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Table of Contents		2
Thomas S. Parish	Introduction to the Journal	3
Terri Christiansen & Patricia Robey	Promoting Systemic Change Through the Integration of Professional Learning Community Practices with Glasser Quality Schools	7
Robert Wubbolding	Acronyms and Abbreviations in CT/RT	14
Ernie Perkins	Four Different Authors' Ideas of Depression and Anxiety	18
Thomas S. Parish	Strategies That Can Help Us Exercise More Effective Internal Control	24
Sarah Gardner	Choice Theory: Gender Roles and Identity	31
Ahmad Jazimin Jusoh, Ellen Amatea, & Harry Daniels	Validity and Reliability Reality Therapy Counselor Profile Questionnaire in Malaysia	37
Robert Wubbolding	Much of What You Need to Know Regarding CT/RT	54
Patricia Robey	Working Toward a More Peaceful World: An Interview with Jim Montagnes	57
Tribute Letters, for Dr. Patricia Robey, for all of her efforts on our behalf . . .		63

In the last several issues of the *International Journal of Choice Theory and Reality Therapy* we have written many "notes of appreciation" for the various efforts expended on our behalf by many of our fellow WGI members. In the current issue we will include such letters that recognize the unending efforts of Dr. Patricia Robey. Those who have submitted such letters on Pat's behalf include the following individuals:

Carleen Glasser	Kim Olver	Thomas S. Parish
Albert Katz	Jerry Johnsen	Christine Duffield
Lois Knapton	Ahmad Jazimin	Maureen Craig McIntosh
Jill Duba Sauerheber	Banning Lary	Sarah Elliston
Barbara Smurzynski	Tia Nichols	Farida Dias
Enchelle Morris	Sylvester Baugh	Shelia B. Dixon
Jason Florin	Ashley Casentino	Jane P. Cockrum
Cynthia Mason	Jim Hutchinson	Brandi Roth
Mike Fulkerson	Marinela Mendes	Peter Driscoll
Robert Wubbolding	Sandie Wubbolding	

As an ongoing tribute to what Dr. Glasser did for us, members (and non-members, too) are invited to share with all of us their special memories with Bill, and how their interactions have subsequently changed their lives. In this issue the following individuals have recalled such memories for us. They are:

Banning Lary
Beverly LaFond
Jim Coddington III

Your “Memories with Bill” will be included in subsequent issues of the Journal, too, if you will send them to parishts@gmail.com Thanks for the memories!

An Invitation to submit your own special note of appreciation for Bill Abbott:

In the next issue of the Journal, then, we will ask that you submit to me your special notes honoring recently departed Bill Abbott and what he has done for you and the WGI organization too. Just submit your note to: parishts@gmail.com

Introduction to the *Journal*, its editor, editorial board, and essential info regarding the Journal

***IJCTRT* Editor:**

The current editor of the *Journal* is **Dr. Thomas S. Parish**. Dr. Parish is an Emeritus Professor at Kansas State University in Manhattan, Kansas. He earned his Ph.D. in human development/developmental psychology at the University of Illinois in Champaign-Urbana, Illinois, and subsequently became CTRTC certified, specializing in the areas of mental health, educational counseling, and marriage and family counseling. He has authored hundreds of refereed journal articles (many of which having focused on CT/RT) that have appeared in more than thirty different professional refereed journals. He has an extensive background in designing and conducting research studies as well as developing strategies for the implementation of Choice Theory and Reality Therapy. He is currently serving as a consultant for LDS Family Services, which is located in Independence, Missouri. This organization provides various psychological and family services to much of Kansas and Missouri. Any correspondence, including questions and/or manuscript submissions, should be sent to Dr. Parish at: parishts@gmail.com You may also contact him by phone at: (785-845-2044, (785) or 861-7261, or (785) 862-1379. In addition, a website is currently operational for the Journal. It is www.ctrjournal.com. Plus the Journal is no longer password protected on the William Glasser Institute (WGI) website, so anyone can now gain access to it.

***IJCTRT* Editorial Board:**

Besides **Dr. Thomas S. Parish**, who serves as the editor of the *Journal*, there is also in place an outstanding team of individuals who have agreed to serve on its editorial board. They are:

Emerson Capps, Ed.D., Professor Emeritus at Midwest State University, plus serves as a member of the William Glasser Institute Board of Directors, and as a faculty member of the William Glasser Institute.

Janet Morgan, Ed.D., Licensed private practice professional counselor in Columbus, Georgia.

Joycelyn G. Parish, Ph.D., former senior research analyst for the Kansas State Department of Education in Topeka, Kansas.

Patricia A. Robey, Ed.D., Associate Professor at Governors State University, University Park, Illinois, Licensed Professional Counselor, and Senior Faculty of WGI-US and William Glasser International

Brandi Roth, Ph.D., licensed private practice professional psychologist in Beverly Hills, California.

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

Jeffrey Tirengel, Ph.D., Professor of psychology at Alliant International University, and also serves as a licensed psychologist at Cedars-Sinai Medical Center in Los Angeles, California.

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

***IJRTCT* Technical Advisor:**

Finally, since the *IJCTRT* is currently an on-line journal, we have also chosen to have a "Technical Advisor" working with the editor and the editorial board. He is **Glen Gross**, M.Ed., Distance and Distributed Learning Specialist, from Brandon University in Brandon, Manitoba, CANADA.

***IJCTRT* Mission:**

The International Journal of Choice Theory and Reality Therapy is directed toward the study of concepts regarding internal control psychology, with particular emphasis on research,

theory development, and/or the descriptions of the successful application of internal control systems through the use of Choice Theory and/or Reality Therapy.

Publication Schedule:

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Notice to Authors and Readers:

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Indices of Previous Authors and Titles:

Indices of Previous Authors and Titles are Located in the Following Volumes:
Vols. 1-5 in Vol. 6.1; Vols. 6-10 in Vol. 10.2; Vols. 11-15 in Vol. 16.2; Vols. 16-20 in Vol. 20.2; Vols. 21-24 in Vol. 25.2; Vols. 26-30 in Vol. 31.2.

Answers to Key Questions Regarding Choice Theory and Reality Therapy

Are YOU interested in finding past research, ideas, and/or innovations regarding Choice Theory and/or Reality Therapy? If so, you might do the following:

Check out the last sections of the 2011 issues of the *International Journal of Choice Theory and Reality Therapy*, as they summarize CT/RT research, ideas, and innovations, which are categorized by topic and by author.

Are YOU interested in acquiring past issues of CT/RT-related articles? If so, you might note the following:

All issues of *IJCTRT* from 2010 until present are available at "<http://www.crtjournal.com>." Future issues of the Journal will also be made available at this website, too, all without charge. Yes, it's available to anyone, be they members or not!

Anything prior to 2010 can be acquired by going to <http://education.mwsu.edu> then under the Links Area, click on the hyperlink "International Journal of Choice Theory and Reality

Therapy," which will take you to the Journal page. On this page there will be hyperlinks to abstracts and a form to request a copy of any full article(s). This service is being provided by Dr. Matthew Kapps, Dean, West College of Education at Midwestern State University in Waco, Texas. Notably, WCOE at MWSU is the sole sponsor of the *International Journal of Choice Theory and Reality Therapy* and has agreed to provide this service **free** for the foreseeable future!

PROMOTING SYSTEMIC CHANGE THROUGH THE INTEGRATION OF PROFESSIONAL LEARNING COMMUNITY PRACTICES WITH GLASSER QUALITY SCHOOLS

Terri Christiansen, Ph.D, NCSP
Patricia A. Robey, Ed.D, LPC, CTRTC

Abstract

Creating a Glasser Quality School requires an understanding of organizational dynamics and an acceptance of the need for systemic change. As such, Glasser (1969) contended that a fundamental condition for change is that teachers have time to meet collectively to collaborate and learn; within the structure of schools, that condition is not easily achieved. Current educational laws and policies reflect philosophical, sociological, and economic shifts towards the need for comprehensive curricular school reforms. The call for reform in conjunction with the premise that organizations - like individuals - can learn and grow, has given rise to the concept of professional learning communities (PLC's). Professional learning communities meet the need for creating a collaborative learning culture for teachers to support systemic change with characteristics such as: shared mission, vision, values and goals; collaborative teams focused on student learning; collective inquiry into best practice and current reality; action orientation and experimentation; commitment to continuous improvement; and results orientation (DuFour & Eaker, 1998). As such, implementation of the professional learning community concept poses a powerful practice by which stakeholders can forge systemic change reflective of Glasser Quality Schools. A discussion of standards for quality/proficiency is delineated along with suggestions for strategies to create a routine meeting structure for PLC's. Finally, a delineation of roles for all stakeholders (i.e, principals, central administrators, parents and students) is outlined along with material resources that are beneficial.

The guiding principles of Glasser Quality Schools are based on the belief that learning adds usefulness and meaning to the lives of students and families (Glasser, 1992; Ludwig & Mentley, 1997). In a Glasser School, the administrators, teachers, parents, students, and support staff work together to create an environment in which everyone is able to meet their needs for connection with others, for achievement, and for the ability to make choices, not to mention the chance to experience the joy that comes with useful and meaningful learning. Creating a Glasser School requires an understanding of organizational dynamics and an acceptance of the need for systemic change. However, "In most schools it is difficult for changes to get started because one of the requisites for change - that teachers have time to meet as a group - is not met. Teachers need time to discuss, develop, and accept new approaches, to see demonstrations, and to receive repeated instruction" (Glasser, 1969, p. 117).

The necessity of time for teachers to meet as groups is currently supported by legislation and policy in education. There is a new understanding of leading and learning in schools which has laid the groundwork for the emerging concept and practice of *Professional Learning Communities (PLCs)*. Although the concept of professional learning community (PLC) has taken

on a variety of meanings in the literature, Schmoker (2004) defines the concept simply as a team of teachers who meet on a regular basis to pinpoint essential student learning objectives, develop common formative assessments, analyze current levels of achievement, set achievement goals, and share evidence-based strategies, and then create classes to improve upon achievement levels. As such, the characteristics of a learning community include ideas such as: shared mission, vision, values and goals; collaborative teams focused on student learning; collective inquiry into best practice and current reality; action orientation and experimentation; commitment to continuous improvement; and results orientation (DuFour & Eaker, 1998).

Traditional Model of Education

The traditional model of education reflected an industrial worldview that was "a formidable foe of the kinds of changes needed in a school for quality learning" (Crawford, Bodine, & Hoglund, 1993, p. 63). In the late nineteenth and early twentieth centuries, the factory model was prevalent and shaped the framework around which the American public schools were originally structured. For example, Frederick Taylor's (1911) model operated on philosophies of scientific management (e.g., centralization, standardization, top-down management, an inflexible view of time, and accountability grounded on compliance with the system). Following this model, schools are the educational assembly line down which the "raw materials" (i.e, students) are circulated while teachers operate like factory workers. Moreover, teachers are accountable for implementing the administrative mandates and decisions that are handed down in a bureaucratic manner from state boards of education to local school boards, superintendents, and principals. DuFour and Eaker (1998) were quick to point out that this model may have functioned effectively for schools when the expectations were such that fewer students were expected to be educated to a higher level. However, shifts in philosophical, sociological and economic influences in conjunction with changes in school law, state statutes, and school board policies are driving a need for comprehensive curricular school reforms, including the reform movement known as Professional Learning Communities.

Application of Business Premises to Education

The idea of professional learning communities most directly began in the business sector based on the premise that organizations, like people, can learn. The underpinnings of the Professional Learning Community notion can also be traced back to a few other key influences [i.e., Mary Parker Follet's (1924) work in the human relations aspects of business (e.g., facilitating democratic ways of relating in the workplace) and Burns' (1978) transformational leadership]. These value systems in turn prompted Total Quality viewpoints and Senge's "learning organization" (Senge, 1990). In the book, *Schools That Learn* (Senge, Cambron-McCabe, Lucas, Smith, Dutton, & Kleiner, 2000), Senge's ideas were transformed to fit the school organization. The ideas increasingly captivated the education community with the basic notion that schools should be collectively focused on adult learning and student learning. Over time, the term "learning organizations" evolved into the current label of professional learning communities as schools became absorbed in fostering collaborative work cultures (DuFour & Eaker, 1998).

Professional Learning Communities and Glasser Quality Schools

The professional learning community is nicely tailored to address teacher needs for more sophisticated ways of effectively differentiating classroom teaching to support and engage children from differing backgrounds (Smith, Wilson, & Corbett, 2009). The collaboration of teachers in working partnerships like PLCs is necessary for curriculum integration which requires a focus on the way students learn rather than on what information is transmitted. Managing the school and the classroom is facilitated by "a supportive community where the needs of all members are met and where each member accepts responsibility for supporting and helping others to ensure that those needs are met" (Crawford, Bodine, & Hoglund, 1993, p. 125). As such, PLCs embrace a democratic and collegial model that can result in a change of the political make-up of the school culture on multiple levels if it is effectively implemented.

The professional learning community reform initiative is closely tied to school board, state, and national policies on academic standards and high expectations. The policies specifically state that forming standards for students necessitates clearly delineating what they should know and be able to do at various stages to be considered proficient in various aspects of their academic development. In a Glasser School, satisfactory growth is met when achievement scores on state assessments are at the 75th percentile or above. All students are expected to achieve competence (a grade of B or better) in all subjects. All students will produce work that they and their teachers define as beyond competency, i.e. "quality work" (a grade of A or better). It is expected that students, parents, and teachers will work collaboratively and understand the philosophical foundation of the system. Finally, a Glasser school is a joyful place where students and adults find satisfaction in the work they are doing (Glasser, 1998; Ludwig & Mentley, 1997). According to DuFour, Eaker, and DuFour (2005), a unifying principle of PLC reform asserts that educators have not achieved their central objectives until all students have achieved a satisfactory level of growth. It is that principle that guides four key intentions for a PLC: finding agreement on what all students must learn; determining specific key assessments that will assess whether each student has mastered the essential learning; identifying a response hierarchy to support student difficulties in learning at various levels; and, developing strategies to intensify the education for students who have proficiently acquired essential knowledge and skills.

Necessary Systemic Resources

Successful initiation of PLCs is contingent upon ensuring the necessary human and material resources are available to implement and manage the reform. The most critical resource that is repeatedly alluded to in the literature is time. Hord and Sommers (2007) indicate that finding time for staff to come together, study and deliberate, make thoughtful decisions, and plan to implement the decision is an extremely complicated and challenging task. The authors do propose a variety of suggestions including: extending the weekly instructional time four days of the week to facilitate an early release on a fifth day; hiring subs or retirees; setting up "activity days" during which volunteers work with students, or using interns/student teachers. DuFour, DuFour, Eaker, and Many (2006) extend a number of additional suggestions such as shared classes (i.e., teachers blend individual classes into

a larger grouping for instruction, sometimes using ideas such as literacy buddies, tutors, or mentors); parallel scheduling (i.e., specialists such as PE, music and art teachers provide daily lessons with an entire grade level during an established time); and using in-service/faculty meeting time for PLCs.

Apart from time for a routine meeting structure, there are a number of other material resources worth mentioning. The use of achievement data is absolutely essential. According to Fullan (2005), continual transparency stimulated by reliable information (i.e., data) is necessary to drive continual improvement. As such, PLCs create systems (i.e., common/formative assessments) to ensure well-defined and regular communication of results that in turn drives reflection and improvements upon teacher practice. In addition to a traditional review of student data (i.e., state achievement test results, archival data such as report cards, attendance reports, and behavioral incidents), professional learning communities work to collaboratively establish formative (i.e., assessment *for* learning) and common assessments (i.e., teacher developed assessments given by multiple instructors with the purpose of collaboratively surveying the results for common learning, designing interventions, and/or modifying assessments). Professional materials to support teacher learning are also key material resources. Such materials might include books, subscriptions to journals, videotapes, CD's, DVD's, computer programs or web sites, and access to conferences or conference materials. Finally, a space to meet, equipment to utilize the aforementioned materials, and miscellaneous items such as coffee, tea, soda, or snacks are helpful in creating a working environment that is conducive to the collaborative process in a PLC.

Necessary Human Resources

Human resources on a very basic level include the teachers and administrator who make up the professional learning community. However, there is greater complexity to the roles and desired qualities/capacities across various levels of the school and district (Louis, Kruse, & Raywid, 1996). Newmann & Wehlage (1995) asserted that principals serve a vital function in fashioning the school culture that enables schools to transform into professional learning communities. In a Glasser School, the principal sets the tone for the school environment. The principal provides a model of lead management that teachers can follow in the classroom. In addition, he/she facilitates the operation of the system in a way that maximizes opportunities for learning, teaching, or conducting the business of the school (Ludwig & Mentley, 1997). As such, tasks relegated to the principal include: routinely communicating the worth of mission, vision, values, and goals to create a culture to support a PLC; nurturing an approach to curriculum that focuses on *learning* rather than *teaching* with an unyielding focus on quality results; supplying staff with the information, training and constraints they need to make sound decisions; designing collaborative structures with a focus on teaching and learning; and, empowering teachers to view themselves as leaders (Louis, Kruse, & Raywid, 1996; Newmann & Wehlage (1995).

