotherapy*. (pp. 462-464). Thousand Oaks, CA: Sage Publications Inc.
- Wubbolding, R. (2010). Reality therapy. In I. B. Weiner & W. E. Craighead (Eds.). *The Corsini encyclopedia of psychology*. V. 4. (pp. 1434-1436). Hoboken, NJ: John Wiley & Sons Inc.