International Journal of
Choice Theory and
Reality Therapy®

International Journal of Choice Theory and Reality Therapy:
An On-line Journal

Vol. XXIX No. 2
Spring 2010

Table of Contents 2

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

Welcome to the *International Journal of Choice Theory and Reality Therapy*. This is Volume XXIX, No. 2, SPRING 2010.

IJCTRT Editor
Previously, this journal was published as the *International Journal of Reality Therapy* (1997-2009), and as the *Journal of Reality Therapy* (1980-1996). The previous editor of the Journal was Dr. Larry Litwack, who served as editor from 1980-2009. His efforts, on behalf of the WGI membership, plus many others who were also interested in William Glasser's ideas and the research that supported them, are legendary. A tribute to Larry, from a few of his friends in the WGI, appears later in this issue of the *Journal*.

The current editor of the *International Journal of Choice Theory and Reality Therapy* is **Dr. Thomas S. Parish** as of the Spring of 2010. Dr. Parish is Professor Emeritus at Kansas State University in Manhattan, Kansas. He earned his Ph.D. in human development/developmental psychology at the University of Illinois in Champaign-Urbana, Illinois, and subsequently became Reality Therapy Certified (now called CTRTC), specializing in the areas of mental health, educational counseling, and marriage and family counseling. He has authored or co-authored scores of RT/CT related articles that have been published in numerous professional journals, including the *Journal of Reality Therapy* and the *International Journal of Reality Therapy*. He also has an extensive background in designing and conducting research studies and developing strategies for the implementation of Choice Theory and Reality Therapy.

Any correspondence, including questions and/or paper submissions, should be sent to Dr. Parish at: parishts@gmail.com You may also call him at (785) 862-1379 or (319) 230-9970.

IJCTRT Editorial Board:
Besides **Dr. Thomas S. Parish**, who will serve as the editor of the *International Journal of Choice Theory and Reality Therapy* (*IJCTRT*), there is also in place an outstanding team of individuals who have agreed to serve on the editorial board of *IJCTRT*. They are:

Thomas Burdenski, Ph.D., Licensed psychologist and Assistant Professor of Counseling Psychology, Tarleton State University, Ft. Worth, TX.

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

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

Joycelyn G. Parish, Ph.D., Senior Research Analyst for the Kansas State Department of Education in Topeka, KS.

Jean Seville Suffield, M. A., President and Owner of "Choice-Makers," located in Longueil, Quebec, Canada.

Robert Wubbolding, Ed.D., Professor Emeritus at Xavier University in Cincinnati, OH, and is currently serving as the Director for the Center of Reality Therapy in Cincinnati, OH.

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

IJCTRT Mission:
The *International Journal of Choice Theory and Reality Therapy* is directed toward the study of concepts regarding internal control psychology, with particular emphasis on research, theory development, and/or descriptions of the successful application of internal control systems through the use of choice theory and/or reality therapy.

Publication Schedule:
The International Journal of Choice Theory and Reality Therapy is published on-line semi-annually in the Fall and Spring.

Notice to Authors and Readers:
Material published in the *International Journal of Choice Theory and Reality Therapy* reflects the view of the authors, and does not necessarily represent the official position of, or endorsement by, The William Glasser Institute. The accuracy of the material published in the *Journal* is solely the responsibility of the authors.

Availability of Previous Issues of the Journal:
All previous issues of the *Journal of Reality Therapy* and/or the *International Journal of Reality Therapy* may be obtained from Dr. Robert Wubbolding. For information regarding how to do so please direct all such correspondence to: wubsrt@fuse.net

Permissions:
Copyright held by the *International Journal of Choice Theory and Reality Therapy*. No part of any article appearing in this issue may be used or reproduced in any manner whatsoever without written permission of the editor—except in the case of brief quotations embodied in the article or review.

Indices of Previous Authors and Titles are Located in the Following Volumes:
Vol. 1-5 in 6-1; 6-10 in Vol. 10-2; 11-15 in Vol. 16-2; 16-20 in Vol. 20-2; 20-25 in Vol. 25.2.

Recognition of the Leadership within The William Glasser Institute Located Around the World

The William Glasser Institute— President & Founder: **William Glasser, M.D**.
Executive Director: **Linda Harshman**
22024 Lassen Street, #118 Chatsworth, California 91311
Ph: 1-818-700-8000 or 1-800-899-0688
FAX: 818-700-0555

The William Glasser Institute—Australia
Sylvia Habel
wgia@wgia.org.au

The William Glasser Institute—Ireland
Patricia Masterson , Chairperson of WGII
info@wgii.ie or patriciamasterson@eircom.net

The Reality Therapy Association of Japan
Contact Person: Masaki Kakitani
wgij@choicetheorist.com

The William Glasser Institute—New Zealand
Judy Grose —President
president@WGI-NZ.org.nz

KART: Korea Association for Reality Therapy
Rose Kim
kcc8608@chollian.net

The William Glasser Institute—Canada
Ellen B. Gelinas —President
egelinas@nb.sympatico.ca

The William Glasser Institute—Singapore
Linda Wan-Koh— President
wgispore@gmail.com

The Institute for Reality Therapy UK
John Brickell
info@realitytherapy.org.uk

The William Glasser Group
Prof. Joshua Ritchie, M.D.
office@refuah.net

CART: Croatian Association for Reality Therapy
Boba Lojk
boba.lojk@siol.net

SART: Slovenian Association for Reality Therapy
Leon Lojk
leon.lojk@siol.net

The William Glasser Institute—Columbia
Fundacion Elegir
Juan Pablo Aljure , Director
jpaljure@rochester.edu.co

The William Glasser Institute—India
Farida Dias
jeevancommunity@gmail.com

ARTF: Association for Reality Therapy—Finland
Jari Harkonen, Chairperson
jari.harkonen@myllyhoito.fi

ART B&H: Association for Reality Therapy Bosnia and Herzegovina
eminakadic@yahoo.com

EART: European Association for Reality Therapy
leon.lojk@siol.net

A Tribute (and a "Thank You Note") to Dr. Larry Litwack

Dearest Dr. Litwack, some professors never stop professing, and you exemplify the perfect example of the life-invested teacher of your beliefs. The first time I met you we had an in-depth conversation on the merits of Choice Theory (Called Control Theory at the time) and the importance of needed research to validate efficacy. Through the years it seemed as if that one strain of thought was our link, our focus and our rooted purpose. We shared many telephone conversations laughing and (sometimes) stomping about how best to achieve research goals. You inspired me as a teacher, a friend, a leader, to reach across man-made boundaries and explore the possibilities of a dream.

Thank you for the inspiration....

Janet Morgan

_____

Larry Litwack's hard work and dedication to the creation and publication of the International Journal of Reality Therapy for well over a quarter of a century has been outstanding. Thank you Larry for what you have given in the promotion of Reality Therapy and Choice Theory around the world.

Linda Harshman

_____

Larry Litwack's contribution to reality therapy and the WGI is unmatched, monumental and a model for all of us. We've always admired his determination and willingness to speak his mind. We often speak about the 1990 convention when he received the Recognition and Gratitude Award from Naomi Glasser for his unswerving commitment to reality therapy by initiating the International Journal of Reality Therapy. This commitment has continued through 2010 when he relinquished his position as editor after 29 years at the helm. Because of his dedication many authors were given the opportunity to extend choice theory and reality therapy to an international readership. We honor him for his enduring unique role in promoting The William Glasser Institute and the ideas of Dr. Glasser, the founder of reality therapy. On a personal note Larry, we treasure our moments together with you and wish you the very best. Our thoughts and prayers are with you.

Bob and Sandie Wubbolding

_____

Dear Larry,
Thank you so much for all you have done for me personally, and for our organization. Because of your diligent and persistent work, we have reached a more scholarly position. Despite some obstacles and challenges, you continue to advocate for inclusion for all scholars in pursuit of greater understanding and conversation of internal control psychology.

Personally, your support and encouragement helped me improve and complete my doctoral work. You were a valuable and well respected professional and friend on my doctoral committee. I am forever grateful for that.

With gratitude and thanks,

Nancy S. Buck, Ph.D.

_____

During the mid 1990's I was traveling across the central United States with Dr. Evgeny Tishenko, who was serving at that time as the Director of Education for the Russian Federation. He told me that he was seeking to create Russian students who were highly creative, independent thinkers that could readily make decisions and showed great initiative as they did so. Knowing Dr. Larry Litwack as I do, I know that Evgeny would have appreciated Larry a lot because he embodies all of these characteristics that Evgeny sought to find and/or instill in others. Yes, Larry always stayed true to himself and to those things that he valued and believed in (e.g., like the Journal of Reality Therapy and the International Journal of Reality Therapy). I am certainly glad that he did because his strong example has had a great impact on many individuals, both within and outside The William Glasser Institute! Thank you Larry for being you, and for being my friend too.

Thomas S. Parish

_____

I have had the pleasure of knowing Dr. Larry Litwack on both a personal and professional basis for the past twenty years. He is both a mentor and a friend who introduced me to Reality Therapy and together we helped build the first Glasser Quality School for students with developmental disabilities in this country. Our journey took us as far away as Israel where we taught Choice Theory to three groups of graduate students from both Northeastern University and Israel College. As an adjunct professor at Northeastern, I worked closely with Dr. Litwack and with his support, enthusiasm and commitment to Quality I followed his lead to faculty status. Larry is a person who exemplifies the values of our organization, always seeking constant improvement and inclusive to all others in terms of creativity, openness and above all sincerity. He has been an enormous influence on my life and the lives of many children with disabilities.

Robert Renna

_____

Larry's presence in the Northeast Region, and especially at regional meetings, has always been a leavening and leveling influence. His incisive comments have many times proven very helpful when there has been a philosophical difference of opinion among others. His pragmatic focus helps me remember that it's what works that runs the engine of so many endeavors. His cooler head has prevailed when necessary, and the quality of his work on the Journal goes without saying. I consider him a friend and an esteemed colleague.

Peter Appel

_____

Reality Therapy and Choice Theory made sense to me from the moment I took my Basic Intensive Training. I was one of those people who didn't need a lot of research to convince me of their value. As I began to teach the principles to others, however, I soon discovered that most people needed more than a well-developed presentation to convince them of the validity of CT/RT. Thanks to the tireless efforts of Dr. Larry Litwack, I could direct people to The Journal of Reality Therapy, where research-based articles demonstrated the efficacy of CT/RT. The work that Larry did over the years helped legitimize and validate the concepts we believe in. Because of Larry's efforts, readers from all over the world have easy access

to a wide range of articles showing CT/RT in action. Everyone in The William Glasser Institute is indebted to Larry for his significant contributions. Thanks, Larry!

Bob Sullo

_____

Larry, when I think of you I think of a calm, thoughtful observer. You have always impressed me as a person whose keen intellect can quickly discern the important details hidden within confusingly complex issues. I really enjoyed and appreciated your return to the Northeast Region to work on registration at the New York Conference. It was marvelous watching you calmly work to meet the many diverse needs and confusing requests of the participants. More importantly, your efforts through the Journal to translate the accomplishments of CT - RT practitioners into the obtuse yet quantifiable language of academia will continue to be immeasurably valuable for many years to come. Congratulations on all that you have accomplished.

David Hardy

_____

Larry was the driving force behind establishing the Journal and seeing that it maintained its high standard for providing important information on the use of Reality Therapy. It was truly a labor of love and involved tremendous selfless effort on his part. However, that is not what we think of when we hear his name. What comes to mind is his smiling face sitting at numerous conference registration tables. He welcomed each and every person as an old and valued friend. He was truly a master at building and maintaining positive relationships—the epitome of a person who practiced all of the caring habits.

Frank and Judy Claps

_____

I wanted you to know that I valued the help and direction you provided for the Northeast and especially the years of service you gave as the editor of the Journal. I remember fondly your warm smile, sense of humor, and willingness to help out. You and your family are in my thoughts. Thank you for being a part of my quality world.

Kathleen Haddad

_____

I am especially humbled to have had a professional relationship with you for 30 years beginning as one of your instructors during your initial training. Since those early days we have worked together teaching intensive weeks, working on the advisory board, leading the Northeast region of the institute and expanding the ideas of Dr. Glasser in Israel and elsewhere. You have had a profound impact on me, as well as on those who have had the opportunity to learn from you. Your wisdom, knowledge and concern for those in need have not gone unnoticed. You've shown me and others how to lead by example. In addition, your leadership as editor of the Journal, which you founded, is exemplary. Thank you for all that you have done in the fields of psychology and education, furthering the growth of people and institutions through the expansion of the ideas of Choice Theory and Reality Therapy. In friendship...

Al Katz

EDITORIAL
Be All That You Can Be by Efficiently Implementing Choice Theory and Reality Therapy
Thomas S. Parish, Ph.D., CTRTC
Editor of the International Journal of Choice Theory and Reality Therapy

I became certified in Reality Therapy about thirty years ago. Since then I have generally tried to ask people one very simple question, i.e., "Are you in control yet?" Perhaps not surprisingly I have found that about 90% of the respondents have freely stated that they were not! Notably, however, I learned early on from Dr. William Glasser that we are actually always in control of ourselves. The real question is, however . . . are we in "efficient control" of our lives, or are we in "inefficient control" of our lives? When I say that, though, I usually get a lot of funny looks and stares of bewilderment by those who hear it. So I then explain that if we are in "efficient control" of our lives, then what we're thinking and/or doing is/are basically satisfying one or more needs without creating new needs, but if we are in "inefficient control" of our lives we tend to think and/or do things that satisfy one or more needs, but then—with that (those) same thought(s) or behavior(s)—we also create new needs for ourselves. An example of an "efficient action," which in turn gives rise to "efficient control," might be being polite to others. In so doing, we more often get people to help us to get what we want, and less likely incite others to become upset with us. An example of "inefficient actions," however, which could give rise to "inefficient control," could be "road rage," for though we might cut others off and thereby successfully get ahead of them, we might also irritate these other drivers to the point that they might try to retaliate and do likewise (or worse) to us.

What, then, must we do to develop more "efficient control," while also reducing things that might foster greater "inefficient control?" At first blush I am inclined to share the simple answer, i.e., "Remember that life is simply the search for positive alternatives and the avoidance of negative alternatives!" Truly, if we follow that simple admonition we will all greatly benefit.

However, few people are usually satisfied with the "quick and easy solution," so that's where Choice Theory and Reality Therapy seem to come in. More specifically, Choice Theory seeks to help us to better understand why we do things and why we should do them better, and Reality Therapy is a specific procedure that is intended to help us to take more "efficient control" of our lives by recognizing the error of our ways, and to look for—and implement—more efficient thoughts and/or actions so that we might more likely secure what we want and avoid getting what we don't want.

Now if all this makes total sense to you that's great, but if it doesn't—for you, or for others that you would like to help, then there are a few resources that you can personally refer to, or refer others to, if you truly wish to help yourself—or them—to take more efficient control of your life/their lives.

The first such source is the International Journal of Choice Theory and Reality Therapy, which will be routinely filled with great ideas regarding how to better understand and/or implement Choice Theory and/or Reality Therapy-related concepts. Of course, you shouldn't keep these ideas secret either. As Dr. Gary Applegate always used to tell me, "Remember that invisible is miserable." So share these ideas with others as often as you can and watch how much more others will appreciate you and all that you do.

Next, look for other sources that can also add to your "efficient choice" knowledge base, because we all know that "knowledge truly is power." An example of such a source was recently made available by Avila University in Kansas City, Missouri. This article can be easily accessed at http://psychology.wikia.com/wiki/Reality Therapy, and offers easy-to-understand descriptions of various notions that have been developed by Dr. William Glasser, plus it also lists several hundred articles that provide invaluable insights regarding Choice Theory and Reality Therapy, and/or shows how Choice Theory and Reality Therapy-related concepts have been successfully applied in different settings, with oft-times incredibly positive results. So if you really wish to spend your life in search of positive alternatives, and in so doing develop more "efficient control," kindly take advantage of the resources noted here, and look for others that will help you to do likewise. More specifically, as you think and/or act more efficiently, and not more inefficiently, you'll surely benefit, as will others around you. After all, "the best sermon has always been a good example," so kindly remember this, and be sure to think and/or act accordingly. Best wishes to each of you in all of your future endeavors, and may your thoughts and actions be as efficient as you would want them to be.

My Vision for the *International Journal of Choice Theory and Reality Therapy*
By William Glasser, M.D.
The William Glasser Institute, Los Angeles, CA

It is with great pleasure that I answer the question asked by the new editor of *The International Journal of Choice Theory and Reality Therapy*, Dr. Thomas Parish: "What is your vision, Dr. Glasser, for the future of the Journal?"

My vision for future publications of the Journal has already begun to be fulfilled with the new name change adding Choice Theory to the title. This change reflects the increasing emphasis I have placed on Choice Theory over the past ten years and widens the scope of opportunities for research in the field of public mental health.

I am also looking forward to seeing more juried articles with an international flavor reflecting the use of Reality Therapy and the teaching of Choice Theory in diverse cultures around the world. I am very impressed with the research initiatives already being pursued by Loyola Marymount University and their efforts to coordinate national and international studies, occurring simultaneously via the internet. I eagerly anticipate seeing some excellent articles being submitted by the CT/RTC Scholars from different universities in the United States and from the country of Australia. All these universities have great potential to fulfill the mission of The Institute.

It is my sincere hope that the work that I have done over my long professional life will be independently researched and documented in the new Journal and that these research articles will validate the effectiveness of Reality Therapy and Choice Theory in today's world.

Research that has already been done about methods of working with contemporary society and which can be related to my body of work would, I think, also be very interesting to include. I am quite interested in seeing articles about other methods of counseling which actually support the ideas I have developed in Reality Therapy and Choice Theory over the past 45 years. This inclusive, eclectic approach will support and substantiate the effectiveness and validity of the work we are all doing to help people live happier, more fulfilling lives.

Finally, however, I believe that it is appropriate for readers to expect that each article published in this Journal would reflect in content or intent the ideas that an *International Journal of Choice Theory and Reality Therapy* implies. That is my vision.

What Does the Future Hold for Choice Theory and Reality Therapy from a Newcomer's Perspective?

Thomas K. Burdenski, Jr. PhD, LPC, LMFT, Licensed Psychologist
Tarleton State University
Stephenville, Texas

Abstract
This article presents thoughts on the future of choice theory and reality therapy from the perspective of a Glasser Scholar who completed his reality therapy certification and advanced practicum supervisor training in 2009 and who is responsible for teaching, training, and supervising the next generation of counselors in schools and community agencies in his role as a counselor educator and supervisor. He recently joined the editorial board of the International Journal of Choice Theory and Reality Therapy and he plans to complete his basic week instructor training with the Glasser Scholars in the summer of 2010.

_____

I am a junior faculty member at Tarleton State University who teaches counselor education courses to students aspiring to be community and school counselors. The William Glasser Institute and the Center for Reality Therapy became a prominent part of my "quality world" when I was selected as a Glasser Scholar in the fall of 2007 (Burdenski et al., 2009a, 2009b). I am very grateful to Dr. Emerson Capps for proposing the program to The WGI Board of Directors and to The William Glasser Institute for making it happen. Dr. Bob Wubbolding and Mr. John Brickell have been outstanding mentors to me these past two years and I now consider them among my most cherished friends. Dr. Pat Robey was an excellent practicum supervisor and Sylvester Baugh did a superb job leading my group during Certification Week.

I have immersed myself in choice theory and reality therapy methods for the past two years. I completed my certification and advanced practicum supervision in 2009 and I anticipate becoming a basic week instructor this summer. In my brief therapy course that I teach to graduate counseling students at Tarleton State University, I have been teaching solution-focused brief therapy (De Jong & Berg, 2007) for the past six years. After completing my Basic Intensive week, I added reality therapy to that course (Glasser, 1998; Wubbolding & Brickell, 1999; Wubbolding, 2000). After two semesters of teaching both models, my school and community counselors-in-training have asked me to significantly increase the focus on reality therapy and to decrease the emphasis on solution-focused therapy.

My students really like the clarity of the WDEP system (Wubbolding, 2000) because it is easy to learn, straightforward, and practical. They also see it as fitting the needs of school counselors who may only have 15 minutes or so to dedicate to one individual student. They also tell me that the accountability that is built into the WDEP system through the client's commitment to a plan is what communicates caring the most—their clients feel as though someone cares about their progress when they do not feel that investment and caring from others in their home and school environments. Just knowing that the reality therapist or counselor will follow-up and ask about the plan often provides that extra bit of motivation to actually act on the plan. School counselors also like how well the WDEP system lines up with the focus in public education today on academic success by helping counselors and their students focus on academic achievement. Dr. Sylinda Banks Gilchrist, a Glasser Scholar who teaches at Norfolk State University in Virginia, has written a wonderful guide to

implementing WDEP in the school setting that was recently published by the American School Counseling Association (Gilchrist, 2009). For school counselors, she refers to the WDEP system as "My Achievement Plan."

Choice theory/reality therapy has been so well received by my students that I am going to make reality therapy the focus of my brief therapy course from here on. From my viewpoint as a teacher and educator, reality therapy has a big advantage over other brief therapies because it has an underlying theory to support its practice. Other currently popular brief therapies like solution-focused brief therapy, narrative therapy, and motivational interviewing are better described as methods rather than as true "theories." I have one caveat that I tell my students, however, and that is that while choice theory/reality therapy may be easy to learn, it is not so easy to practice skillfully. Like any other approach to therapy, or any skill in general, it takes a lot of practice to grow proficient as a practitioner of choice theory/reality therapy and that leads to my next point.

As noted on The Wiliam Glasser Institute website (http://wglasser.com), more than 75,000 people have completed the Basic Intensive Training since 1967 and Dr. Glasser's work is taught in over 28 countries. This means that the WGI and the Center for Reality Therapy have 43 years of experience training individuals in choice theory and the practice of reality therapy and that a comprehensive training program has been established. We are facing tough economic times, however, and I am aware that the number of trainings and the number of persons attending trainings in recent years has dropped off substantially. The infrastructure is strong, however, and there is a training program in place that has stood the test of time—to use a positive reframe, this means that the organization can accommodate a surge in growth and popularity of choice theory/reality therapy quite handily. Perhaps we will see a spike in enrollment as the economy begins to recover and trainees have more disposable income to invest in training endeavors.

To some degree, though, the prominence of choice theory and reality therapy has diminished in counselor education programs. I have reflected on this and it seems to me that CT/RT has been taken for granted and that in recent years, the postmodern models that emphasize "the client as expert," have eclipsed CT/RT in popularity because the CT/RT practitioner is encouraged to use his or her knowledge and experience to help clients widen their perception of choices and new possibilities. I don't think of CT/RT as an "expert" model, but rather as a "coaching model." Interestingly, my students report to me that elementary age students have difficulty putting the postmodern theories into practice (like solution-focused brief therapy) because they lack the abstract reasoning skills to come up with a clear miracle picture or to recall an exception to the problem (De Jong & Berg, 2007). RT/CT is more immediate and more practical because it allows the counselor and child to explore the very immediate past. When working with an elementary-aged child struggling with paying attention in class, the counselor using reality therapy might ask: "how did your morning go in Ms. Smith's class?" "How did you spend your time?" "What did you try doing to help you pay attention better?" "What can you try later today?" "Are you willing to make a plan and tell me how it goes?" "Can you show me your commitment to the plan by giving me a nice firm handshake?"

Another advantage to adopting choice theory/reality therapy with children and adolescents is that the theory emphasizes developing an internal locus of control and taking responsibility for what students can do to make any situation better—which is an important message for youth who are feeling oppressed by poverty, violence, abuse, neglect, and other societal ills. Glasser's (1998, 2000) emphasis on taking responsibility for choices and

one's total behavior (actions, thoughts, feelings, and physiology) and recognizing that the only person whose behavior we can control is our own, dovetails nicely with the universal goal of educators to promote responsibility and to assist students with the process of maturing emotionally and intellectually.

Another reason for the diminished profile for choice theory and reality therapy in counseling training programs has to do with the lack of empirical research to support the efficacy of this approach. As noted by Wubbolding (2000), there have been studies demonstrating the efficacy of CT/RT, but there have not been enough and there needs to be more experimental studies to show that learning CT/RT has an impact on important learning and counseling outcomes. I have been fortunate to collaborate with Brenda Faulkner, a fellow Glasser Scholar and the Director of Student Success Programs at Tarleton State University, and we have found that exposing specially admitted first-semester college students to choice theory and reality therapy principles does increase their sense of belonging and their overall satisfaction of the five basic needs (Glasser, 1998). Shortly, we will determine if the exposure to CT/RT has an effect on important academic indicators like the percentage of students who returned for their second semester of college and their grade point average at the end of their freshman year.

My colleagues and I have recently spent a great deal of time on one project and have come to realize that one of the major challenges of conducting experimental or quasi-experimental research—is that it can be very time-consuming and/or can drag out over a long period of time. Nevertheless, we are hopeful that our CT/RT educational program has a significant effect on these academic indicators because demonstrating that teaching choice theory and reality therapy positively impacts retention in school speaks much louder than demonstrating that basic needs are more likely to be fulfilled. The Glasser Scholars and more seasoned choice theory/reality therapy practitioners need to focus on outcome-oriented studies to keep pace with the outcome studies done to demonstrate the effectiveness of other brief therapies—we are losing the race in this important arena.

This is where my Glasser Scholar colleagues and I can truly make a difference, i.e., by continuing the momentum we have established as research partners and collaborators during our shared experience of completing certification, advanced practicum supervisor training, and the upcoming basic instructor training. I think of a statement made by Dr. Bob Wubbolding (Allyn & Bacon, 2000) to a client (who was struggling with addiction and depression issues) at the end of their session. He said, "Only you can do it and you can't do it alone." Can it be said any more succinctly than that? I think not!

References

Allyn and Bacon. (Producer). (2000). Reality therapy for addictions with Robert Wubbolding [VHS]. Available from http://www.psychotherapy.net/video-subjects/Reality-Therapy

Burdenski, Jr., T. K., Faulkner, F., Britzman, M. J., Casstevens, W. J., Cisse, G. S., Crowell, J., Duba, J. D., Minatrea, N. B., Shaffer, T. F., Dyson, D., Gilchrist, S. B., Graham, M. A.,. (2009). The impact of the Glasser Scholars Project on participants' teaching and research initiatives: Part 1. International Journal of Reality Therapy, 28(2), 43-49.