Central office administrators also play a powerful "human resource" role in PLC practices as the district culture directly impacts individual school cultures. Eaker (2008) noted seven assumptions that outline a framework for central office support of PLCs (e.g., a simultaneous loose-tight culture; a fundamental focus in the district on quality levels of

learning for both students and staff; insistence on a healthy collaborative culture throughout the district; reliably assessing the effectiveness of school improvement efforts; supports a culture of high expectations, support, and conceptual connection).

Parent and student characteristics can also influence the productivity of a PLC. According to Boyd (1992), helpful characteristics encompass positive attitudes towards learning; active support of engagement with learning; norms of reflective inquiry to foster improvement; a democratic/collaborative standard for decision-making; investment and value in relationships across stakeholders that engender a culture of community in the school, and a shared vision by all stakeholders. According to Gossen & Anderson (1995), creating a district vision begins with sharing of personal visions. This process requires ongoing conversations in a safe environment in which members of a PLC can feel free to express themselves but also engage in listening to the views of the others. As a result, the vision statement reflects the common purpose of the group which in turn encourages the system to have a sense of ownership and attention to the maintenance of the vision.

Conclusion

Although PLCs have received a great deal of attention in the literature, only a handful of research studies have evaluated their effectiveness (Hughes and Kritsonis, 2007; Strahan, 2003; Supovitz, 2002). Other reviews of the literature have also found some strong evidence for PLC effectiveness in teacher and student learning (Black, Harrison, Lee, Marsh, & William, 2004; Vescio, Ross, and Adams (2008). DuFour, Eaker and DuFour (2005) argue that professionals recognize that PLC practices/concepts align with the practices of high-performing schools and are preferable to their traditional practices. Despite the complexity of the task for educational leaders, the preliminary findings on PLCs are promising and certainly spur hope for finally establishing a reform that can successfully provoke a transformation from an obsolete industrial model to a more contemporary paradigm such as those espoused in Glasser Quality Schools – one that is based on democratic and collegial principles that will ultimately enable them to function as true learning organizations.

References—

- Black, P., Harrison, C., Lee, C., Marsh, B., & William, D. (2004). Working inside the black box: Assessment for learning in the classroom. *Phi Delta Kappan*, 86(1), 9-19.
- Boyd, V. (1992). *School context: Bridge or barrier to change?* Austin, TX: Southwest Educational Development Laboratory.
- Burns, J. (1978). *Leadership*. New York: Harper and Row.
- Crawford, D. K., Bodine, R. J., & Hoggund, R. G. (1993). *The school for quality learning: Managing the school and classroom the Deming way*. Champaign, IL: Research Press.
- DuFour, R., DuFour, R., Eaker, R., & Many, T. (2006). *Learning by doing: A handbook for professional learning communities at work*. Bloomington, IN: Solution Tree.

DuFour, R., & Eaker, R. (1998). *Professional learning communities at work: Best practices for enhancing student achievement*. Bloomington, IN: National Education Service.

DuFour, R., Eaker, R., & DuFour, R. (Eds.). (2005). *On common ground; The power of professional learning communities*. Bloomington, IN: National Educational Service.

Eaker, R. (2008, June). *The Role of the central office: Assisting schools to become professional learning communities*. Paper presented at the eleventh season of Professional Learning Communities at Work Institutes, Las Vegas, NV.

Follett, M. (1924). *Creative experience*. New York: Longman, Green, and Co.

Fullan, M. (2005). *Leadership and sustainability: System thinkers in action*. Thousand Oaks, CA: Corwin Press.

Gibboney, R. (2008). Why an undemocratic capitalism has brought public education to its knees: A manifesto. *Phi Delta Kappan*, 90(1), 21-31.

Glasser, W. (1969). *Schools without failure* (1st ed). New York: Harper & Row.

Glasser, W. (1992). *The quality school: Managing students without coercion*. New York: HarperPerennial.

Glasser, W. (1998). *Choice theory: A new psychology of personal freedom*. New York: HarperCollins.

Gossen, D. & Anderson, J. (1995). *Creating the conditions: Leadership for quality schools*. Chapel Hill, NC: New View.

Hord, S. & Sommers, W. (2007). *Leading professional learning communities*. Thousand Oaks, CA: Corwin Press

Hughes, T., & Kritsonis, W. (2006). A national perspective: An exploration of professional learning communities and the impact on school improvement efforts. *National Journal for Publishing and Mentoring Doctoral Student Research*, 1(1), 1-12.

Louis, K.S., Kruse, S., & Raywid, M.A. (1996). Putting teachers at the center of reform. *NASSP Bulletin*, 80(580), 9-21.

Ludwig, S.A. & Mentley, K. W. (1997). *Quality is the key: Stories from Huntington Woods School*. Wyoming, MI: KWM Educational Services, Inc.

Newmann, F., & Wehlage, G. (1995). *Successful school restructuring: A report to the public and educators by the Center for Restructuring Schools*. Madison, WI: University of Wisconsin.

Schmoker, M. (2004). Tipping point: From feckless reform to substantive instructional improvement. *Phi Delta Kappan*, 85(6), 424-432.

Senge, P. (1990). *The fifth discipline: The art and practice of the learning organization*. New York: Doubleday.

Senge, P., Cambron-McCabe, N., Lucas, T., Smith, B., Dutton, J., & Kleiner, A. (2000). *Schools that learn*. New York: Doubleday.

Smith, D., Wilson, B., & Corbett, D. (2009). Moving beyond talk. *Educational Leadership*, 66(5), 20-25.

Strahan, D. (2003). General patterns and particular pictures: Lessons learned from reports from "beating the odds" schools. *Journal of Curriculum and Supervision*, 18(4), 296-305.

Supovitz, J. (2002). Developing communities of instructional practice. *TeachersCollege Record*, 104(8), 1591-1626.

Supovitz, J., & Christman, J. (2003). Developing communities of instructional practice: lessons for Cincinnati and Philadelphia. *CPRE Policy Briefs*. University of Pennsylvania, 1-9.

Taylor, F.W. (1911). *Principles of scientific management*. New York: Harper and Brothers.

Vescio, V., Ross, D., & Adams, A. (2008). A review of research on the impact of professional learning communities on teaching practice and student learning. *Teaching and Teacher Education*, 24, 80-91.

Walker, D. (2002). Towards a deepened theory of constructivist leadership. In L. Lambert, D. Walker, D. Zimmerman, J. Cooper, M. Lambert, M. Gardner, and M. Szabo, *The Constructivist Leader* (2nd ed., pp. 34-62). New York: Teachers College Press.

Brief Bios—

Terri Christiansen, Ph.D., NCSP is an assistant professor of school psychology at Governors State University, the School Psychology Program Coordinator, a nationally certified school psychologist and a licensed clinical psychologist.

Patricia A. Robey, Ed.D, LPC, CTRTC, is an associate professor of counseling at Governors State University, the MA in Counseling Program Coordinator, a Licensed Professional Counselor, and a senior faculty member of the William Glasser Institute – US and William Glasser International. Pat has authored and co-authored numerous articles and book chapters on applications of choice theory and reality therapy and is lead editor of the book *Contemporary Issues in Couples Counseling: A Choice Theory and Reality Therapy Approach*.

ACRONYMS and ABBREVIATIONS in CT/RT

Robert W. Wubbolding

Abstract

Our culture welcomes and encourages the use of acronyms. Companies, organizations, government agencies and other institutions use abbreviations, shortened words and other ways to aid the public in remembering their names or the services they provide. Many professional persons often summarize complicated ideas and theories with easy to remember summaries. These are known as mnemonics or simply memory pegs. Counseling theories such as rational emotive behavioral therapy, multimodal therapy, solution focused brief therapy employ acronyms or abbreviations that provide quick recognition of the respective systems. Students learning reality therapy can remember the process of this practical system by its own abbreviation.

A cursory reading of the sports page reveals the widespread use of abbreviations that we call acronyms. Webster (1999) defines an acronym as, "A word formed from the first or first few letters of a series of words" (p. 13). Similarly, a mnemonic is any formula designed to assist in remembering ideas, skills, techniques, objects, principles, etc. In a popular sense, an acronym often indicates what is strictly speaking a mnemonic. For the sake of simplicity and for quick identification, I refer to the abbreviations described below as acronyms.

You are invited to identify the following: NHL, NBA, WNBA, MLB, NFL, LBs, DH, ESPN, WPGA, PGA, ERA, FIFA, Dr., Mrs., Mr., AERA, NASSP, SAT, ACT, ASCD, & NAFSA.

Alphabet Soup

Other acronyms are evident in various sections of the media: GM, IBM, CEO, DOD, NSA, DL, AA, DEA, DOA, DHS, BP, D.C., UK, ROK, WWE. Also, professional groups, organizations, associations and unions provide an almost unlimited alphabet soup: EAP, KART, JCTA, APA, IT, UAW, ACA, IAMFC, NASW, EART, AMHCA, AACC, WHO, MADD, IBEW, WGI, NBCC, IABMCP, NEA, IJCTRT.

Airports

It seems safe to say that every airport in the world uses an abbreviation to identify itself, rather than spell out the airport on every occasion. For example, the Northern Kentucky Greater Cincinnati International Airport located in Erlanger Kentucky is identified as CVG. What an inconvenience it would be if airlines were required to print: Chattanooga Metropolitan Airport on every baggage tag rather than CHA or Los Angeles International Airport rather than LAX. How about John F. Kennedy International Airport rather than JFK?

Counseling and Psychotherapy

Acronyms and abbreviations have long served as pedagogical tools for learning and practicing counseling. Franklin and Bolton (2015) summarize the widely practiced solution-focused brief therapy as SFBT. Most students and therapy practitioners are familiar with the REBT formulation of Albert Ellis: rational emotive behavioral therapy and the ABC's which represent activating circumstances, belief system, consequences, disputing, and the final E that signifies the effect: rational thinking. This formulation provides a basic schema for creative additions and applications of the ingenious and imperishable principles developed by Ellis (MacLaren, Doyle & DiGiuseppe, 2016).

Arnold Lazarus suggested that therapists examine seven modes of human functioning summarized as BASIC I.D. The B represents behaviors that interfere with the client's happiness; A is affect – prominent emotions; S stands for specific sensory complaints such as tension or pain; I indicates imagery or fantasies; C refers to cognition including attitudes, values, beliefs, etc.; I means interpersonal relationships; and D includes drugs and the health of the client (Harris, 2016).

The instructional teaching tool summarizing the reality therapy components and process is well known. Glasser described "the art of counseling is to weave these components (procedures) together in ways that lead clients to evaluate their lives and decide to move in more effective directions" (Glasser, 1995, p. 304). Glasser also endorsed the acronym as early as 1991 (Wubbolding, 1991, p. xii) and as recently as 2008, (Glasser and Glasser, 2008).

These formulations do not constitute the sum total of all counseling interventions, nor are they as easy to implement, as they are to describe. The advanced art of internalizing and operationalizing them requires study, practice, and if possible skilled supervision.

Mindfulness

A major trend in the helping professions and in classroom teaching at any level is the integration of the CT/RT compatible practice of mindfulness. Daniel Siegel, a leading author in neuroscience and mindfulness is fond of acronyms and uses a countless number of them. For instance, COAL stands for being curious about what's happening, being open to what's going on, accepting the present moment, and having a loving stance toward the experience. He states: "This is the COAL that warms the experience of time-in" (2013, p. 121). He adds that therapists need to be FACES: flexible, adaptable, conected, energized and stable.

Daniel Moran (2014) states, "Mindfulness is based on the premise that only in the experience of the current event can one accurately perceive what is really happening". Richard Ponton (2012) summarizes the work of mindfulness as: "Show up, shut up, listen up, role up your sleeves" (p. 189). This means being in the present moment, nonjudgmental acceptance, listening and applying the principles of mindfulness to our work.

Summary

Using acronyms is a widespread universal practice implemented by many groups and individuals wishing to communicate detailed and complex ideas or to identify themselves with a few easily remembered letters. For example, people worldwide identify the United Nations and its many agencies by an easily remembered and simple two-letter abbreviation: UN. National and international educational organizations identify themselves with an easily recognized ID. For example, AERA stands for the prestigious American Educational Research Association. Founders of psychotherapy theories often use acronyms or abbreviations as pedagogical tools and to identify their systems. This also provides unique name recognition, encapsulates their systems, and imprints an outline or even a checklist in the minds of professional people seeking to learn, extend and apply their respective systems. Additionally, clients and students at any level readily adapt these seemingly simple acronyms in order to help them take more effective control of their lives. The specific theory and universally applicable educational and therapeutic methodology is represented by "CT/RT".

References—

Franklin, C., & Bolton, K. (2015). Solution-focused brief therapy. In R. Witte & S. Mosley-Howard (Eds.), *Mental health practice in today's schools*, (pp. 145-168). NY:Springer Publishing Company.

Glasser, W., & Glasser, C. (2008). Procedures: The cornerstone of institute training. *The William Glasser Institute Newsletter*. Summer. Chatsworth, CA: The William Glasser Institute.

Glasser, W., & Wubbolding, R. (1995). Reality therapy. In R. Corsini (Ed.), *Current psychotherapies* (pp. 293-321). Itasca, IL: Peacock.

Harris, J. (2016). Integrative theories of psychotherapy. In H. Tinsley, S. Lease, & N. Wiersma (Eds.), *Contemporary theory and practice in counseling and psychotherapy*, (pp. 434-464). Los Angeles: Sage.

MacLaren, C., Doyle, K., & DiGiuseppe, R. (2016). Rational emotive behavior therapy (REBT) theory and practice. In H. Tinsley, S. Lease, & N. Wiersma (Eds.), *Contemporary theory and practice in counseling and psychotherapy*, (pp. 233-263). Los Angeles: Sage.

Moran, D. (2014, September). Cognitive behavioral therapy & Mindfulness an integrative evidence-based approach. PESI Seminar, Cincinnati, OH.

Ponton, R. F. (2012). Mindfulness and mastery in counseling. *Journal of Mental Health Counseling*, 34(3). 189-196.

Siegel, D. (2013). *Brainstorm*. New York: Tarcher.

Webster's New World College Dictionary. (1999). Fourth ed. NY: MacMillan.

Wubbolding, R. E. (1991). *Understanding reality therapy*. New York: HarperCollins.

Brief Bio—

Robert E. Wubbolding, EdD, LPCC, BCC, CTRTC, also Senior Faculty Member of William Glasser International, Faculty Associate Johns Hopkins University, and Professor Emeritus at Xavier University.

FOUR DIFFERENT AUTHORS' IDEAS CONCERNING DEPRESSION & ANXIETY

Ernie Perkins, Th. D., D. Min., Ed. D., Ph. D., CTRTC
Faculty Member of the Glasser Institute, Primary Certification: REBT

Abstract

Ernie Perkins is an intellectual sponge, reading and adsorbing ideas from many different areas. As a motivational speaker, he speaks over two hundred times a year across the country. He is continuously looking for ideas and concepts that he can use and apply to his chosen subject. In this article he shares the different methods that four different therapists use in the treatment of depression and anxiety.

Psychology is not an exact science. Because it is not, many who practice counseling and ministry in those areas that deal with the emotional state of persons usually establish their own therapeutic theory. It is not unusual to find sincere therapists with totally different ideas concerning how to best treat the same person. I have found four different authors, for example, writing basically on the same subject, depression and anxiety; however, each had his own method for treating the person suffering from depression and/or anxiety. Never have I found so definite a difference on a single subject by several authors than those of the four books I am presenting here. While there are moments when one author may give credence to other theories (e.g., DePaulo, 2003), each remains steadfast in his belief that his method is best.

The first of the authors is J. Raymond DePaulo, Jr. (2003) who has written *Understanding Depression: What We Know and What You Can Do About It*. -DePaulo (2003) addresses four target groups. The first group consist of those persons who think they may be suffering depression and want to know more about it. The second are those persons who have already been diagnosed with depression or bipolar disorder and who are receiving treatment, but want to know more about it so as to deal with it better. The third are those who have a family member or loved one who is in treatment and wants to know how to help. The fourth group comprises those who want to know more about mental disorders.

Although DePaulo (2003) is a professional (he is head of the Department of Psychiatry at the Johns Hopkins University School of Medicine), he writes for his target group and not for other professionals. He does not use unfamiliar words without explaining them, and he writes with a scholarly but understandable style.

DePaulo (2003) is a good example of the current psychological trend. Our society is becoming a medicated society with an ever-increasing belief that all problems can find their answers in a pill. We readers enter the world of drugs-are-the-answer when we enter the pages of DePaulo's (2003) book. He is the typical psychiatrist whose first training was in the field of medicine, and who then moved into the mental health field. When one's background is in medicine, that individual is likely going to go to what he/she has come to

believe is the library of cure and help for diseases. Thus, we should not be surprised that the psychiatrist's first role of defense and offense in the fight against mental problems will be drugs. DePaulo (2003) follows the typical reasoning of the secular medically-trained doctor in the treatment of depression. Throughout his book, he identifies many conditions or symptoms as mental disorders and/or mental illnesses. If they were illnesses, the answer for the medical doctor would naturally be some type of medication. While there are no medicines yet available that can target a particular and definite "chemical imbalance," there are medicines that work in a machine-gun fashion spreading bullets everywhere hoping to somehow hit the bull's-eye. Notably, though, these medications have many undesirable side effects and a growing number in the medical field are therefore looking for other approaches to deal with mental and emotional problems.

While medicine is needed for some, it can become too easily the answer for situations where good counseling would far better serve the purpose. DePaulo (2003) does acknowledge that maybe, in mild cases of depression, drugs probably ought not to be used; however, one's disciples usually do not see the lines in the sand as clearly as does their master. Thus, as a professor of psychiatry, I fear his influence in the classroom will add to the abuse of drugs in the treatment of emotional problems.

William Glasser (1985), was also a medical doctor but who, as a cognitive behavior counselor, disputed the use of most of the current mental conditions as being mental illnesses. To Glasser (1985) mental illness was a breakdown within the brain itself, such as Alzheimer's disease and not emotional issues. He rejected conditions created by choices being identified as mental illnesses. For Glasser (1985), and other cognitive behavior counselors, feelings are a reflection of the actions and thinking of the individual. The cognitive behavior approach is simple and effective, and it promises to provide help and rapid symptomatic improvement because it is brief counseling. It claims that help can come in as brief time as twelve weeks. It also promises to lead to understanding by providing a clear explanation as to why one feels as he does. Cognitive behavior counselors believe they can help the client develop self-control and provide safe and effective coping strategies for helping one feel better whenever he is upset. Furthermore, they say, cognitive behavior counseling offers prevention and personal growth. It isn't about feeling better; it is about getting better. While secular theorists have developed the cognitive behavior approach, I believe that it is actually built on the principles of God's word. I also believe it can be used by the church counselor to help the client develop a biblical-based lifestyle that gives the ability to choose to be obedient to God's instructions and thereby ruling the emotions, and not letting the emotions rule one's life.

Keith Johnsgard's (2004) *Conquering Depression and Anxiety through Exercise* argues for another method for the treatment and prevention of depression and anxiety. He believes that, as the human society has moved from being primarily hunters and gatherers toward becoming couch potatoes, and therefore we have become increasingly bothered by depression. He has evidence that suggests third world countries have fewer problems with depression than do the more advanced countries. Since one of the major characteristics of depression is the tendency to become more immobile, staying in bed throughout the day,

and generally shutting out the world, his arguments and statistics present a theory that should be considered.

The last book in this discussion is Edward Welch's (1998) *Blame It on the Brain*. Welch is a biblical counselor and, therefore, he approaches the depression and anxiety problem from a scriptural position. He believes that, as scientists study the brain, they are looking for reasons to indicate that the brain is responsible for undesirable actions. Welch (1998) rejects that theory, believing instead, that the problem is not a brain problem but a heart problem. We do undesirable things because we are sinners. We do *depression* because of a spiritual problem. If the secular counselor determines the cause to be a feeling of failure, Welch (1998) would point out that we all are failures when separated from our belief that being in the center of God's will and is the height of success. If we feel we are failures, we need to rethink our priorities. Whom do we seek to please, the world? Or God? If we please Him, there will be times in which we will not please the world. Thus, accept that fact and live in the joy of being in accordance with His will.

Each of the four books I have named provides for treatment for depression and anxiety. Each of the authors differs in the suggested treatments. What then is the reader to do? The authors cannot all be right . . . or, can they? That is the question that this paper attempts to address.

The place to begin is at the point of agreement among the different theorists. Where do points converge? Once we have determined that, we shall then attempt to address their disagreements and, if possible, harmonize any ideas and suggestions that would help create a working model for the reader's consideration.

The only thing certain concerning depression is its characteristics. Each of the four theorists agrees and, in one manner or the other, has identified those characteristics. DePaulo (2003) identified these characteristics and I shall use his list; however, the same information is basically found in each of the other works. The characteristics include an inclination to despair, a tendency to feel worthless, useless, and hopeless about the future. One can feel despondent with no hope for the future. Depression saps the mind of the ability to think or concentrate clearly. The person-feels tired and fatigued with no energy or stamina, sleeping habits change, and there may be physical changes as the body and face shows the signs of fatigue, exhaustion, and weariness.

If one can catch fish with one hook and line, is it reasonable to consider that one can catch more fish with a trotline, which is basically a means of getting a several hooks in the water? In the treatment of depression, it might be possible to use some suggestions from each of the four writers: an eclectic approach. Let us consider that possibility.

First, let us lay the correct foundation. We must do this with Welch's (1998) book. He correctly places the cause for depression in the heart, and not in the mind. In other words, he sees the basic problem as being a problem with *sin*. He may be correct, but we need to be careful how we address this correct evaluation. Sin is what keeps the world from being a Garden of Eden. Sin is the cause for everything wrong in our world, including all of our

sicknesses. Sin is what keeps our physical bodies, which includes the brain and mind, from being perfect in every way including health. Yet, "neither hath this man sinned, nor his parents, but that the works of God should be made manifest in him," (John 9: 3). I believe more times than not, sicknesses and emotional problems such as depression are not the result of some particular sin in the person's life; however, let us assume that the blind man is experiencing depression. The question would be, "What is the cause for his depression?"

Welch (1998) would assert that we go to the spiritual heart of the matter. Why is the blind man depressed? What are the characteristics of that depression? What are the spiritual bases for those characteristics?

First, many would say the cause of the depression is his blindness. Welch (1998), however, would say, "No, his being blind is a horrible thing, but it is not the cause of his depression. The cause of his depression is a heart cause. It may be his accepting the assumption that he has no worth because he is blind or it may be his believing that God has no place for him." We could use Welch's (1998) suggestion to help the blind man search his heart for his false assumptions and to find strengths from the word of God (James 5:10-11; Job 35:10; Psa. 145:18; Heb. 4:16; Rom. 5:8).

The second suggestions we might consider would be those of Johnsgard's. Again, let us take the blind man with his depression. Johnsgard (2004) would suggest that one of the reasons for his depression is his lack of activity. Just consider the poor man. All day long he sits on a street corner getting little physical exercise. Furthermore, he just sits there asking charity from strangers. Thus, the little exercise he does is degrading and may be enough to drive one to depression. Johnsgard (2004) would suggest that we get the poor man up on his feet and get him doing those physical exercises for which he is capable. The exercise program would affect his moods in two ways: how he feels while exercising, and how he feels following exercise. The activity time can be a time in which the person is able to lose himself in a "drifty, disconnected, languorous state," to use Johnsgard's words. The post exercise feelings may include feelings of euphoria, decreased anxiety, and enhanced well-being. I personally believe only those who become addicted to exercise will get to those feelings that Johnsgard (2004) describes. For many of us, exercise remains a job that we do, not because of the "afterglow" present, but because we feel that it is a spiritual responsibility to care for the temple of God . . . our body.

It really does not matter, however, which camp we find ourselves, getting busy and physically working will fight one of depression's major characteristics and, if it does not help the blind man's depression, it may do him good physically.

The next consideration in trying to help our blind friend is taken from the cognitive behavior theorist, William Glasser. Glasser (1985) would disagree with Welch (1998), and would say that the problem is not coming from the heart, but from false thoughts and faulty thinking concurrent to the person's feelings and physiology.

For Glasser (1985), there are cognitive factors in depression that include [self-evaluation](#), [identification of skill deficits](#), [evaluation of life experiences](#), [self-talk](#), [automatic thoughts](#), [irrational ideas and beliefs](#), [over-generalizing](#) or [catastrophizing](#), [cognitive distortions](#), and

[pessimistic thinking](#). Glasser (1985) would suggest that we help the blind man with his less effective thoughts and pessimistic thinking by use of the many mental exercises he has in his book. As long as the blind man continues to feel lonely and isolated and his physiology or symptoms are head-aching, lack of energy and the like, his thinking and acting can only be in line with what Glasser (1985) mentions as the back wheels of a front-wheel drive car. In fact, Glasser would claim that the client or patient is 'depressing' and that his Total Behavior comprised of acting, thinking, feeling, and physiology are all contributing to the 'depressed' state. The way for the blind man to change this behavior would be to change or effect changes in his acting and thinking since these are the two of the four components of Total Behavior car over which the blind man has any real control.

The last suggestion we shall consider will be DePaulo's. DePaulo (2003) will get out his prescription pad and be ready to write a prescription for the blind man. The medication will not help him overcome his blindness, but it may result in his not caring so much about his 'depression' because the drug or drugs may produce a foggy and/or disoriented state depending on the side effects.

All of the above sounds rather negative concerning DePaulo's (2003) suggestion, but our blind man's problem may be more than the emotional problem of depression. There may be another cause hidden behind those blinded eyes. Some of these other causes include toxins and drugs, infections, endocrine and metabolic disorders, trauma, vascular disease, deficiency states, and other diseases such as a brain tumor, normal pressure hydrocephalus, Whipple's disease, fever, dehydration, or even hearing aid dysfunction. If this is so, then Dr. DePaulo (2003) may be able to help us to determine the likely source of our friend's medical problem.

All of these are part of the trotline of help that we could consider in our work with the blind man. Probably none of us will work with the blind man from the example outlined above; however, we may work with others who are in the midst of depression. As a therapist who is credentialed as a Reality Therapist, we have confidence in our method. If not, it is the therapist's responsibility to find another method or make a referral for therapy that may work. Having confidence in the process of reality therapy gives us the freedom to read of other methods and gain from them anything that we feel will help us in helping others. Notably, then it may truly be that confidence is what creates freedom.

References—

DePaulo, J. R. (2003). *Understanding depression: What we know and what we can do about it*. Hoboken, NJ: Wiley Publishers.

Glasser, W. (1985). *Control theory: A ne explanation of how we control our lives*. New York: Harper & Row.

Johnsgard, K. (2004). *Conquering depression and anxiety through exercise*. Amherst, NY: Prometheus Books.

Welch, E. (1998). *Blame it on the brain*. Phillipsburg, NY: P & R Publishing

Brief Bio—

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

STRATEGIES THAT CAN HELP US EXERCISE MORE EFFECTIVE INTERNAL CONTROL

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

Abstract

While teaching at Upper Iowa University I worked with some truly marvelous students. Together, we created many simple ways by which people can find greater happiness by taking more effective control of their lives. Through implementing Glasser's (2003) Personal Choice Model, as well as the strategies that are described here, many positive outcomes can be achieved across various settings.

The Medical Model

What does attention-deficit disorders, bi-polar disorders, and other mental health problems generally have in common? While their causes may vary, they are often treated with various medications (e.g., Ritalin, Prozac, Methylphenidate), through which medical personnel attempt to correct these conditions. Of course, such external controls (i.e., administering medicines to clients/patients) don't always work if the patients/clients fail to follow prescribed procedures, and/or if those administering these drugs fail to consider other problems that could accompany the use of these drugs (e.g., the interactions that might occur if other drugs are used too). To further consider how the imposition of externally administered drugs might do more harm than good the reader is urged to read Breggin's (1994, 1995) writings, as well as Barnes and Parish (2006) and/or Jones and Parish (2007), each of which discuss this matter in greater detail.

The Personal Choice Model

In contrast to the medical model's frequently followed procedures, however, William Glasser (2003) proposed his Personal Choice model that seeks to keep clients/patients in control of their own actions and states of mental health. This less intrusive model, of course, is totally in keeping with Glasser's (1998) Choice Theory, which seeks to rely on encouraging those so affected to make more responsible choices, and also seeks to provide them with positiveness, kindness, and proper examples throughout their remediation process. An article by Parish and VanDusen (2007) provides important insights as to how the Personal Choice Model is often superior to the Medical model, particularly when it's used early in the remediation process.

Better Choices are always Key

Of course, the key ingredient needed to improve how people behave, both young and old alike, is dependent upon the choices that they can choose from. In the present article, then, the author will concentrate upon providing a vast array of things that various people can employ, in various settings, as they attempt to gain more effective control over their own lives.

Better Choices for EVERYONE

The use of alphabets can often be used to list some things we can do in order to take more effective control of our lives. For instance, Parish and Rothmeyer (2007) created a the highly usable "ABC's of Life's Little Lessons," which seeks to provide everything that anyone might need to know about life . . . all on one page! For example:

- A Always be yourself. After all, no one can change you, unless you want them to.
- B Be ready for anything to happen at any given time. Yes, being flexible is a very good sign.
- C Crying isn't a crime, just don't do it all of the time.

Another helpful alphabet was created by Dopp and Parish (2006). It offers ways to help us to do our best (and not just wish that we can do so, like all the rest). For example:

- A Always do your best, this should put you a step or two ahead of the rest.
- B Believe in yourself, and have confidence, too, for in so doing, your best should come through.
- C Confidence in yourself is always the key, to success in the long term, as well as initially.

Parish and Spier (2007) created the "Better Relationships Alphabet," which is intended for use by everybody who wishes to more effectively interact with anybody. For example:

- A Acknowledge the needs of others, even those of your mothers.
- B Be true to you, for anything else simply won't do.
- C Concern and love don't just come from up above.

Besides using alphabets to convey great ways to take more effective control, we also have other lists that do much the same thing. For example:

Parish and Mahoney (2007) outlined eight ways that people can take more effective control of their lives, for example:

Always give 100% of yourself, and never settle for anything less than your best.
You must always let go of the negative past if you want to have a positive future.
Always look at stumbling blocks as stepping stones instead.

In brief, Gale and Parish (2006) basically capsulized what's best by simply saying that we need to say things properly, and sensitively, too, and know how to apologize when we fail to abide by this rule.

Other strategies are also available, though they are more likely to be applicable to particular groups, for example:

Better Choices for STUDENTS

Parish (2005) created eight keys to success for college students, and the undergraduate students introduced to them overwhelmingly agreed! Some of these keys are as follows:

The Platinum Rule . . . which says "Do unto others as they want done unto them!"

Educational Moments . . . which suggest that key concepts can be simply taught in a moment or two, and then linger in memory for years thereafter.

Highlighting . . . which recommends that at week's end we survey students to see what they thought was most important to them over the past week. Notably, whoever shares a point that s/he learned, claims ownership of it and will value it dearly, while the other students in class will be thankful for now they know what their fellow students valued greatly too.

Johnson and Parish (2007) created the "Ten Commandments " for achieving success in college, and were told that if they followed these points religiously, they would more likely succeed in school, and later too. For example:

Always go to class with a "positive mental attitude." Nothing less will do.

You should be early to your classes and other events, too, in order to avoid walking in late and looking like a fool.

You will need to organize yourself. Start by buying a binder for each course, and keep all relevant material in it. If your binder has a clear face that allows you to insert course names and other relevant information, use it as such, since that will further assist you in your efforts to become better organized.

Parish and Parish (2005) surveyed students and their teachers and found that students who were "happy in school" indicated that they (i.e., the students) did each of the following very well:

Treated their teachers with respect

Did their best to learn

Worked cooperatively with others

Treated other students with respect

Knowing that this is so, we need to convey this information to other students so that they, too, can find greater happiness in school, and possibly in everything else that they do.

Better Choices for ATHLETES

Parish and Spier (2007) also created an "Athlete's Alphabet for Self-Improvement," which provides important motivational guidelines for athletes. For example:

- A Achieving your best is the ultimate test.
- B Being strong and firm will help you most when it's your turn.
- C Competition will bring the best out in you, so it truly is the best thing to do.

Parish and Baker (2006) created the "Right Stuff Scale," which allowed athletes to determine whether or not they had the "right stuff." Used over time, this scale should be very helpful in ascertaining if the athletes in question are enhancing their pro-social activities or not. For example:

Do YOU have the "Right Stuff"?	OR	Do YOU have the "Wrong Stuff?"
___ Heroic imagery		___ Loser imagery
___ High self-esteem		___ Low self-esteem
___ Enthusiastic		___ Unenthusiastic

Parish and Williams (2007) provided some important tips regarding how to motivate athletes. Notably, we truly need to examine athletes' respective "needs wheels" (Glasser, 1986, 1998) in order to figure out their wants and needs before we ever attempt to proceed. This article seeks to explain all that we need to do in order to help athletes to succeed, both on and off the field.

Better Choices for BUSINESS

While academics, sports, and interpersonal relationships are very important, indeed, how we act in the business setting is critical if we wish to experience success professionally. To accomplish this end, the following are recommended for you, as well as for others too.