Burdenski, Jr., T. K., Faulkner, F., Britzman, M. J., Casstevens, W. J., Cisse, G. S., Crowell, J., Duba, J. D., Mason, C. P., Minatrea, N. B., Shaffer, T. F., Dyson, D., Gilchrist, S. B., Graham, M. A. (2009). The impact of the Glasser Scholars Project on participants' teaching and research initiatives: Part 2. International Journal of Reality Therapy, 29(1), 44-53.

De Jong, P., & Berg, I. M. (2007). Interviewing for solutions (3rd ed.). Belmont, CA: Thomson Brooks/Cole.

Gilchrist, S. B. (2009). Choice theory: Using choice theory and reality therapy to enhance student achievement and responsibility. Alexandria, VA: American School Counseling Association.

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

Glasser, W. (2000). Counseling with choice theory: The new reality therapy. New York: HarperCollins.

Wubbolding, R. E. (2000). Reality therapy for the 21st century. New York: Routledge.

Wubbolding, R. E., & Brickell, J. (2000). Counselling with reality therapy. Brackley, UK: Speechmark.

Brief Bio:
Thomas K. Burdenski, Jr., Ph.D., is an Assistant Professor at Tarleton State University in Stephenville, Texas, where he teaches graduate courses in counseling and psychology, including marriage and family therapy, addictions counseling, and brief therapy. Dr. Burdenski is licensed in Texas as a marriage and family therapist, as a professional counselor, and as a psychologist.

Choice Theory: A Global Perspective
Brian Lennon

"How many a man has dated a new era in his life from the reading of a book."
Henry Ward Beecher

Abstract
This article examines possible future developments for Choice Theory and its support organizations by taking stock of current opinions and hopes around the world.

_____

In the late fifties a young psychiatrist working in Los Angeles was beginning to attract the attention of fellow professionals for the effectiveness of his approach. He was working in the Ventura School for delinquent girls. Because of growing interest in his methods he began to give lectures about his ideas and practices. At one of these meetings in 1962, and virtually on the spur of the moment, Dr. William Glasser put a name on his approach and "Reality Therapy" was born.

Even before this, in 1960, Glasser had published his first book, "Mental Health or Mental Illness". Right from the start he stated that mental well-being went beyond the realms of psychiatry and he was keen to reach a broader audience. "I feel strongly that the problem of mental illness and abnormal functioning cannot be solved unless more people, having learned about the problem, will take an active part instead of leaving the whole situation in the hands of psychiatrists." (P. xv)

This interest in reaching beyond the confines of psychiatry has been a hallmark of Glasser's approach and in 1967 he founded The Institute for Reality Therapy. Over the following forty years this organization would spread to over sixty countries and would include every continent on the planet, with the exception of Antarctica. At least nine of these countries have more than a thousand persons who have completed basic courses in Reality Therapy and Choice Theory (RT/CT). This article hopes to examine this phenomenon and to note what we have learned about where we are and where we are going as an Institute.

As background research I carried out a small survey of some of the countries and regions involved in The William Glasser Institute, the name by which most of the Institute branches are now known, limiting this to areas where at least 10 persons had completed a Basic course. The aim was to get a summary impression of what was happening around the globe, rather than obtain very detailed data. To this end I contacted people in key positions in each organization, and those who replied represent over 90% of all people trained in RT/CT around the world. Their views will be incorporated into this article.

The International Dimension
The introduction of Choice Theory ideas into different countries and regions appears to have happened in a variety of ways. However, one common theme is the individual, one person who read or heard about the ideas and then either contacted head office looking for more tuition or directly invited a faculty member to come and give a talk.

In the beginning, interested professionals across North America sought ways to learn from Dr. Glasser himself. Outside of its home country RT/CT spread by different methods. In some cases, a person studied Reality Therapy in the United States and then brought the ideas back to his or her home country. In other cases, a faculty member of the Institute

took the initiative and offered a talk or course in a new country or region. Dr. Glasser himself was always keen to visit new areas and his generosity in being available for talks and courses helped build sound foundations for further development. Dr. Robert Wubbolding has been particularly active in promoting the ideas within and outside of North America, both by actively visiting new countries and by the number and quality of his writings about Reality Therapy.

Shortly after the publication of Glasser's "Take Effective Control of Your Life" in 1984, the world-wide expansion of The Institute for Reality Therapy began in earnest. In the eighties, official branches of the Institute were established in the then Yugoslavia (and continue still in Slovenia, Croatia and Bosnia Herzegovina), Ireland, Japan, Australia and New Zealand. The nineties saw branches in Canada and Singapore. Then the new century brought branches in Colombia, UK, Bosnia Herzegovina and India. A significant development in the late nineties was the founding of the European Association of Reality Therapy by Leon Lojk of Slovenia as an umbrella body for the different European branches of the Institute.

In some countries, such as Ireland and Australia, the individuals attracted to the new concepts were part of a ready-made group of people (e.g. an association of teachers or the Institute of Guidance Counsellors) and this seemed to help extend the ideas rapidly with the help of pre-existing networks of communications. In any case, the areas with greatest growth founded their own organizations and these new structures contributed to a more efficient spread of ideas.

In seven countries (Australia, Canada, Croatia, Ireland, New Zealand and Slovenia), at least one in every 5,000 inhabitants has completed a basic course in Reality Therapy/Choice Theory. In one case, Ireland, the ratio is as low as 1:1,630. These are impressive figures. The actual faculty numbers in the seven countries mentioned range from one to thirteen Basic Instructors and from one to eight Advanced Instructors. In these countries there is currently an average of one Basic Instructor per 1.5 million inhabitants and one Advanced Instructor per 3 million inhabitants.

Closer inspection reveals that the number of candidates completing a basic course does not correlate well with the number of faculty in an area. Hence, increasing faculty numbers alone is unlikely to increase the number of course participants. What seems to be more important is the availability of an existing body of faculty to offer courses and supervision. Such availability depends on a combination of time, geographical proximity, motivation and generosity.

Most of the national organizations of WGI function as non-profit organizations, with a minority acquiring official charitable organization status. Some countries are required by local legislation to undergo expensive registration procedures for almost any association and this can be a hindrance for a fledging group. In most countries the Institute itself takes an active part in coordinating courses, but in some countries promotion of courses depends almost entirely on individual faculty members. A minority of the national organizations have created policy documents, such as a constitution and a code of ethics.

The occupational background of those interested in our courses varies from one country to another, but educators seem to be high on the list in every area. Counsellors, Social Workers and Psychologists follow closely. In some countries there is considerable interest from the business community. As for the gender of our trainees, females dominate at between 60 and 80% in most regions. This imbalance, though common in the helping

professions, is something we need to address.

Besides membership in the International WGI, which entitles members to our Journal and Newsletters, most national associations have some type of local membership scheme as well. Most of our national organizations have an open membership with no entry requirements, but some limit membership to those who have done at least a Basic course or even Certification. Obviously, local needs vary, but our different associations could probably benefit from an exchange of experiences in this area.

National associations also vary in the number and type of events they organize. Several have a conference every two years, some every year, and some have special events for faculty, professional development and focus groups. Most issue some form of newsletter and most have web-sites.

In the beginning we had a very clear "product" to offer people: training in Reality Therapy. Almost fifty years later the scene has changed and people come to us for training in therapy, education, management and personal well-being. We know this, but we do not have specific statistics on the interest patterns of those who sign up for training. As an estimate of such data the opinions of our local Institute leaders around the world are fairly consistent about this matter. Almost all placed Reality Therapy in the lead with an estimated average of 60% of course applicants interested in it. Around 25-30% were interested in each of the other areas: Glasser Quality Schools, Lead Management, General Mental Well-being, and "other areas". Detailed research into these interest patterns in our trainees and, indeed, on our web-sites would give us valuable insights into how our message is getting across and would help us shape future developments.

Initial impressions from our faculty around the world would suggest that, while there are some common reasons for people coming to our courses, such as professional needs especially in therapy and education, there are other anticipated benefits that vary from place to place. Many have mentioned personal reasons, e.g., people hope for help in dealing with relationships, stress, achieving greater happiness, and improving their quality of life. Although we repeatedly remind our trainees that our courses are not therapy sessions, most of them come to us with the expectation of personal enrichment as well as professional growth. The affordability of courses (and government subsidies at times) is an added attraction in some cases, although in some countries the costs appear high. Our courses tend to have a good reputation and the overall approach is regarded as effective, easy to grasp, no-nonsense and respectful of human dignity. Our courses are also known for the sense of connectedness that we foster among our students.

Despite of the wonderful buzz that almost always characterizes the end of one of our Basic courses, not everyone continues to Certification. In fact, this is probably the statistic that shows the greatest international variation. It ranges from as low as 3% to as high as 50%. Until we do the necessary research we can only rely on faculty impressions as to why more people do not continue. Some of the reasons they suggest are: lack of faculty, lack of more specialized programs to meet specific group's needs, the cost of training, distances involved, lack of academic recognition, and the blocking of time into 4 or 5 day courses. Several respondents mentioned that we do not emphasize enough the length of time needed to internalize these ideas.

This is in fact a complex issue since some countries may encourage professionals into their courses, while others aim at the general public. For many people a one week introduction

may be all they ever want. Whatever the case, we badly need research into this and a few extra questions on our application forms could help gather the data. There is a strong desire to keep our courses open to the general public and at the same time a keen interest in developing courses that help professionals gain extra accreditation. These two "quality world" pictures are not in conflict.

In Japan, for example, the Institute itself has considerable academic status. In addition, the Australian Institute has achieved a lot of recognition for their courses as credits toward a range of qualifications. Similarly, the European Association for Reality Therapy has applied for and received official recognition of Reality Therapy by the European Association of Psychotherapy. In Australia and Europe additional training in Reality Therapy after Certification can lead to higher qualifications in psychotherapy. Such developments have also proven useful as a way to meet on-going counselling supervision needs as well. Obtaining recognition for different accreditation schemes has been a wonderful achievement and, in some cases, the result of years of perseverance.

In many countries modules on Reality Therapy are annual fixtures in certain higher education courses. Some members have suggested that we work to increase such input into training courses for teachers and counsellors. In other countries our courses have credit status for ongoing professional development or education.

The William Glasser Institute in all its different forms around the world has achieved a lot in the forty-five years that have elapsed since the publication of "Reality Therapy". Despite barriers of geographical distance and language, the ideas have spread to different countries and throughout some of the biggest countries in the world. The incredibly rapid translation of Glasser's works into a variety of languages is quite an achievement in itself (though we still need more translation work), and the range of publications by Institutes and individuals is impressive.

In some places very specific applications of Choice Theory have made great advances. Examples are its use in education and/or in prison populations (sometimes with prison staff and sometimes with prisoners themselves), its application in the context of natural catastrophes, in anger management and in addictions work. Consistent in the feedback we receive from course participants is the message that Choice Theory has helped them change their own lives.

The Future
It is part of the Choice Theory philosophy that we seek constant improvement, so what do we need to do in The William Glasser Institute as we strive to move forward?

One common cause for concern is the shortage of available faculty in many areas, a point we shall return to in more detail later. It is the old story about giving people a fish or teaching them how to fish. When new countries or areas are introduced to Choice Theory it would be important to establish a critical mass of certified people who can form the nucleus of a local WGI association. As soon as possible a local team of instructors should be in place with special training programs for new countries. In the early days, geographical proximity of members of the group to each other may have been important, although countries such as Australia, Canada and the United States have shown that big distances are not insurmountable barriers.

Up to now we have tended to use what one member called a "one-size-fits-all" approach in

our courses. There probably is an advantage in keeping this idea for at least one version of our Basic introductory course, but its use as a general model requires re-evaluation. As is already happening in some countries, we need to develop training modules beyond the current Certification levels. In doing so it would be important to create modules that are in step with local qualification structures so that our training has increasing professional validity for our students. We also may need to design shorter courses in order to accommodate the needs of the general public.

Related to this is the possibility of diversifying our courses and our faculty into the specialist areas of therapy, education, management and personal growth. I believe we must also seriously consider the addition of courses for parents to this list as one of our major themes. Such a diversification of courses would enable us to create different entry requirements for the separate areas. Therapy training, for example, does require more intensive work with smaller groups than do the other areas. In some course areas we might not need group size limitations at all. Clear guidelines about course content would be important, as would the establishment of separate certification processes for the different courses.

The increased variety of specialist courses would also call for different types of faculty. Such a change would provide more progression options for those members who aspire to become faculty. New faculty training structures would be needed to cover the variety of specialist areas. In revamping our faculty training it would be important to address the international shortage of faculty by streamlining our faculty training and by allowing for different needs in each country. Each country needs to have its own strong faculty base.

It would also make great sense to increase the number and quality of resources available to our faculty. We need up-to-date demonstration videos, especially in therapy and education. There are other resources that could be shared more easily and at little cost: book reviews, group exercises, questionnaires, Powerpoint presentations and the sharing of insightful ideas.

I believe that if we constantly improve the quality of our courses and, as part of this process, increase our use of a scientific approach based on sound research methodology, we should attract greater interest from the academic world. The development of post-certification training modules will also help this interest. It would be a serious mistake, however, to dilute or gloss over our core beliefs in the interest of academic respectability. After all, the academic world welcomes creativity and innovation, and RT/CT offers both.

There are aspects of our own Quality School philosophy of education that could be in apparent conflict with external qualification requirements, for example, our reliance on self-evaluation. I believe we must bring these ideas with us, rather than leave them behind. We can champion the importance of good relationships and relevance in education and the use of self-evaluation in the learning process. If we wish to challenge "schooling" in the education of children, we need to be consistent and challenge "schooling" in the education of adults too.

The need to increase our research base is a very strong message coming from our members. We need it to improve the quality of our work and we need it to help outsiders evaluate our approach. The Dr. Glasser Foundation has already created strong ties with Loyola Marymount University with a view to encouraging research into different areas of personal well-being.

I believe that the research dimension is not simply an organizational matter, but that we also need to foster a scientific mentality in our training. The effectiveness of Reality Therapy as a counselling method, and the success of the Quality School as an educational approach, are important matters to establish, but so, too, is the individual's effectiveness as a therapist, teacher or manager in his or her own workplace. Add to this the need to confirm the effectiveness of our faculty, of our courses, and of our general procedures. Our self-evaluation must become scientific.

Our members love quoting what has become an old American saying, "Keep doing what you are doing and you will keep getting what you have got!" (attributed to Buckminster Fuller) This piece of wisdom applies to our professional lives, as well as to our training. A research project could become part of the requirements for Certification or Quality School status. It could also become an integral part of ongoing faculty training programs.

With so many different countries and cultures involved, now we are justified in seeing our diversity as a special advantage. In a few countries there will be experts on accreditation, in another there will be experts in research, in yet another well-experienced people in the Glasser Quality School movement. We have experts on administration, teaching materials, conference organization, publishing, funding. We need to find a way to harness all of this expertise and to learn from each other.

One point that emerged frequently from my correspondence with our members around the globe is the need for a marketing strategy. Again we can learn from those who have been most successful in this, but we may also need professional advice. Related to this is our goal statement. We are not a commercial body and profit is not our aim, but we need to explore new ways of promoting the ideas of Choice Theory and its applications. One member expressed this in a very concrete way in wishing to see "Choice Theory" become a household term.

Already we have a considerable Internet presence, but greater international teamwork could mean that we could adopt a more professional approach to analyzing our online activity with a view to improving its quality. There are packages available online for very advanced statistical analyses of how our websites are being used by the public. In a similar vein, we need to give very serious attention to how we might use online learning as part of our work. An advantage of the Internet is that such a service, though expensive, could be located centrally and used by all. The staff at Loyola Marymount University has already shown that we can use excellent research tools via the Internet.

As an international organization I believe The William Glasser Institute is now growing beyond its adolescence, with different bodies around the world beginning to stand on their own feet. As I write this paper there is a proposal to the Institute to create an International Board, one that is truly international in scope and nature, by including representation from the USA, Canada, and the host of nations that make up The William Glasser Institute worldwide. Such a framework could provide the structure for implementing many of these ideas, while at the same time respecting the need for local differences.

An International Board could attend to what we all have in common, our identity as The William Glasser Institute, and local branches of the Institute could implement these ideas in ways that suit their local needs and culture. Hand-in-hand with all such proposals goes the need to create new funding structures to finance such changes and a streamlining of local and international membership fees may be one route to follow.

If our members around the globe wish to move to greater integration as an Institute then it will become increasingly important for us to define carefully what our shared "Quality World" is. Glasser's idea of choice, the idea that we control ourselves and not others, the idea that so-called "mental illness" is a chosen behavior, the Basic Needs, the importance of relationships, the concepts of Quality World and Total Behavior, the belief that everyone makes the best choice they know at the time, the importance of involvement and self-evaluation, the view that schools need quality in their work and their relationships, rather than extra disciplinary systems, the importance of focusing on mental well-being … these are the ideas that attracted so many of us into this organization. While we adhere to our core beliefs we need to be able to subject them to scientific scrutiny. We also need to be open to the ongoing creativity of our members and to seek out new aspects and applications of Choice Theory.

I believe, too, that we need a better synchronization of local and international events. For example, if an international conference were held every two years (on even years, for example), national or local conferences could be held in between (on odd years). Such an arrangement would add strength to our Institute as an international body.

An old Irish proverb teaches "Ni neart go cur le chéile" which translates roughly as "together we are strong". Our world could be roughly divided into those who believe in survival of the fittest and those who believe in living and working together, "le chéile". When he was writing "Choice Theory" Dr. Glasser sometimes described external and internal psychologies as a "psychology of me" and a "psychology of us", what we might call a psychology of "le chéile". Our institute is built very firmly on this "psychology of us" and that is our greatest strength. Using that strength we can continue to spread the ideas of Choice Theory into homes, schools and universities helping more and more people enrich their lives with its wisdom.

In the late fifties a young psychiatrist, faced with a group of delinquent girls, wondered how much of what he had learned so far would really work. Since then Dr. Glasser has never ceased to challenge even his own ideas and to seek their constant improvement. We have benefited from this courage and we as an Institute can benefit from this remarkable inspiration.

References

Glasser, William. (1990,1992). The Quality School. New York: Harper & Row.

Glasser, William. (1998). Choice Theory. New York: Harper Collins.

Glasser, William. (2005). Treating Mental Health as a Public Health Problem. William Glasser Inc. Glasser, William. (1960). Mental Health or Mental Illness? New York: Harper & Row.

Glasser, William. (2001). Counseling with Choice Theory: The New Reality Therapy. New York: Harper Collins.

Glasser, William. (1965). Reality Therapy. New York: Harper & Row.

Wubbolding, Robert. (2000). Reality Therapy for the 21st Century. Florence: Taylor & Francis Group.

Web Links
[William Glasser Institute (International)](#)
[European Association for Reality Therapy](#)
[William Glasser Institute Ireland](#)
[William Glasser Institute Australia](#)
[Institut William Glasser Canada - William Glasser Institute Canada](#)
[Association for Reality Therapy "C.T." - (Bosnia and Herzegovina)](#)
[William Glasser Institute Singapore](#)
[William Glasser Institute New Zealand](#)
[Fundación ELEGIR (Columbia)](#)
[RTAS (Slovenia)](#)
[Institute for Reality Therapy UK](#)
[Reality Therapy Finland](#)
[HURT (Croatia)](#)
[JACTP (Japan Association Choice Theory Psychology) & WGIJ (William Glasser Institute Japan)](#)
[William Glasser Institute Korea](#)

NOTE: The author would like to express gratitude to Arthur Dunne, Jimmie Woods and Laura Miranda for editorial assistance with this article.

Brief Bio:
Brian Lennon is a senior faculty member of The William Glasser Institute and has been director of The William Glasser Institute Ireland Ltd. since 1987. He is a Fellow of The William Glasser Institute Ireland and The Irish Institute of Guidance Counsellors. He was recently awarded the title of "Reality Therapy Psychotherapist" by the European Association of Reality Therapy. He retired from working with Co. Louth Vocational Educational Committee as a Guidance Counsellor and Psychologist and continues to train in the areas of Reality Therapy and Glasser Quality Schools.

A Partial and Tentative Look at the Future of Choice Theory, Reality Therapy and Lead Management

Robert E. Wubbolding, Ed.D.
Patricia Robey, Ed.D.
John Brickell, DC

Abstract
This article provides a speculative view of the future of choice theory and reality therapy with international implications. It celebrates and summarizes current efforts in the field of research. Focusing on whether the Glasser Quality School movement will survive and flourish, the authors assert that empirical research will provide added credibility for the future placement of CT/RT/LM as a desirable system and method of school reform. Secondly, the WDEP formulation of reality therapy is best seen as more than a series of questions. From the very beginning of reality therapy Glasser formulated his mental health system as a non-invasive exploratory process. The authors present specific suggestions as illustrated in a sample dialogue about how to utilize the "W" of the WDEP system in a way that gets beyond mere interrogation and incorporates six of the seven caring habits.

_____

Predicting the future is, at best, a shot in the dark. Events of the last 20 years have provided ample evidence that events outpace even the best predictions. The fall of the Soviet Union, the election of an African-American to the presidency of the United States, and the near-collapse of the world economy were surprises to many experts. These events, in many ways, validate the famous quote of Richard Daley, the legendary mayor of Chicago, who once remarked, "The experts, what do they know?" Consequently, the thoughts contained below should not be seen as forecasts or predictions. They are, rather, a tentative futuristic look tempered by a current new look, i.e., an idea that can be used immediately.

The purpose of this article is to present a tentative perception of a future direction. It would be helpful to establish a more solid, research-centered footing for the Glasser Quality School movement. It would also be useful to perceive and implement reality therapy procedures as an exploratory system, rather than merely as a series of questions. A sample dialogue should help to illustrate the exploratory nature of the reality therapy delivery system. If these two principles become trends, rather than suggestions, the ideas formulated by Dr. Glasser will likely expand in the field of education and in the world of mental health practitioners.

Overview of the Future
Wubbolding (2009) described the dedication of thousands of institute faculty, practitioners and members of the public as contributing to the ongoing success and widespread use of the principles espoused by Dr. Glasser and The William Glasser Institute (WGI). Their vision of the intrinsic merits of the ideas and the genius of the founder provide inspiration to countless numbers of participants attending institute training programs. The ultimate beneficiaries are individuals, families and institutions. Wubbolding (2009) further described various issues that the WGI will need to address in the future. He stated that we will need to answer objections to choice theory and reality therapy, including the inaccurate observation that reality therapy lacks a research base and that it does not apply to groups not having a perceived internal locus of control. He further presented reasons for optimism about the future of choice theory, reality therapy, and The William Glasser Institute founded to teach the ideas of Dr. Glasser: a credible and comprehensive theory as developed by

William Glasser (1998), a distinctive methodology, an organization of committed and dedicated individuals, evidence of validation and a respected training program.

Additional causes for celebration include the Glasser Scholars Program in which university instructors have pledged to conduct research studies on CT/RT/LM. Additional research is being conducted by Loyola Marymount University under the direction of Cheryl Grills, Bradley Smith and others. The growing respect of the International Journal of Reality Therapy under the leadership of Larry Litwack, and the new editor Tom Parish, provides a solid resource for researchers and practitioners. The endorsement of reality therapy by the European Association of Psychotherapy in 2008 constitutes a major advancement in the credibility and acceptance of reality therapy in Europe. Wubbolding (2009) states, "As an institute we are forever indebted to Leon and Boba Lojk (as well as representatives from countries throughout Europe) whose unselfish and generous leadership as well as personal sacrifice provide a model of commitment for all of us" (p. 28).

The Quality School
The future of choice theory, reality therapy and lead management depends on whether a growing number of educational institutions see the need to adopt a philosophy of internal control as a viable system for enhancing public and private education. More specifically, if the Glasser Quality School approach is to survive and flourish it will need the representation of a broader range of schools. To insure its indisputable credibility, the effectiveness of choice theory and lead management will need to be demonstrated in large urban schools at the high school, middle school and elementary school levels with diverse populations on an international scale. When legislators and other government officials use such phrases as "evidence-based" and "best practices," the phrase "Glasser Quality School" should be prominent. At the present time there are 20 schools qualifying as Glasser Quality Schools. This number will need to increase significantly if choice theory and lead management are to achieve the significance they deserve.

To accomplish this lofty goal, the members of the WGI will need to conduct and publish research studies that are scientific and experimental. Anecdotal stories of success, while personally convincing and valuable for instruction, provide very limited evidence and inadequate confirmation of the efficacy of choice theory, reality therapy and lead management to those outside the WGI. For example, a question researchers sometimes ask is, "How do you measure whether a school is a joyful place?"

Lending support for the value of our theory and practice will be a willingness to confront student behavior in a direct and indirect manner. In our certification process, educator participants consistently seek assistance in dealing with students who habitually act out or are hostile and/or have uncooperative parents. These kinds of concerns clearly indicate what they want us to address. And while our training does address such issues indirectly by helping educators improve their relationships with their students, the issue of how to directly change such behaviors occupies a prominent place in educators' quality worlds. Moreover, when Bushaw and McNee (2009) surveyed the attitude of the public toward American public schools, they found, "by a wide margin, lack of funding for schools was listed as the biggest problem followed by lack of discipline and overcrowding" (p.10). Clearly, change in student behavior, an area central to the application of choice theory, offers opportunities for researchers to demonstrate the efficacy of lead management in education. The work of Passaro, Moon, Wiest and Wong (2004) points the way and provides an entrée to teachers' quality worlds. These researchers bring evidence of the effectiveness of reality therapy with difficult student behaviors. They state that the students studied

qualified as emotionally disturbed in the State of California Educational Code: "A condition exhibiting one or more characteristics, which exist over a long period of time and to a marked degree, which in turn adversely affects educational performance" (p. 505). They assert that the students' average daily behavioral ratings improved by an average of 42%, and their out-of-school suspensions decreased by 12%. Passaro (2009) further commented on this study stating, "Reality therapy is widely regarded by professionals working with oppositional and defiant youth as one of a few highly effective methodologies that can be successfully employed with this treatment resistant population" (private correspondence). We can conclude from this study, and from the collective wisdom of practitioners, that we have the practical tools and that the WDEP system is eminently useful when dealing with such difficult behaviors.