Parish and Dopp (2006) created the "Wishing Won't Work, But Work Will Alphabet," which describes how employees often sabotage themselves, and how they can become more successful by implementing the efficient actions described in this article. For example:

- A Acknowledge the fine work of others, or they might say "Why should we bother?"
- B Be very kind and caring, or the resulting problems could be quite glaring.
- C Complaining almost never works, and those who do it are considered real jerks.

Parish and Boesker (2006) created the "Success and Nothing Less Checklist," which seeks to provide everyone in the workforce with helpful hints, be they employers, employees, managers, and/or employment counselors. For example:

S Start where you are, but aim high, if you want to go far.

U Understanding others can be the key to realizing every good opportunity.

C Concern, cooperation, and care will help you to improve how well you fare.

Henke, Parish and Dopp (2006) created the "Time Management Checklist," which describes ten (10) very efficient ways to conduct good business practices. For example:

Do you prioritize what you do, and abide by each and every rule?

Do you make lists of things to get done, especially when you're "on-the-run"?

Do you try to simplify your tasks, yet still do what others ask?

Parish and Burdenski (2011) created the "Checklist for Successful Interviews," which consists of twenty-one (21) recommendations that should be beneficial to anyone seeking employment in any/every possible setting. Basically, these recommendations should be reviewed both before and after each interview for best results. For example:

If an appointment was set, were you early for the appointment?

During the interview, did you convey to the interviewer that you were a dependable person.

After the interview, did you immediately send a thank you note to the interviewer(s)?

Notably, for all of the articles cited in the present paper, only a few examples for each were included here for the perusal of the reader. However, if more ideas, suggestions, and/or information is still sought the reader is urged to refer to the actual articles, and not rely on a single secondary source instead. Whatever you do, of course, is absolutely up to you. After all, that's what Bill Glasser (1980) sought to convey when he said that people don't learn what they don't want to learn, but that counseling, teaching, etc., become more effective as soon as people who hurt discover that they can learn a better way. Hopefully, what's presented here are a lot of "better ways!"

References—

- Barness, R., & Parish, T. S. (2006). "Drugs" vs. "Reality Therapy." *International Journal of Reality Therapy*, 25 (2), 43-45.
- Breggin, P. (1994). *Toxic psychiatry*. New York: St. Martin's Paperbacks.
- Breggin, P. (1995). *Talking back to Prozac*. New York: St. Martin's Paperbacks.
- Dopp, A., & Parish, T. S. (2006). Doing your best (and not just wishing, like all the rest). *International Journal of Reality Therapy*, 26 (1), 43.
- Gale, S., & Parish, T. S. (2006). The power of apologies. *APA Monitor on Psychology*, 37 (6), 8.
- Glasser, W. (1980). Reality Therapy. In N. Glasser (Ed.) *What are you doing?* New York: Harper & Row, pp. 44-60.
- Glasser, W. (1998). *Choice theory*. New York: HarperCollins
- Glasser, W. (2003). *Warning: Psychiatry can be hazardous to your mental health*. New York: HarperCollins.
- Henke, W., Parish, T.S., & Dopp, A. (2006). "The Time Management Checklist." *International Journal of Reality Therapy*, 26 (1), 45.
- Johnson, J., & Parish, T. S. (2007). Ten commandments regarding how to become a better student. *College Student Journal*, 31 (1), 5-6.
- Jones, L., Parish, T. S. (2005). Ritalin vs. Choice Theory and Reality Therapy. *International Journal of Reality Therapy*, 25 (1), 34-35.
- Parish, T. S. (2005). The use of "educational moments" in teaching college students. *International Journal of Reality Therapy*, 25 (1), 22-23.
- Parish, T. S., & Baker, B. (2006). An attempt to assist student-athletes to succeed. *College Student Journal*, 40 (4), 781-784.
- Parish, T. S., & Boesker, C. (2006). Success and nothing less. *Education*, 127 (2), 316-317.
- Parish, T. S., & Burdenski, T. (2011). Pathways to employment and personal happiness can be found by attending to employers' and our own "Quality Worlds." *International Journal of Choice Theory and Reality Therapy*, 31 (1), 44-48.
- Parish, T. S., & Dopp, A. (2006). "The wishing won't work, but work will alphabet." *International Journal of Reality Therapy*, 26 (1), 44.
- Parish, T. S. & Mahoney, S. (2007). Eight ways to take more effective control of your life. *College Student Journal*, 41 (2), 366-367.

Parish, T. S., & Parish, J. G. (2005). Comparing students' classroom-related behaviors across grade levels and happiness levels. *International Journal of Reality Therapy*, 25 (1), 24-25.

Parish, T. S., & Rothmeyer, R. (2007). ABC's of life's little lessons. *Education*, 27 (4), 610.

Parish, T. S., & Spier, C. (2007). The athlete's alphabet for self-improvement. *Education*, 127 (4), 543-544.

Parish, T. S., & Spier, C. (2007). The better relationships alphabet. *Education*, 127 (4), 547.

Parish, T. S., & Van Dusen, L. (2007). The "personal choice" model regarding mental health. *International Journal of Reality Therapy*, 26 (2), 41-42.

Parish, T. S., & Williams, D. (2007). Some tips regarding how to motivate athletes. *International Journal of Reality Therapy*, 26 (2), 39-40.

Brief Bio—

Thomas S. Parish, Ph.D., CTRTC, is the current editor of the *International Journal of Choice Theory and Reality Therapy* and is a professor emeritus in human development and developmental psychology at Kansas State University. He has also authored or co-authored scores of refereed journal articles, many of which providing strong support for both Choice Theory and Reality Therapy.

CHOICE THEORY: GENDER ROLES AND IDENTITY

Sarah Gardner, MS, NCC, LGPC

Abstract

Choice Theory lends a riveting perspective to the topic of gender roles and gender identity. In the beginning, the basic tenets of choice theory are reviewed. The remainder then focuses on socially constructed gender roles, the gender identity, and the ways they relate back to the framework William Glasser originally posited. The application of Reality Therapy and the concepts of the five genetic needs, and the Perceptual System are integrated throughout.

Basics of Choice Theory

Choice Theory sees almost all human behavior as being chosen. Glasser has mentioned some exceptions of culpability during wartime, extreme poverty, and illness. Individuals are motivated by five genetic needs: survival or self-preservation, love and belonging, power or achievement, freedom or independence, and fun or enjoyment (Wubbolding, et al., 2004). People generate behaviors in ways that satisfy one or more of these needs; however, individuals do not satisfy their need directly but by matching the pictures in their Quality World. Choice Theory informs us that all that people can do is behave. Therefore, all behavior is purposeful but not necessarily responsible. In Choice Theory terms, we would not say "When individuals act out" because all they CAN do is behave. The Quality World is comprised of people, places, things, situations, values, and beliefs that are very important to them. These five sources of behavior are universal and "multicultural in that all human behavior is driven by them" (Wubbolding, 2000). Every individual, being a unique human, are driven by needs but it is what the person 'wants' or the Quality World picture that drives the car, an analogy that Glasser uses to describe Total Behaviour comprised of four wheels or components. It is in this sense that the driver or individual views options and chooses the direction that he thinks will best match the picture that he presently wants. In this sense, he is able to meet one or more of his needs.

The immediate source of specific behaviors is the discrepancy between what the person perceives he wants and what he actually perceives he is getting. Reducing this discrepancy or gap might ultimately end that particular behavior; however, the system never stops and the person can only move on to other 'wants' and other pictures so that some of the needs may be satisfied. In other words, behaviors are purposeful and goal directed (Wubbolding, 2000). Less effective or harmful behaviors are chosen because that is the option the individual believes will get him what he wants at that moment to satisfy one or more needs. The behaviors that are chosen give individuals a sense of control over their lives.

Total Behavior has four components: acting, thinking, feeling, and physiology (Glasser, 1998). The belief is that the four components occur concurrently. The degrees of control

over these components vary. Individuals have more direct control over their actions and thinking and less control over their feelings and physiology. All humans can do, from birth to death, is behave. By learning the concepts of Choice Theory, individuals may begin to integrate the belief in internal control psychology and learn more about responsibility about the choices they make in life. From a Choice Theory perspective, a therapist would urge a client with depression, for example, to look at his or her condition in a new way, to say "I am depressing," rather than "I am depressed." This shift from noun to verb converts the state of being into a state of action, and encourages the individual to have more control over his or her situation. To discontinue a painful behavior, the person can change what they want, they can change what they are doing, or they can change both. The easiest way to change their behavior is to change the action and/or change the thinking since these are the components over which the individual has the most control.

The Perceptual System

The perceptual system consists of the people, situations, and things that exist in reality which Glasser states as the *Real World*. The only way that a person can know the real world is through their perception of it (Glasser, 1998). Information from the real world passes through one's sensory system and through the total knowledge filter where the individual makes sense of the facts. Robert Wubbolding has mentioned a relationship filter where relationships between objects and or persons are made. The notion of a relationship level or order of perception was initially used by Glasser in his book, *Stations of the Mind*, and was not used in Glasser's latter years. The third filter is the valuing filter where a negative value, a neutral value or a positive value is associated with the person, place or thing, value or belief. Everybody has a Quality World view which directs efforts made to match the picture or pictures of what the individual wants in order to meet one or more of the five basic needs, thereby directing behavior (Banning, 2013). The perceptual system is the input system of how information is relayed and then transmitted into action.

The WDEP Formula

Choice Theory may be compared to the train track and Reality Therapy as the train (Glasser, 2008) which explains that the foundation for therapeutic intervention is supported by theory. This being the case, it is almost impossible to talk about one without the other.

Dr. Robert Wubbolding (2000) created the mnemonic device of WDEP to instill to memory the procedures leading to change. This mnemonic device refers to the questions and non-linear stages of helping people effect changes in their lives: want (W), doing (D), evaluation (E), and planning (P). A Reality Therapist tries to understand what the client really wants, and asks what the client is doing to get what he wants. In the evaluation process, the therapist helps the client figure out if the actions are producing the results that he expected or wanted. The planning process involves developing an action plan to effect changes in behavior to help bring about what the client said he really wanted. Throughout the therapy process, reality therapists help their clients see that their lives are filled with possibilities, options, or *choices*. They help clients fulfill their needs in healthy, positive ways to match the pictures clients have in their Quality World. The following sections illustrate how reality

therapist might conceptualize the social construction of gender, gender identity, and gender as it relates to children.

Gender

The Controversy

Misunderstanding and fear of the unknown are likely the main influencers of the controversy around gender acceptance. This debate centers on whether gender is social or biological. Is gender linked more to identity? What happens in society when an individual decides he or she was born into the wrong gender role? Why does gender role matter? All of these questions still have 'up-in-the-air' answers which lend to the apprehension of accepting others. A sense of belonging might be challenged should an individual decide to transition to another gender. As a sense of belonging is one of the five basic needs, the individual may fear transitioning to another gender causing an inner conflict. Femininity and masculinity might serve as protective factors against gender-role conflict (Choi, Herdman, Fuqua, & Newman, 2011). Choosing and asserting the self as one or the other, rather than volleying back and forth about which gender to which one belongs, may help resolve the gender-role conflict. For those who decide to transition to a different gender, issues surrounding the social construct, ideologies of gender, and the sense of true identity comes into play.

Social Construction

The idea of the social construct of gender is that society defines what it means to be male and female. Society prescribes appropriate roles for males and females that have varying sanctions for those deviating from the norms (Ampofo, 2001). Religious literature refers to traits men and women are supposed to portray as a depictions of normal behavior. Social media provide visuals about the type of products, clothing, and sexual attraction that are appropriate for each gender. Gender norms are something society created.

The social construct of gender would be considered external control, according to Choice Theory. Before the industrial era, it was almost unthinkable in American society, for women to work outside of the home. Men were expected to provide for the family's needs, whereas women were expected to take care of the children (Wilkie, 1993). If women did stray outside of their inscribed role they could be ostracized and condemned.

Women did not control the moral codes and psychological mindsets in their environment or how other people would treat them. These are examples of 'control over' or what Dr. Glasser called *external control psychology*. Their choices were to do what was expected by society or to change what they were doing in order to change their circumstances. Due to external controls, women did not have options to impact the larger society in order to meet their own need for power.

To meet the needs of independence and freedom, women protested to increase the rights for their gender. The social construct of gender is something outside of the control of one

individual. For people with gender dissatisfaction, a reality therapist could help them determine how the social construct fits within their value system and then help the clients make decisions about how to best meet their genetically-coded needs.

Identity

Gender is a central aspect of identity throughout the lifespan (Leaper & Bigler, 2008). From the Choice Theory perspective, people are doing the best they can to satisfy their needs. There is less focus on disorder and more focus on choices. Someone diagnosed with Gender Dysphoria, found in the *The Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; American Psychiatric Association, 2013), would be viewed as a person who identifies more strongly with the opposite gender because it better meets his or her needs for belonging, fun, power, freedom, and/or self-preservation. Not only does it meet their needs but it encapsulates who they are and who they perceive themselves to be, that is, the Quality World pictures they have of themselves.

Application

Case Scenario

Choice Theory can be applied to any situation in the therapeutic setting; it may be more effective for some than for others. The following case scenario depicts a client whose young child is going through a gender transition. This parent has stated that she is supportive of her son. Working with this client who is supportive of her young son, a therapist grounded in choice theory may help her talk the ways that she perceives the situation. A Reality Therapist may help her add new pictures to her Quality World. Although the engine of the car [the analogy Glasser uses to explain total behavior] is comprised of the needs and the motivation for behavior, it is the driver or the Picture in the Quality World that drives the car. Reality Therapy helps the client see herself in new ways. Reality therapists may ask this client, "Does your thinking about gender match up with your community's thinking about gender?" - "What behaviors do you inscribe to each gender?" - "Would you value your child less once his transition has been completed?" These questions would begin her evaluation process and could help the client decide how much society's construct of gender affects her family and community life. These questions may help the client figure out what pictures are not being matched in her Quality World- For example, the client may be fearful that her community may behave differently toward her child and her family because of her child's gender change. This may be creating fear that her family's status in her community may be threatened. The therapist may assist the client into thinking about current actions she has taken and/or is taking to match the picture she has of the place her family has in the community in order for her and her family to meet the need for belonging. Every individual is trying to meet their needs; every individual goes about meeting their needs differently (Cisse & Casstevens, 2013). Subsequently, the process would be to help the client develop a plan that would involve her altering or adding new pictures to help her with new actions or ways of thinking about her needs for belonging and her needs for freedom, power, self-preservation, and enjoyment. The main work would focus on the pictures which are driving the behavior car and then teach the client choice

theory and the ways she has more direct control over her thinking and acting in order to bring her emotions, feelings, and physiology back into balance.

Children and Gender

The constraints of gender affect children. Society teaches us that girls play with baking toys, dress-ups, Barbies, and dance, whereas boys play with tool-kits, balls, and play sports. Children who cross the boundaries of what is considered gender appropriate may be at heightened risk for rejection, harassment, discrimination, and abuse (Pauletti, Cooper, & Perry, 2014). Whether gender is a form of identity or only a social construct, what is considered 'normal' has an enormous impact on the Quality World pictures as described by Choice Theory. Little boys who participate in dance classes to fulfill a need of freedom and fun may be bullied. This may threaten their need for survival. These children may decide to choose a more socially accepted activity to meet their need for survival; however, this may result in behaviours that meet needs in less effective and maybe even harmful ways.

Adults' manipulation of normalcy may have devastating effects on children. By defining what is and is not appropriate for little boys and girls to do creates boundaries and leaves room for discrimination. In choice theory, less effective behaviors such as alcohol abuse, drugs, and violence may be chosen in place of more effective, healthy behaviors in an individual's attempt to get his or her needs met. By helping children understand the similarities of different gender orientations, we can assist a child in promoting healthy behaviors, and in bringing in new perceptions in order to choose more healthy identities.

Conclusion

Choice Theory is simplistic in concept, yet like gender, it is much more challenging in appropriation. The perceptual system leads to a Total Behavior action in all settings. This application was regarded in the case scenario involving the client whose young child had decided to transition to another gender. An imbalance of self-preservation, belonging, achievement, freedom, and/or enjoyment leads to either a change of thought or action which is followed by feelings and physiology, creating a new stability in needs. The question of whether gender is defined solely by social constructs, an individual's sense of identity, or a mixture of both may not be answered for some time; however, using the framework of Choice Theory, individuals can be helped down the path to living happy and balanced lives.

References—

- Adomako Ampofo, A. (2001). When men speak women listen: Gender socialisation and young adolescents' attitudes to sexual and reproductive issues. *African Journal of Reproductive Health*, 5(3), 196-212.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- Banning, L. (2013). Explaining Glasser's 'quality world'. *International Journal of Choice Theory and Reality Therapy*, 33(1), 44-50.
- Choi, N., Herdman, K., Fuqua, D., & Newman, J. (2011). Gender-role conflict and gender-role orientation in a sample of gay men. *The Journal of Psychology*, 145(5), 507-519.
- Cisse, G., & Casstevens, W. (2013). Train bound for needs: Cultural diversity training. *International Journal of Choice Theory and Reality Therapy*, 33(1), 58-62.
- Glasser, W. (1998). *Choice theory: A new psychology of personal freedom*. New York, NY: HarperCollins Publishers.
- Glasser, W. (2008, Summer). *The William Glasser Institute Newsletter*.
- Leaper, C., & Bigler, R. (2008). Perceived experiences with sexism among adolescent girls. *Child Development*, 685-704. doi:10.1111/j.1467-8624.2008.0115i.x.
- Pauletti, R., Cooper, P., & Perry, D. (2014). Influences of gender identity on children's maltreatment of gender-nonconforming peers: A person x target analysis of aggression. *Journal of Personality and Social Psychology*, 106(5), 843-866. doi:10.1037/a0036037
- Wilkie, J. (1993, June). Changes in U.S. men's attitudes toward the family provider role, 1972-1989. *Gender and Society*, 7(2), 261-279. doi:10.1177/089124393007002007
- Wubbolding, R. (2000). *Reality therapy for the 21st century*. Routledge.
- Wubbolding, R., Brickell, J., Imhof, L., Kim, R., Lojk, L., & Al-Rashidi, B. (2004). Reality therapy: A global perspective. *International Journal for the Advancement of Counseling*, 26(3), 219-228. doi:10.1023/B:ADCO.000003552602422.001

Brief Bio—

Sarah Gardner holds a Master's of Science in Clinical Mental Health Counseling degree from Johns Hopkins University. She is a National Certified Counselor and a Licensed Graduate Professional Counselor in the state of Maryland. Sarah completed the certification process for Choice Theory/Reality Therapy in July 2015. She also holds a certification in Autism Studies from Towson University. Sarah is currently pursuing a Doctorate in Clinical Psychology at the American School of Professional Psychology at Argosy University. She intends to continue working in the mental health field, helping people thrive and live happy and fulfilling lives. The author may be reached at skathleengardner@gmail.com.

VALIDITY AND RELIABILITY REALITY THERAPY COUNSELOR PROFILE QUESTIONNAIRE IN MALAYSIA

Ahmad Jazimin Jusoh, Sultan Idris Education University, Malaysia.
Ellen Amatea, University of Florida, Gainesville.
Harry Daniels, University of Florida, Gainesville.

Abstract

The aim of this study was to identify the validity and reliability of the Reality Therapy Counselor Profile Questionnaire (RTCPQ). The design of this research utilized a mixed method. A panel of experts in Choice Theory and Reality Therapy were selected as the sample to identify the validity of the instruments. Meanwhile, the sample to measure the reliability coefficient items consisted of 211 counselors on duty around Kuala Lumpur, Melaka, Kedah and Terengganu in Malaysia. The first phase of this study involved two data collection methods such as analysis of relevant literature with Choice Theory and Reality Therapy, as well as indepth interviews with selected experts. The second phase involved the analysis of items and content validity by a panel of experts based on three sub construct: Basic Concept, Therapeutic Process and Applications. A total of 45 items were produced in the second phase. The third phase involved the analysis of reliability and factor analysis. Item analysis results showed that nearly 45 items contained in this questionnaire measuring Reality Therapy Counselor Profile Questionnaire had a reliability Cronbach Alpha of is .9479 with the standardized item alpha of .9496. Then, after the factor analysis was conducted, the quality of 21 items were found. Alpha value for the 21 items was .9127. In connection with the results obtained, some implications and suggestions were made.

Research Background

Diversity exists amongst the counselors' theoretical approaches towards helping their clients. Each counselor subscribes to different theories. In Choice Theory and Reality Therapy, theoretical approaches used to help the client is in accordance with the principles of the theory in its title: Choice Theory. Although Choice Theory and Reality Therapy is suitable for use in different cultures (Wubbolding 2011) there has been little publication and dialogue amongst counselors in Malaysia. Review by Ahmad Jazimin (2008), confirms that Reality Therapy is also available in accordance with the cultural and religious practices in Malaysia which emphasizes individual responsibility in decision making. Salim (2005) also argued that research to examine the effectiveness and suitability of the theory is still insufficient in this country. Most research in Malaysian counseling is centered around problem-oriented needs and perceptions. For instance, in Malaysia, couples counseling takes the initiative to develop a strategy for intervention counseling provide a complete picture about the theory of counseling practice.

Choice Theory and Reality Therapy was founded by William Glasser, a doctor of clinical psychology who was born in Cleveland Ohio, California on May 11, 1925. Reality Therapy began to be produced experimentally through the use of this therapy by Glasser on

delinquent women (Glasser and Zunin 1979, p. 309). William Glasser broke the tradition in counseling and psychotherapy model when developing his own counseling model in early 1960's (Howatt 2001). He dismissed the alleged Freudian concept emphasizes the concept of mental illness without assessing a client's internal psychological (Wubbolding 2000b).

Glasser (1998) states that Choice Theory has many practical purposes. In short, he insists that humans choose everything we do, including the misery we feel. Other people can neither make us miserable nor happy. All we can get from them or give to them is information. But by itself, information cannot make us do or feel anything, until our brains process those details and then decide what to do with them. According to Glasser (1998), Choice Theory is based in internal control psychology, which explains why and how we make the choices that determine the course of our lives. External control psychology only affects the choices that the internal control psychology will make, thus outside influences do not ultimately dictate our decisions.

Choice Theory and Reality Therapy contributed much to field of counseling, especially in the context of education abroad. Beginning in the 1960s, Glasser has been applying the principles of Choice Theory and Reality Therapy to schools and has been actively involved in the field of education (Glasser, 1965, 1990). This therapy is practical in use educational institutions (Demster & Raff 1989; Grimesey 1990; Renna 1990). Comiskey (1993), Eden & Smryl (1994), Hart-Hester, Heuchert & Whittier (1989), Heuchert, Pearl & Hart Hester (1986), Omizo and Cubberly (1983), Slowik, and Omizo & Hammett (1984) all studied these theories in the school context. Furthermore, Glasser (1986,1990) applied Choice Theory to see why many students do not succeed in academics.

Wubbolding (2011) claimed that Choice Theory focuses on knowledge of why and how the mind works. Meanwhile, Reality Therapy focuses on strategies and techniques for dealing with human choices. Therefore, if Choice Theory works as a highway, Reality Therapy is the vehicle through which certain choices are delivered. Wubbolding (2011) formulated Reality Therapy as a part of the WDEP system (wants, doing, evaluation, planning). WDEP is used by counselors to help clients change aspects of behavior in accordance with the requirements of the individual. In education, Reality Therapy (known as lead management) operationalizes, applies, and conveys Choice Theory principles to clients, students, parents, educators, employees, or other consumer or services.

Statement of Problem

Instruments or questionnaires to assess the profile of counselors who use Choice Theory and Reality Therapy is still undeveloped in Malaysia. Therefore, this study seeks build questionnaires for measuring instrument that examine how Choice Theory and Reality Therapy is used among counselors in Malaysia. According to Zakaria (2005) tendency counselors use, theories based on knowledge, understanding and application of the theory. Abroad, study-related measurements have been carried out by Brown and Swenson (2005). They build measurement instruments to detect the validity and reliability of instrument such as the Contextual Needs Assessment (CNA), which takes, concepts of Choice Theory and Reality Therapy.

The constructs what were measured are survival, power, love and belonging, fun, and freedom. Nine experts in the field of Choice Theory and Reality Therapy determined the validity of these measures. In addition, members of William Glasser's faculty confirmed each construction item. Glasser (2000) have confirmed that these instruments can measure the extent of partner relations based on the five basic requirements introduced in Choice Theory and Reality Therapy.

Based on previous studies, Burns et al. (2006) built an instrument called the Students Needs Survey (SNS) to measure the psychological and physiological basic needs, in accordance to Choice Theory. The instrument consists of 25 items in which every 5 items measure one of the basic needs of survival, love and belonging, power, freedom and fun. Validity and reliability of the instrument was tested on students at three public schools. The results showed that these instruments have high validity and are able to measure the basic needs of the students. In addition, the reliability of SNS was high, with an alpha value of 0.92, while the test-retest reliability was also an alpha value of 0.96. Overall, SNS was found to be a psychometric tool that is useful to be applied in schools settings. Teachers or individuals working in the school setting can use SNS to identify the extent to which the needs of students are met individually or in groups.

Due to the absence of relevant sources that measure individuals' uses of Choice Theory and Reality Therapy, it is important to create a measurement tool that can obtain information for how Choice Theory and Reality Therapy is being used in counseling sessions. Furthermore, the size of the device is still underdeveloped in the world in general and in particular, it was natural that it be developed for use by educators, counselors, and research both currently and in the future too.

Purpose of Study

This study aims to measure the coefficient of validity and reliability of the Reality Therapy Counselor Profile Questionnaire (RTCPQ).

Research Method

This research utilized mixed method. Qualitative research design was used to identify themes use Choice Theory and Reality Therapy among counselors (Denzin & Lincoln, 1994). For the quantitative study, a descriptive approach involving reliability analysis and factor analysis was conducted. Creswell (2015), defined mixed method research as an approach to research in the social, behavioral, and health sciences in which the investigator gathers both quantitative (close ended) and qualitative (open ended) data, integrates the two, and then draws interpretations based on combined strenghts of both sets of data to understand research problem. This study involved three phases: first phase, second phase and third phase.

First Phase

The first phase of the study methodology use qualitative research methods past literature and in-depth interviews. To review the literature researchers have sought information from reading materials from Glasser, Wubbolding, Brickell and Corey. Referred books include *Reality therapy (1965)*, *School without failure (1968)*, *Control theory (1985)*, *Control theory in the classroom(1986)*, *Choice theory in the classroom (1986)*, *Basics concepts of reality therapy (1986)*, *Control theory in the practice of reality therapy (1989)*, *The quality school :managing students without coercion (1990)*, *Staying together (1995)*, *Choice theory:A new psychology of personal freedom (1998)*, *Reality Therapy in action (2000)*, *Every student can succeed (2000)*, *Getting together and staying together (2000)*, *Counseling with choice theory: The new reality therapy (2001)*, *Unhappy teenagers (2002)*, and *Warning:Pschiatry can be hazardous to your mental health (2003)*. *Theory and practice counseling & psychoteraphy (2006)* by Corey also documents to obtain how concepts, theories, data, intervention strategies and knowledge were obtained. Researchers also observed the video recording to enhance the therapy of *Using Reality Therapy in group counseling (1991)* and *Choice theory in mental health counseling and education (2004)*.

Constructs in this questionnaire were also built through interviews with a panel of experts in Choice Theory and Reality Therapy. A set of protocol questions were built for the purpose the interviews, and a total of seven experts helped to derive themes related to Choice Theory and Reality Therapy. Three of the experts had credentials from the Institute of William Glasser, and the rest were scholars in the field of counseling.

Second Phase

The second phase of the study was to write item based on the literature review and experts' panel interviews. Researchers have divided the writing into three sub-item constructs, Basic Concept, Therapeutic Process, and Application.

A total of 15 items were generated from each of the sub constructs, thus deriving a total of 45 items. The questionnaire was broken into three parts: Part A notes the demographics of the respondents. Part B is a form on which respondents can provide answers by filling in the blanks. Part C is shaped using a likert scale shaped frequency response scale never, rarely, sometimes, often and very often.

The questionnaire was given to three linguists and five counselors to in order to determine face validity. Once they agreed on the language and phrases in the content used 14 experts consisting of Choice Theory and Reality Therapy scholars, academic experts and users of this theory, all assessed the extent to which these items could represent the content ratio measured. This method is consistent with the view of Thorndike (1997), who suggests that the validity established, and then in the longer term, language and understanding of actual respondents to the questionnaire will be examined later. Linguists suggest that the language used should be concise and easy to understand while also being complete and compact.

This study used expert assessments from key figures in this therapy, especially William Glasser, founder of this therapy; Robert E. Wubbolding, who writes about and provides training for Choice Theory and Reality Therapy, Dr. Larry Llitwack the editor of the International Journal of Reality Therapy; and John Brickell, Director of the Center Choice Theory and Reality Therapy in England. The questionnaire was translated into English by an expert panel service and sent to these experts abroad. The experts were selected based on their ability to refine the grammar, sentence structure, and language to convey the true meaning intended behind each question. Based on the expert's comments and suggestions, researchers fixed and reviewed each item. This methodology has been used by Abdul Malek (2004) and Lahmudin (2003). Othman (2004) who argue that six to nine experts are sufficient in making an assessment of the items in study.

Third Phase

Next, factor analysis using Varimax Rotation was conducted to determine the construct validity of the items that have been built while also studying the factors and subfactors. According to Hair, Anderson, Tatham and Black (1998), factor loading can be done if the number of samples is at least five times more than a factor of the number of samples to be studied, or not less than 50 people. Because the Reality Therapy Counselor Profile Questionnaire examines three major constructs and there were 211 respondents in the pilot study, the analysis is in accordance with the recommendation made by Hair et al (1998) and Coakes and Steed (1999). According to them, the number of samples must be proportionate, at least five respondents for each variable studied. From the analysis, three Choice Theory and Reality Therapy constructs have been established.

This study uses practical significance (Hair et al 1998), which states that the .30 is an acceptable value in the factor analysis. Factor analysis was conducted on several levels: the first level was carried out by dropping any items below .30 for each sub set. In the second step, a factor analysis was carried out once again and any item below .30 (if any) were dropped once again. If there was no item that was dropped, then the factor analysis was not carried through to the next level. If there were still items that had been dropped, then factor analysis would be performed again until the remaining items had values that were higher than the .30.

Research Location

The study was based on research needs. Location studies for conceptualizing and constructing items were held in the Choice Theory and Reality Therapy Institute in Singapore, Johor Bharu Medical Clinic, Cheras, Universiti Kebangsaan Malaysia, Universiti Malaya, Universiti Teknologi Malaysia, and Hallis Counseling Services Sdn. Bhd. . The second and third phases of the study were also conducted in locations such as the Choice Theory and Reality Therapy Institute in California and Ohio, USA, Choice Theory and Reality Therapy Institute in England and local universities in Malaysia. The final locations were secondary schools and some public and private institutions.

Research Participants

In the first phase of the study, respondents were selected based on purposive sampling. Purposive sampling involves selecting respondents from one population to meet the characteristics required by the purpose of study, as noted by Johnson and Christensen (2004). The respondents of the first phase is composed of four experts in the field of Counseling Reality Therapy and Choice Theory. The researchers interviewed respondents to understand and shape the concept of Choice Theory and Reality Therapy through an in-depth interview.

The second phase of the study involved two phases of data collection. The first step was to check the validity of the content items which had been developed. The second stage was made for the purposes of item analysis and reliability analysis. The first phase involved a total of fourteen respondents selected through purposive sampling. Once the scale is corrected based on the study at the second phase, the size of the device is then given to a total of 211 licensed counselors selected for the second phase of item analysis. Sample selection of this study involved simple random samplings among counselors in four states in Malaysia: Kuala Lumpur, Melaka, Kedah, and Terengganu. The third phase of the study-factor analysis-used the same sample.

Data Analysis

Data were analyzed using N-Vivo 2.0 program to derive themes that resulted from the in-depth interview with the selected experts. Expert evaluation provided analysis to obtain the content validity coefficient, as proposed by Wiersma and Jurs (1990) and Sidek and Marzuki (2005). To obtain the validity coefficient, each expert gave approval to those items that represent a sub-construct of the questionnaire. SPSS version 11.5 was used for the purpose of factor analysis and reliability analysis of the Reality Therapy Counselor Profile Questionnaire.

Results

First Phase Result

The qualitative study involving a literature review and in-depth interviews with a group of experts clarified ideas in Choice Theory and Reality Therapy. The results have produced three construct that make up ideas in Choice Theory and Reality Therapy: basic concept, therapeutic process, and application. These three variables subsequently form factors or ideas contained in the questionnaire Choice Theory and Reality Therapy.

Second Phase Result

Item analysis determined the quality of the items contained in the device size of the Reality Therapy Counselor Profile Questionnaire. Significant items are those that have quality and have alpha values that are less than the standardized item alpha; whereas insignificant items have alpha values larger than the standardized item alpha. Significant items can

discriminate against individuals or groups of individuals responding with different backgrounds.

Sub construct 1 (Basic concept).

In the early stages, the alpha value of the sub-construct, Basic Concept, had a standardized item alpha of .7458. Five items - numbers 2, 6, 7, 11 and 14 (alpha if item deleted) - were identified to have greater values than the standardized item alpha, and thus, removed because they were considered insignificant. These items were also removed from the questionnaire. Thus, in sub-construct 1, the standardized item alpha produced the values of .8040 and .7957 (Refer table 1).