Theory and Practice
A train track needs a train to fulfill its purpose. On the other hand, without the train the track is useless. With the track the train functions properly and delivers its cargo and passengers. The reality therapy procedures are the delivery system or train on the track of choice theory. Since the early formulation of the reality therapy delivery system, the use of procedures leading to change has endured as an evolving centerpiece in the practice of reality therapy and in the training of institute faculty. They are thus integral to the practice as well as the teaching of reality therapy sponsored by the WGI (Glasser & Glasser, 2008). The procedures serve three additional functions: First as tools for listening, and second as areas for exploration in psychotherapy/counseling. Third, the procedures are also tools for organizational interventions in educational or business institutions and agencies seeking to improve the quality of their services. Our discussion below focuses on one of the procedures from the point of view of listening and exploring, rather than emphasizing the art of questioning. This development is an attempt to enhance the delivery system, to add to the train and to take the procedures farther along the track and into the future. We also illustrate how the WDEP system of reality therapy procedures integrates the seven caring habits and makes them operational. We limit the discussion to the "W" which includes exploration of wants, out-of-balance scales, i.e., the discrepancy between what one has and what one wants, level of commitment (i.e, how hard the clients/students want to work at resolving the discrepancy), and perceived locus of control, (i.e., where clients/students perceive their control: inside or outside).

The WDEP System
For teaching and learning reality therapy procedures The WDEP formulation has been—and in the future will continue to be—eminently useful (Wubbolding, 2000, 2010). Just as multi-modal therapy is summarized by the acronym BASIC-ID (behavior, affect, sensation, imagery, cognition, interpersonal relationships and drugs/biology), and as rational emotive behavioral therapy utilizes the pneumonic ABCDE (activating circumstances, belief system, consequences, disputation and effect of disputation) (Corsini & Wedding, 2000), the formulation of reality therapy procedures as the WDEP system highlights reality therapy, i.e., the system founded by William Glasser (1965) as a free-standing methodology (Wubbolding, 1991, 2000).

Was a Listening Tool
Glasser (2005) has described seven relationship-enhancing behaviors. He states, "I suggest the seven caring habits that can improve all relationships: supporting, encouraging, listening, accepting, trusting, respecting and negotiating differences" (p. 21). The WDEP system provides a structure for implementing one of the most important environment establishing skills: listening for wants (quality world pictures), total behavior, self-evaluation

and plans. This article asserts that the W provides a wealth of content useful in establishing the relationship and promoting change in clients and students, as well as integrating the seven caring habits into traditional reality therapy.

Below is an example of a counselor utilizing the W, i.e., exploring the quality world of a male client, age 42, voluntarily and reluctantly seeking help from a counselor.
Co = Counselor/therapist; Cl = Client
First Session:
Co: It's good to see you. You found the office and arrived successfully.
Cl: Yes, it was easy. Your directions were clear.
Co: Something prompted you to make the appointment now rather than six months ago. I am curious about what it is.
Cl: You got that right. My life was going down-hill and recently crashed.
Co: Crashed? Sounds really disturbing!
Cl: My wife had left me a year ago. My own parents were riding me constantly and my boss said I was not performing up to standard.
Co: I'm sure that this got you down. And then something else must have happened.
Cl: After several warnings I got fired last week. Business is down throughout the company and even though I was working 12 hours a day, I wasn't bringing in enough business for the boss to retain me. I'm out.
Co: This must have been devastating to you. I can tell from your expression that you are very upset.
Cl: Not only me, but my family too.
Co: So much so that now without your wife and parents you must feel even more distressed.
Cl: Yes. And she had even taken the 12 year old and the 15 year old with her.
Co: And now without your family you're all alone and flat on your back besides.

Commentary:
The counselor begins with what appears to be small talk. In a true counseling session some chit-chat serves to establish rapport, helping the client to relax and transition from his journey to the counseling office atmosphere. In fact, this small talk might consume several minutes. During this time the counselor can often gain a sense of the client's mood.

At first glance the counseling session seems to focus on the negative. However, the counselor realizes that part of the W is an exploration not only of the client's wants, but of the client's perceived world. In this case, the client sees himself as rejected and powerless. He seems to feel trapped and certainly does not enjoy his situation. Without using the words belonging, power, freedom and fun, the counselor reflects on the client's perception that his psychological needs are quite unfulfilled. The effective use of listening entails an authentic understanding and acceptance of the client as the client is, not as the counselor would like him to be now, or even as he hopes he would become in the future. In this case, the counselor connects with the client and his negative world view, but will not abandon him to his feelings of hopelessness and powerlessness.

The Session Continues:
Cl: You hit the nail on the head. Flat on my back describes my current life: stopped, stymied and generally miserable.
Co: Tell me what you see as you look up from your flattened position.
Cl: Darkness and a few black clouds at best.
Co: Not a very pleasant sight at any time of the year, or at any time of life.

Cl: Uh huh.
Co: Do you want to see a break in the clouds?
Cl: I'd love to. Could you help me? Do you think things could get better for me?

Commentary:
By continuing to explore the perceived world with a few simple comments, the counselor leads the client to begin to formulate a want. At this point the want is very general and metaphorical.

The Session Continues:
Co: It's unethical for me to guarantee or make promises, but I definitely believe you can see some rays of hope, some light, get some relief, get back on your feet and become more productive.
Cl: That's a major expectation, but I feel apathetic and listless and unmotivated.
Co: And yet you came here. You took some very specific steps. In a sense you're not flat on your back. You're up and about taking steps. You are motivated to seek help. Describe to me and, more importantly, describe to yourself, how much effort it took to get here.
Cl: I almost cancelled.
Co: So you didn't feel like coming, maybe felt resentful about asking for help. But you came anyway. That decision must have taken a lot of courage and effort.
Cl: I guess so.
Co: You had to get off the floor, stop looking at the dark clouds, and instead look at the google directions. This is a major step in the right direction.
Cl: (A slight smile appears on his face). If you say so.
Co: (Speaks firmly and with conviction) I say so. Let's build on that first step.
Cl: That's why I'm here.
Co: Because you want to move forward.

Commentary:
The counselor expresses the ethical boundary about not making guarantees, while taking responsibility for his own belief and sharing it with the client. The purpose of expressing this opinion is to engender confidence in the client, to communicate hope and to help the client relinquish, at least, some of his feelings of being immobilized by his perceived current reality. Furthermore, while avoiding the tendency to cheerlead with statements such as, "You can do it", the counselor reflects on a specific positive step already taken by the client. It is possible that at this point the client is less than convinced that he has taken a major step in the right direction. He will later come to believe that he is on the road to progress. At this stage it is sufficient that he understand that the counselor believes that he is capable of satisfying his needs and may become productive once again.

The Session Continues:
Co: I want to divert for a moment. Well, it's not a diversion but it might seem like it is. Suppose you're in court and the judge asks you, "Will you tell the truth, the whole truth, and nothing but the truth, so help you God?" What would you answer: "I won't", "I'll try", "I might", "probably", "I could", "I'll do my best", "absolutely I will." Describe the answer the judge wants to hear.
Cl: The last one, "absolutely I will."
Co: This metaphor connects with your situation now regarding your effort to satisfy your need to gain some control and to connect with other people. It relates to you looking at the sky and seeing the sunrise and standing up and moving on. Now, tell me from what I just said what strikes you as something you'd like to comment on?

Cl: I'd like to have my family back. That would be sunlight for me.
Co: It's as though you have a seriously out-of-balance scale. You want many things that you don't have: your family, your friends, your neighbors, people at church, clubs, and others?
Cl: Yes, out-of-balance describes my situation. In other words, I have to work at this, don't I?
Co: It's flat on your back or google directions to achieve a happier life. At this moment you've gotten off your back and you're standing at the fork in the road. You can either lie down again, or take some steps along a better road. Your choice is between more misery or a happier life.
Cl: I'll take the happier life.

Commentary:
The counselor reflects on various aspects of the W of the WDEP system. He utilizes the metaphor of the out-of-balance scale, discusses the level of commitment of the client, and helps him express a higher level of commitment: more than merely "I'll try". The client seems to be expressing firmness in his willingness to follow through, as described in the analogy of the judge and the witness.

The Session Continues:
Co: Let's talk about the degree of effort using the analogy of the judge asking you for a commitment.
Cl: I get it. The only commitment that will get the job done is "I will".
Co: You said it, you seem firmly committed, now let's talk about the many jobs that you have in front of you. Let's discuss which is most difficult and which is easiest.

Summary of subsequent interactions:
The client continued with a discussion of the parts of his life over which he has no immediate control: job, wife, children. The counselor listens carefully and makes a deep effort to understand the client's perceptions. As a result of this careful listening the client gradually uses more internal control language. As the counseling relationship develops the counselor responds to sentiments that reflect a sense of inner responsibility, an "I can" attitude, a willingness to make effective decisions.

The Session Continues:
Cl: I'm feeling rotten, trapped. I know I've taken a step, but I can't see any direction.
Co: Describe what that sense of direction would look like if you took a few steps down the road and if the proper direction would appear over the horizon.
Cl: (Client shows some resistance) I can't imagine.
Co: Just let your mind wander. Give it a try. You've got nothing to lose.
Cl: It might be a path toward more happiness.
Co: I'll bet you know someone else in a situation similar to yours – a person who does something that helps him feel better.
Cl: Well, there is a guy who got the boot about the same time I did.
Co: Tell me what he does to help himself.
Cl: He exercises.
Co: (Sounding surprised and pleased) He exercises! Really?
Cl: Yes, he walks the mall everyday early in the morning.
Co: And that helps him start the day in a good mood.
Cl: Sure does. He accomplishes something, but he is still not working, not making a living.
Co: But he's using some of his time early in the morning to take at least some charge of his

situation and to feel good for a while. Maybe even for a long while.
Cl: Yeah, I guess so.
Co: Tell me how any of this information applies to you.
Cl: I could do that and maybe I'd feel better.
Co: It might not solve all your problems, but feeling better for a short time is better than feeling lousy all day long. Right?
Cl: I think you've got something there. Some improvement is better than none. I think I'm getting off my butt and on to my feet.
Co: Tell me how you feel now compared to how you felt when you walked in the door.
Cl: I feel a little better.

Commentary:
The key to this dialogue is not that the counselor helps the client find a job, regain a happy family life, or recapture a successful career. But he did help the client address part of his misery. This dialogue also represents the Ericksonian principle congruent with current reality therapy, i.e., "There is not always a one-to-one correspondence between the problem and the solution."

Consequently, listening based on the W entails more than listening for misery, failure or even unfulfilled wants. More importantly, it involves translating tales of woe into wants, goals, hopes and aspirations. This can be accomplished with exploratory statements, not merely by incessant questioning which can be a turn-off and can create more resistance for the person in the early stages of change, especially during the pre-contemplation stage. This early stage of change is characterized by client unawareness or underawareness of his or her problems (Prochaska, Di Clemente, Norcross, 1992). In commenting about this stage of change Mitchell (2007) states, "traditional counseling theories are often not designed for such clients and do not present approaches that are effective in helping and managing them" (p.28). Fortunately, not a traditional counseling theory, the creative application of reality therapy as a listening system provides a methodology for dealing with resistance and denial.

Translating Feelings into Wants
The art of listening and using the W of the WDEP system involves listening for emotions, such as frustrations (out-of-balance scales), i.e., the discrepancy between a "want and a got". The dialogue below illustrates such translations.
Cl: I have no job, no family. I'm in danger of losing my home. What a mess.
Co: It could even be more than that. Maybe depressing and hopeless?
Cl: That's right. Any one of these problems would be bad enough, but at least tolerable. But the accumulation of rejections makes me feel truly worthless.
Co: You feel so powerless that you'd like to remedy the situation.
Cl: A remedy would be the thing. If only I had one.
Co: You'd really like to find a solution, or at least some relief from this excruciating frustration and pain.
Cl: Yeah, got any ideas?
Co: How about starting with the exercise program?
Cl: That would be a start.
Co: But I'll bet you want more than that.
Cl: I want it all. I want things like they used to be.
Co: And I get the idea that the current mess that you've described is completely unacceptable.
Cl: Yes, I want help. I want the problems resolved. I want to wake up in the morning with a

plan, something to look forward to, to be appreciated and respected.

Commentary:
The above dialogue represents another direction in the counseling process. Without badgering the client with questions, the counselor demonstrates empathic listening for the purpose of assisting the client to identify and clarify quality world pictures.

These dialogues illustrate that the procedures that lead to change, the WDEP system, are more than a questioning process. Supportive listening and the use of caring habits can lead to a better professional relationship and can facilitate a search for solutions. It should be noted that Glasser has not identified questioning, especially rapid-fire inquiries, as a caring habit.

Procedures – More than Questions:
Clearly, the effective use of reality therapy procedures can encompass more than just asking questions. Even in the formative days of reality therapy Glasser (1972) described the eight steps, but did not identify or limit them exclusively to a series of questions. And although current reality therapy is no longer identified as eight steps (Glasser, 2009), the concepts remain and the ideas are relevant. Yet, even in the original eight steps, only one technique for implementation focused on asking questions.
(1). Involvement: Glasser stated, "Using his skill to become involved, the therapist helps toward success, those who's friends and relations have inadequate skills to assist" (p. 104).
(2). Current Behavior: Glasser emphasizes that the basic principle for dealing with current behavior is to help clients examine their actions by asking them, "What are you doing?" "What did you do yesterday?" or "What did you do last week?" The questions, therefore, are the means ,and not the goal, of the second step of reality therapy.
(3). Evaluating Your Behavior: The central principle of self-evaluation is the client's judgment about whether current behavior is the best choice. Glasser points out that the reality therapist must ask clients to judge their behavior on the basis of whether it is good for the client and good for the people around him. Clearly, the questioning of the client is central to this component of the reality therapy delivery system.
(4). Planning Responsible Behavior: Glasser speaks of encouraging the person, assisting in the development of realistic plans, knowing the options that are available, and never making a plan that is too grandiose.
(5). Commitment: Glasser suggests putting the commitment in writing so that the person is more likely to follow through on it.
(6). Accept No Excuses: This component of reality therapy is an attempt on the part of the counselor or helper to express belief that in spite of past failures, the client is capable of following through. The question, "Are you still going to fulfill your commitment?" is quite appropriate.
(7). No Punishment: Glasser emphasizes that eliminating punishment is difficult, but that praise for success is more effective than inflicting verbal or behavioral pain. The reason is that praise leads to more responsible behavior and punishment leads to fear and loneliness.
(8). Never Give Up: Glasser (1980) added the eighth step that he attributes to Alex Bassin, one of his earlier associates. Clearly, the eighth step does not involve inquiries initiated by the helper, but rather a commitment on the part of the helper to be there for the client.

In commenting on how to create a professional relationship Glasser (2009) states, (this relationship) "almost always starts with the counselor/teacher first connecting with the individual and then using this connection as a model for how the disconnected person can begin to connect with the people he or she needs." In describing how to enhance this

relationship, Glasser uses verbs such as "focus…, avoid discussing symptoms…, understand…, avoid criticism…, remain non-judgmental…, teach…, focus…, help…, be supportive…. Only once does he suggest asking a question, "Is what I am doing getting me closer to the people I need?"

Nevertheless, questioning has come to occupy a significant place in the practice of reality therapy and the rationale for it has been explained in detail (Wubbolding, 2000). Yet, from the very beginning reality therapy has been broader and deeper than a description of it as a "range of questions." The dialogue above illustrates the use of supportive listening, as well as encouraging, accepting, trusting and respecting; of the seven caring habits only negotiating differences is absent. Describing the procedures as areas for exploration makes the system more useful and more applicable for clients, school faculties and institutions that are hesitant to change and resistant to the perceived pressure of questioning.

Summary

Choice theory and reality therapy are now taught and practiced on every continent, except Antarctica. This notoriety adds credibility and universality to the ideas developed by William Glasser, MD. If choice theory and reality therapy are to survive and become even more utilized in the future, they will need committed individuals and a healthy institute to serve as a focal point for decades to come. In the future, scientific and validating studies will provide added respect and credibility for individuals and groups outside the WGI. Even now the expansion of the delivery system is practical and readily implemented. The WDEP system consists in more than a series of questions. It is an exploratory system that assists helpers to work more effectively and efficiently with students and clients. As a listening system it incorporates the seven caring habits described by Glasser as essential to the understanding of choice theory. By keeping these ideas in mind as we apply CT/RT/LM in the future, we will very likely foster more acceptance of them by others who will discover exactly why they work.

References

Bushaw W., & McNee, J. (2009). Americans speak out. Phi Delta Kappan, 91(1), 9-23.

Corsini, R. & Wedding, D. (2000). Current psychotherapies. Itasca, IL: F.E. Peacock Pub., Inc.

Glasser, W. (1965). Reality therapy. NY: Harper & Row.

Glasser, W. (1972). The identity society. NY: Harper & Row.

Glasser, W. (1980). Reality therapy. In N. Glasser (Ed.), What are you doing? (pp. 48-60). New York: Harper & Row.

Glasser, W. (1998). Choice theory. NY: HarperCollins.

Glasser, W. (2005). Defining mental health as a public health issue. Chatsworth, CA: The William Glasser Institute.

Glasser, W. (2009). How the brain works (Chart). Chatsworth, CA: The William Glasser Institute.

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

Mitchell, C. (2007). Effective techniques for dealing with highly resistant clients. Johnson City, TN: Mitchell Publishers.

Passaro, P., Moon, M., Wiest, D., & Wong, E. (2004). A model for school psychology practice: Addressing the needs of students with emotional and behavioral challenges through the use of an in-school support room and reality therapy. Adolescence, 39(155), 503-517.

Passaro, P. (2009). Private correspondence.

Prochaska, J., Di Clemente, C., Norcross, J. (1992). In search of how people change. American Psychologist, 47(1102-1114).

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

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

Wubbolding, R. (2009). 2029: Headline or footnote? Mainstream or back water? Cutting edge or trailing edge? Included or excluded from the professional world. International Journal of Reality Therapy, 19(1), 26-29.

Wubbolding, R. (2010). Reality therapy: Theories of psychotherapy series. Washington, DC: American Psychological Association.

Brief Bio:
Robert Wubbolding is Professor Emeritus at Xavier University, and is currently serving as the Director of Training for The William Glasser Institute, as well as the Director of the Center for Reality Therapy.

Pat Robey is an assistant professor at Governor's State University, as well as a senior faculty member of The William Glasser Institute.

John Brickell is the Director of Training for The William Glasser Institute, United Kingdom, as well as the Director of the Centre for Reality Therapy, United Kingdom.

The Role of The William Glasser Institute for Research in Public Mental Health at Loyola Marymount University in the Future of Choice Theory

Bradley Smith, CADC-II, ICADC, RTC, CCPJ
Loyola Marymount University, Los Angeles, CA

Abstract
The deepening relationship between The William Glasser Institute and Loyola Marymount University (LMU) in Los Angeles is the subject of much excitement and hopefulness for the future of Choice Theory. Currently, we are approaching the end of the third year in a five-year plan to fully establish The William Glasser Institute for Research in Public Mental Health at LMU. "Fully establish" is a delicate turn of phrase; as presented here, this term includes the eventual and timely existence of an endowed, rotating professorship that guides and tempers the activities of the mission; a physical location within a vibrant Academic or Student Affairs division, and sustainable funding for staff, infrastructure, and mission activities. At this writing, just one of these components – the physical location – currently exists in a practical sense. The mission of this Research Institute mirrors the three-part structure of other distinguished institutes housed within the world's premier institutions of higher learning, though this one is imbued with a decidedly Choice Theory-specific emphasis: Its goal is to conduct and collect rigorous scientific research in the efficacy of RT/CT and apply those findings; then inform and support effective Education – a necessarily broad category that includes Lead Management and Counseling; finally, to shape through evidence a coherent and implementable public mental health policy that casts mental health as a public health issue.

The following article will seek to concretize the nature and progress of the still-emerging relationship between The William Glasser Institute and Loyola Marymount University (LMU), as well as address key obstacles and opportunities contained within this vision. First will be an overview of our broadening training initiatives, followed by a sketch of the four (plus one) research threads that are currently underway. Following these summaries, it is appropriate to include remarks by one of our lead researchers, Dr. Michelle Anderson, RTC, on "the thorny issue of measurement." These remarks are excerpted from her forthcoming paper addressing the research and assessment complexities that RT/CT present from a quantitative data standpoint. These extensively truncated remarks are offered in the spirit of engagement; meant only to highlight the fluid artifact and color that tempers the complexities of designing and deploying our research.

Trainings, Practica, and Community Outreach
Senior Faculty member of the WGI, Bob Hoglund, now conducts monthly, one-day trainings for faculty, staff, and administration at LMU. Within three months, this training can culminate in the awarding of a Basic Intensive Training Certificate. This innovative training schedule facilitates greater access to upper-level administration and staff; however, for those that choose to continue on with the training process, the standard certification structure remains in place. Operationally at LMU, it has been determined that the minimum exposure to - and competency with - the concepts and vocabulary of CT/RT should be at the Basic Week level. Carleen Glasser, Dr. Robert Wubbolding, and Bob Hoglund - among other WGI faculty - will continue to conduct standard Basic and Advanced Intensive Trainings at LMU on a regular basis. In addition, Dr. Brandi Roth provides invaluable day-to-day programmatic support, while Shearon Bogdanovic conducts regular, monthly practica at LMU, in addition to the practica that co-occurs in support of the real-time activities of the 'MyEdge' initiative (more on this below). Finally, Dr. Cheryl Grills, Chair of the Psychology

Department, currently teaches an upper-division, for-credit class in Choice Theory as a formal offering within the curricula for students seeking a Bachelors Degree in Psychology. Dr. Grills also often includes Choice Theory as a 'deliverable' within her grant-seeking activities. Frequent community outreach and education seminars in Choice Theory are also offered to area schools, health networks, and other professional organizations.

Research in Progress. A Brief Overview of "Four Plus One":
1. The Freshman "Happiness Survey." Among the broad range of behavioral and perceptual questions contained within a quasi-experimental survey conducted on three separate occasions with 1350 college freshman – the entire LMU Class of 2013 – were twelve specific questions that seek to measure responses to Dr. Glasser's definition of "mentally healthy." This definition is found on pages two and three of his booklet, "Defining Mental Health as a Public Health Issue." In brief, Glasser writes, we are mentally healthy if we enjoy being with most of the people we know, are generally happy and are more than willing to help an unhappy [person] feel better, lead a mostly tension free life, laugh a lot, and rarely suffer from aches and pains that so many people accept as an unavoidable part of living (Glasser, 2005). This repeating survey was supplemented with regular focus groups. The last of these surveys and focus groups were completed in early April of 2010, and analysis of the findings is currently underway.

2. "MyEdge." Comprising a distinct subgroup within the research population participating in the Happiness Survey, "MyEdge" is a cohort that consists of approximately 500 freshmen students who live in three specific residence halls and receive sustained exposure to a CT-themed community referred to as the "MyEdge Residence Halls Initiative (Hereinafter, 'MyEdge')." The premise of 'MyEdge' is simple: all young people are looking for an 'edge' in life, and the simplest way to obtain this edge is by making effective, needs-satisfying choices. Through planned activities and events, small-group didactic, and indirect cultural suasion, the vocabulary of Basic Needs, Caring Habits, Internal/External Control, Quality World, and Total Behavior are inculcated throughout the MyEdge subgroup. Although many of these activities have their own specific research component, findings from the broader Happiness Survey will be compared to these responses.

Both the Happiness Survey and the MyEdge Residence Halls Initiative are two-year programs, designed to track two separate class years; as well as to provide the time necessary to refine the managerial dexterity necessary to conduct such broad initiatives. Here it is important to clarify a purposeful semantic distinction: it was clear early in our experience that young people harbored a sophisticated resistance to the word 'mental.' They also linked the word 'choice' to an automatic intimation that they were making 'bad' choices. Thus, 'mental' became 'happiness,' and 'choice' became 'MyEdge.' As our colleague Bob Wubbolding would likely say, "It's still a sturdy train (the procedures of Reality Therapy) (running) on a sturdy track, (Choice Theory)."

3. Judicial Affairs: An "Introduction to Choice Theory" class as a judicial sanction for student violations of LMU's community standards has emerged as one of the most effective 'punishments' in the judicial response lexicon at LMU. Indeed, it was the early positive response from the sanctioned students themselves – documented in their own words within written reflection papers - that alerted administration that something unique was occurring. This early Judicial Affairs experience, begun in 2007, became a pivotal gateway for the expansion of Choice Theory initiatives at LMU. Consisting of two, two-hour evening classes and a Saturday-morning, involving a group counseling-style experience, the efficacy of this "sanction" is being researched by both a pre and post survey, as well as a self-reflection

paper. As is often the case with all of our research at LMU, data are being collected and interpreted on an ongoing basis. One thing is quickly apparent within this classroom and that is that students enjoy the material, and are particularly grateful that they are not being punished per se. Rather, students are immediately redirected to their fundamental self-interest, namely, "What's in it for me?" This is an appeal to their internal motivation. It is also clear that many of these "troubled" students are natural leaders who are socially adept and often highly empathic. Furthermore, most possess impressive technological and intellectual capacities. It does seem, though, that with this 'chronically difficult to engage' cohort, many of their technological and 'testing' skills arrive at the expense of emotional intelligence, self-knowing, and/or impulse control.

4. Motivational Interviewing, Enhanced (MI-E). One of the foremost researchers in the United States in college–age alcohol and substance abuse, Dr. Joseph Labrie, (a psychology professor at LMU) is currently conducting a CT-Enhanced Motivational Educational intervention for first-time student alcohol offenders. Designed in collaboration with The Glasser Institute for Research team, this intervention is a single, 90-minute class - preceded by a detailed online survey – that focuses more on the 'why' students often drink to the point of negative consequences (seeking needs-satisfaction). The language and concepts of Basic Needs, Quality World, and Total Behavior (These components represent the "enhanced" appendage) are introduced in combination with the more standard MI-based harm reduction, behavior modification, and education/prevention schemas. After-class post research is conducted via 12 weeks of brief, online diary submissions, and the research as a whole is scheduled to be conducted through 2012 (two complete school-years). Early anecdotal findings have been compelling; Dr. Labrie and his team, however, have become concerned about outcome, ostensibly due to the potential effect of a particularly charismatic and well-trained CT/RT implementer at LMU. This is a serious concern, because a procedural manual, scholarly research paper, and corollary materials are being developed with a goal of becoming an "open source;" that is, to support an eventual MI-E methodology that other institutions, agencies, and practitioners may effectively implement without the benefit of the vibrant CT culture and personnel at LMU.