Table 1. Alpha value of sub construct 1

Number of Item	Basic Concept Item	Alpha if item deleted
1.	I help coordinate clients behavior and wants	.7819
3.	I stress the aspect of clients responsibilities towards their behavior	.7712
4.	I explore the concept of clients freedom to understand their self	.7690
5.	I use the therapy that emphasized the aspect of client's responsibility.	.7830
8.	I explore behavior that can be measured.	.7876
9.	I use a therapy that enables a client to make decisions.	.7806
10.	The first step I do in a counseling sessions is to explore what client wants	.7871
12.	I explore client's current needs.	.7725
13.	I emphasized behavioral, thinking, feelings and physiological aspects of clients.	.7714
15.	I help clients to change their self dream to match with their goal.	.7765

Sub construct 2 (Therapeutic Process).

Having analyzed the alpha of sub-construct, Therapeutic Process, the standardized item alpha was found to be .8260. There were two items (alpha if item deleted) identified greater than the standardized item alpha: item 23 and 30. The item was removed and the resulting standardized item alpha value was .8803 and .8756 (Refer table 2).

Table 2. Sub construct 2

Number of item	Therapeutic Process Item	Alpha if item deleted
16.	I stress positive addiction in counseling sessions.	.8672
17.	I give attention to the clients' potential that can lead to success.	.8654
18.	I like to be a directive counselor.	.8762
19.	I determined clients must be responsible for the choices they make.	.8666
20.	I always challenge my clients asking, "Do you think what you are doing will benefit you?"	.8660
21.	I do encourage clients to evaluate their own behaviors.	.8584
22.	I identified what clients do to achieve their wants.	.8610
24.	I clarify clients' need	.8715
25.	I explore psychological constraints in clients.	.8692
26.	I use therapy that pays attention to follow-up sessions.	.8691
28.	I urge clients to follow the agreed plans.	.8671
29.	I stress on the aspect of responsibility with clients.	.8616

Sub construct 3 (Application).

For sub construct 3 (Application), the standardized item alpha value was .9035 (Refer table 3). All the items in this sub construct were analyzed to have quality and be acceptable, because these items had an alpha value (alpha if item deleted) less than the standardized item alpha; thus, all items are in Application were significant.

Table 3. Sub construct 3

Number of item	Application Item	Alpha if item deleted
31.	I check what clients do to solve their problems.	.8697
32.	I use concrete, clear and realistic therapy.	.8950
33.	I use counseling theory which has action plans for client.	.8964
34.	I use the WDEP (Wants, Doing & Direction, Evaluate, Planning) system as a strategy to help clients.	.8955
35.	I use counseling theory that stresses for specific plans.	.8944
36.	I plan with clients to achieve their wants.	.8927
37.	I check clients commitment.	.8919
38.	I evaluate clients' behaviors continuously.	.8939
39.	I apply the realistic action plans to evaluate clients.	.8934
40.	I evaluate clients goals specifically.	.8934
41.	I apply the paradox technique, that is discussing the good and effects of clients wrong opinion..	.8986
42.	I analyze metaphora of clients to understand them.	.8984
43.	I use the confrontation technique if clients give all sorts of excuses.	.8985
44.	I prefer to use humor to reduce clients stress.	.8980
45.	I focus on what clients can do after I have understood them.	.8989

After analyzing each item in each construct, the researchers analyzed the alpha if the entire questionnaire. Cronbach alpha reliability value of the Reality Therapy Counselor Profile Questionnaire is .9479, with the standardized item alpha of .9496.

Evaluations Arbiter

The findings of the arbitrator fourteen recorded. Information diperolei by the arbitrator of the process are summarized and made further analysis. Experts evaluated the suitability of the item number and what it represents in its particular sub-construct. The researcher used a ranking scale from 1 to 10 (Strongly Agree to Strongly Disagree) to allow expert evaluators to assess its content. Scores approval has been given to fifteen assessment experts concerned. Analysis found that the validity of the content of the questionnaire items was high: .8734. According to expert opinion, the content validity of the Reality Therapy Counselor Profile Questionnaire is high because a level of mastery over 0.7 is considered to have significant and high mastery (Wiersma and Jurs 1990; Sidek and Jamaludin 2005 & Jamaludin 2002).

Factor analysis results

Researchers used the Principal Component to analyze the construct validity of the Reality Therapy Counselor Profile Questionnaire. Factor analysis is very sensitive to outliers. This analysis is used as an exploratory technique to conclude on the structure of a set of variables. The researchers carefully reviewed the data to ensure that they were under normal circumstances. Researchers analyzed 211 samples to obtain three factors. According Hair, Aderson, Tantham & Black (1998), when the sample size is between 200 to 250, researchers can use a loading factor of .40. Researchers used SPSS version 11.5 to help proces these items.

The first step that researchers took were data reduction and then factor. Then the researcher chose the Sphericity Bartlett test and Kaiser-Meyer-Olkin (KMO). Hair et al. (1998) said that the Sphericity Bartlett test ensures that all the variables are factors with chi-squared values that are large (sig <0.05. Meanwhile, KMO is used to view sample adequacy. Kaiser (1974) has classified KMO of about .90 to be brilliant, and commendable around .80, .70 is average, .60 is low, and anything less than .50 is rejected. The results of this test showed Bartlet's test was significant and the KMO test was .902.

By using the principle components analysis with varimax rotation, the stack percentage represents 52 percent of the variance. There are three factors that were identified to measure certain ideas in the Reality Therapy Counselor Profile Questionnaire. The first factor identified was 15 items. Factor analysis was conducted using the Extraction Method and the Principal Component Analysis showed that a total of six items that can be received from the original amount. Items that are rejected is item 2, 3,4,5,6,7, 12, 13, 14. Item received in the first factor is called scale basic concept (Refer table 4).

Extraction methods of analysis using Method: Principal Component Analysis on Reality Therapy Counselor Profile Questionnaire, six items were identified as items that are able to measure the therapeutic process. Items that can be used are item 19, 20, 21, 22, 28 and 29. The second factor is called scale therapeutic process (Refer table 4). While from a study made, confirmed by nine items can measure application. Items that are analyzed using Extraction Method: Principal Component Analysis shows that almost all the items can be used except item 31, 41, 42, 43, 44 and 45. The third factor is known as scale application (Refer table 4).

Table 4. The results of factor analysis using Extraction Method: Principal Component Analysis

Bil	Item	Factor 1	Factor 2	Factor 3
1.	I help coordinate clients behavior and wants.	.416*	.000	.000
8.	I explore behavior that can be measured.	.493*	.000	.000
9.	I use a therapy that enables a client to make decisions.	.664*	.000	.000
10.	The first step I do in a counseling sessions is to explore what clients' want.	.646*	.000	.000
11.	I do therapy with systematic action plans.	.511*	.000	.000
15.	I help clients to change their self dream to match with their goal.	.442*	.000	.000
19.	I determined clients must be responsible for the choices they make.	.000	.665*	.000
20.	I always challenge my clients asking, "Do you think what you are doing will benefit you?".	.000	.750*	.000
21.	I do encourage clients to evaluate their own behaviors.	.000	.749*	.000
22.	I identified what clients do to achieve their wants.	.000	.652*	.000
28.	I urge clients to follow the agreed plans.	.000	.534*	.000
29.	I stress on the aspect of responsibility with clients.	.000	.682*	.000
32.	I use concrete, clear and realistic therapy.	.000	.000	.560*
33.	I use counseling theory which has action plans for client.	.000	.000	.630*
34.	I use the WDEP (Wants, Doing & Direction, Evaluate, Planning) system as a strategy to help clients.	.000	.000	.542*
35.	I use counseling theory that stresses specific plans.	.000	.000	.688*
36.	I plan with clients to achieve their wants.	.000	.000	.597*
37.	I check clients commitment.	.000	.000	.786*
38.	I evaluate continously clients' behavioe.	.000	.000	.710*
39.	I apply the realistic action plans to evaluate clients.	.000	.000	.732*
40.	I urge clients to evaluate their goals	.000	.000	.684*

Note: * The item that can be used by the results of the factor analysis.

The reliability analysis after factor analysis

Table 5 shows the reliability of the Reality Therapy Counselor Profile Questionnaire (RTCPQ). A total of 21 items had notable quality when the reliability analysis and factor analysis were performed. The Cronbach Alpha value of the Reality Therapy Counselor Profile Questionnaire was .9127, while the scale of the Basic Concept was .6686, the Therapeutic Process was .8469 and Application was .8879.

Table 5. Reliability of instruments Reality Therapy Counselor Profile Questionnaire

Dimention	Mean	Standard deviation	<i>Cronbach Alpha</i>
RTCPQ	79.0142	10.1880	.9127
Basic concept	22.2844	2.9928	.6686
Therapeutic Process	23.5024	3.3994	.8469
Application	33.2275	5.4244	.8879

Discussion

Choice Theory and Reality Therapy constructs were obtained from the literature review and qualitative study using in-depth interviews. A total of 14 experts were interviewed to derive the themes for constructs and items. To obtain the content validity, this study used the method of external criticism to get a validity coefficient based on the average cumulative score from expert judgment. According to Sidek (2002), content validity depends on whether the items contained in the measurement instruments represent areas that should be measured. According to another method, evaluation experts are one of the conditions determining the validity of the content of an item. Researchers conducted an analysis to determine the quality of the items. Based on the results of analyses conducted, seven of the 45 items (15.5%) identified as items that were not certifiable (2, 6, 7, 11, 14, 23 and 30). This means that 38 of the items (84%) were quality items.

The results of factor analysis using the Extraction Method: Principal Component Analysis produced three factors: Basic Concept, Therapeutic Process and Application. The Reality Therapy Counselor Profile Questionnaire is able to measure these three constructs, because the questionnaire has high construct validity. Tabachnick and Fidell (2001) used factor analysis to classify many variables to several different factors. In addition, factor analysis was used to reduce that number by categorizing items into small groups, which are connected to one another statistically. The Reality Therapy Counselor Profile Questionnaire, as a whole, had Cronbach Alpha reliability coefficients of .9127. Although the scale of Basic Concept had a value of .6686, it is still accepted from the perspectives of Borg, Gall and Gall (1993), Vallette (1977), Majid (1998), Othman (2000) and Syaharom (1990). They agree that an instrument that has a coefficient of reliability of 0.60 or more is to be accepted.

Research Implications

The findings of this study have shown that the Reality Therapy Counselor Profile Questionnaire has valid items, having a high internal validity with a load factor of more than .30); thus, has proved to have high validity and reliability. Therefore, the size of the device is able to overcome the lack of measurement instruments available for Choice Theory and Reality Therapy. The Reality Therapy Counselor Profile Questionnaire will contribute to the fields of Choice Theory and Reality Therapy, in particular to the setting of counseling.

This study was successful in identifying the validity and reliability of the Reality Therapy Counselor Profile Questionnaire. Therefore this questionnaire can be used in Malaysia to

screen counselors who use Choice Theory and Reality Therapy. The information obtained in this instrument is very useful to other researchers, counselors and counselor educators who use these theories.

Reality Therapy Counselor Profile Questionnaire is also capable of measuring three factors: the basic concept, therapeutic process, and application based. This information will contribute significantly to knowledge associated with psychometric aspects of a measurement tool.

Suggestions

In addition to the discussion and implications of the study, some recommendations can be made to future researchers;

1. Based on the findings, researchers can now screen counselors who use Choice Theory and Reality Therapy. Results of screening based on the Reality Therapy Counselor Profile Questionnaire can be used for future case studies. Reserarchers can look at how counselor utilize Choice Theory and Reality Therapy in particular contexts and examine if there are noticeable trends.
2. It is recommended to counselors and educators to develop and review appropriate instruments for their particular area or setting, all the while considering local culture.
3. Counselors who use Choice Theory and Reality Therapy can use the Reality Therapy Counselor Profile Questionnaire to assess the level of control they have over the theory and their counseling sessions.

Conclusion

In conclusion, the Reality Therapy Counselor Profile Questionnaire have items that can be used to measure the knowledge and applications of counselors who use Choice Theory and Reality Therapy. As seen in the validity and reliability of analytical results, the instrument is suitable for use in Malaysia, especially to screen counselors who utilize Choice Theory and Reality Therapy.

References—

- Abdul Malek A.R. (2004). *The effective of cognitive behavior group counseling for bullying treatment among high school*. Unpublished PhD dissertation. University of Kebangsaan Malaysia.
- Ahmad Jazimin, J. (2008). *The usage of Reality Therapy among counselors in Malaysia*. Unpublished PhD dissertation. University of Kebangsaan Malaysia.
- Borg, W.R., J.P. Gall & M.D. Gall (1993). *Applying educational research: A practical Guide 3rd Ed*. New York: Longman.
- Brown, T & Swenson, S. (2005). *Identifying basics needs: The contextual needs assessment*. *International Journal of Reality Therapy*, 26 (2), 7-10.
- Burns, M.K., Vance, D., Szadokierski, I. & Stockwell, C. (2006). Student needs survey: A psychometrically sound measure of the five basic needs. *International Journal of Reality Therapy* 25 (2): 4-8.
- Coakes, S.J. dan Steed, L.G. (1999). *SPSS: analysis without anguish. Version 7.0, 7.5, 8.0 For Windows*. Brisbane: John Wiley & Sons Australia, Ltd.
- Comiskey, P.E.(1993). Using reality therapy group training with at risk high school freshman. *Journal of Reality Therapy*, 12 (2), 59-64.
- Corey, G. (2005). *Theory and practice of counseling and psychotherapy* (7th ed.). Pacific Grove, CA:Brooks/Cole.
- Creswell, J.W. (2015). *A concise introduction to mixed method research*. United States of America: Sage Publication.
- Dempster, M., & Raff, D. (1989). Managing students in primary schools: A successful Australian experience. *Journal of Reality Therapy*, 8 (2), 19-23.
- Denzin, N.K., & Lincon, Y.S. (Ed.) . (1994). *Handbook of qualitative research*. Thousand Oaks, CA:Sage.
- Edens, R.M., Smryl, T. (1994). Reducing disruptive classroom behaviors' in physical education: A pilot study. *Journal of Reality Therapy*, 13(2), 40-44.
- Glasser, W. & Zunin, L.M. (1979). Reality Therapy. In R.Corsini (Ed.), *Current Psychoterapies* (2nd. Ed.,pp. 302-339). Itasca,IL:F.E.Peacock.
- Glasser, W. (1965). *Reality Therapy: A new approach to psychiatry*. New York: HarperCollins.

- Glasser, W. (1986). *Control theory in the classroom*. New York: HarperCollins.
- Glasser, W. (1990). *Quality school: Managing students without coercion*. New York : HarperCollins.
- Glasser, W. (1991). *The quality school: educational ideas of William Glasser*. Culver, IN: Culver Educational Foundation.
- Glasser, W. (1993). *The quality school teacher*. New York: HarperCollins.
- Glasser, W. (1998). *Choice theory : A new psychology of personal freedom*. New York: HarperCollins.
- Glasser, W. (2000). *Reality therapy in action* . New York: HarperCollins.
- Glasser, W. (2001). *Counseling with choice theory : The new reality therapy*. New York : HarperCollins.
- Grimesey, R.P., Jr. (1990). Teacher and student perceptions of their middle school's implementation of reality therapy. *Journal of Reality Therapy*, 10 (1), 42-45.
- Hair, J.E., Anderson, R.E., Tatham, R.L. dan Black, W.C. (1998) *Multivariate data analysis*. Ed. ke-5. Upper Saddle River, New Jersey: Prentice Hall.
- Hart-Hester, S, Heuchert, C. & Whittier . (1989). The effects of teaching reality therapy techniques to elementary students to help change behaviors. *Journal of Reality Therapy*, 8 (2), 13-18.
- Heuchert, C. Pearl, G., & Hart-Hester, S. (1986). Increasing the appropriate behaviors of two third grade students with reality therapy: A pilot study. *Journal of Reality Therapy*, 6 (1), 11-20.
- Howatt W.A. (2001). The evolution of reality therapy to choice theory. *International Journal of Reality Therapy*. 21 (1), 7-11.
- Jamaludin Ahmad (2002). *Validity, reliability and effective advance program module for academic achievement among high school students in Selangor*. Unpublished PhD dissertation. Serdang: University of Putra Malaysia.
- Johnson, B. dan Christensen, L. (2000). *Educational research: Quantitative and qualitative approaches*. United States of America: Allyn & Bacon.
- Kaiser, H.F. (1974) An index of factorial simplicity. *Psychometrika*, **39**, 401-415.