5. "Plus One." A fifth area of research is emerging within the California prison system. In March of 2010, the California Institution for Women (CIW), a Level II prison in Corona, California (about 65 miles northeast of LMU), inaugurated the first Glasser Quality Classroom in an American prison by training thirty new inmate 'mentors' in the principles of Choice Theory. These thirty women are in addition to the 126 women who have already received Basic-Week level training; with five of those women actually receiving their Basic Week Certificate. These five women are now having their basic practica brought to them, in the form of LMU students and staff who are also engaged in the CT/RT certification process. The prison classroom is currently supported by three newly RTC-certified prison staff and administrators – including the principal of the entire education department at CIW, Les Johnson. Generous pro bono technical support from Dr. Cheryl Grills and her talented departmental team continues to contribute as well. All of this has been underwritten by an imaginative (read: patient and persistent) grant from The William Glasser Institute.

Yet formal measurement at the prison remains elusive – there remain political and institutional culture constraints - and the prison setting, in particular, crystallizes the scientific and perceptual distinctions between quantitative and qualitative data, let alone the challenges to ethically gathering any data within accepted scientific protocols, regardless of the environment. Such a challenge presented itself in an unanticipated phenomenon that occurred at the women's prison in 2009: Choice Theory spread so rapidly throughout the

inmate population – of its own unguided volition - that an alarmed prison administration stopped the program. At the time, many pointed to this as "evidence" of the power of Choice Theory.

The Thorny Issue of Measurement. Dr. Michelle Anderson, RTC, a lead researcher and primary survey instrument designer for our CT initiatives at LMU, isn't convinced that this startling event at the prison speaks to the efficacy of Choice Theory. Dr. Anderson writes in a forthcoming paper, perhaps to be published in this Journal in a future issue, "…[That] as the Choice Theory model contains many implicit and subtle hypotheses, it is a challenge to begin to identify the quantitative measures of this process. In contrast, qualitative measures often provide rich, experiential data about individual level understanding and use of CT language. [Although] experiential information provides useful feedback about an individual's change process— it is not necessarily evidence of a statistically significant reduction or increase in ineffective or effective behavior [italics mine].

Dr. Anderson continues, "Initial research mostly follows the logical predictions of a testable theory to build evidence supporting or refuting the basic premises. The more explicit a model, the easier it is to design a research program, conversely, the more implicit a model, the more challenging it becomes to design a traditional research program. Despite much enthusiasm in the Reality Therapy community supporting research initiatives, there are less clear guidelines for how this process actually works, as this theory appears more experiential and implicit… Choice Theory is the model of human behavior and motivation, [whereas] Reality Therapy is the intervention method designed to address clinical (or more severely entrenched) psychological issues. The assumptions and testable hypotheses for research should flow from the theoretical constructs (e.g. total behavior, internal versus external control). These theoretical tenets should be used to help refine and design measures and assessments of the change process. Creating this distinction means there are two types of research predictors: education (Choice Theory) and treatment (Reality Therapy). A Choice Theory-based study examines knowledge, skills and linguistics (use of Choice Theory language) as predictors of outcomes in everyday behavior (e.g. retirement, classroom attendance and behavior, physical activity, self-esteem). A Reality Therapy-based study should be more aligned with traditional counseling and clinical intervention models designed for reduction of harmful, risky and/or clinical behavior (e.g., depression, substance use). Clearly identifying the type of intervention is critical to a well-designed research study."

Dr. Anderson also points to the cacophony of variables. "The issue of identifying target variables directly addresses the tenets of a model. In Choice Theory, one might consider any of the following as potential variables: Quality World, Total Behavior and the Comparing Place (Self-Evaluation), or the Basic Needs. [In a focus group at LMU], students were asked to identify the 4 most important parts of CT. The Quality World and Choice in Behavior were the most frequently chosen "number one" preferences. Gaining internal control was the most frequently chosen second preference. However, in the main, currently available CT measures are the 5 Basic Needs. LMU efforts have largely centered on the outcomes of this model, using reliable and valid measures of a variety of constructs (depression, anxiety, locus of control, coping, optimism, relationship satisfaction). There is some concerted effort to begin to design measures of CT-specific predictor variables—e.g., self-evaluation and "happiness", and this is crucial; since without these, there is currently not an actual quantitative measure of the influence of CT/RT regarding these areas of interest.

Summary
As we can see from Dr. Anderson's remarks, and as Brian Lennon succinctly observes in another article within this very journal, "the research dimension is not simply an organizational matter" (Lennon, in press). Though the mission of The William Glasser Institute for Research in Public Mental Health at LMU is succinct, its operational status is still very much in the forming stage. Though there clearly exists scientific philosophies to reconcile, the more traditional obstacles of funding and staffing remain paramount. As Bob Wubbolding, Pat Roby, and John Brickell also write in this journal, "The future of choice theory, reality therapy and lead management depends on whether a growing number of educational institutions see the need to adopt a philosophy of internal control as a viable system for enhancing public and private education…. if choice theory and reality therapy are to survive and become even more utilized in the future, they will need committed individuals and a healthy institute to serve as a focal point for decades to come." These remarks should be read very carefully.

When viewed in its totality - including our women at the prison, adult learners in the "Choice Theory in Addiction Counseling" class, initiatives at area schools, for-credit undergraduate coursework, and engagement with our broader student body, university administration, and wider community as a whole - LMU has placed the language of Choice Theory into the conscious vocabulary of many hundreds—if not thousands—of people in less than three years. Dozens of these people have now completed their RTC certification, and many dozens more anticipate doing so. We are awash in qualitative evidence. Yet there remain vital roles to be filled by those "committed individuals" that Wubbolding, Roby, and Brickell allude to if the work conducted through LMU is to become a sturdy and sustainable font of research and applications in Choice Theory for many decades to come. Of course, our goal is that the LMU model will prompt other institutions and agencies to embrace our findings and adopt similar evidence-based programs and initiatives that should greatly benefit themselves and others within their communities and beyond.

The importance of the role and mission of The William Glasser Institute for Research in Public Mental Health at Loyola Marymount University cannot be understated; in fact, a recurring criticism is directed to the very scope and 'irrationality' of the vision itself. This is an echo we've all heard before; a direct reflection of the breathtaking audacity and character of Bill Glasser. Public mental health is in fact a public health issue. In this era of 'evidence-based' initiatives and 'best-practice' funding, a sustainable and centralized academic research institute is absolutely essential to the future of Choice Theory so that its many benefits can be more widely understood and embraced throughout the world.

References
Anderson, Michelle (2010). Personal communication.

Glasser, W. (2005). Defining mental health as a public health issue. Chatsworth, CA: The William Glasser Institute.

Lennon, Brian. (In Press). Choice theory: a global perspective. International Journal of Choice Theory.

Wubbolding, Robert., Robey, P., Brickell, J. (In Press). A partial and tentative look at the future of choice theory, reality therapy and lead management. International Journal of Choice Theory.

For more information on The William Glasser Institute for Research in Public Mental Health at Loyola Marymount University, program and research updates, downloadable media and materials, and answers to many frequently asked questions, please visit www.lmu.edu/glasser

Brief bio:
Bradley Smith is a board-certified addiction counselor and the Alcohol and Other Drug Response Specialist at Loyola Marymount University in Los Angeles. Among his responsibilities are designing and implementing programs and initiatives to meet and mitigate the behavioral and developmental consequences presented by substance abuse and dependence in the college and emergent-adult settings. He is also a WGI Practicum Supervisor, and the contact point for Institute members worldwide to inquire how their creativity may propel the mission of The William Glasser Institute for Research in Public Mental Health at LMU. He may be reached by email at Bradley.Smith@lmu.edu

To Teach the World Choice Theory: Using 21st Century Approaches to Deliver Training

Patricia Robey, Ed.D.

Abstract

The mission of The William Glasser Institute is to teach the world Choice Theory. To meet this goal, the WGI must adapt its training delivery to meet the needs of the 21st century consumers. Online training is an upcoming trend that should be considered as an option. This article provides information related to online learning, addresses concerns about this practice, and offers suggestions regarding how the WGI can move forward in developing such online training.

_____

The mission of The William Glasser Institute is "*To Teach the World Choice Theory*." The current delivery system of intensive weeks, practicum, and certification is a wonderful process that has been used successfully for years. However, given the challenges of the economy, budget cuts, and time constraints, the number of intensive weeks being facilitated grows smaller and smaller. It is important that we don't link the lack of interest in Glasser's ideas to this trend. Instead, we must be creative in considering the needs of our prospective students/customers when planning how we deliver the training that they need.

In 2008, the WGI sent out questionnaires to instructors to gauge their thinking about the possibility of providing training via online delivery. Responses indicated that the WGI instructors had mixed feelings about online training. The concern most often mentioned was related to how they might effectively teach skill-based concepts and practices in an environment that seems to lack the warmth and relationship that is at the foundation of what they believe and teach. However, the increasing popularity of online training programs suggests that consumers are interested in it as a delivery method for training. Therefore, the purpose of this article is to provide research and information on distance and online learning as options for disseminating information on Choice Theory, Reality Therapy, Lead Management, and Quality School to as wide a group as possible.

History of Distance and Online Learning

The use of distance learning can be traced back as far as the 1720's, when correspondence courses in shorthand were delivered via mail. Following World War II, the enactment of the GI Bill allowed a wider population to access higher education. While colleges and universities were being built to meet the demand, correspondence courses were developed to address the immediate needs of its learners (Albrecht & Jones, 2001).

Technology was introduced to education in the early 1900s, when radio, teaching machines, and programmed texts were used to supplement or replace traditional delivery methods (Albrecht & Jones, 2001; Hayes, 1999; Pepinsky & Borow, 1961). Today, the use of television, commuters, and the internet allow students and instructors to access more information from more sources than ever before. People who have grown up using computer technology now expect that they will be able to access any information they want via internet delivery. By 2006, approximately 3.48 million students had enrolled in at least one online course. Twenty percent of these students were in higher education (Allen & Seaman, 2007).

Online learning can be an effective and convenient alternative to the traditional learning experience in a classroom (Palloff & Pratt, 2001). Schools such as the University of Phoenix attract students from all over the world, with no need for a traditional university campus.

More and more universities and training institutions are now examining options for incorporating online learning into their programs. Online learning provides an opportunity to make learning available for almost anyone (Aggarwal & Bento, 2000).

The earliest use of technology in training counselors was by Carl Rogers, who used session recordings for training in supervision (Pelling, 2002). Computer-assisted training has been of interest in counselor training since 1984, and has been the topic of a great deal of research and discussion (Albrecht & Jones, 2001; Baltimore, 2002; Wantz, Tromski, Mortsolf, Yoxtheimer, Brill & Cole, 2004). The concepts and practices taught in WGI training closely resemble those taught in counseling and education programs. Therefore, it makes sense to look at how technology has been used in counseling and counselor education programs if we want to consider how we may use technology to deliver WGI training.

Online Training in Counselor Education

According to Bonk (2001), "no technology has so swiftly assumed prominence in both educational and commercial settings as the web" (p. 13). In the field of counseling, a 2005 study of counselor education programs indicated that just less than half of the 127 programs evaluated included some form of distance education (Wantz, et al, 2005). The Council for Accreditation of Counseling and Related Educational Programs (CACREP) (2008) has approved several online programs in counselor education. While there are many perceived advantages to online learning (e.g., it makes education more accessible to a wider group of students, maximizes resources, increases enrollment, encourages diversity), there are also many concerns related to this practice (Wall, 2000; Wantz, et al., 2004). Of particular concern is maintaining quality (Albrecht & Jones, 2004; Wantz, et al, 2004), how the instructor-trainee relationship might be impacted (Bernard & Goodyear, 2004), whether trainees could learn to recognize and respond to non-verbal cues (Bernard & Goodyear, 2004; Page, Jencius, Rehfuss, Foss, Dean, Petruzzi, Olson, & Sager, 2003; Quinn, Hohenshil, & Fortune, 2002), and the implications related to multicultural sensitivity and competency (Manhal-Baugus, 2001). The question then becomes, *Can online teaching actually be an appropriate delivery method for training in a field that is traditionally considered to be intimate and based on building relationships? If so, how can it be accomplished?*

Concerns Related to Online Learning

WGI instructors are not alone in their concern about delivering skill-based training online. Robey's (2009) research with counselor educators indicated that their greatest concerns regarding online learning were also related to teaching skills online. Given the fact that online learning seems to be a trend that is growing, Robey was curious as to how the concerns over this practice could be addressed. As part of her research, Robey invited 16 experts in online learning in counselor education to participate in qualitative interviews. Robey asked the experts to discuss two questions: (1) What is your opinion on teaching counseling skills in an online course? and (2) What kind of technology might be used for teaching counseling skills online? Following the interviews, the information gathered was reviewed for themes and summarized.

Expert responses to question one were organized into three categories. Category one experts (25%) indicated that they were opposed to teaching skill development without some kind of face-to-face component. An example of concerns expressed in this group came from an expert who had over 20 years of experience teaching counselors. This expert stated that online learning is "not for courses that teach communication or higher level skills which are less subtle. You can say the right thing but without the right heart the intention is lost. You miss subtleties of mouth, face, gestures …so many nuances…"

Category two experts (50%) agreed that skills could be taught online with some considerations. They agreed that having access to advanced technology was important and that the lack of the appropriate technology is what limits the advancement of effective learning and teaching online. One of this group of experts suggested that it was a lack of knowledge about technology that limits the vision for how online learning can be used most effectively. Another expert noted that skills like reflection, paraphrasing, summarizing and basic group skills are already being taught via distance learning methods. Videos are used to demonstrate basic counseling skills and can also be used for peer counseling and sent to the instructor for review and feedback.

Category three experts (25%) had no reservation about teaching skills online. As one expert said, "The question we didn't answer was why not… How technology is used is what limits this…Whether we think it's good or not doesn't matter. It's where it is. We have to stop resisting."

This expert noted that change is hard and suggested that people who don't have training in the use of technology find it difficult to picture how skills can be taught effectively online. One expert went so far as to suggest that non-verbal cues are not so vital to counseling as some would claim. This expert cited the fact that counselors have been working with people successfully via phone interactions for years (e.g., suicide & runaway hotlines).
An expert in category three commented that there has always been resistance over distance education and that teaching skills online is only limited by our imagination and/or lack of related experiences. As one expert noted, most people are now familiar with using the internet to communicate. Another stated, "We're thinking in 20th century views while our clients are in the 21st century."

Regardless of their perceptions of teaching skills online, many experts commented on their own struggles in infusing technology with instruction. One instructor admitted that she knows online teaching can be done effectively, but reported "The human side of me dreads it, but the educator can see the possibilities."

All of the respondents agreed that the trend toward online learning was going to increase in the future. Therefore, we must consider *how* we can teach online. Experts were asked what kinds of technology might be used for teaching counseling skills online. Experts identified course management systems and support tools such as Blackboard, Wimba, and Eluminate. They also noted that a great deal of technology is available for public access, including Skype, Second life, e-mail, telephone, blogs, webcam, my space, and Facebook. Audio and video technology includes hyperlinks to videos, DVD and Video demonstration, digital recordings, webcam, support services from publishers, You Tube, and Teacher Tube.

Implications for the Future of the WGI
We have seen the WGI administration and board make a valiant effort to adjust the certification process to meet the needs of our trainees. In spite of this, however, attendance continues to decline. As noted in Robey's (2009) study, all of the experts agreed that online learning would be likely to increase in the future, and 75% of the experts agreed that even skills could be taught online if the circumstances were right. Research shows that there is a demand from consumers for training to be more easily accessible. If the WGI is to be competitive in the future with other training models, we should explore avenues to address needs of systems and trainees while still maintaining quality in our training. Following are suggestions for how the WGI can begin to make online training a reality.

Planning Online Training
The internet can reach more trainees and, when used properly, can provide an enriching medium for learning (Page, et al., 2003). So how do we go about creating a quality program that incorporates technology? First we must focus on course planning. This includes an analysis of the potential market and the needs of the market. Questions to ask are: Who is interested in taking our training? What are the problems they hope to address with what we can teach? How can we tailor our message to meet the needs of the target group? For example, we know that maintaining discipline in schools is one of the most important concerns faced by most educators (Bushaw & McNee, 2009). Therefore, training that is designed for educators should be sure to address this concern.
Course goals must be established. What are the concepts we want to teach and how will we do it? The book *Choice Theory* (Glasser, 1998) is our master source of information, followed by other books by Glasser and WGI colleagues. We must identify instructional objectives, select instructional techniques, and find resources to meet course goals. Resources include assessment of available technology. How will material be delivered? What resources can be used (e.g., discussion boards, blogs, skype, video demonstrations, etc.). Finally, we need to create a method to facilitate participants' feedback and self-evaluation of comprehension and skills, as well as evaluation and continual improvement of our delivery method (Albrecht & Jones, 2004).

Hybrid Courses
An alternative to a fully online program is a hybrid course, which may be more appealing to some instructors. The hybrid option allows for some instruction to be delivered online or via distance learning, while also including a component of "face-to-face" training. Typically, hybrid courses are developed in one of three formats. The first, *web-supplemented*, uses internet resources to post the course agenda and readings. *Web-enhanced* courses involve students in online work together, such as learning activities. For example, students could work together to create a blog or website. *Web-enriched* hybrid courses engage students in multimodal interactions, including the use of audio or video instruction (Kuo & Srebalus, 2003; Layne & Hehenshil, 2005).
Hybrid training provides a great opportunity for creativity in instruction. Including an online component in intensive weeks or practicum allows instructors to deliver course content prior to meeting in person for training that focuses on skill building. This option may be especially useful since the WGI has created the option for a three-day intensive training. Pre-training online can address program content and has the potential benefit of ensuring that trainees come to the intensive week with a common foundation of knowledge.

Practicum supervision
A great deal of research on the use of technology in training is related to supervision (Froehle, 1984; Lundberg, 2000; Myrick & Sabella, 1995; Pelling, 2002; Stebnicki & Glover, 2001; Trolley & Silliker, 2005). Supervision can be facilitated through chat rooms, e-mail, synchronous discussion and videoconferencing (Layne & Hohenshil, 2005). Supervisors can post materials online and send links to relevant resources. Trainees can post their journals, reflections and questions online, thus providing an opportunity for group learning. A side benefit for the instructor is that a question posted by one trainee is likely to be relevant to all. The instructor saves time because all supervisees are able to access the same information.

Bernard & Goodyear (2004) noted that the use of technology might eliminate problems related to distance and location. This is especially relevant for WGI trainees, who often do not have access to local supervision or who might want to learn from a variety of

instructors. Another benefit to online supervision is the opportunity to create an online community of learners who can reach out to one another with questions or for support in putting their learning into practice.

An unexpected benefit to online supervision may be related to the fact that supervisees are required to write. Writing requires precision of expression that may influence the supervisee to be more thoughtful when presenting his/her question or case. Another advantage to online supervision is that there is a record of communication, which allows trainees to revisit them when convenient. Communications can also be saved for instruction in future supervision groups (Myrick & Sabella, 1995).

Using Video in Distance and Online Training
The use of video is probably one of the most common practices in the delivery of content and in skill building. Instructors can record demonstrations to model counseling skills and to provide feedback to trainees. Videos can be created and students can respond with several options for alternative direction. An interesting use of video was developed by Dr. Aaron Rochlen from the University of Texas (Hall, 2005). Rochlen presented videos of three separate cases of clients with different presenting issues. Students were able to review the case from the perspective of different theoretical orientations. WGI instructors all have the same foundation of theory and beliefs, but the ways we put them into action differs depending on style and focus. This would be a creative way for trainees to observe and learn from alternative directions.

Instructors can assign popular movies for trainees to watch and evaluate from a choice theory, reality therapy, lead management, or quality school perspective. Trainees can discuss videos in online chat or via blogs. Streaming video can be loaded onto these sites and used for student instruction. Video can also be incorporated into powerpoint or delivered via internet as streaming media. Although it requires more technology than the average instructor might have, videoconferencing is a tool that allows for synchronous communication via the internet. Participants from around the world are potentially able to see and communicate with one another in real time (Baggerly, 2002; Baltimore, 2004).

Advantages of Online Training
While setting up an online course can initially be time-consuming and challenging for the instructor, once it is in place it can maintain itself with little or no adjustment (Altekruse & Brew, 2000; Brown, 2000). There are many advantages of online training for participants. Issues of distance and time can be eliminated or minimized. Participants from other countries or in rural locations can access training that might not otherwise be available to them (University of Illinois Online Network, 2007; Woodford, Rokutani, Gressard, & Berg, 2001). Access to a large pool of potential trainees creates an opportunity for diversity (Woodford et al., 2001). Online learning can be cost effective (Brown, 2000) and convenient for all concerned (Glass, Daniel, Mason, & Parks-Savage, 2005), and allows participants to have some control in their own learning process (Wantz, et al., 2004).

Disadvantages of Online Training
There are several disadvantages to delivering training online. One is related to technology. Technological failure is always a possibility (e.g. computer breakdown, link failure, poor or slow connection to the internet). In addition, there is a constant need to update software and to keep abreast of trends in delivery options (Altekruse & Brew, 2000; Wantz, et al., 2004).

Probably the greatest concern, though, is the lack of human contact in an online course, especially when the content is based heavily on interpersonal skills. As discussed previously, strategies can be created that attempt to compensate for this deficit. For instance, a well-designed training procedure should include elements of relationship-building in order to create the connections among students that promote risk-taking and quality learning.

Quality and Effectiveness of Online Training
Critics of online training argue that it is less effective than traditional methods of training delivery. However, research indicates that there is no significant difference (Albrecht & Jones, 2004; Hanson, Maushak, Schlosser, Anderson, Sorenson, & Simonson, 1997; Russell, 1999; Smeaton & Keogh, 1999). Just as in traditional training delivery, the effectiveness of distance or online learning is dependent on effective teaching practices (Woodford, et al., 2001). Three conditions must be met. First, the methods and technology have to be suited to the instruction. Second, students must be interactive. Third, communication between participants and instructor must be offered in a timely manner. Participants remain more motivated when they are in frequent communication with others and with the instructor. Finally, online training must be held to the same standards as traditional delivery. This means that it must offer training that is comparable to that which would be delivered in a more traditional manner (Daniels, Tyler, & Christie, 2000).

Conclusion
The purpose of this paper was to provide the reader with information on the potential and pitfalls of developing online training programs as an addition to the traditional programs currently offered by the WGI. One of Glasser's (1994) conditions of quality is that quality always includes an element of self-evaluation. As an organization, we must self-evaluate where we stand now that we have entered the 21st century. If what we want is to teach the world choice theory, what are we doing right now to fulfill our mission? What's working for us? What's not working? Are we meeting the needs of our potential audience? What do we need to do to ensure that the WGI retains its vigor and that the ideas that we have all worked so hard to promote continue to be a positive force in the world?

The WGI community of instructors and learners has a great opportunity now to set the direction for the future. Further communication on the topic of training design and delivery is necessary to ensure that we continue to maintain the high quality of our programs while meeting the ever-evolving demands of consumers. Let the creativity begin!

References
Aggarwal, A.K., & Bento, R. (2000). Web-based education. In A. K. Aggarwal, (Ed.),*Web-based learning and teaching technologies: Opportunities and challenges* (2-16). Hershey, PA: Idea Group Publishing.

Albrecht, A. C. & Jones, D. G. (2001). *High tech/High touch: Distance learning in counselor preparation.* Alexandria, VA: Association for Counselor Education and Supervision.

Albrecht, A. C., & Jones, D. G. (2004). Planning for cyberlearning: A framework for counselor educators. In J. W. Bloom & G. R. Walz,(Eds.), *Cybercounseling and cyberlearning: An encore.* (pp. 57-80). Alexandria, VA: American Counseling Association.

Allen, I. E. & Seaman, J. (2007). Online Nation: 5 years of growth in online learning. Needman, MA: Sloan Consortium. Retrieved from http://www.sloan-c.org/publications/survey/pdf/online_nation.pdf

Altekruse, M. K., & Brew, L. (2000). Using the web for distance learning. In J. W. Bloom, & G. R. Walz, (Eds.), *Cybercounseling and cyberlearning: Strategies and resources for the millennium* (pp. 129-141). Alexandria, VA: American Counseling Association.

Baggerly, J. (2002). Practical technological applications to promote pedagogical principles and active learning in counselor education. *Journal of Technology in Counseling, 2 (2).* Retrieved from http://jtc.colstate.edu/vol2_2/baggerly/baggerly.htm

Baltimore, M. L. (2002) Recent trends in advancing technology use in counselor education. *Journal of Technology in Counseling, 2 (2).* Retrieved from http://jtc.colstate.edu/vol2_2/editor.htm

Baltimore, M. L. (2004). Multimedia in the counselor education classroom: Transforming learning with video technology. In J. W. Bloom & G. R. Walz (Eds.), *Cybercounseling and cyberlearning: An encore* (pp. 35-56). Alexandria, VA: American Counseling Association.

Bernard, J. M., & Goodyear, R. K. (2004). *Fundamentals of clinical supervision* (3rd. ed.). Boston: Pearson Education, Inc.

Bonk, C. J. (2001). *Online teaching in an online world.* Bloomington, IN: CourseShare.com.

Brown, D. (2000). The odyssey of a technologically challenged counselor educator into cyberspace. In In J. W. Bloom, & G. R. Walz (Eds.), *Cybercounseling and cyberlearning: Strategies and resources for the millennium* (pp. 51-66). Alexandria, VA: American Counseling Association.

Bushaw W., & McNee, J. (2009). Americans speak out. *Phi Delta Kappan*, *91*(1), 9-23. Council for Accreditation of Counseling and Related Educational Programs (2001). 2001 Standards. Retrieved from http://www.cacrep.org/2001Standards.html

Daniels, M. H., Tyler, J. M., & Christie, B. S. (2000). On-line instruction in counselor education: Possibilities, implications, and guidelines. In J. W. Bloom, & G. R.Walz (Eds.), *Cybercounseling and cyberlearning: Strategies and resources for the millennium* (pp. 303-317). Alexandria, VA: American Counseling Association.

Froehle, T.C., (1984). Computer-assisted feedback in counseling supervision. *Counselor Education and Supervision, 24,* 168-175.

Glass, M. J., Daniel, D., Mason, R. M., & Parks-Savage, A. (2005). The integration of technology into an online doctoral program in counselor education and supervision. *Journal of Technology in Counseling, 4 (1).* Retrieved from http://jtc.colstate.edu/vol4_1/Glass/Glass..htm

Glasser, W. (1998). *Choice theory.* New York: HarperCollins.

Glasser, W. (1994). *The control theory manager.* New York: HarperCollins.

Hall, E. M. (2005). Technology in counselor training: An innovative website for building case conceptualization skills. *Journal of Technology in Counseling, 4 (1).* Retrieved from http://jtc.colstate.edu/vol4_1/Hall/Hall.htm

Hayes, B. G. (1999). Where's the data: Is multimedia instruction effective in training counselors? *Journal of Technology in Counseling, 2 (2).* Retrieved from http://jtc.colstate.edu/vol1_1/multimedia.htm

Kuo, Y. & Srebalus, D. J. (2003). The development of a web-based career counseling course. *Journal of Technology in Counseling, 3 (1).* Retrieved from http://jtc.colstate.edu/vol3_1/kuo/Kuo.htm

Layne, C. M., & Hohenshil, T. H. (2005). High tech counseling: Revisited. *Journal of Counseling & Development, 83,* 222-226.

Lundberg, D. (2000). Integrating on-line technology into counseling curricula: Emerging humanistic factors. *Journal of Humanistic Counseling, Education & Development, 38 (3),* 142-151.

Hanson, D., Maushak, N., Schlosser, C., Anderson, M., Sorenson, C., & Simonson, M. (1997). *Distance education: Review of the literature* (2nd. ed.). Washington, DC: Association for Educational Communications and Technology.

Manhal-Baugus, M. (2001). E-therapy: Practical, ethical, and legal issues. *CyberPsychology & Behavior, 4 (1),* 551-563.

Myrick, R. D. & Sabella, R. A. (1995). Cyberspace: A new place for counselor supervision. *Elementary School Guidance & Counseling, 30, (1),* 35-45.

Page, B. J., Jencius, M. J., Rehfuss, M. C., Foss, L. L., Dean, E. P., Petruzzi, M. L., Olson, S. D., & Sager, D. E. (2003). PalTalk online groups: Process and reflections on student' experience. *Journal for Specialists in Group Work, 28, (1),* 35-41.

Palloff, R.M., & Pratt, K. (2001). *Lessons from the cyberspace classroom: The realities of online teaching.* San Francisco, CA: Jossey-Bass.

Pelling, N. (2002). The use of technology in career counseling. *Journal of Technology in Counseling, 2 (2).* Retrieved from http://jtc.colstate.edu/vol2_2/pelling.htm

Pepinsky, H. B. & Borow, H. (1961). Research frontier: Automated learning and the counselor. *Journal of Counseling Psychology, 8 (3),* 272-277.

Quinn, A. C., Hohenshil, T., & Fortune, J. (2002). Utilization of Technology in CACREP approved counselor education programs. *Journal of Technology in Counseling, 2 (2).* Retrieved from http://jtc.colstate.edu/vol2_2/quinn/quinn.htm

Robey, P. (2009). Issues related to online learning in counselor education: A Delphi study. Ed.D. dissertation, Northern Illinois University, United States -- Illinois. Retrieved from Dissertations & Theses: A&I.(Publication No. AAT 3369715).

Stebnicki, M. A., & Glover, N. M. (2001). E-supervision as a complementary approach to traditional face-to-face clinical supervision in rehabilitation counseling: Problems and solutions. *Rehabilitation Education, 15,* 283-293.

Trolley, B., & Silliker, A. (2005). The use of webct in the supervision of counseling interns. *Journal of Technology in Counseling, 4 (1).* Retrieved from
http://jtc.colstate.edu/vol4_1/Trolley/Trolley.htm

University of Illinois Online Network (2007). *Online education overview: Strengths of online learning.* Retrieved from
http://www.ion.uillinois.edu/resources/tutorials/overview/strengths.asp

Wall, J. E. (2000). Technology-delivered assessment: Power, problems, and promise. In J. W. Bloom & G. R. Walz (Eds.), *Cybercounseling and cyberlearning:Strategies and resources for the millennium* (pp. 237-251). Alexandria, VA: American Counseling Association.

Wantz, R. A., Tromski, D. M., Mortsolf, C. J., Yoxtheimer, G., Brill, S. & Cole, A. (2004). Incorporating distance learning into counselor education programs: A research study. In J. W. Bloom & G. R. Walz (Eds.), *Cybercounseling and cyberlearning: An encore* (pp. 327-344). Alexandria, VA: American Counseling Association.

Woodford, M. S., Rokutani, L., Gressard, C., & Berg, L.B. (2001). Sharing the course: An experience with collaborative distance learning in counseling education. *Journal of Technology in Counseling, 2 (1).* Retrieved from http://jtc.colstate.edu/vol2_1/sharing.htm

Brief Bio:
Patricia Robey is an assistant professor of counseling at Governors State University, a licensed professional counselor, and a senior faculty member of The William Glasser Institute. Pat holds a Certificate in Online Teaching and her area of research interests includes online teaching and learning.

For additional information please contact:
Patricia Robey, Ed.D.
23738 S. Ashland Ave.
Crete, IL 60417
708-977-4290
patrobey@gmail.com

Ways to Improve Our Teaching Efforts
Thomas S. Parish, Ph.D., CTRTC

Abstract
So you wish to improve as a teacher, but you're not sure what to do. Well, what follows are some general hints that should be very helpful to you. Basically, we need to realize that everything that we do should be perceived by our students as being very student-friendly, and helpful, too, if we really wish to motivate them and help them to always follow through.

Ingredient #1
First and foremost, teachers must be able to "connect" with their students in as many ways as possible. In other words, "teachers must keep in mind that students rarely care about what their teachers really know, until they actually know that their teachers really care" (source: unknown). Some helpful hints regarding how this might be done include the following: Be sure to learn students' names as quickly as you can, and then refer to them accordingly, at least that should be your plan. In addition, be available to students and always be willing to help them education-wise and/or otherwise. As you do so, students may more likely admit you into their "Quality Worlds," and the courses that you teach are more likely admitted too!

Ingredient #2
Teachers must ascertain what topics, subjects, and/or interests appeal to their students, and then teach to them accordingly. In so doing, teachers may help their students to develop a "personal commitment" or "ownership" of such notions, which should help them to actually learn them better and faster, and may even motivate them to search out related material on their own, as they go well beyond any class assignments, and/or things that they could easily do at home.

Ingredient #3
Teachers must also find ways to "enhance involvement" within groups of students in order to make the learning process more need-fulfilling, both academically and socially. For instance, teams of students might compete against one another, helping the members of each team to interact more effectively with each other, while mastering the material too. There are many TV game shows that can be modeled after, but the main point is that each member of one's team is basically dependent upon other team members to win, i.e., no one can do it alone.

Ingredient #4
Teachers must strive to be "completely prepared" to teach their classes so that they might set the proper example for their students to come completely prepared too. Furthermore, they should be sure to start and end their classes on time so that students will quickly realize what they, too, need to do.

Ingredient #5
Teachers should always "praise publicly, but criticize privately." In fact, before teachers criticize any student, teachers need to first describe to their students what they have done right, and then correct them, if necessary. Truly, teachers need to catch their students doing "what's right," and not concentrate on catching them doing "what's wrong." In so doing, effective teachers will more likely be able to bestow upon their students a "positive reputation" that they will likely try to live up to.

Remember, effective teachers, like good friends, should help others to like themselves. More specifically, effective teachers tend to be like "architects," since they try to build students up, while ineffectual teachers tend to be like "demolition experts," since they generally tear students down. Said somewhat differently, the more teachers are found to be respectful of their students, the more likely it will be that their students will be respectful of their teachers, in turn. Yes, it's true that I have found that "encouragement" (like honey) works a great deal better at motivating students than "discouragement" (like vinegar) ever will.

Ingredient #6
Teachers who teach effectively more likely "love what they do," and look forward to doing it each and every day. Notably, less effective teachers are more inclined to say that they would like to "take their job and shove it," while more effective teachers more often conclude that they only wish to "take their job and love it!" Which type of teacher are you, and what do you need to do to make teaching more fun, and more need-fulfilling for everyone?

Kindly note that these six ingredients are not all-inclusive, but are merely intended to be reflective of the teachings of William Glasser (1990), as described in his book entitled "The Quality School." Basically, in this book Dr. Glasser encouraged teachers to apply these types of need-fulfilling behaviors if they wished to achieve real success and greater happiness in their classrooms and beyond. Where these notions have been applied in classrooms around the world, very, very positive results have prevailed. Therefore, I personally urge teachers who wish to teach more effectively to employ these types of strategies, too, and recommend that others do so as well!

Conclusions
William Glasser (1980) once said that people don't learn what they don't want to learn, but that teaching can become more effective if teachers would simply show people who hurt, have an interest, or a need, a better way to address these concerns and directly benefit from doing so. When that occurs, any/all resistance should be reduced, if not eliminated, because people are always interested in learning better ways to meet their needs. Truly, life is best characterized as a search for positive alternatives. May these ideas—mentioned here—help you in all of your future teaching endeavors, and may you, and your students, too, benefit from all that you do.

References
Glasser, W. (1980). Reality Therapy. In N. Glasser's (Ed.) What are you doing? New York: Harper & Row (pp.48-60).

Glasser, W. (1990). The quality school. New York: Harper & Row.

Brief bio:
Thomas S. Parish is the current editor of the International Journal of Choice Theory and Reality Therapy. He has taught at the university level for nearly forty years, and has loved every minute of it. In 2005, he was recognized by the International Biographical Centre in Cambridge, England, as one of the "Top One Hundred Educators in the World." He is at present an emeritus professor at Kansas State University, where he taught from 1976-2005.

Becoming Certified in Reality Therapy: It's a Good Investment!
Ernie Perkins, Ed.D., CTRTC

The typical therapist enters the field motivated by various factors. For some, if not all, one motivating factor is a sincere desire to help others. While many would discount the definition of therapists as being "healers of the mind," reality therapists can do what "healers of the body" can not do. We can no more "heal" than can the physician, but we can diagnose and help the client on his or her road toward developing a more positive outlook on life.

Therapists will have invested a great deal of time and money in their efforts to achieve confidence in their chosen field. They will have gotten degrees, worked in intern positions, and studied for various tests and licenses. Why then, should the licensed therapist consider the additional investment of time and money necessary to work toward certification in Reality Therapy?

This article will suggest several reasons.

The first reason, and to this author, one of the most important, is the essential truth upon which Reality Therapy is based. I will review the three areas of truth as many philosophers believe them to be. These are as follows:
First, there is "pragmatic truth:" "If it works, it's true," is an over simplification of pragmatic truth, yet, it does go a long way toward defining this view. Time, circumstances, and situations have combined to work out the current truth. Each generation works out pragmatic truth within its own culture. What is true for one generation may not be true for another. People and circumstances change and because they do, so will truth. A full page advertisement in a national newspaper demonstrated pragmatic truth when it stated something to the effect, "Six hundred years ago, people thought the earth was flat. Truth changes." But, does it? Was the earth flat six hundred years ago? The fact is: the earth has not changed its shape, but that people have changed their minds. The culture of six hundred years ago did not have the abilities necessary to have the correct perception, and to their limited knowledge, the earth was really flat. Thus, because they thought and accepted the perception of a flat earth, it was a "pragmatic truth."

Morals and societal behaviors in most societies are pragmatic. Life styles, for which persons would have been condemned in one generation, may be totally accepted in the next.

Then, there is "existential truth." The existentialist believes that truth is as he or she believes it to be at a particular time, situation, and circumstance. Truth is never concrete, but is continually changing. There is no objective language, and everything depends on each person's definition of words and situations. What one would define as truth, another may not. Neither of the two has the right to declare the other as being wrong. No one can determine truth for another. The example of the ad in the newspaper cited above agrees with existential truth with this exception, i.e., that truth for some people six hundred years ago was that the earth was round. Truth for others, however, was that the earth was flat. Today, it would be the same with truth for some declaring that the earth is flat, while most believe it to be round. Those who believe it to be flat have their own truth, and in a just society, they and their truth, though not accepted, would still be respected.

Then, there is "essential truth." For the essentialist, truth does not change and it is spelled with a capital letter. Truth's demands are the same for every generation and for every

culture. Because it is essential Truth, it can be, and indeed, will be, discovered in every culture. One should not be surprised to discover that both Christ and Confucius made a similar statement that we Christians refer to as the "Golden Rule." The Golden Rule is an essential truth that transcends time and culture. Essential truth can be accepted or rejected but it does not change. To deny it is to face consequences. Those consequences usually result in a lesser than a fulfilled and happy life. To find them and to live by them usually result in a more meaningful and happier life. The choice is given to each of us as to what we are going to do with them.

Reality therapy seems to be built on essential truth. As a Christian, my personal source for essential truth is the Bible. I discovered the essential truth of reality therapy in 1973 as I was studying for a sermon. I was moved to look at Hab. 3:17-19, and had a great deal of trouble coming to a conclusion as to its meaning. A week of intense study led me to these principles which became the principles by which I have lived my life since then. Verse seventeen says everything is terrible. Verse eighteen says regardless of the fact everything is terrible, "I will rejoice. I will joy..." Verse nineteen gives the essential truth that God will make my feet like hinds feet and will make me walk upon my high places. In my studies, I found the hind to be a mountain deer that is able to run upon high and dangerous trails because wherever it places its front feet, the back feet would land in identically the same spot when it moves to the next step. In other words, the front feet determine where the back feet go. I made the application that as my actions were, so would my feelings be. "As I do, so will I be," became my personal rule of life.

This rule is not only built upon the essential truth of Hab. 3, it is also backed up by Proverbs "For as he thinketh in his heart, so is he" (23:7).

Because reality therapy seems to be built on essential truth, it is not a contemporary fad that will go out of style in a few years. Most therapists have neither the time nor money to invest in a system that does not last. While therapists will discover new and individual methods to apply and use reality therapy, it will not change its basic foundation. It will endure and will be an investment that lasts a life time.

Another reason that reality therapy certification is a worthwhile investment of time and money is it works. While this may sound overly pious, the fact is, we therapists are in this profession because we want to help people with their emotional and mental problems. Why waste time in a program if it offers little or no hope for the client? In one of my text books from which I was studying couple therapy, the author (a psychoanalyst) shared her experience with her own personal counselor. She related how that after two years of three sessions a week she stated to the counselor, "I believe I am seeing the situation now." The counselor replied, "No, I don't think we are there yet."

Notably, very few clients will spend two years of three sessions a week with us. My own personal evaluation of such long-term commitments is that this type of counseling helps the counselor with his/her car payments more than it helps the client with his/her problems. In other words, reality therapy works because it does not require an endless commitment between a counselor and a client. Rather, it works because it gives confidence to the client which, in turn, helps the healing to begin. I have trouble with those methods in which the counselor is not to present himself or herself as "the expert." In these methods, the client is to realize that the counselor has no idea if help can be found or not. It is only a "seek and search" endeavor with two "little lambs who have lost their way" trying to find a solution. While no therapist knows the mind of another person, the fact remains, physical healing

comes more often if the patient has confidence in the medical doctor and the prescribed medications. If this fact has been proven in the medical world, why should we not believe that the same principles will also apply in the world of human emotions? I am convinced that the more the client has confidence in the ability and knowledge of the counselor, the more lasting will be the counselor's effective help. One of the things that impressed me most of Dr. Glasser's videoed sessions with clients is his shared confidence that "I can help." He does not hesitate to share with the client that help is available and is on the way. This confidence is contagious with the client catching it and as a result responding in such a manner that he or she does indeed help himself/herself toward developing a plan on the pathway to healing.

The last reason I will discuss in this article as to why I have felt my investment of time and money to achieve my certification is worthwhile is this: I like having a workable outline which takes me and the client from where we are to where we need to be. In my studies I searched for the outline in other methods and found very few. For the others, the idea seems to be, talk until an answer somehow surfaces. While this may work for some, as a public speaker who speaks before groups weekly in numbers from ten to three thousand, I know the importance of knowing what I want to convey. Effective communicators may appear to be speaking from "off the cuff," but most have an outline, formal or informal, that they are following. If an outline helps me communicate more effectively with a group, why would I deny that an outline can help me more effectively communicate with the client? While the skeptic may deny that the therapist is communicating in the same manner as is the public speaker, surely he or she would not deny that communication is taking place. If a friend and I are "shooting the breeze" no outline is needed. But, if we are seriously trying to find a solution to a problem, we will much more likely be effective if we are organized in our discussion. Reality therapy gives me the best workable outline I have ever found, bar none.

Of course, the reader can think of other reasons in his or her case that I have not mentioned here. We each have our own reason for becoming involved with reality therapy. But, if you find yourself wondering at times if your investment of the time and money to become certified has been a good investment, rest assured. I believe it will be an investment that you will value for years to come, as a therapist, as a counselor, as a friend, and/or as a person.

Brief bio:
Ernie Perkins is a motivational speaker, humorist, educator and counselor. He believes in life-long learning and is currently ABD on his fourth doctorate. His complete resume can be found at his http://www.ernieperkins.org/.

Using Reality Therapy and Choice Theory in Health and Wellness Program Development within Psychiatric Psychosocial Rehabilitation Agencies

W. J. Casstevens, PhD, LCSW/MSW[1]
North Carolina State University

Abstract

This article reviews an application of Choice Theory to health and wellness program development in the context of psychiatric Clubhouse model programs. Reality Therapy's WDEP approach was used in this project as a vehicle for incorporating Choice Theory into four focus group series on health and wellness. The project and process are presented, and recommendations from one of the focus group series are explored. As the example demonstrates, focus group data became a basis for formulating client-driven health and wellness initiatives at these psychosocial rehabilitation venues.

_____

How do you view your health? We opened our first focus group on health and wellness at a psychiatric psychosocial rehabilitation program with this question. The group was the first of a series of focus groups based on Choice Theory, which aimed to elicit client preferences in a health-related goal setting. Once client preferences were ascertained, health and wellness program development based on those preferences began at the Clubhouse model program in the Southern United States of America (USA). This article outlines psychiatric Clubhouse programs and explicates the need for health and wellness programming in the Clubhouse context, then outlines the use of Choice Theory and Reality Therapy's WDEP model in this program development process, and explores focus group results from one Clubhouse as an example.

Clubhouses are non-profit agencies that offer adults diagnosed with severe and persistent mental illness (SPMI) labels (e.g., schizophrenia, bipolar disorder, schizoaffective disorder) an opportunity for community membership and structured work-related activities throughout the day. Clubhouse clients are referred to as "members," and the Clubhouse model of psychosocial rehabilitation emphasizes what is called a "work-ordered day" (International Center for Clubhouse Development website at www.iccd.org). Members prepare lunches with staff in the kitchen, operate the Clubhouse snack bar, improve computer skills and answer phones in the clerical work area, assist staff with cleaning and repair work in the Clubhouse, and so forth. Off site, entry level, supported employment positions can be available for members ready to transition back into the workforce.

In the USA, many Clubhouse members receive Social Security disability income from the federal government. In addition to psychiatric disability, physical health issues can arise either directly (e.g., a family history of high blood pressure), or indirectly, as consequences of prescribed psychotropic medications (e.g., side effects to antipsychotic or antidepressant medication, such as weight gain). Polypharmacy, which refers to prescribing multiple psychotropic medications simultaneously for an individual, is currently the norm in the USA for people with SPMI psychiatric labels and disabilities (McCue, Waheed, & Urcuyo, 2003). Many psychotropic medications have seriously debilitating side-effects for between 40 and 60% of the individuals who take them. These side-effects can include tardive dyskinesia (neurological damage that is sometimes irreversible), extreme weight gain, adult onset diabetes (associated with extreme weight gain), and dizziness, among others. (Cohen, 1997, 2002; Torrey, 1995.)

Healthy lifestyle choices become particularly important in this context, since members generally remain on medications prescribed by their psychiatrists while attending Clubhouse programs in the community. The Clubhouse program that became the pilot site for this project had repeatedly tried to initiate and maintain various health-and-wellness program components, with only sporadic and short-term (e.g., at most 3 months) success. For these reasons, the pilot Clubhouse consulted with the author about developing a viable and self-sustaining health-and-wellness initiative. The goal was a Clubhouse Health-and-Wellness component that members would participate in and support on a long-term (i.e., at least a 6 month) basis.

The project applied Glasser's Choice Theory (the basis for Reality Therapy; Glasser, 1998) and Wubbolding's WDEP model for Reality Therapy (wants, doing, evaluation, planning; Wubbolding, 2000) within a series of focus groups, to develop and implement health-and-wellness programming. During this process, focus group facilitators also modeled Lead Management principles based on Choice Theory (Glasser, 1998) for participating Clubhouse staff and supervisors. Any Clubhouse member or staff member present when a group was offered could attend. Ongoing attendance was encouraged through friendly out-reach on site before the start of each group.

Choice Theory centers around the premise that the only behavior one can control is one's own behavior – one cannot control other people's thoughts, actions, feelings or physiology, the components of what Glasser refers to as "total behavior" (Glasser, 1998, 2000). Prior health-and-wellness initiatives at the Clubhouse had been staff-directed attempts to change member behaviors. This pilot initiative began, instead, with a conversation among interested members about health-and-wellness, and then prompted further conversations that progressively supported members in identifying health-and-wellness-related behaviors that they wanted to change in their lives.

The WDEP process across the focus groups: (a) looked at whether members wanted to improve their health, (b) addressed what members might consider doing about this and what they had done in the past, (c) evaluated past behavior change efforts, and (d) began planning how to accomplish the identified changes. Focus group leaders invited Clubhouse staff members to sit in on groups, and modeled Lead Management principles in that: (a) leaders noted suggestions by members and requests for support during the change process for follow-up, discussed these with Clubhouse staff and administration, and incorporated the ideas as much as possible; and (b) leaders clarified to group participants (sometimes repeatedly) that change goals were to be the members' goals, and not external controls imposed by others. Each focus group addressed a series of three questions. The first focus group addressed: (a) How do you view your health?; (b) Would you like to improve it?; and (c) What would this mean to you? The objective was to explore health-and-wellness-related pictures in group members' "quality worlds." This provided material about client wants, the "W" of the WDEP model of reality therapy.

The second focus group addressed: (a) What do you do now that helps you feel better?; (b) What have you done in the past that helped you feel better?; and (c) How have these things worked out? The objective of the second group was to examine health-and-wellness-related aspects of group members' "total behavior," and to evaluate them. This provided information about actions the group members were taking or had taken, and whether the actions provided positive or negative results. This material related to doing and evaluation, the "D" and "E" of the WDEP model.

The third focus group addressed: (a) What do you think will help you to feel better?; (b) What can you do that might help this happen?; and (c) What could the Clubhouse do that would help this happen? This assisted group members with letting go of external control psychology and encouraged them to begin planning for personal health-and-wellness-related goals, a process continued in the fourth focus group. This addressed planning, the "P" of the WDEP model. Member response to this pilot project was unexpectedly enthusiastic; more members participated in the focus groups than was anticipated, and focus group discussion was consistently lively.

The investigator applied for funding to expand this health and wellness program development process to other Clubhouse model programs, and obtained an Extension, Engagement and Economic Development award from North Carolina State University. The award provided funding to hire and train project staff to implement the focus group series and to subsequently develop health and wellness programming at four Clubhouses in central North Carolina. Health–and-Wellness Program Developers, now familiar with Choice Theory principles, continue to pursue intra-organizational systemic shifts and build community supports in order to implement thematic health-and-wellness-related goals identified through the focus group process at participating Clubhouses.

At the second Clubhouse in the project, for example, focus groups identified four thematic health-and-wellness-related program components. These included: (a) increasing activities like walk, dance, or exercising, and incorporating these into the Clubhouse's work-ordered day in 10-15 minute segments; (b) scheduling speakers and/or trainers to come to the Clubhouse for health education and/or to lead physical activities; (c) increasing healthy food and drink offered at the Clubhouse and decreasing the amount of sugary and baked items; and (d) encouraging and supporting one another in healthy choices, e.g., fruit instead of candy from the snack bar, using a walking video at lunchtime instead of sitting. In addition, group participants expressed their awareness of (a) the need to respect other members' potentially unhealthy choices, and (b) the importance, for those interested in change, of friendly support in helping maintain motivation for healthy choices.

The initial action plans developed to implement each of these respective components were as follows: (a) Program Developers assisted members to start a weekly walking activity group at the Clubhouse; because of the severity of health issues facing some participating members, the activity group now walks the parking lot in front of the Clubhouse once a week and plans to gradually increase the time and frequency of this activity; (b) health education speakers are scheduled and volunteer group leaders are being sought; contact lists are developed and maintained on an ongoing basis for future Clubhouse use; (c) Program Developers are exploring local sources for fresh produce and other food items that would be donated--or substantially discounted--for the non-profit agency; a local farmer's market, for example, has agreed to donate unsold produce once a week if the Clubhouse arranges for pick-up; and (d) Program Developers have assisted members to start a Health-and-Wellness Support Group, which members lead at the Clubhouse on a weekly basis, to provide ongoing support and encouragement for personal goals.

This project, approved by North Carolina State's Institutional Review Board, is ongoing at three psychiatric Clubhouses in central North Carolina. Health-and-wellness components are tailored to each Clubhouse using the focus group approach described above. In the near future, the project will begin working with a fourth Clubhouse. Once established, program components for participating Clubhouses are tracked for six months; those components still

viable at six months will be tracked for another six months, to establish the twelve month outcome of the project at each site. It is anticipated that this application of Choice Theory via the WDEP model, in focus group series, will result in self-sustaining health-and-wellness program components at each Clubhouse site.

Of course, only time will tell regarding the benefits gained through the actual implementation of these various program endeavors, and follow-up reports will be made available in due time so that the CT/RT readership will have access to these findings at the earliest possible opportunity. Notably, though, it is important that we all know about investigations such as this one, so that we might all look forward to the future insights that they should provide.

References
Cohen, D. (1997). A critique of the use of neuroleptic drugs in psychiatry. In S Fisher & R. P. Greenberg (eds.), *From placebo to panacea: Putting psychiatric drugs to the test* (pp. 173-228). New York: Wiley.

Cohen, D. (2002). Research on drug treatment of schizophrenia: A critical appraisal and implications for social work education. *Journal of Social Work Education,* 38, 217-239. Glasser, W. (1998). *Choice Theory: A new psychology of personal freedom.* New York: HarperCollins.

Glasser, W. (2000). *Counseling with Choice Theory: The new Reality Therapy.* New York: HarperCollins.

McCue, R. E., Waheed, R., & Urcuyo, L. (2003). Polypharmacy in patients with schizophrenia. *Journal of Clinical Psychiatry,* 64, 984-989.

Torrey, E. F. (1995). *Surviving schizophrenia: A manual for families, consumers and providers* (third edition). NewYork: HarperCollins.