- Lahmuddin (2003). *The effectiveness modernization training and parenting guidance for aggressive male students in Medan Indonesia*. Unpublished PhD dissertation., Bangi: University of Kebangsaan Malaysia.
- Mohd. Majid, K. (1998). *Research Method in Education*. Kuala Lumpur: Dewan Bahasa and Pustaka.
- Palmatier, L.L. (1998). *Crisis counseling for a quality school community:Applying William Glasser's choice theory*. United States of America:Taylor and Francis.
- Omizo, M.M., & Cubberly, W.E. (1983). The effects of reality therapy classroom meetings on self-concept and locus of control among learning disabled children. *The Exceptional Child*, 30 (3), 201-209.
- Othman, M. (2000). *Psychoteraphy principle and management in counseling*. Serdang: University of Putra Malaysia.
- Othman, M. (2001). *Thesis writing in social sciences*. Serdang: University of Putra Malaysia Publisher.
- Renna, R. (1990). The use of control theory in the education of students with sensory, cognitive and physical challenges: A public school special education collaborative approach. *Journal of Reality Therapy*, 10 (1), 34-39.
- Slowik, C.A., Omizo, M.M., & Hammet, V.L. (1984). The effects of reality therapy process on locus of control and self-concepts among Mexican-American adolescents. *The Journal of Reality Therapy*, 3 (2), 1-9.
- Salim, S (2005). Research future in Malaysia. *Jurnal Perkama*,**11**, 1-15.
- Sidek , M. N. (2002). *Research design: Philosophy,theory and practice*. Serdang: University of Putra Malaysia Publisher.
- Sidek, M. N. and Jamaludin, A. (2005). *Module development. How to develop training and academic modul*. Serdang: University of Putra Malaysia Publisher.
- Sidek, M. N. and Marzuki, W. J. (2005). *Analysis of validity and reliability Inventory of Counselor Evaluation for Supervisor*. Paper presented by Covention PERKAMA 24 Jun 2005 di Esset, Bangi.
- Syaharom, A. (1990). *Guiding practice in research of education*. Kuala Lumpur: Dewan Bahasa and Pustaka.
- Tabachnick B.G. dan Fidell L.S. (2001). *Using multivariat statistic*. 4 ed. USA : Allyn & Bacon.

Thorndike, R.M. (1997). *Measurement and evaluation in psychology and education* 6th ed.. New Jersey : Prentice Hall.

Vallette, R.M. (1997). *Modern Language Testing: A Hand Book*(2nd. Ed.). New York: Harcourt Brace Javanovich.

Wiersma, W. & Jurs, S.G. (1990). *Educational measurement and testing*. 2th edition. USA: Allyn and Bacon.

Wubbolding, R.E. & Brickell, J. (1999). *Using Reality Therapy*. New York: HarperCollins.

Wubbolding, R.E. (2000). *Reality Therapy for the 21st century*. New York: HarperCollins.

Wubbolding, R.E. (2000b). *Brief reality therapy*.In Carlson. J(ED);Sperry,L.(ED). Brief therapy with individuals & couples (pp. 264-285).Phoenix, AZ:Zeig, Tucker & Tucker.

Wubbolding, R.E. (2011). *Reality Therapy: Theories of Psychotherapy Series*. American Psychological Association: Washington DC.

Zakaria Mohamad (2005). *Pattern of theory usage among counselor practioner in Malaysia*. Paper presented in Convention PERKAMA at 24 – 26 Jun 2005 in ESSET, Bangi.

Brief Bios—

Ahmad Jazimin Jusoh, Ph.D., is an Associate Professor in the Department of Psychology and Counseling, Faculty of Education and Human Development, Sultan Idris Education University, Malaysia. He is certified in Choice Theory and Reality Therapy since 2008. Correspondence concerning this article should be addressed to Ahmad Jazimin Jusoh, Department of Psychology and Counseling, Faculty of Education and Human Development, Sultan Idris Education University, 35900 Tanjong Malim, Perak, Malaysia. For additional information, please contact ahmadjazimin@yahoo.com

Ellen Amatea, Ph.D., is an Professor in the Department of Counselor Education, University of Florida, Gainesville, FL. She can be reached at eamatea@coe.ufl.edu

Harry Daniels, Ph.D., is an Professor in the Department of Counselor Education, University of Florida, Gainesville. He can be reached at harryd@coe.ufl.edu

MUCH OF WHAT YOU NEED TO KNOW REGARDING CT/RT

Robert E Wubbolding, EdD, Director, Center for Reality Therapy
5490 Windridge Court Cincinnati OH 45243 USA Tel: 1-513-561-1911
E-Mail: wubsrt@fuse.net www.realitytherapywub.com Fax: 1-513-561-3568

In recent years there has been a cry for evidence-based research regarding choice theory and reality therapy. I an attempt to provide this Dr. Wubbolding has listed below chapters in books and in encyclopedias that basically do just that! So kindly refer to these resources in the future if you wish to find insights regarding just how well choice theory and reality therapy have been found to work in various settings and/or situations.

Chapters in Books

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). 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. In G. Vandenbos, E. Meidenbauer & J. Frank-McNeil (Eds.), *Psychotherapy theories and techniques*, (pp. 307-316). Washington DC: American Psychological Association.

Wubbolding, R. (2014). Reality therapy process. In G. Vandenbos, E. Meidenbauer & J. Frank-McNeil (Eds.), *Psychotherapy theories and techniques*, (pp. 317-324). Washington DC: American 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. (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.E. (2000). Reality therapy. In A. Horne (Ed.), *Family counseling and therapy*, (3rd ed., pp. 420-453).
- 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.

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

Parish, T, & Wubbolding, R. (2015). William Glasser (1925-2013). In R. Cautin & S. Lilienfeld, (Eds.), *The encyclopedia of clinical psychology*, Hoboken, NJ: Wiley Blackwell.

Wubbolding, R. (In Process). Couples quality time. In J. Carlson & S. Dermer, (Eds.), *The SAGE Encyclopedia of Marriage, Family, and Couples Counseling*, (pp. TBD). Thousand Oaks, CA: Sage Publications Inc.

Wubbolding, R. (In Process). 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.

Wubbolding, R. (2016). Reality therapy. In A. Wenzel (Ed.), *The Sage encyclopedia of abnormal and clinical psychology*. (pp. TBD). 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.

WORKING TOWARD A MORE PEACEFUL WORLD: AN INTERVIEW WITH JIM MONTAGNES

Patricia A. Robey, Ed.D., LPC, CTRTC

Abstract

This article presents an interview with James (Jim) Montagnes, senior faculty of William Glasser International (WGI) and Glasser Canada. Montagnes answers questions regarding his background history, how he was introduced to choice theory and reality therapy, and how he has implemented these ideas into his personal and professional life.

Biography

For the last 45 years, Jim has maintained a very active consulting practice providing private counseling to clients with marriage, addiction, psychological and relationship problems. Public and private schools in the United States and Canada have frequently consulted with Jim, and he has developed a cafeteria of professional development training programs attracting thousands of participants from the fields of Corrections, Addictions, Social Services, Business and Education. Aboriginal groups and reserves across Canada have also made use of Jim's expertise. Jim is currently an associate of Forrest & Company Ltd. as Director of Coaching and Facilitation.

Jim's original mentor was Dr. William Glasser, the world famous author of *Reality Therapy* (1965), *The Quality School* (1990), *Choice Theory* (1998), and *Warning: Psychiatry Can Be Hazardous to Your Mental Health* (2003). For the last four decades, Jim has been a colleague and associate of Dr. Glasser. More recently Jim has been elected to represent Canada on the new William Glasser International [WGI] as one of the founding board. WGI will act as the guardian of the principles of Dr. Glasser.

Jim has worked more recently in business assignments concentrating on team building, management and leadership practices, and executive coaching.

Interview

Robey: Thank you so much for taking the time to participate in this interview, Jim. To start, why don't you tell me a little about your personal and professional background? How did you get to where you are today?

Montagnes: I started out in the Mental Health Field working for the psychiatric system in Ontario Canada. Between 1966 and 1976 I developed many new programs in rehabilitation and recreation in both Toronto and Penetanguishene. When I left there, we still housed the 300 most dangerous people in Canada in our maximum security wing. After that, from 1976 through 1980 I was employed by the Metro Toronto Association for the Mentally Retarded, the largest organization in Canada. I was responsible for developing a special day service program for the severely mentally handicapped and also became the Director of the organization's group homes. In 1980, I became a full time trainer, consultant and educator

in Reality Therapy and have not looked back since. I have been privately employed just doing Glasser work for over 35 years.

As for my personal background, I have three children. My eldest son, Pablo, is a professor, presently at the University of Chicago in the Harris School of Public Policy. He is moving to Emory University in Atlanta this coming year. My daughter Mercedes recently graduated from Harvard Law School and now works for the Capital Appeals Project in New Orleans as deputy director. Our son Joel is entering his first year of a two years master's degree at the University of Calgary, studying Canadian Military History. My wife Rhonda is a retired secondary school teacher of 37 years and also a senior faculty of WGI.

Robey: Sounds like you have a very successful family, Jim! It's a great feeling to see your children doing well, isn't it? It seems there is a value toward service in your family – teaching, law, and interest in the military, as well as your own background in mental health.

I'd like to go back to your statement that you found reality therapy and never looked back. That's a powerful remark! How were you introduced to Glasser's ideas and what excited you about them?

Montagnes: While working in the psychology department at my first location with the Ontario Government, one of the psychologists was selling copies of Bill's *Reality Therapy* [Glasser, 1965]. I bought it, still have it, and that changed my life. Everything he said in that book made so much more sense to me than anything that I had been taught. I immediately wrote to him and was invited down to his summer workshops for two weeks and that was that. I began, I believe in 1969, a yearly trek to Los Angeles for many years.

Robey: How have you put Glasser's ideas into action in your personal and professional life?

Montagnes: I immediately put the ideas into use in my professional life. I implemented them into all of my work situations both at the psychiatric hospitals and in the departments where I was in charge as well as using it as a counseling tool with private clients. Most of what I did for five years as head of residential care for what was then called "The Metropolitan Association of the Mentally Retarded" was based on Bill's works. When I left the association in 1980, I did what I had wanted to do for the past decade since I met Bill. I went into this full time and have been ever since. That is now some 35 plus years of only teaching, running practica, consulting, counseling and generally introducing the world to Glasser.

As for my personal life, I am human and I slip, but to the greatest extent, I believe I walk the talk and have attempted to teach this to my children.

Robey: I can really relate to the potential for "slipping." I had a lot of practice in my life trying to perfect my external control on others. When I learned Glasser's ideas and put them into action, to my surprise life became a lot easier, but there are still times that it is easy to go back to those deadly habits! One thing that helps me keep in focus is to learn how others have been able to implement Glasser's ideas. Would you share some of your success stories that are related to your use of these ideas?

Montagnes: I am not one to really keep track of what might be called success stories but the fact that I have earned a living for the past 35 years teaching Glasser must mean something. While Bill was alive, there were three occasions where I remember being involved in discussions with Bill that I believe led to positive changes in the direction of the institute. Also I did train the staff at the first Glasser Quality School as well as Kaye Mentley. I ran a small private practice for over 30 years based on word of mouth. There certainly have been clients who have grown and continued on to have successful lives and I suspect I have had some hand in their moving beyond their choosing pain. My little book, *Stop Spinning Your Wheels* [2011] has sold a great number of copies and I have been more than pleased with the feedback I continue to get on the book. I have been serving on the first board of WGI [William Glasser International] and have found this a very enlightening experience. I also co-chaired the 2014 International Conference in Toronto.

I believe over the years I have taught basic weeks to groups in almost any area of the people business and can say that I have had an impact on many areas because of the teaching. I would estimate that I have taught well over 700 basic weeks.

Robey: Wow, that's a lot of training, Jim! I imagine you have worked with a wide variety of people with differing values, beliefs, and cultures. What are some of the challenges you faced as you attempted to teach others about these ideas?

Montagnes: I don't know that there were a lot of challenges to teaching Bill's ideas as they made so much sense and could be adopted into someone's life so immediately, the benefits were very clear so quickly. Marketing and getting groups was a challenge at times, selling yourself so you could teach the ideas. Once I created the relationships however, the work came my way as the benefits were apparent. There were a couple of school districts in Michigan where some folks took offense to the ideas of Choice Theory. God Forbid that you should teach children that they have choices in life! Aside from those very scary folks, Bill's ideas sold themselves.

Robey: You said you made yearly trips to Los Angeles since 1969. That's a long time! What are some of your memories of the development of the Institute and its changes over time?

Montagnes: I was never one who could remember all the stories, at least the ones that can be repeated. I do remember after the second trip down to see Bill, this must have been around 1970. Bill sent me to see Laurel Jacoby, his secretary, after the second week. She had a box of business cards with my name on them and I was now an official faculty member of the Reality Therapy Institute. That I remember as a very poignant moment in my life. I remember Bill as a very loyal mentor and one who taught by doing. I spent a lot of time listening and learning and I believe in the end, while I was not by any means his most creative student, I did him proud. We had many occasions to meet over the years and always had discussions of what was happening. I was good friends, I believe, with Naomi [Glasser], and Bill and Carleen [Glasser] spent five days with us up on our island in Northern Ontario before the conference in Ottawa in the early 2000's. That was the most time I had with Bill and we had many discussions of where he was at that time and how we both saw things for the future etc. I loved Bill as my mentor.

I am very excited by Jim Roy's biography [*William Glasser: Champion of Choice*, 2014] and urge everyone to read it. It is a fine book for not only learning about Bill, but also his ideas.

Robey: Tell us the story of the history of the development the William Glasser Institute in Canada, or Glasser Canada as it now is known.

Montagnes: I believe I shared the creation of the Canadian Organization with Dianne Gossen. We both worked hard to bring Canada to Bill and have the Institute, as it was called, recognize our special place in the Reality Therapy World. Diane, again, was the dynamic teacher and leader; I did more of the book and financial stuff as well as teaching. We pretty well split the country in the early years.

To be honest, I am not happy with how we have grown in Canada and the lack of new people coming into take on roles with Glasser Canada as they are now known. It is time for us old timers to turn over the reins.

Robey: I appreciate your honesty, Jim. What needs to happen in Canada to make it a vital and productive organization again?

Montagnes: Glasser Canada must begin to relate to the members or it is done. It cannot continue to run the organization in a vacuum.

Robey: What do you hope to see as the future of William Glasser International?

Montagnes: I truly hope that WGI is a great success since that will mean that the Glasser ideas are spreading into all aspects of the world and we will have a much more peaceful world. I know from being on the board, it is very frustrating to see what I think of as a lack of understanding of Choice Theory. If we all understood the ideas, there would be less mistrust and more joint effort to promote the ideas. WGI has great potential, but it needs the financial support to survive and the membership support to carry out its mandate.

Robey: You have devoted a lot of your life in the helping professions and in teaching and applying Dr. Glasser's ideas in many ways. What would you like to be remembered for?

Montagnes: I do not have a clue. Maybe that, as we know from CT, he did what the thought was the best he could do at the time, given the set of circumstances.

Robey: Well, I would just like to say that I have always admired you and the work that you have done to advance Glasser's ideas. I always knew when someone was trained by you because their knowledge and application of theory was always so strong, in particular in the understanding of total behavior. I also have enjoyed the time I have spent with you and Rhonda and getting to know a more playful side of you. I respect your passion for your work and I share your belief that practicing what Glasser taught could make a much more peaceful world.

I appreciate the time you have taken for this interview, Jim. I wonder what you might like to add that I haven't asked you about?

Montagnes: Pat, I was honored to be asked to do this. I have never really done what a lot of folks have in the organization. Just the one book and a lot of training that I have done and also most of which I developed myself. I was not asked to come to many places but managed to work over most of the North American continent. I did work with some great folks, Jeff Mintz, Ron Harshman, Diane Gossen, Perry Good, and lately with Brian Lennon, John Cooper and Kim Olver in particular. There are many of my students who I could name, but will not due to not wanting to leave any out. We have some fine folks out there, but we need to have them working as a team with us.

In closing, Pat, I would also like to give credit to my wife and partner Rhonda who has provided so much support over the past 23 years to the work I have been able to contribute. She has been a strong supporter and confidante who has provided the extra support to carry on.

Robey: Before I end our interview, I would like to compliment you on co-chairing a terrific conference in Toronto in 2014. The conference was the first time we were together after Dr. Glasser died, and I think you and your team organized it in a way that reminded all of us of the value of what Dr. Glasser taught, but also the importance of our relationships with one another. I feel very optimistic that the new leadership of WGI and in the affiliate countries will begin to address the needs of 21st century consumers and that Dr. Glasser's ideas will continue to change the world. It is a testimony to his ideas that we are still celebrating them 50 years after the 1965 publication of *Reality Therapy*.

Thanks so much for your service to the board, Jim, and thanks for sharing your story with me and with our readers. It was a privilege for me to have this opportunity with you.

Montagnes: Thank you, Pat!

References—

Glasser, W. (1965). *Reality therapy: A new approach to psychiatry*. New York: Harper & Row.

Glasser, W. (1990). *The quality school: Managing students without coercion*. New York: Harper & Row.

Glasser, W. (1998). *Choice theory: A new psychology of personal freedom*. New York: HarperCollins.