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

Brief Bio
Dr. Casstevens was selected as a Glasser Scholar in 2008, and completed Reality Therapy Certification through The William Glasser Institute in 2009. A Licensed Clinical Social Worker in both Florida and North Carolina with fifteen years of practice experience, her Ph.D. in Social Welfare is from Florida International University. Dr. Casstevens now teaches in the Department of Social Work at North Carolina State University and recently published her first book: *A Mentored Self-Help Intervention for Psychotic Symptom Management.*

Abject Poverty to Self-Sufficiency: The Integration of Choice Theory and Reality Therapy into a Program Developed to Eradicate Poverty

M.L. Misztal, LCSW/MSW
University of Hawaii

Abstract
This article provides an opportunity to raise awareness about the influence that Choice Theory and Reality Therapy has had on a group of people suffering from severe oppression and poverty. By weaving the philosophy of Choice Theory and Reality Therapy into this program for people who must overcome overwhelming physical, emotional and spiritual challenges, dramatic positive changes have occurred in their lives.

_____

Through my experiences in Bangladesh, I was given the opportunity to participate in, examine, and observe the outcomes of a faith-based humanitarian non-government organization that has literally transformed peoples' lives. Due to serious security concerns of the staff in this country, it would compromise their safety to specify the name of the international organization or the staff that facilitates the program. Thus, the program will be addressed as "the program" and the organization will be addressed as the "NGO" (non-government organization) [1]. As a faculty member of The William Glasser Institute, who teaches and practices Reality Therapy and Choice Theory regularly, I was able to recognize the inclusion of the Choice Theory philosophy woven throughout the curriculum, and the integration of Reality Therapy through the delivery of the program. Financial support from major donors, businessmen, and foundations in countries such as the United States, New Zealand, Australia, and some European countries has been targeted specifically for this program. All of the funds are used to hire and train staff, who in turn work in the field. None of the funding is used for direct financial support for the people in the community. The program is based on a holistic approach that focuses on an individual's basic needs. Through relationship building, giving people the opportunity to recognize their own skills and talents, and providing education, it has offered people the opportunity to become independent financially and to improve their emotional health. This dramatically successful program is supporting the poorest and most desperate people in this country so that they might become more self-sufficient, along with instilling within them a sense of dignity and self-respect. Notably, this program is currently being used as a model for programs in other Asian countries.

Bangladesh suffers from chronic physical, cultural and political crises. Natural disasters, such as typhoons and earthquakes, are common, as is flooding due to being on a natural flood plain. The country is submerged in water for approximately 3-5 months per year. Bangladesh is comprised of 90% Muslims, 9% Hindus, and less than 1% Christians. Politically, as in many developing countries, the government is plagued with corruption, thus instilling a lack of trust, limited services for the poor, and various unscrupulous behaviors from those in positions of power (CIA World Fact Book, 2008). The majority of the people in Bangladesh lead lives dictated by oppression. As defined in The Social Work Dictionary (Barker, 2003). Oppression is:

The social act of placing severe restrictions on an individual, group, or institution. Typically a government or political organization that is in power places these restrictions formally or covertly on oppressed groups so that they may be exploited and less able to compete with other social groups. The oppressed individual or group is devalued, exploited and deprived of privileges by the individual or group who has more power.

Many of the prevailing cultural mores and values have had a negative influence on people's ability to become independent and/or self-sufficient. According to recent statistics, 30% of the population is unemployed, 37% of the people live on less than $1.00 per day, and 82% of the people live on less than $2.00 per day (CIA World Fact Book, 2008). "Chronically underfed and highly vulnerable, they remain largely without assets other than their own labor to cushion lean seasons of hunger or crushing blows of illness, flooding and calamities" (Quisumbing, 2008). As with any country suffering from severe poverty, domestic violence and child abuse are rampant. Based on these challenges, a unique comprehensive program built on trust and respect that speaks specifically to the basic needs of the people is imperative to eradicate poverty.

Goals of the Program
The goal of the program is to support community members in becoming independent physically and emotionally by encouraging people to maximize their skills and talents to their full potential. Also, to teach practical Biblical values to help people recognize their own value, as well as the value of others. The program supports these people suffering from abject poverty in using the skills they have been taught to gain social and economic independence which, in turn, increases their sense of dignity and self-worth. As the community members meet the criteria for independence stipulated by the program guidelines, the need for intense support from the NGO diminishes. Ultimately, the community members gain the skills and tools to be independent of the NGO's services.

Profile of those served in the communities:
Notably, this program targets the most desperate and poorest people in the country. This includes widows (including women whose husbands have abandoned them) and people who have no visible means of support or do not own land. Women who are the heads of the household due to abandonment or death are especially vulnerable to abject poverty. Their ability to earn an income to support their children is limited due to their lack of training, illiteracy and/or limited resources. The cultural mores discourage and can even ostracize women who attempt to work outside the home, thus decreasing their ability to sustain their families. My time in Bangladesh was focused on working in the schools and integrating in the communities building relationships and participating in the program. As I spent time in the communities, talking to people and observing their behavior, it was poignant to see the desperation, fear, and sadness in the eyes of many of these individuals. At the same time, they communicated desire, passion, and motivation to lead more need-fulfilling lives.

Delivery of the Program
The staff hired to facilitate the program is dictated by their own commitment to serve the poor and willingness to follow the philosophy and support the goals of the program. The individuals chosen to serve in the program embrace the belief system that dignity, self-respect and self-determination are critical for a quality lifestyle. The staff is chosen based on their commitment to embrace the philosophy and goals of the program. Their religious affiliation is not a criterion. They are asked only to be open-minded and be willing to learn. The entire staff (including the driver, cook, and cleaning staff) are trained in the curriculum that will be used in the field. They practice and participate in all of the activities such as role plays, illustrations, real world experiences, and small group activities that they will be using to teach community members. Throughout the training the staff members practice healthy communication skills, and are exposed to the concept of perceptions and how perceptions can be changed. They also assess the difference between a "training" program and a "funding" program. Their training thus provides the staff with the resources to explain the goals and purpose of the program to the community members.

After the staff training program is completed, the field staff will then begin spending time building relationships with the community members. This will typically take approximately 6 months. In Greg Mortenson's (2006) book *Three Cups of Tea*, Greg's friend Haji Ali says: "If you want to thrive in Balistan, you must respect our ways", Haji Ali said, "The first time you share tea with a Balti, you are a stranger. The second time you are an honored guest. The third time you share a cup of tea you become family, and for our family we are prepared to do anything, even die" (Mortenson and Relin, 2006, p. 150). This thinking pattern also holds true in the Bangladesh communities. As the field staff slowly integrates into the communities, they build a strong foundation of mutual respect and trust. The staff will slowly share information about the program and clarify with the individuals that this is a training program as well as to provide emotional support, not a financially supportive program.

As the field staff develops relationships with the community members, they begin assessing the individuals who would be potential participants in the program. These individuals are advised of the expectations of the program and then make a commitment to participate in a savings group. A savings group is comprised of approximately fifteen individuals (either men or women) who agree to fulfill the expectations of the program. This includes participating in all of the trainings regularly, fulfilling their financial obligations, and supporting their children by encouraging consistent school attendance. Each savings group begins with literacy training that takes 9 months to complete. This is a 2 hour a day, 6 day a week commitment. All of the savings group members are required to save 10 taka (approx. 10 cents) per week. This money is placed in a savings account under the name of each group and can be lent to the group's members only for medical needs and/or business ventures. Each group appoints a leader, secretary and a treasurer. The literacy curriculum (written specifically for this program) weaves value concepts such as honesty, trust, morality, and humanitarian behavior into the teaching. After the literacy training has been completed, the program continues with training in: the law, relationships, health, leadership, finance, budgets, and job skills training. Illustrations, role plays, small group activities, and real world experiences are all incorporated in the learning program, allowing the participants to experience the relationship between their total behaviors: thinking, feeling, physiology and their actions. All of the group members are encouraged to practice their new skills with family members and friends to help them transfer their newly-found knowledge into daily living skills. The participants are given the opportunity to assess what is applicable to them throughout the learning experience devoid of preaching and lecturing. Ideas, concepts and thoughts are introduced and the participants are given the opportunity to share and work together to develop their perceptions and integrate any/all new information into their own lives.

As the groups become independent (facilitating their trainings and meetings, building their cash flow, developing physically and emotionally healthy lives, etc.) they have the opportunity to become part of a village organization that includes multiple groups, and ultimately they become a part of a community-based organization. As they meet the criteria for independence, the NGO's role changes into that of a consultant and then communities depend on their own resources since they have achieved self-sufficiency.

The Integration of Choice Theory and Reality Therapy within the Curriculum of the Program
The authors of the curriculum have woven all of the components of Choice Theory into the curriculum. The curriculum was written to encompass basic values, morals, and skills to

develop a sense of dignity, autonomy, and tools to maintain a need-fulfilling responsible life. In reviewing the curriculum, and participating in the groups who were learning and practicing the skills, it was clear that the core elements of Choice Theory and the practice of Reality Therapy were being taught.

Relationships: Building Relationships within the Staff

In a country where people are subjected to oppression and live in abject poverty, it is critical to develop trusting relationships with the team members as well as those in the communities or "field." It is also important that the team members learn how to build relationships with each other, so that they will, in turn, be able to teach those same skills to the people in the communities. This begins with instilling the new concept of self-determination and having the opportunity to make choices without coercion. When staff members are applying to work in the organization the message is shared that they are not being told to change their belief system or required to have the same belief system, they are only asked to be open-minded and be willing to learn. The staff is asked to embrace the goals of the program and make a commitment to serving the poor. Honesty, trust, and willingness to self-assess and strive for quality are all values that the staff sees as their vision. The staff participates in activities daily to build strong relationships with each other based on dignity, self-respect and acceptance of each other's individual culture, mores, and religious affiliations, which then builds the foundation for them to work in the field. Having a success orientation, specifically recognizing and focusing on the commonalities with each staff member and recognizing their gifts and talents, is practiced and modeled. The entire team of staff members spends time daily together eating meals, sharing devotions, as well as participating in team-building and positive communication activities.

Building Relationships within the Communities

Building relationships with people in the community is a process that takes time and is essential for the success of the program. As was stated earlier, it is important for the staff to respect and understand the culture of the community members. Although the people in the community do not typically have formal educations, they have learned to survive under the most challenging circumstances for decades. The field staff spends time in the community on a regular basis visiting with families, sharing compassion and understanding as the people share their needs and wants. The staff will talk of their own experiences and what has been influential for them, as well as challenging in their own lives. The field staff will also share their values, challenges, what is important to them, and what they strive to do. They encourage the people in the community to begin to recognize their values, needs and wants as well as their challenges. With this knowledge, the field staff can share with the community members how the program could support them in learning how to fulfill their needs and wants. The staff and community members build a repertoire of commonalties and a level of mutual respect with each other. The people in the community begin developing trust with the field staff to the point the community members are willing to take the risk of commitment to the program. While the field staff is being integrated into the communities they model healthy relationship-building techniques and skills such as: attending to the individual they are speaking to, being non-judgmental, encouraging, supporting and listening to the people. They use a respectful tone of voice, and body language to give the community members a sense of respect. They share with the people in the community that they do have choices, and can influence change in their lives. For example: a staff member may say to a woman "If I could help you find a way to support your family and also enhance within you a sense of dignity and self-respect, would you be interested?" Thus, the staff is not "telling" the individuals what they need to do, but are sharing how the program could encourage, support, and/or challenge people to lead more need-fulfilling lives based on the

their needs and wants they have expressed to field staff.

Quality World
As the staff builds the foundation of their relationships with individuals, they begin to share their own quality world pictures. Quality world pictures are based on things and ideas that fulfill our basic needs and motivate our behavior (Glasser, 1998, p18). "These are specific images of people, activities, treasured possessions, events, beliefs, or situations that are need-fulfilling" (Wubbolding, 2000). Through the activities and learning in the training program, the staff has developed the skills of helping the community members recognize their quality world pictures. A staff member may share how difficult school was for themselves, as well as their lack of resources, but then tell them that school was in their quality world, and with the right encouragement and self-discipline, they were able to overcome stumbling blocks in order to achieve their goals. The depth and vulnerability that the staff demonstrates with the individuals then influences their sense of safety and desire to share their own quality world pictures. This is also teaching the community members the skills of asking questions and practicing the same skills with their neighbors and community members. With consistent availability in the community to develop relationships with the individuals, the staff can help the people recognize the commonalities between their quality worlds, and their differences, too, which should enhance their compassion, understanding, and respect for one another.

The community members ultimately include the staff in their quality world, therefore increasing their trust, and the opportunity to begin helping the individuals assess whether their pictures are actually being met. This assessment opens the door for the field staff to explore the level of motivation and desire to join a group that could help meet and satisfy those quality world pictures. When an individual makes a commitment to participate in the program, these quality world pictures are used as a tool to motivate and encourage each individual throughout the program.

Basic Needs: Integrated into the Curriculum
The Choice Theory philosophy contends that we are genetically encoded with five basic needs including: survival, love and belonging, power and achievement, freedom and fun (Glasser, 1998). These basic needs are consistent with our quality world pictures. The curriculum used in this program not only weaves the basic needs throughout each strand of the curriculum, but also integrates these basic needs within the delivery of the program. Basic survival needs, such as access to clean water and having enough food to feed their families, typically takes precedence over the need to fulfill psychological needs in a country suffering from severe oppression and abject poverty. But, it is critical that the people recognize the interconnection between all the basic needs to support their physical, emotional and spiritual health.

Love and Belonging
Intimate emotional relationships, feeling connected to another individual, and feeling a sense of emotional attachment are needs that are extremely deficient in the people in the community. Living in an environment of oppression often breeds great fear, a lack of trust, and desperation which depletes an individual's sense of self, making mere survival their top priority. Building a sense of love and belonging with family and friends under those circumstances tends to be beyond people's understanding. The people tend to isolate themselves, avoid contact with others, and often insulate themselves from potential harm. All of the group members are taught and experience the effects of fulfilling love and

belonging needs in numerous ways within the group process. The structure of the group alone supports relationship building and a sense of belonging. The small group environment encourages dialog with each participant including building trust, practicing decision-making as a group, learning to respect each other's opinion, and being able to see the commonalties with each other. All of which contribute to the sense of "connectedness" in the group. There are guidelines and boundaries regarding respect, encouragement and valuing each group members' perceptions and opinions. The group members are exposed to each other's quality world pictures to build upon commonalities and opportunities to connect with each other. As they progress in the program, and participate with each other regularly, they share daily experiences, seek counsel and help from each other, and learn to recognize their own unique gifts, characteristics and qualities. Their level of trust and respect for each other increases, and they continue to deepen their sense of commitment and connection to each other. They also begin using the skills and tools they have learned in the group with their family members. As they begin modeling these new behaviors and recognize the need for change, they see their own value and greatly increase their own level of self-respect.

Power and Achievement
Supporting the community members in recognizing their accomplishments, their own gifts, talents, and how they can build upon these skills is an essential part of the program. "Human beings seek to gain power, achievement, competence and accomplishment" (Wubbolding, 2000, p.13). The word power comes from the French word "pouvoir," which means "to be able to". In communities where abject poverty is rampant, it is often difficult for people to recognize their achievements, let alone be able to identify any sense of competence. They often feel unable to help themselves due to the lack of resources, self-confidence and support. This program offers individuals the opportunity to learn to fulfill these power and achievement needs in a variety of ways. Building a knowledge base is critical to feel not only a sense of accomplishment, but also to apply the knowledge in every aspect of our lives. Literacy training is introduced to the groups immediately. Without the ability to read and write, the community members are literally immobilized. A young woman had indicated she could not go to the doctor with her sick child due to the fact she could not read street signs. The ability to read has opened up her world to the point she is now able to provide medical care for her children. Business and skills training helps people learn a trade that will support their financial independence. Instead of living "day-to-day" they will develop the resources to survive disasters. These businesses include fisheries, bag making, fishing net making, cow fattening, sewing and beauticians. The business training teaches individuals the process of buying land and the requirements to open a business. During this training, a focus on the individuals' gifts and talents are explored to support the people learning a skill that will maximize these talents. Law education, relating to issues such as divorce, child brides, child support and business are the focus. In this culture, and in other similar cultures, decisions are dictated by mores of the culture and not necessarily by the law. Giving people the opportunity to learn exactly what their rights are, and how to have the rights upheld gives them the freedom and courage to exercise those rights. This, in turn, increases their sense of personal responsibility and control over themselves. Hygiene and health training enlightens people in how to avoid illnesses, how to talk to doctors about symptoms, and what they have control over in their homes to maintain a healthy environment for their families. Budgeting money and how to best use the limited resources available to the families plays an important role in this training, especially because all members are expected to participate in group savings. These skills also carry over into learning to discriminate appropriate reasons to take out loans, and developing repayment schedules. Since basic survival needs are critical in these communities, learning to maximize their resources, as well as building a strong base of financial security, is a priority.

As the group spends time together they also begin to recognize and encourage the skills of their group members. Many of them have leadership skills, and are given training in those areas to take on leadership roles in new savings groups that are created. On one occasion we had the opportunity to visit a woman who participates in a savings group. She started the savings group as a widow with 3 small children, and no means of support. She and her sons now have a burlap bag business, she has savings, and her oldest son is graduating from high school and is going on to higher education. She has learned the skills and tools to achieve her goals and feels a true sense of accomplishment.

Fun
Human beings have an innate need for fun, which includes pleasure and enjoyment. If we are fulfilling this need for fun, we typically feel positive, enthusiastic, and motivated to have new experiences and learning. Fulfilling fun needs also influences our relationships. "Victor Borge, the comedian, has said that "The shortest distance between two people is to laugh." "Having fun together is an intimacy-increasing behavior" (Wubbolding, 2000, p.16). The savings groups offer the participants the opportunity to practice their relationship skills in an environment that is structured to have fun. In observing a savings group role play a situation between a husband and wife, the laughter and connections between all of the ladies participating was an invaluable tool for relationship building. It was clear that all of the women could relate to the role play, were able to find the humor in the experience, as well as learn from it. Their motivation to participate in the meetings, and to continue learning, was also evident. Laughter, fun, and pleasure are feelings and emotions that are not normally observed in a community where poverty and oppression exist.

Learning to practice these behaviors, and then generalize these behaviors at home, helps not only the group members, but also everyone they come in contact with on a daily basis. In countries riddled with poverty, daily living tasks require the entire day. Thus, taking time out of the day to have "fun" is not an option. But, through observation it was clear that the community members creatively integrate fun into their daily routines changing them from mundane tasks into pleasurable activities. For example, a mother and her two children where running around the garden picking vegetables and laughing as they tossed the vegetables to each other. On another occasion, a husband and wife where sitting down together separating rice as they talked and laughed. Families were also seen walking to the local market, racing each other and playing a form of tag. The desire to learn new skills, the feeling of acceptance, and willingness to take risks with the group, are all results of learning to fulfill this need.

Freedom
The basic psychological need for freedom is critical for our sense of autonomy. "The need for freedom implies that if we are to function in a fully human manner, we must have the opportunity to choose among various possibilities and to act on our own without unreasonable restraints" (Wubbolding, 2000, p.15). In a country where individuals suffer from oppression, the ability to fulfill this need has been a serious challenge. The savings group members are fully aware that they were personally responsible for their choice to participate in the groups. The savings group members are not sequestered in an isolated area. Frequently the groups are held outside, with other community members looking on and listening. Thus, other community members are aware of the contentment of the groups and observe the laughter, group activities and learning in the meeting. This often motivates others in the community to seek out opportunities to join savings groups, and gives the group members opportunity to share more of their knowledge and skills with their

community members, thus building the group members' level of influence in the community.

With each area of education, the members are able to recognize the choices that they can make, whether it be a business, choices in the home with their spouses and children, or just setting clear boundaries. As they exercise their choices, and practice their skills, their confidence to advocate for themselves increases. For example, through training in the law, the members are taught it is illegal to demand a dowry in a marriage. Some of the women are now refusing to accept a dowry for their sons, and are unwilling to provide a dowry for their daughters. One woman opened a business and has hired a male work force to work in the business, which is a testament to her sense of freedom and self-confidence. The group members are taking on leadership roles in their communities and villages as their sense of commitment to their value system increases and their willingness to challenge other systems increases too. For example, a family may want to marry their daughter at an early age (9), but a group member of the group as a whole may talk to the family about the illegality of that marriage, as well as the negative consequences it would have on the child. This action would not occur without the knowledge, confidence, and sense of self-worth that is instilled in those who participate in the savings groups.

Total Behavior
The members of the savings groups have the opportunity to understand how their thinking, feeling, actions and how their physiology is not only interrelated, but also the relationship between their total behavior and the fulfillment of their basic needs (Glasser, 1998). All of the components of total behavior are demonstrated and practiced throughout the delivery of the program. As the relationships build with the group members and the field staff, the members are more trusting and willing to share their thoughts and feelings. At that point the field staff can help them see how their behavior could influence their thinking and feeling, as well as how their thinking and feeling influences their behavior. For example, if the group is participating in role plays, small group activities, or discussions, questions are often asked such as: "How do you feel when your husband says that to you?" "When he demanded dinner, what did you want to do?", "How do you feel physically when you cannot find work?" "What would you like to be able to do when your children are sick?" "When you were able to take your children to the doctor and get the medication, how did you feel?" Through the implementation of such questions, people within the community can readily see how they are changing every day. They also learn to assess the changes in their total behavior as they progress through the program. Throughout the training program the participants are learning components of total behavior and are also using questioning strategies that are consistent with Reality Therapy (Wubbolding, 2000, p.239).

Thinking
As the group members grow emotionally by gaining knowledge and building relationships, their thinking patterns also change. They learn how their thinking influences all the other components of their total behavior and that they are in direct control over their thinking. Prior to participating in a group, an individual's thinking was typically very negative. For example, many have been heard to say the following: "Subservience is all I can expect out of life." "I have no value." "There is simply nothing I can do to influence or change my life." These thinking patterns were primarily external in nature. Furthermore, they tend to be very "now-oriented." For example, "I just need to figure out how to get through today.", "I need to find a way to feed my children,", and, "There is no reason to set goals, there is nothing I can do to influence my future," were often common in the past.

The oppression they experienced also played a role in their thinking as they shared how they felt cultural and spiritual mores dictated their lives. Participating in the savings groups and learning new skills and tools have remarkably changed their thinking patterns. The ability to work and provide for their families, or learn to read has given the members tangible resources to influence their thinking patterns. New thoughts are focused in a positive direction. These include thinking that they have value, that they have the ability to learn skills and become self-sufficient and competent to make choices that are in the best interest of their children and themselves. This sense of competence also is emphasized by their focus on thinking they can challenge the mores and follow the law as well as their own belief system.

Feelings

Negative perceptions and thinking patterns have a direct influence on emotionality. The members of the savings groups experienced feelings such as despair, humiliation, discouragement, sadness and fear. In a country that is undermined by oppression, feelings of worthlessness and lack of dignity are common. But, as the members of the groups were taught of their own value, developed their own skills, and were ultimately treated with respect and value, their emotionality began to change. Learning, practicing, participating and being encouraged are all tools that are used to help instill these new feelings and emotions. As the members grow in their new knowledge and see the internal--as well as external--rewards of those behaviors, they also experience the feelings of joy, self-confidence, courage, motivation, dignity, and hopefulness.

Actions

The actions of the members prior to joining the groups were very consistent with people who are dictated by oppression and lack of physical, emotional and spiritual resources. They accepted whatever demands were made upon them by their oppressors, even if it was damaging to themselves or their children. They submitted themselves to physical and emotional abuse, and avoided seeking help for their physical or emotional needs. They would avoid developing relationships with others in the community and isolate themselves from others. But, as they grew in their relationships with the group members, observed the field staff's respectful behavior and participated in learning, the members began to modify their behavior. They learned how to have healthy relationships, affirm themselves as well as others and developed a core group of friends as a support system. They began sharing thoughts and feelings. They challenged those who oppressed them and started setting boundaries in their relationships. Many of the group members have opened businesses, they have learned to budget their money to purchase land and provide consistent food for their families. They have begun setting family goals and are even setting community goals with the community members.

Physiology

The people in the community have suffered physiologically, due to the external challenges (lack of survival needs and oppression) as well as through their patterns of thinking, feeling and actions. When an individual experiences negative thinking and feeling, as well as chooses behaviors that are hurtful, they typically suffer from physical consequences. These consequences include: lethargy, depleted immune systems, and chronic illnesses as well as somatic illnesses. These physical consequences are prevalent in the members of the communities the program targets. The physical health of the members is taken very seriously. The groups discuss both the practical approaches to healthy living through securing formal health education, as well as addressing the influence of their emotionality and their health. This is done through encouraging self-evaluation and group activities. As

they share their feelings, thinking and actions relating to a situation, they also share how it influences their physical health. For example, within a role play focusing on a lack of support systems in their family, they can identify how influential positive support systems are to their physical health. They also discuss the importance of maintaining healthy boundaries, and choosing actions that are going to sustain their physical health which in turn will support positive thinking and feelings. Thus, as the members practice healthy total behavior, that in turn will have a positive influence on their entire family.

Results
Through our experience as a team living and working in Bangladesh, we were able to gather a great deal of anecdotal information. The savings groups have grown throughout the country, and the percentage of men's groups is growing annually. The people we observed were motivated, determined and self-confident. They have developed plans that have increased the level of self-sufficiency of not only group members, but their families and community at large. According to the staff, the groups have saved enough money to provide a month's worth of expenses for each family. This is extraordinary, based on the fact that this is considered a "hand-to-mouth" society. We were able to experience the level of positive communication skills between the community members, the dignity and respect between children and their parents, as well as clean living environments. We observed parents bringing their children to school in neat, clean clothes, smiling and laughing with their children and communicating with their teachers. We saw women and men working together in the rice paddies, fisheries and bag businesses with energy and diligence. During one of the savings group meetings, a woman spoke up and said "We are landlords". Her group purchased a building and now has tenants that pay for space. It was clear as we traveled from community to community that the individuals are maximizing every physical and emotional resource they have at their disposal.

Relationship-building, communication-skills and the prioritization of physical, spiritual and emotional health within the family system, as well as within their community, all continue to be important goals. Education of all members within the communities is consistently rising, as does the motivation to learn.

Conclusions
Historically, humanitarian organizations have been passionate about serving the poor, but often see minimal positive results. Under the leadership of this international faith-based humanitarian organization, the staff in Bangladesh has developed a program that has transformed people's lives. This model demonstrates that to realize long-term change, it is necessary to build a program based on fulfilling an individual's physical, spiritual, and emotional needs. The program must also focus on an individual's sense of dignity, instill characteristics of self-determination and offer need-fulfilling forms of education. In reviewing the components of this program it is clear that the Choice Theory philosophy and the practice of Reality Therapy resonate throughout the curriculum and the delivery of the program. The success of practicing the CTRT philosophy has been demonstrated in every institution in our society, whether it be a hospital, school, church, individual family or corporation. But, here we can see the dramatic effect it has had integrated within this program with the poorest and most desperate people internationally. This program is an invaluable model for international humanitarian organizations, but also including programs within developed countries, too, that continue to struggle with supporting individuals who continue to suffer from poverty.

References

Barker, R. 2003: The Social Work Dictionary (5th Ed.). Washington, D.C.: NASW Press.

Central Intelligence Agency-The World Fact Book. (2009). Bangladesh. Retrieved November 19, 2009, from http://www.cia.gov/library/publications/the-world-factbook

Glasser, W. (1998). Choice Theory: A new psychology of personal freedom. New York: Harper Collins.

Mortenson, G. & Relin, D. (2006). Three Cups of Tea. New York: The Penguin Group.

Quisumbing, Agnes. (2008). Intergenerational transfers and the intergenerational transmission of poverty in Bangladesh: preliminary results longitudinal study of rural households. CPRC Working Paper 117. http://www.chronicpoverty.org

Wubbolding, R. (2000). Reality Therapy in the 21st Century. Philadelphia, PA: Brunner-Routledge (Taylor & Francis).

Brief bio:

Lynne Misztal MSW, LCSW is a faculty member for The William Glasser Institute. She is also an advocate for a faith-based international humanitarian organization. Lynne had the opportunity to visit Bangladesh as part of a team to observe and learn about this program. She visited numerous savings groups both rurally and in the city, which gave the team an opportunity to share with groups in both environments. All of the advocates participating in the trip are responsible for their own funding.
Lynne can be reached at lmisztal@osbornnet.org

Lynne Misztal
4015 N. 78th St. #131
Scottsdale, Arizona 85251

[1] The government of Bangladesh is well aware of the presence of the NGO and the programs they support. The NGO maintains a very low profile, uses caution and practices discretion with its public communication both nationally and internationally. This provides a level of safety for the staff and allows the NGO to continue their work.

Project: Impact R.T.

Sylvie Bilodeau
Trainer and Research Leader
Du Parc Group Home

Abstract
This research was conducted in collaboration with the Institut universitaire, a research institute affiliated with the University of Laval [Québec] for youth social development specifically mandated to conduct research in the field of violence experienced and perpetuated by young people. This longitudinal study examines evidence from four group homes over a period of five years to determine the impact of using Reality Therapy and Choice Theory. The findings are positive for all involved: youth, parents, and psychoeducators.

1. Development and presentation of the project

1.1 Context

Four teams working at the heart of group homes within the Centre jeunesse de Québec – Institut universitaire had been united, since 2001, via training they received on a specific approach: Reality Therapy and Choice Therapy. At that time, the two managers responsible for these teams were convinced that the learning and application of this approach would be beneficial for their teams, as much for the quality of the interventions and the organizational climate, as the ability to attain the goals and objectives regarding the placement of youth in group homes.

The group homes had, until then, developed intervention procedures, strategies and skills that were promoted internally. Subsequent to the fusion of various group homes under the aegis of Centre jeunesse de Québec – Institut universitaire (in 1993), and the move toward a different direction, the four group homes in this study found themselves united and subsequently became involved in the study: Pélican and Saint-Louis group homes, originating from the Escale Welcome Center and serving 13 to 17 year old female adolescents; the Pie XII group home originating from Mont d'Youville and received young boys from the ages of 9 to 12 years of age, and finally, from the Du Parc group home, which originated from the Le Phare Welcome Center that served adolescents from 13 to 17 years of age.

1.2 History of the idea for this research

At first, the belief in Reality Therapy was not unanimous among team leaders. The challenge was a big one and questions arose: Will this be appropriate for youngsters? Again another method ... is this really necessary? More grand theories that will not be applicable to daily realities...However, five years later, we find that these teams have created solid bonds, seem passionate by this approach and bear testimony to many successes related to the use of Reality Therapy and Choice Theory.

Is this progress a fact for all personnel, or is it concerned with only a few individuals excited by the approach? Are there concrete observable results for the youth, or is it rather an approach with which workers feel at ease? Once the PEP opportunity presented itself, the idea of evaluating the real impact of Reality Therapy on the 're-adaptation' practices in group homes was submitted. This idea was submitted to the four teams that had had Reality Therapy training and had been using this approach for five years and was also ratified by the personnel.

1.3 Organization

A list of volunteers participating in this two-year research project was put together. Following discussions among volunteers and team leaders, one person was selected as the main support. Since this project concerned four group homes, it was decided that it would be a team project even if only one person could be released. Thus, three people were named as research pivotal supports, one in each group home. The importance of the role they played will be more clearly defined further in this study. The role of the fourth main support person was undertaken by the researcher in her own group home as research leader.

1.4 Research Question

Here is the question which was formulated: "What is the impact of Reality Therapy and Choice Theory in four group homes who have used this approach for the past five years and more within the Centre Centre jeunesse de Québec – Institut universitaire?" The question was clear, but the procedure for arriving at an evaluation of this question was much less so. A collaborative effort with the PEP team immediately followed.

2. Description of the evaluation procedure

2.1 Consultation with key players

The first consultation procedure to be undertaken by the scientific research team was to meet the team leaders, Normand Benoît and Jean-Yves Caron, along with Sylvie Bilodeau, research leader and trainer at the Du Parc group home. It involved verifying the intentions underlying the research question, examining ideas, determining more clearly which elements should be included in the evaluation and to come up with an effective research process. One of the principal preoccupations was to evaluate how we could keep the four teams involved in—and connected to— the project. The leaders wanted to have one person per group home to be directly associated with the research.

The second step was to meet with those members of the scientific team responsible for the PEP, Gilles Mireault and Geneviève Lamonde. We then gathered information on the available resources for the project: number of allotted weekly hours; supervision, opportunities, etc. and planned and organized the steps in the process. Then, we reflected with the scientific team about the research question in order to clarify and discuss the project and the possible paths to consider as the best ways to proceed with our evaluation. The scientific team then guided us toward a model frequently used in evaluations. This model was found to be very useful in structuring our process. With the research question clearly sketched out, the research team proceeded to guide us, support us, consult us, orient and occasionally re-orient us, so that we might best attain our research goals. This supervision was carried out with utmost respect, adapting to the initiatives, ideas, requests, tone and style of the research leader. Once the research was well underway, the team leaders met with the person, released from regular duties, bi-monthly to gather information and to take the opportunity to share ideas and suggestions.

Team leaders sent Diane Guérard, director of social accommodations, a special request to include the presence of each group home leader. Mrs. Guérard chose to allocate funds from the administrative budget surplus which made possible the involvement of one person per group home for the research project.

These persons, who played a pivotal role in the process of the research, will hereafter be referred to as research key leaders. This title is given them with respect to the essential role they played as collaborators in the clarification of the research question, in the transmission of the personnel's concerns to the research director, in promoting the participation of each individual in the completion of questionnaires by facilitating and supporting the related procedures and by enriching the research through their expertise. These key leaders were Guylaine Frenette of the Pie XII group home, Annie Roberge of the Saint-Louis group home, and Geneviève Robichaud of the Pélican group home. This approach proved to be very beneficial in sustaining the interest of all teams concerned with this project.

Further consultation was undertaken with an essential collaborator, Claude Marcotte, Senior Faculty with The William Glasser Institute and retired administrator of the Centre jeunesse de Québec – Institut universitaire. His expertise helped to clarify the question crucial to the research. Finally, the management committee of the PEP provided good counsel, brought credibility to the project and demonstrated the effectiveness of the approach.

2.2 Program description: practice and approach
2.2.1 Group home services
With the goal of promoting a better understanding, we focused on describing the nature of the services in group homes according to the Centre jeunesse de Québec – Institut universitaire and what re-adaptation practices were being used therein. Effectively, it was becoming necessary to grasp which type of service we were dealing with in order to evaluate if the object of our research (the use of *Reality Therapy* within this kind of service) would give specific results.
With this procedure, we were able to state the following:

1. There were no documents clearly describing re-adaptation practices in Centre jeunesse de Québec – Institut universitaire group homes. The documents that were found were but brief descriptions of the service (included in the description of the Centre jeunesse or in annual reports), or were reflection workshops or testimonials. The document presented within this research is therefore the first of its kind.

2. The re-adaptation practices of the group homes within this research is strongly influenced by Reality Therapy.

With regard to the description of group home services, in general, and the four group homes of this research, in particular, you will find the complete document in Appendix 1 [which will appear in the fall issue of the IJCTRT]. These texts aim to document re-adaptation work done by the group homes, composed by the research supervisor in collaboration with the main leader and the team leaders. To do so, each leader was given information to confirm that the descriptions found in the document corresponded accordingly with the procedures of each group home. Once the document had been produced, it was reviewed and corrected by the team leaders. The suggested corrections were applied and the document was re-read by these same persons before finally being approved in conformity with actual practices. The description of the group homes found in Table 1 consists of the following elements:

Table 1
Elements in the description of group homes

Official definition of group homes according to the Centre jeunesse – Institut universitaire	Group homes in this research Pie Xll/Pélican/St-Louis/Du Parc
Number and organization of group homes Legal mandates Clientèle served Orientation criteria for group homes Brief description of group homes	Brief history/Material and human resources Basic principles/Programs and supervision Routines Group interventions Individual interventions Interventions by sector: personal/family/social/educational/legal

Here is an example of how this document is presented. The following passage describes the routine within the group homes. Table 2 presents the principles of the routine and includes a few examples.

The routine emphasizes harmony and understanding to facilitate communal life. Contrary to the rules (respect for self, for others, for laws, for materials, involvement in one's intervention plan, and one's social role) which are essential to respect, each one's routine is negotiable and flexible so long as it does not go against the common good.

2.2.2 Reality Therapy and Choice Theory
These definitions are taken from The William Glasser Institute's Blue Chart 'How the Brain Works' (Update 03/05).

2.2.2.1. Reality Therapy
Reality Therapy is the method of counseling that Dr. Glasser has been teaching since 1965. It is the art of creating a meaningful relationship, and through that relationship, helping clients (through a process of self-evaluation) to make choices that assist them in taking more effective control of their lives. Since unsatisfactory or non-existent relationships with people are the source of almost all human problems, the goal of Reality Therapy [and Choice Theory] is to help people build and maintain relationships to connect with the people they need in their lives.

There are two essential components to the application of the Reality Therapy process:
1. Creating the environment and relationship leading to change;
2. Using the procedures [creatively] within this supportive counseling environment that help people change their behaviors.

2.2.2.2 Choice Theory
Choice Theory® is the basis for all programs taught by The William Glasser Institute. Choice Theory states that all we do is behave, that almost all behaviour is chosen, and that we are driven by our genes to satisfy five basic needs – survival, love and belonging, power, freedom and fun. In practice, the most important need is love and belonging, as

closeness and connectedness with the people we care about is a requisite for satisfying all of the needs.

Table 2
Principles and examples of routine

Principles	Examples
Routine aims to: - Organize life in the group home so that it may be harmonious for the youth as well as several caregivers; - Provide learning situations which develop a good lifestyle and healthy habits (hygiene, nutrition, sleep); - Develop relationship habits, of group life, to develop autonomy and daily responsibility which can then be applied to situations in one's social life; - Ensure to meet the need for security by providing an organized and predictable schedule (consistency, coherence, available food and fair treatment, etc.).	Meals are served at fixed hours; - Individuals help with daily chores (setting and clearing the table/vacuuming/dishwashing etc.); - Each individual is assigned an evening which is reserved for cleaning up his or her room or laundry; - All are aware of what constitutes a clean room and must see to its maintenance; - Agreements concerning office hours and access to rooms are known as well as are the curfews.
- Schedules and rules are given to the youth within the first week of their arrival and they are asked if they consider these rules as being fair and just, and if they are willing to accept them and live by these rules.	Du Parc - Referral to the document 'Rules and Habits of Life at Du Parc Group Home.'
- The intervention tied to the routine is adjusted according to the degree of autonomy (know-how) and responsibility (willingness) of the youth. The degree of support given by the educator will vary in accordance with these issues. The intervention will evolve from doing for...doing with...having to do until the youth can take charge (according to age and capability).	Pie XII - The degree of support that is needed for the younger children (doing for...doing with) is much greater. At 7, 8, 9, 10 ... years of age, it is the adult who prepares lunches for the child. (The same is true for laundry etc.).

This theory teaches us about human behavior: how and why people behave. It attempts to replace "external control psychology," which can be coercive, punitive and destroy relationships with "internal control psychology," which affirms that our behaviour is chosen and that choice is the best attempt we can make at the time in trying to satisfy our needs. "We consistently choose what we do, including our own unhappiness." Thus, Choice Theory explains that all we can do is behave in order to fulfill our needs to remain in more effective control of our lives. To whom does Reality Therapy and Choice Theory apply? In fact, it applies to all human beings because Choice Theory is an explanation about human behaviour. This understanding is useful and applicable to all problems and helps to maintain sound mental health.

Psychosocial and personal impact of *Reality Therapy* and *Choice Theory*:
- Improvement in the relationships within different areas of life;
- Additional strategies for fulfilling one's needs in a more effective manner while respecting the needs of others;
- Ability to affirm oneself more effectively without seeking to control;
- Improved problem-solving abilities and maintaining commitments to oneself and others;
- Improved abilities to self-evaluate and to make more satisfying and effective decisions to maintain effective control over one's life**.**

According to *Choice Theory*, the five basic needs are genetic and we constantly seek to fulfill them as outlined in Table 3.

Table 3
The Five Basic Needs (*Choice Theory* and *Reality Therapy*)

Survival	Love & Belonging	Power	Freedom	Fun
Physiological need	Psychological need	Psychological need	Psychological need	Psychological need
Drink, eat, sleep, breath, reproduce.	To acquire and maintain the belief that the people we love care for us enough that we might give and receive affection, attention and the friendship that we desire.	To acquire and maintain the belief that we are acknowledged by some people as having something to say or to do that has some common significance.	To acquire and maintain the belief that we can act and think without being limited by others so long as we do not infringe on the freedom of others, that same freedom that we ourselves seek.	To acquire and maintain the belief that we have fun; we can laugh, learn, and feel well.
Examples - *Access to food* - *Physical and psychological security* - *Have shelter over one's head/be protected from the elements* - *Access to care* - *Be reassured when fearful and anxious*	Examples - *I love and I am loved* - *My company is appreciated. I feel accepted* - *Others like to do things with me, and I like to do things with others* - *I have friends* - *Others accept that I might sometimes make mistakes. I have the right to err* - *I feel welcome and at ease where I am*	Examples - *I recognize my strengths and abilities and others acknowledge them as well* - *My advice is sought. I feel respected and acknowledged* - *I have things to say and I am heard* - *My efforts are acknowledged* - *My self-esteem is maintained* - *I occasionally make an impact on others*	Examples - *I have the possibility to make choices* - *I am generally treated as a capable and responsible person* - *Give me space/have confidence in me* - *To have the possibility to learn* - *To have access to information* - *To say what I think without reproach*	Examples - *I have fun playing tennis, checkers, sewing* - *I laugh, smile, and occasionally make others laugh* - *I have fun discussing and doing things with my friends, family, with my partner…* - *I like chocolate ice cream* - *Learning gives me satisfaction*

The caregiver who applies *Reality Therapy* and *Choice Theory* develops specific skills with respect to: knowing how 'to be,' knowing how 'to think,' and knowing how 'to act.' Table 4 reflects these skills.

Table 4
Specific Skills for the *Reality Therapy* caregiver

- The caregiver develops skills in knowing how '**to be**' - the ability to be in a reassuring, secure, and motivating relationship - respecting the client's mood - providing direction. The ability to observe the client's behaviours while maintaining emotional control and keeping in mind the client's situation. The caregiver uses empathy and compassion to avoid, as much as is possible, control and coercion.
- The caregiver develops skills in knowing how 'to think' according to the therapeutic relationship while maintaining the guiding principles of the methodology. For example, the caregiver interprets behaviours as being an attempt at fulfilling a need, rather than as a desire to provoke or cause a reaction. The caregiver asks questions. He calms the emotions and encourages reflection, self-evaluation and non-destructive behaviours.
- The caregiver develops skills in knowing how '**to act**' according to different situations/different clients/different problems.
- He demonstrates an openness to different global approaches (solution-oriented/brief therapy/systemic, etc.) and to specific training (suicide, dependency issues, resilience, etc.). * This method requires a respectful, quality relationship even in situations of crisis or authority, but is never laissez-faire. The caregiver must offer the necessary support and guidance while maintaining esteem and security.

If you need more information on applying Reality Therapy, please refer to Appendix 2, which contains the entire text and includes the following: total behaviour/the brain as a control system/example of a process interview according to Reality Therapy/why Reality Therapy suggests that we concentrate more on the present and on the future/RT principles to foster an environment which is conducive to learning/ Reality Therapy principles for creating a quality relationship/a brief history of the methodology.

2.2.3 Reality Therapy and Choice Theory as applied in the group homes
Reality Therapy as it is taught and applied in group homes teaches us how to maintain a good balance between the relationship and the environment conducive to change. In this setting, a significant relationship must be developed with the client so that he will be receptive to new information and ways of doing and thinking, over and above his present set of behaviours. This is done in such a way that he becomes increasingly more capable to manage his life and his needs in a manner that is satisfying for him and others. This relationship is essential in order to be of influence as a caregiver and educator. A fair and just environment, applied in a non-coercive manner and without power plays, is equally useful in developing a sense of security and in supporting healthy habits (provide guidance/have clear expectations/offer choices and alternatives/offer support/doing with/asking for help, etc.).

The methodology teaches and emphasizes that self-knowledge is vital in the therapeutic relationship. The caregiver must exude confidence and self-control that is reassuring to students. He must avoid the reactive response which is the autonomic response of the brain (e.g. responding to aggression with aggression) in order to be able to analyze and

utilize the learned methods of intervention and retrospection. For example, the caregiver maintains a supportive internal dialogue (e.g. he tells himself that the child is seeking to fulfil a need and not aggression), he will use a [gentle] tone, [soft] words, calming and comforting attitude, he will ask questions which will appease and seeks to pinpoint the unfulfilled need, he will accompany, reassure, will give time, and offer alternatives.

The art of intervention in group homes, according to Reality Therapy, is also a matter of providing maximum winning conditions (teaching, environment, modelling, opportunities, relationship with others, conflict management, games, activities, etc.) in order to provide learning opportunities and support the youth and his parents so that they may discover their strengths and abilities, develop new skills and learn to respond to their physical and psychological needs. Thus, the intervention far surpasses the simple cessation of the deviant behaviour or conformity, to make room for personal development.

2.3 Evaluation Specifications
This research plan was inspired by a [practical] and logical model which recommends that we explore the following dimensions and performance indicators: resources, production activities, services rendered, anticipated short and mid-term effects of the application of the service or program. For the R.T. Impact research, the model was formed based on the following steps:
1. The qualifications of the group home staff in this research;
2. The needs of the clients and principal players involved in the group homes;
3. An inventory of the activities congruent with Reality Therapy and Choice Theory in group homes;
4. Compatibility between the methods of Reality Therapy and Choice Theory and the results obtained from questionnaires given to clients and the principal players;
5. The impact of Reality Therapy and Choice Theory on methods of physical restraints in group homes;
6. Organization environments within the group homes involved in the research;
7. Degree of satisfaction of the youth in the group homes involved in the research.

Next, we determined a deadline and prioritized the following strategies for our research project:

Step 1: The qualifications of the group home staff in this research
We needed to verify the commitment of the teams to *Reality Therapy* and to know if the team members were in agreement with the principles and the interventions suggested by this approach, if they were really using these methods, and if so, at what pace. In order to do this, we distributed questionnaires to all the staff of the group homes involved. Out of 34 possible responses (the teams not being made up of the same number of employees), 30 questionnaires were completed and returned (Appendix 3 - Team Questionnaires).

Step 2: The needs of the clients and principal players involved in the group homes
This step served to determine the needs of the clients and the principal players in a re-adaptation context such as group homes and the results sought with this type of placement. The clients considered were the youth who, at the time of this research, were living in the group home (or had left within the last 2 months), as well as their parents or guardians for the group homes involved in the research. The principal players who were

considered for this research were the personnel of the teams from the group homes and those who referred individuals for placement, that is social workers/ARH [Agence Régionale de l'Hospitalisation or agencies within hospital services]/upper management/team leaders/psychologists/speech and language pathologists/clinical consultants from the Centre jeunesse – Institut universitaire, as well as external partners such as social workers from the CLSCs [centre local de services communautaires/local community service centres, giving access to a wide variety of health and social services for free for most citizens in the Province of Quebec.]

The procedure consisted in getting their opinion on matters such as the needs of the youth and the parents who benefitted from group homes services, which interventions were to be used, the desired results, the stated improvements, the positive aspects of the service and the ones that needed improvement. To accomplish this, we distributed questionnaires to 125 people: 31 youth, 22 parents, 39 respondents, and 33 members of the aforementioned team members. The questionnaires were completed principally by face-to-face or telephone interview. Certain adults preferred written responses. In order to avoid bias between youth and parents, a pivotal caregiver, who did not know the youth or his family, requested the interview. For the youth of the Pie XII, the interviews were held in the form of a game that had the interviewers become journalists who recorded the testimony of the expert witnesses (the interviewed children). This interview process took place in a festive atmosphere of pizza and small surprises. In this particular context, Guylaine Frenette, caregiver at Pie XII and Marie-France Émond, a psychologist with the Centre jeunesse – Institut universitaire, adapted the questions so they could be understood by the younger children.

Step 3: An inventory of the activities of Reality Therapy and *Choice Theory* produced and used in the group homes
This step consisted in making a list of the training received in *Reality Therapy* for all classes of employees working in the group homes, to make a syllabus of relevant issues, and to list the various activities that were undertaken by the teams.

Step 4: Compatibility between the methods of Reality Therapy and Choice Theory and the results obtained from questionnaires given to clients and the principal players
This step consisted in verifying if the teachings and results sought by *Reality Therapy* matched the needs and effects sought by the clients and principal players identified in Step 2, and if the suggested interventions matched the interventions expected by the clients and those who refer youth.

Step 5: The impact of Reality Therapy and Choice Theory on methods of physical restraints in group homes
The goal here was to evaluate if the use of *Reality Therapy* in group homes allowed the personnel to use intervention strategies other than physical restraints and if *Reality Therapy* reduces the number of physical restraints in group homes for youth from 9 to 12 years of age.

The group home data concerning adolescents were not considered because physical restraint is used only in rare instances (i.e. if the behaviour remained unchanged throughout the years). Pie XII group home, which accommodates 9 to 12 year old boys, is the group home concerned with this part of the research. The results of the data from this

group home are the ones that hold particular interest. The group homes serving as control groups are the four other homes for youngsters (9 -12 years of age) of the Centre jeunesse – Institut universitaire. The data on physical restraints was collected based on documents *Bilans annuels fouilles, perquisition et saisie, contention isolement* de 2000 à 2007 [Annual report on frisking, searches and confiscations, physical restraint/isolation) from 2000 to 2007]. The collection of data was particularly challenging because of organizational changes over the years and because of the varying intervals at which the data was collected; therefore it was deemed necessary for the methodology to consider the collected data in the following groupings outlined in Table 5.

Table 5
Groupings by periods and sub-regions of the
***Centre jeunesse – Institut universitaire* for the collection of physcial restraint data**

Seasons	Dates	Financial periods	Previous divisions by sub-regions of the CJQ-IU according to current CJQ-IU group homes for 9 - 12 year olds
Winter	January 1 to March 31	11 - 12 - 13	Sub-region Québec Center = Deschênes and Limoilu Group Homes
Spring	April 1 to June 30	1 - 2 - 3	Sub-region Orléans Charlevoix = Wilbrod and Charlesbourg Group Homes
Summer	July 1 to September 30	4 - 5 - 6	Sub-region Ste-Foy/Chauveau = Pie XII Group Home
Autumn	October 1 to December 31	7 - 8 - 9 - 10	

Step 6: The organization environment and youth satisfaction in the group homes involved
The goal of the operation was to monitor closely our four group homes in order to gauge if our results were superior to, equal to, or inferior to the accepted standards of employee satisfaction as reported in 2004 regarding the environment within each organization. To this end, we re-administered a questionnaire to the staff of the group homes concerned. We took twenty-three questions from the 2004 report. The questions which received the lowest average responses (in the 2004 report) were selected for this report in order to determine if Reality Therapy brought noticeable improvements. Other questions, which we found to be directly linked with the goal of our research (environment, relationship, etc.), were also included. We added a couple of questions of our own to determine generally whether the training in Reality Therapy on a continual basis improved the quality of life in the workplace as well as the quality of interventions. We distributed the questionnaires to the employees of the four group homes during a Reality Therapy training day in numbered envelopes with the name of the group home where the employee worked. We asked each of the employees to complete the questionnaire and return it to us in the sealed envelope.

Step 7: Degree of satisfaction of the youth concerning services in the group homes involved
This step also served to monitor closely our four group homes in order to gauge if our results were superior to, equal to, or inferior to the accepted standards of the 2004 report, regarding services provided to the adolescents of the Pélican, St-Louis, and Du Parc group homes. A total of 15 questions taken from the 2004 report questionnaire were asked and one final question was added to determine their general satisfaction regarding services.

This procedure was not undertaken with the youth of the Pie XII group home as we did not have the time to formulate or adapt the questions to their age group.

2.4 Presentation of Results
- Results from Step 1 – The qualifications of the group home staff in this research

These results were taken from a questionnaire given to the staff of the four group homes between October 28, 2006 and the November 20, 2006. This process aims to determine the degree of qualification, knowledge, commitment to the approach and the application of *Reality Therapy* and *Choice Theory* by the staff of the group homes concerned.

Of a possible 34 staff members (of the 4 group homes involved), 30 people returned completed questionnaires. The number of employees per group home can vary due to regular part-time associates in service and the occasional staff who enter the service, full-time educator contracts and people on holiday or in retirement. This fact explains the variation of the percentages of respondents presented in Figure 1.