Glasser, W. (2003) *Warning: Psychiatry can be hazardous to your mental health*. New York: HarperCollins.

Montagnes, J. (2011). *Stop spinning your wheels: A manual on reality therapy, choice theory, and lead management* (2nd. ed.). Toronto, Canada: Montagnes & Associates.

Roy, Jim (2014). *William Glasser: Champion of choice*. Phoenix, AZ: Zeig, Tucker & Thiesen.

Brief Bio—

Patricia A. Robey, Ed.D, LPC, CTRTC, is an associate professor of counseling at Governors State University, the MA in Counseling Program Coordinator, a Licensed Professional Counselor, and a senior faculty member of the William Glasser Institute – US and William Glasser International. Pat has authored and co-authored numerous articles and book chapters on applications of choice theory and reality therapy and is lead editor and chapter contributor to the book *Contemporary Issues in Couples Counseling: A Choice Theory and Reality Therapy Approach*.

Our Tributes to Dr. Patricia Robey--

I am so grateful for Dr. Pat Robey for introducing me to Choice Theory and Reality Therapy. She is truly a great example of living CTRT. She is an amazing mentor and a wonderful friend. I am so blessed to have her in my life.

Barbara Smurzynski

Pat Robey gave me a different insight to reality therapy when i attended the basic intensive week instructor certification program and so many questions were answered. Not only was she generous with her teaching and information but there was such passion and fun throughout the workshop. Thereafter she shared a lot of written information. I am most grateful.

Farida Dias

Pat Robey has been a fearless leader in the Midwest Region. I have known her for at least 25 years (maybe more) and she has always been friendly and encouraging to me and others. She has held many workshops, managed our region and trained many instructors for the Institute. She has advocated for CT/RT in all facets of her life. I have always been impressed with the scope of her knowledge and her professionalism. I had the honor of teaching a Certification Week with her a few years ago and she was very helpful to me personally. I hadn't taught Cert week for a while and she held my hand through the process. I believe she has held many of our hands and all of us in the Institute owe her a large debt of thanks.

Sarah (Sam) Elliston

I have had the amazing opportunity to work with Pat Robey on many occasions but three come to mind right off. The first time we really worked together was when we served on the William Glasser Institute Board together. We really got to know each other at that time and enjoyed our long discussions together. She is passionate about all of Dr. Glasser's work and more importantly about the people she works with and adds value to. The second time I remember us working together is when we co-authored a chapter in the book Contemporary Issues in Couples Counseling. We always managed to have a little chuckle together. We have also worked together while doing various training programs, within the institute. She is a wonderful, knowledgeable encourager of others, a person I love seeing at our conferences and any other time we have an opportunity to meet.

Maureen Craig McIntosh

I met Pat in Toronto in 2014 when I was fortunate enough to have her (and Maureen McIntosh) endorse me as a Basic Week Instructor for the William Glasser Institute. Pat's knowledge of Choice Theory was (is) outstanding. Her ability to teach Dr Glasser's ideas was(are) very effective. Pat enabled me to give things I was 'nervousing' about a try. She facilitated my training in such a way that I was able to "see" that I do know a lot about Choice Theory and her genuine interest in me as a learner was heart-felt. The final phase of

training to become a Choice Theory/Reality Therapy/Lead management instructor was all the more special because I got to meet Pat and I also got to see supporting others to do quality work in action.

Christine Duffield

Pat has been a mentor for me since my faculty training began back in the 90's, it was mostly because of her generous support that I was able to develop my knowledge and skills while working with the Aspen School in Vernon Hills, IL. Pat has a special way of bringing out the best in me and those others fortunate enough to work with her. A model of lifelong learning and clearly an example of someone who lives the ideas she teaches so well. In the spirit of our poet, Tom Parish... Pat always shares herself with others very selflessly!

Peter Driscoll

Thank you Pat Robey for so generously sharing your knowledge and experience. You have an infectious tranquility which engenders the perfect learning environment. With much admiration and gratitude for your on-going contributions."

Marinela Mendes

Pat Robey is the reason I fell in love with Choice Theory. Her passion is evident in her work. I have had the pleasure to have Pat as an instructor many times both at the masters and doctoral level. As an instructor myself, I use many of the things she has taught me. Thank you Pat for all you do!

Ashley Cosentino

Do not go where the path may lead, go instead where there is no path and leave a trail. ~
Ralph Waldo Emerson

Not only did participating in Pat's Advanced Practicum prepare me for a successful certification week experience, but her insights enhanced my comprehension of choice theory and reality therapy. Consequently, I have been better able to apply all that she taught me to my teaching career and to my personal life. For all she did I will be forever grateful.

James L. Hutchinson

Greetings I am currently a student pursuing my degree in Clinical Mental Health Counseling at Governors State. I have had the great pleasure of taking class under Dr. Robey as well clinical supervision. I want to say that she is a warm, compassionate and understanding person who always makes time for students. She is one that pushes you to see the potential that she see's in you. She is just wonderful all over.

Enchelle Morris

Professor Pat Robey was our lead instructor during the Kentucky CTRT Certification week. We happen to be a small group session of women. The instruction and training offered from her was very memorable. She offered all of us the freedom to be ourselves and to engage with one another in creative ways: clay dough; stuffed animals; how to reenergize participants for an afternoon session; movie clips as a springboard; plus the process of Glasser Scholars. My Most Favorite was "How to Create an Instant Fan Club."

Shelia B. Dixon

Please accept my letter commending Dr. Pat Robey for her truly outstanding work at Governors State University. Dr. Robey has been a critical part of my journey to becoming a professional counselor. She has brought the principles of Reality Therapy to life through her relationships with me and other students in the counseling program. Having the opportunity to learn from such a dedicated, compassionate, and caring mentor has been an unforgettable experience. I am thankful for her presence in the field of counseling, and she is an asset to all of the students and clients with whom she encounters.

Jason Florin

Pat Roby was always a top notch Reality Therapy colleague. Her hard work for the institute and other students of Reality Therapy was always for the highest benefits to all. She showed kindness and respect to both myself and my husband, Dr. J. Robert Cockrum. My sympathies to her family.

Jane P. Cockrum

Pat is an embodiment of Choice Theory in practice, relationships, and as a role model. I always counted on her when I needed a confidant who listened well.

Jerry Johnsen

Dr. Pat Robey provided me with much of my faculty training. She is a highly versatile instructor who is equally effective in training therapists, managers, and school personnel. I have greatly appreciated how well she prepared me for becoming a WGI instructor.

Mike Fulkerson

Over twenty years ago I had the honor of being one of the Instructors to guide Pat Robey through her journey towards becoming CTRTC as well as WGI faculty certification. I knew on my first encounter with her that she was someone very special. Little did I know then that this brilliant, talented and caring young woman would go on to become Dr. Patricia Robey, who is now a published author teaching at a major University and a well respected mentor of The William Glasser Institute and supporter of its mission. Pat teaches by modeling for us all, how Choice Theory can connect people. I have been watching her accelerate in her professional life over time, while ever noticing the serenity and calmness with which she seems to handle every situation. I so admire how she had the determination, essentially, the strong, intrinsic motivation to achieve all she has

accomplished in the past twenty years. Pat Robey very much deserves the position of respect and leadership she now holds in the William Glasser Institute, she has earned it. Thank you Pat, for all you do to perpetuate the legacy of Bill Glasser. I especially appreciate your work and will always cherish your friendship.

Carleen Glasser

I was so impressed regarding your determination and dedication that you have showed towards the Choice Theory and Reality Therapy development. You have inspired me to make an effort in developing the Choice Theory and Reality Therapy in my country, Malaysia. Your article writing in the International Journal of Choice Theory and Reality Therapy has meant so much to me. I admired your book entitled Contemporary Issues in Couples Counseling : A Choice Theory and Reality Therapy Approach, which is just perfect and easy to understand. Finally, you've got a great personality ! Keep it up !

Ahmad Jazimin Jusoh

I enjoyed spending certification week under Pat's tutelage. She was very encouraging and had many different kinds of physical models she employed to illustrate key concepts. She was very patient, but also very thorough. She knew how to elicit responses and make people think to come up with the correct answers. She embodied the Socratic Method in her teaching, which cemented the learning through doing. Pat and I had the chance to do a role play with Bob Wubbolding. I played a hard-case husband and she played the neglected wife. As things progressed we became method actors and pulled no punches. The onlookers were quite moved as we demonstrated the power of Reality Therapy. At the end tears were shed. We stood and gave each other a big hug. It was a very special moment that I will always cherish....

Banning Lary

I was a student of Pat's until recently when I completed my masters degree. I must say, she is one of the best teachers I have ever had. I enjoyed working with her and learned so much. She has taught me a lot about RT/CT and how to use it in the real world. I feel she is very good with students and I can imagine her being great with clients too. She has always gone above and beyond the call of duty and had even given up her weekends to assist her students when needed.

Tia Nichols

Dr. Robey is not only a fantastic instructor in Choice Theory, she also is a great representative in the way she lives. I am honored to call her a friend and mentor.

Sylvester Baugh

When I walked into my certification week in 2009 and Pat said, "Welcome, and consider yourself certified!" I said to myself, " What, Wait! How can that be, all my hard work, I need to show her" and over the next four days, in Pat's calm, confident manner, she led

our group to a place far from where we began, full of passion, and zeal for learning, and confident in our abilities to share the Institute's message, *To Teach Choice Theory to the World*. Pat's depth of knowledge and passion for the Institute, and its principals never wavered. Over the following years, as I grew to learn who Pat is, I am amazed at her steadfastness, throughout her life's trials and tribulations, she remains a rock for the Institute. I am so happy our paths crossed. Although our times together are few and far between, we always seem to fit in one special moment of quality in our intersections and I look forward to many more small snippets of quality interactions with her. Thank-you for just being YOU!

Lois C. Knapton

I am privileged and honored to have been mentored by Dr. Patricia Robey. Pat was the group leader of my Reality Therapy Certification week. Words cannot describe how encouraging, gentle, and supportive she was. Additionally, though she balanced these very warm qualities with fine teaching and modeling of skills and knowledge. Dr. Robey is no doubt a leader and model Reality Therapist!

Jill Duba Sauerheber

We are honored to present a tribute to Pat Robey, senior instructor and former Midwest Representative to the board of directors of the William Glasser Institute. Pat has been a close friend since she began training in reality therapy. We have watched her intellectual growth and her learning through the years. While living a very busy life, working and raising a family, she pursued her master's degree and her doctorate in counseling. At the present time her students at Governors State University are among the most fortunate. She demonstrates her warm concern by taking a personal interest in them; this is not unnoticed by them. They frequently comment about her willingness to go the extra mile for them. When she conducts training sessions for the William Glasser Institute she elicits skills and insights from the students that they were previously unaware they possessed.

Her enthusiasm and dedication is contagious and she spreads these qualities in a natural, sincere and spontaneous manner. She has shown herself to be both a leader and an extraordinary collaborator. We are both so happy to know her and to call her Friend. To Pat we say *Ad Multos Annos*, "Live long and prosper."

Bob and Sandie Wubbolding

Pat was my instructor when I began training in the William Glasser Institute faculty program. She was tough, inspiring, kind, and stood apart as a quality instructor. It was such a joy to learn from her honest, heartfelt feedback. Because I had early training with Bill and Carleen, it was a small jolt to experience the techniques and teaching methods of other faculty members. Pat always provided instruction way beyond what was required. She generously shared her materials and ideas. She was a role model to admire as an authentic, compassionate, and wonderful person. Pat is a friend that I treasure. I think of her often with love and respect.

Brandi Roth

I am delighted to write a tribute to Pat Robey - she was one of my Practicum Supervisors. I learned so much from her; she made her expectations very clear. Perhaps what I admired most about Pat was the way she interacted with each member of our team. She has her own way of establishing personal relationships and making you feel a part of the group. She was very patient and her comments were always positive, encouraging, and supportive. Lastly, it is evident that she firmly believes in the possibilities for Choice Theory, Reality Therapy, and Lead Management.

Dr. Cynthia Palmer Mason

I am honored to call Pat a friend and cherished colleague. Pat and I have worked together for many years and I've loved every minute. She is a great teacher who listens with patience and humility. We shared family stories and commiserated during trials and tribulations. I remember fondly traveling the world sampling bread pudding, her favorite dessert.

Pat's personal accomplishments are a testament to her loyalty, dedication and determination. As a role model she demonstrates living Choice Theory to its highest ideals. She has a permanent home in my quality world.

Al Katz

Pat Robey is far more than a Glasser instructor to me . . . she has become a trusted friend. I am fortunate enough to live close to her, where I have been invited to be a guest lecturer in her master's-level counseling classes and we get the opportunity to have dinner together a few times a month. Pat is a dedicated teacher, who is devoted to the growth and success of her students. She loves Choice Theory and shares it with students as they are interested. Pat is always willing to help out behind the scenes when needed and she can also be counted upon to give brilliant, thought-provoking presentations whenever needed.

I love the way Pat asks thoughtful questions always in line with Choice Theory. I can run situations by her and she has a way of guiding me to discover my own truth by holding up the Choice Theory mirror for me. I am so fortunate to have her as a friend who is willing to take the risk to challenge me to look at some behaviors from different perspectives other than my own. Her involvement in my life has made me a better leader. Thank you, Pat, for your courage, your insight and your wisdom. I greatly appreciate you!

Kim Olver

Pat Robey is the consummate professor,
who's always helping her students to do even better!
She really strives to be the wind beneath their wings,
as she helps them with just about everything!

Pat truly is a super-great researcher and writer,
and as an interviewer there's no one any brighter.
Truly, she always seeks to provide great insights for us,
as she conveys to interviewees that she's the one they can trust!

As an editor of the ICTRT Journal, she also does fine works,
plus she always does what's best for all, i.e., she never, ever shirks.
Perhaps someday soon she'll be the editor of this fine Journal,
but that's not assured yet, so I won't speculate on what's personal!

Finally, she makes a wonderful contribution to the WGI organization,
by staying in contact internationally, as well as across our nation!
In my estimation Pat is definitely a "rising star,"
and beyond any doubt she's bound to go very, very far!

Thomas S. Parish

SPECIAL MEMORIES WITH Dr. WILLIAM GLASSER

From Beverly LaFond—

The happiest I ever saw Dr. Glasser, other than during his courtship and wedding to Carleen, was after his visit to Hereford, Texas in May 2000. It was my privilege to meet him at the Austin airport, but his flight from Amarillo was delayed until late at night. I expected him to be exhausted from the trip and worried about his talk next day at the convention center. Instead, he was glowing with joy and excitement. He couldn't stop talking about how Principal Charles Lyles had lead Aikman Elementary to be a true Glasser Quality School.

To work at book sales next day, I bought new support panty hose. That evening at dinner, a boy dropped his soda bottle in front of me. I felt many tiny shards of glass pierce my legs. In the ladies room I pulled some out and returned to the group telling them I was fine. On the way back to the hotel, Dr. G. said, "You know I am a medical doctor and I think you better take off those stockings." He gave me a brown bag and I reluctantly removed the stockings while planning to wash them at home. He must have read my mind because when he saw a trash can on the side of the road, he asked the driver to stop. In retrospect, his advice was valuable as usual.

My favorite memories of the Glassers were working in their booth at conventions of the American Counseling Association, the American Psychological Association, and the Texas Association of School Psychologists. When book buyers said they had heard Dr. G. speak many years previously or were studying Reality Therapy in their Theories classes, Roger would gesture for me to take a polaroid picture. Some offered to pay him for the photo but he refused. It was his small gift to the Champion of Choice.

From Jim Coddington III—

I have had the privilege to spend countless hours with Dr. Glasser at his house. While reflecting upon the many fond memories we shared one evening stands out the most. Carleen had left the house after dinner. As we normally did, Dr. Glasser and I sat side-by-side in our easy boy recliners, while I called the play-by play-action for a sporting event we were watching on television that particular evening. Carleen had yet to return home when the game ended. Dr. Glasser asked me to turn off the television. For the next two and a half hours the two of us had a wonderful conversation, one in which I did more listening than talking. As the evening progressed, Carleen lovingly reminded Dr. Glasser that it was getting late. It wasn't until around eleven thirty that Dr. Glasser consented to her reminders and retired for the evening.

To be completely honest, I'm not even sure what we had talked about. More than anything, I just remember how special it was to be in the presence of "my buddy- Dr. Glasser."

From Banning Lary—

Special memories with Dr. William Glasser--The following link, which was created by Banning Lary, provides a series of remembrances about Dr. William Glasser that were recorded at the 50th anniversary meeting of the William Glasser Institute, which was held in Las Vegas, Nevada in July, 2015.

<https://www.youtube.com/watch?v=2Rc8LtYNK3g&feature=youtu.be>

Whether you personally knew Dr. Glasser, or not, after seeing these video clips you will certainly appreciate him more than ever before!