Figure 1 - Distribution of respondents by group home (n=30)

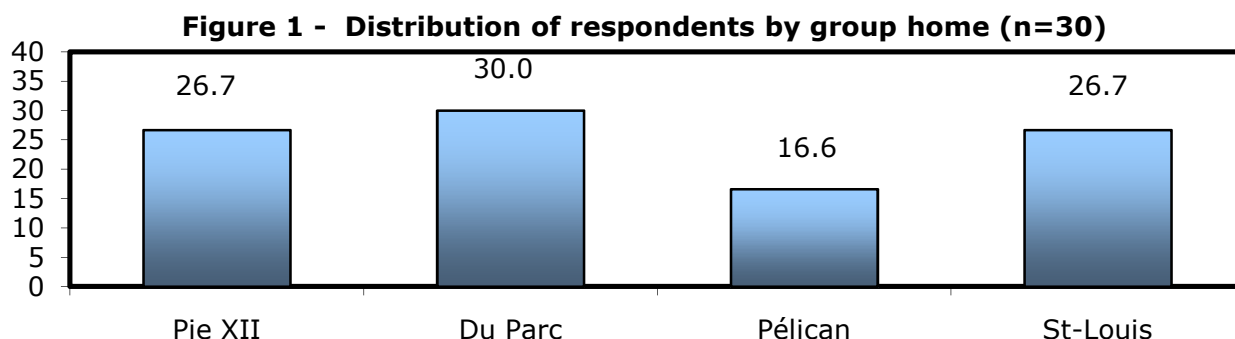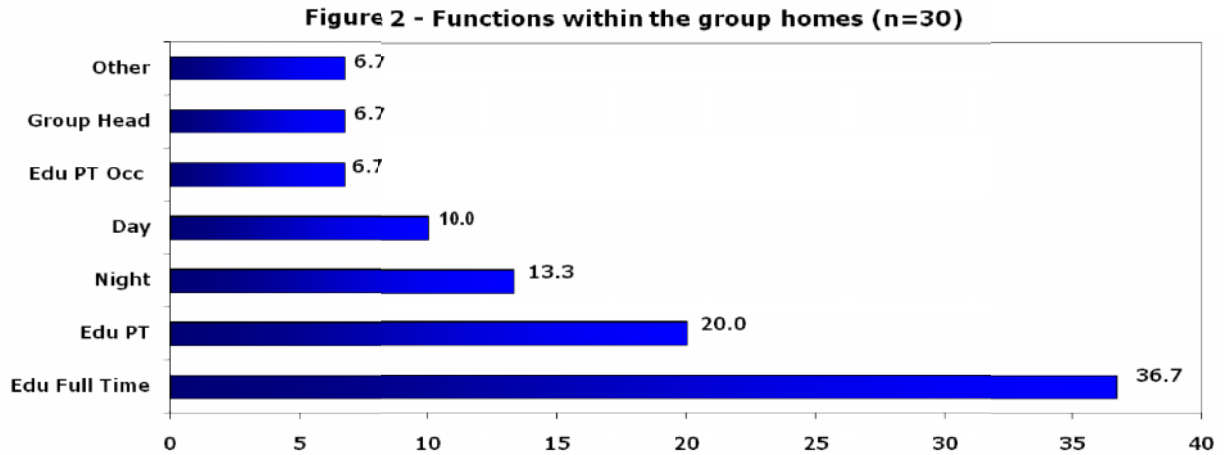|	Pie XII	Du Parc	Pélican	St-Louis
	26.7	30.0	16.6	26.7

Figure 2 shows that the majority of staff are full-time educators. Two out of ten are part-time educators. The others are either night-time monitors, day-time monitors, part-time occasional caregivers, team leaders or others. It should be noted that 6.7% is equal to two people and that the titles of day-and-night-time monitors are named: kitchen helper and night guardian. The 'Other' category is used to identify the personnel replacing cooks and guardians.

Figure 2 - Functions within the group homes (n=30)

| Function	Value
Other	6.7
Group Head	6.7
Edu PT Occ	6.7
Day	10.0
Night	13.3
Edu PT	20.0
Edu Full Time	36.7

As illustrated in Figure 3, the majority of respondents (86.7%) know Reality Therapy. A small percentage of respondents admit to partial knowledge, whereas 3.3% admit to having no knowledge of Reality Therapy.

Figure 3 - Knowledge of Reality Therapy (n=30)

No 3,3%

Partially 10,0%

Yes 86,7%
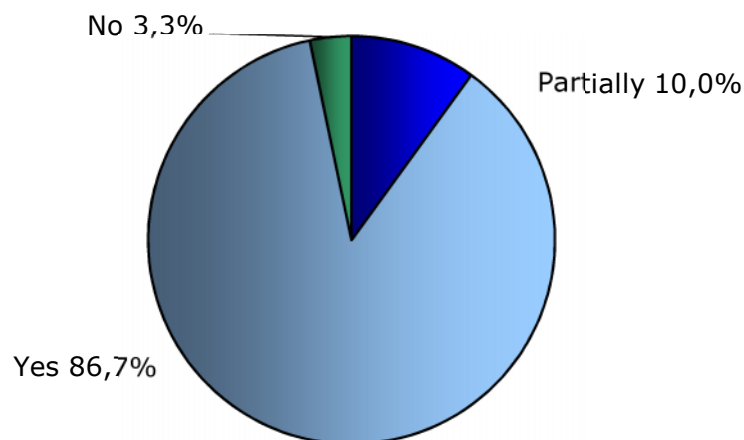
The data of Figure 4 shows that 93.3% of the staff have received one or more training courses in Reality Therapy.
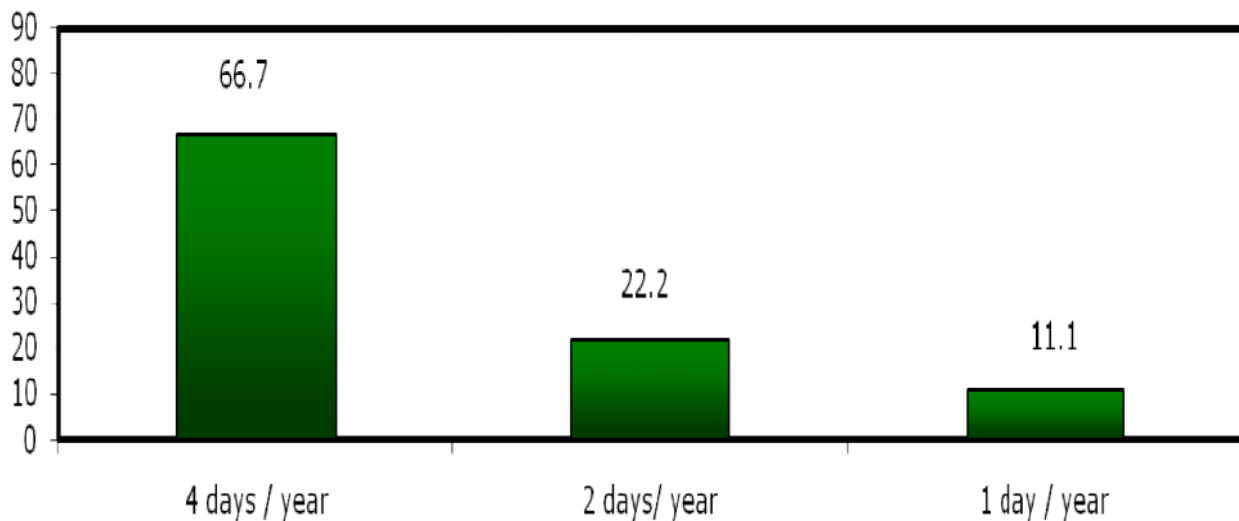
## Figure 4 - Training in Reality Therapy (n=30)

No 6,7%

Yes 93,3%
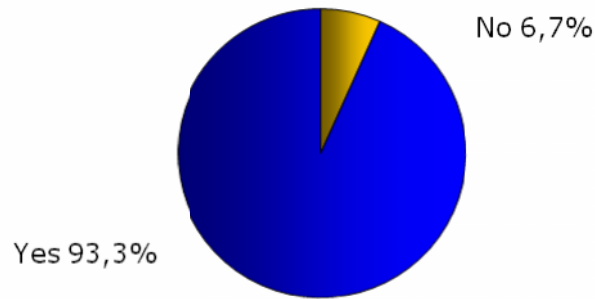
In response to the question "Are you in agreement with the use of Reality Therapy in group homes?" – 100% of respondents were in agreement with the use of Reality Therapy and Choice Theory in group homes.

As illustrated in the following figure, respondents were trained in *Reality Therapy* mainly 4 days per year (66.7%). Two out of ten respondents received 2 days of training per year, while one in ten had 1 day of training per year.

Figure 5: Frequency of Reality Therapy training (n=30)

The number of years of training of group home staff varies (Figure 6). Approximately two respondents out of ten have received training in *Reality Therapy* for two years; 62.9% of respondents had five years of training. The other respondents (37.1%) have more than six years of Reality Therapy training.

Figure 6: Years of Training in Reality Therapy **(n=30)**
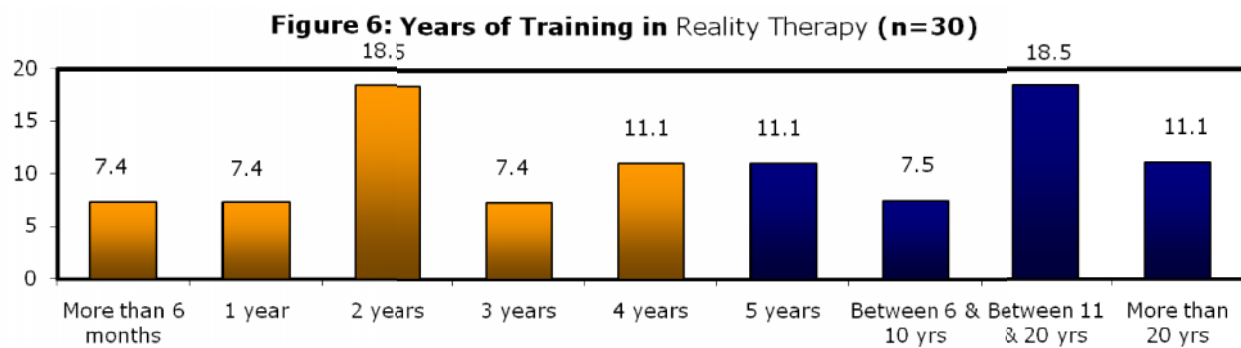
According to the data presented in Figure 7, three out of 4 respondents (75%) admit to applying the principles and intervention methods of Reality Therapy many times per day. Two out of ten respondents (21.4%) apply them many times per week, whereas (3.6%) admit to never using Reality Therapy.

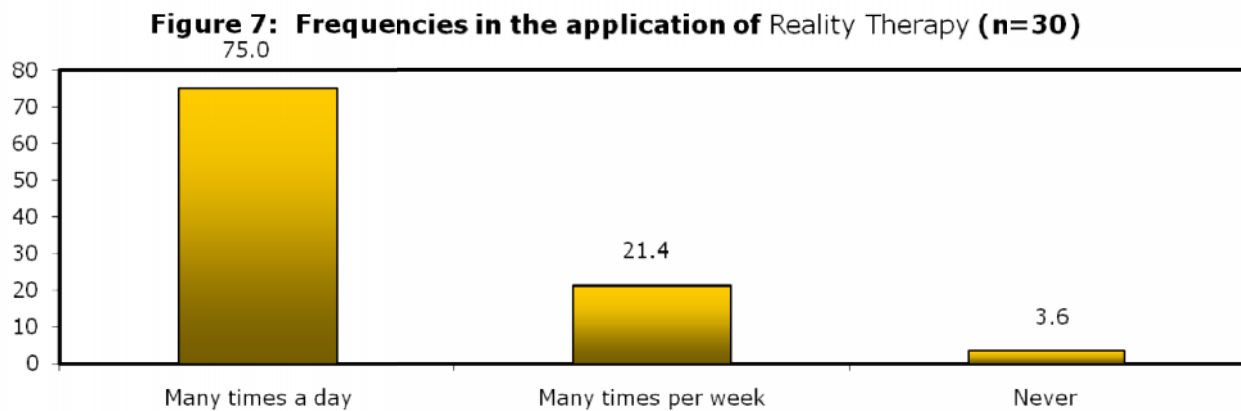**Figure 7: Frequencies in the application of** Reality Therapy **(n=30)**

Table 6 presents the principal responses to the question, "Which principles, interventions, actions or attitudes suggested by this approach do you use most frequently?"

Table 6
Frequency of use of suggested *Reality Therapy* interventions

Interventions	Frequency
- self-evaluation - analysis according to the basic needs and how they are **a**nd fulfilled	16
- total behavior - tone/attitude/respectful language - offering a choice/making choices	10
- non-coercive interventions	9
- use of time-outs	7

Interventions	Frequency
- focused on the positive and the strengths of individuals - acknowledging worth - win-win approach	5
- be welcoming - yes, yes if ... no (consistency) - making successful plans - focusing on desired behaviors - completing learning tasks - going for the 'want'	4
- focusing on the present and the future - verifying perceptions	3
- internal motivation related to the 4 psychological needs - internal self-control - redefining positions - avoiding the 8 unhealthy habits [Similar to the seven deadly habits] - using the 4 steps of interview techniques - asking questions - supporting the client's choices	2

It is interesting to note that the staff of the Pie XII, Pélican, St-Louis and Du Parc group homes easily identified the methodology and principles of *Reality Therapy* interventions and that they mainly use non-coercive interventions which promoted the development and preservation of self-esteem such as self-evaluation, analysis, fulfilment of needs, offering choices, acknowledging worth, and focusing on the positive.

The results of Step 6 demonstrate that the majority of staff is trained in *Reality Therapy,* that they know its principles well, they are committed to this approach, and they use it many times per day.

- Results of Step 2 - Needs of the clients and principal players involved in the group homes

The results presented here were taken from questionnaires that were distributed to the 125 people involved. The questionnaires are found in Appendices 4 -a-b-c-d.

Annexe 4a. Questionnaire administered to 25 adolescents;
Annexe 4b. Questionnaire given to 6 nine to twelve year old boys from the Pie XII group home (adapted version by Guylaine Frenette, educator, and Marie-France Émond, psychologist);
Annexe 4c. Questionnaire administered to 22 parents;
Annexe 4d. Questionnaire administered to 39 referrers and 33 group home employees.

As previously stated, the process served to identify the needs, expectations and degree of satisfaction regarding observable changes in the youth following the use of this service. This process gathered the opinions of both youth and their parents or guardians.

To accomplish this process, we provided questionnaires with open-ended questions. The quantity and variety of the information gathered was impressive and informative in the sense that it permitted us to readjust in real time. In fact, the information we received quickly found its way to the teams who were determined to bring change to those things over which they had direct control. For example, as soon as comments such as "do more things with us" or "you spend too much time in the office" were received, corrections were immediately made. Also, once the positive elements were known (for example the quality of the relationship with the children or the effectiveness of week-end follow-ups), this brought about pride and satisfaction which created energy in the teams who would re-double their efforts knowing that their hard work led to these results.

A massive effort was undertaken to sort, regroup and prioritize the responses according to the number of times each type of response was stated for each of the questions. These statements are listed in order of frequency, the first statement being the one that occurred the most often. Table 7 lists the responses to the question, "What are the needs of the youth in group homes?"

Table 7
Needs of youth expressed by the youth and their parents

Youth	Parents
- I "am blowing my top," I have tantrums, I argue. Sometimes I say mean things. I need help to be less impulsive in general, but also at school and also at home. - I really need help with the relationship with my parents...we argue, I don't listen, we don't talk anymore or sometimes they ignore or hurt me. - Sometimes I use drugs and alcohol and I need help to quit. - I have a bad circle of friends. - Sometimes I get anxious, stressed, suicidal. - I have nowhere to live. I need to find a place where I can feel at ease.	- Kids need to learn how to control themselves. - They are violent, aggressive, and have tantrums! - They must learn to fit themselves into a group because they often argue with others and are often considered as " rejects." - In fact, either they have bad friends or they never go out and have no interests. - They would need to function better at school, be more motivated. - Kids need help in order to be less opposed to their parents and have a better relationship with them. - They must learn to better express themselves and to be more responsible. - They also sometimes need help in mourning a deceased parent or in mourning someone who no longer can or wants to be there for them.

Youth and their parents consider that the primary needs of the kids are to develop anger management skills and more harmonious (less conflictual) relationships. Table 8 states the responses to the question, "What are the needs of the parents whose children are in group homes?"

Table 8
Needs of the parents expressed by the youth and their parents

Youth	Adults
- They need to be listened to and be given information. - They must learn to have confidence in us and to give us more freedom. - Parents need to learn to be there to take better care of us. They occasionally need help for their alcoholism or drug addiction. - They need to learn to be less impulsive and aggressive. - They must better manage their anger. - Parents should learn to listen to us. - If they would only invite me or come to see me more often, that would be nice.	- We need to be informed as to the progress of our child. - We need help and support in managing our child's behavior. - We need to learn better ways to intervene. - We need to be respected, reassured and not be judged. - We need to be consulted about decisions and have a good relationship with group home staff. - We need help in re-appropriating our role as parents and to provide guidance. - We need your availability.

Parents need to be informed about their child, to be listened to by the caregivers, need to learn other ways to proceed (be more pleasant, and offer better support), and require help and support in working out their own problems.

Regarding the opinion of respondents and team members about the needs of the youth in group homes, we realized that they have similar perceptions. Both groups mentioned needs related to a stable, well-organized and structured home life. They wanted support and protection, the development of autonomy and a sense of responsibility. The development of self-esteem and improved relationships and the ability to work on social issues were important. They also wanted to work on improvement of family relationships in reaching the objectives of the intervention plan, and to be more functional in society. Team members insisted on the need for warm surroundings and on the learning that needed to be done with respect to anger management and frustration.

Regarding the needs of parents, both groups (respondents and teams) noted that the parents needed to develop their parental abilities so that they might more effectively manage their child on a daily basis, resume their parental responsibilities, be role models, and be regularly informed about their child's progress. They needed to regain confidence in their abilities as parents.

Table 9 provides the responses to the question, "What are the expected outcomes for the youth following placement in a group home?"

Table 9
Expected outcomes for the youth following placement in a group home, according to the opinion of the youth and the parents

Youth	Parents
- I would like to have a better relationship with my parents and my family. - I would like to be in better control of my aggression and impulsivity, and not have tantrums. - I would like to have a job/get an apartment and be able to manage a budget. - I would like things to go better at school. - I would like to be more autonomous and responsible and not have problems with substance abuse.	- He should have learned to better manage his anger and to accept refusals without harassing. - I would like him to have taken care of his substance abuse and that he be more mature and resourceful. - I hope that at his release he will have developed his autonomy and his sense of responsibility especially concerning the respect for routine (picking up after himself, respecting his schedule, etc.). - It would be nice if he had goals for the future.

Following their time in a group home, youth and parents hope that the youth will have succeeded in improving family relations, that he will better control his aggression, that he will have gained some autonomy and reduce his substance abuse.

The following table presents responses to the question, "What are the expected outcomes for the parents following their child's placement in a group home?"

Table 10
Expected outcomes for the parents following placement in a group home, according to the opinion of the youth and the parents

Youth	Parents
- That they will have learned to have more confidence in us, that they will be more permissive. - That they show more open-mindedness. - That they be in better health whether it concerned depression or substance abuse.	- That the relationship with our child be improved. - That we can do things together, that we might laugh a bit. - That we might maintain contact and a relationship would be nice.

Following their time in a group home, youth hope that their relationship with their parents will have improved and that they will have more confidence in them. The youth hope to see their parents in better psychological health and that their parents want to experience more pleasant moments with their child.

Regarding the expected outcomes of the placement in a group home, the majority of the respondents and the team members hope for the return to the family [family life] or integration into another life setting, whether it be in a foster home or into an apartment for those old enough.

They wanted to attain the goals of the intervention plan, and, in general (whether it be for the youth or their parents) that they be more able to function and play a useful role in society.

It is important to note that the parents questioned spoke little of the return home of their child. It would seem that this is a goal sought more specifically by the caregivers and the youths themselves.

As for the parents, they speak to us more about short term goals such as improved relationships, increased collaboration, decreased aggression, and lessening of substance abuse.

The following table presents responses to the question, "Which interventions should the group homes prioritize?"

Table 11
Interventions to be prioritized in group homes, according to the opinion of youth and their parents

Youth	Parents	Youth regarding their parents
- First, give me encouragement and help me to go back home. - Give me the tricks and tools to help me solve my conflicts and the problems I encounter. - Listen to me, give me support, supervise me, and guide me. - I need you to teach me how to manage my aggression and to tell me what I am doing right. - Help me to find a setting in which I can be comfortable. - Teach me to communicate better with my parents so that things can go better in my family. - Help me move into my apartment and to better manage my freedom. - Be present for me and let's do things together.	- You must develop a relationship of confidence with my child if you want to help him. - It is important that you make sure that my child gets the necessary psychological help (mental health, Narcotics Anonymous...). - You must help him to develop his judgment, his autonomy and his sense of responsibility so that he might gain a bit of maturity and commit himself to positive projects. - Encourage him, value him, and make him do positive things. - Help us communicate and become closer. - He needs guidance so that he might adopt a life routine. - If he is 'using,' something must be done to help him reduce, stop, or at least talk about his drug abuse.	- Teach them to better guide us and to occasionally give us a chance. - Keep them up-to-date about us. - Speak to them often, meet with them and help them better communicate with me. - Help them to be more involved, more willing, give them advice and help so they can collaborate more. - Follow-ups during week-end outings. - Listen to them, they need it! And if you have the chance, why not ask them to get help for themselves so that they might take care of their personal problems...

The interventions that are identified and sought by the youth and their parents are primarily of the order of support, listening, encouragement, supervision and teaching. They wish to learn how to have better relationships, better reactions, better self-esteem, and to take charge of themselves.

When we ask the youth if they had found any improvements since their arrival in the group homes, they answered that they have improved relationships with their families, that they are doing better at school, or, for the older children, that they are proud to have gotten a job or are prepared to live in an apartment. They claim to be more autonomous and to manage better their aggression. In some cases, they also claim to have succeeded in taking care of their substance abuse problem.

As for the parents, they note that their children are more active and collaborate better at home, that there is less substance abuse, fewer tantrums, aggression, opposition, and a better management of conflict. They also claim to appreciate the fact that the child more

frequently completes his homework, spends less time with bad friends, and participates in more positive activities.

Regarding the improvements observed by the parents since the beginning of their collaboration with the group homes, the youth tell us that parents spend more time with them, and are less strict "without reason." This question, however, had not been asked of the younger children who primarily had been abandoned and were not experiencing strong feelings of suffering and distress. Certain adolescents also admitted that there was no change because the parent was incapable of improvement, or was refusing the help offered. As for the parents, they say that they have learned to communicate better with their children and to guide them in better ways. They emphasized that contacts as well as "the good times spent together" are more frequent, that they are more understanding, and that they also have improved in the management of their anger.

The following table states the responses to the question, "What are, according to you, the positive aspects of group homes?"

Table 12
Positive aspects of group homes, according to the opinion of youths, of parents, referees and group home staff

Youth	Parents	Referees	Staff
- Good relationship with the educators. - Super good reception. - The meals are good. - They teach us to manage our conflicts and to have better self-esteem. - They are attentive, they listen, and they guide us well.	- The educators give us support, we are informed, they are available, they listen to us and are capable of compassion. - They succeed in developing the sense of responsibility of my child. - Reception, ambiance and their approach are really positive.	- Many opportunities for external interactions, the framework is much more normalizing. - The quality of the relationship of the youths. - Reception, atmosphere and positive ambiance. - They offer good collaboration and non-coercive approach. - The space given to parents. - Guidance, support and the quality of the individualized program.	- RT approach. - Effectiveness of reinforcement, worth, and the use of the strengths of the youth and of the parents as a lever. - We take the youth and his family from where they stand and move forward. - Taking advantage of the framework of services and all the opportunities offered in the community. - The ambiance and the welcoming procedures that encourage learning.

The way we set the environment, the quality of relationships and the overall ambiance in the group homes were given priority. Table 13 states the answers to the question, "What are, according to you, the aspects that should be worked on in the group homes?"

Table 13
The aspects to be worked on in group homes, according to the opinion of the youth, parents, referees and group home staff

Youths	Parents	Referees	Staff
- We want to go to bed later. - Have permission to go smoke together, two kids at a time, outside. - You should be more strict towards drug and alcohol use. - We should have more telephone time. - Spend more time with us, get out of the office.	- Sometimes the caregivers don't all say the same thing, there should be more coherence among you. - You should organize more constructive activities during school suspensions or weekend outing suspensions. - You are sometimes too permissive.	- It would be advantageous to improve communication between staff members as well as between services. - Your human resources are not sufficient enough to allow you to accompany the youth in his daily life. - It would be to your advantage to make yourselves better known to the local community service centres (CLSCs), the community, and other services of the Centre jeunesse de Québec – Institut universitaire. - Reduced turn-over among occasional part-time staff would be appreciated.	- We would need more staff to intervene in the group home. - Reduced turn-over among occasional part-time staff. - We need more one-on-one time with the youths. - We should make ourselves better known to the local community service centres (CLSCs), and to our partners and Centre jeunesse de Québec – Institut universitaire. - The volume of administrative work (reports, intervention plans) takes away from the time we have to spend with the kids.

The aspects to be worked on in the group homes are summarized as follows: more staff to take on clients and follow-ups in the community and to know and make ourselves known to the different services and partners. The youths want more freedom (bedtime, telephone) but also more supervision where substance use is concerned, and more one-to-one time with them. Parents would like to see improved communication between staff and less permissiveness towards the youth.

The results of the needs identification step (of clients and principal players related to the group homes) show that the clientèle is very concerned with the quality of the relationships, with the caregivers, with their family and their entourage. They admit to having problems with aggression and anger management and would like to learn new ways of dealing with them.

It is clear that the quality of the ways youth are treated and the overall ambiance are important elements as well as listening, support, and respect. The framework within which people would like to be supported is based on trust and non-judgement. These

characteristics of building supportive relationships were identified by the professionals who refer these youth or by the teams in the group homes themselves.

- Results of Step 3 - An inventory of activities used in the group homes

An impressively broad range of training activities were offered to various employees working in group homes. These activities were given by Claude Marcotte, Senior Faculty of The William Glasser Institute. The following table outlines the schedule of training.

Table 14
Reality Therapy and Choice Theory training activities

Training of the Pie XII, Pélican, Saint-Louis and du Parc Teams	Training of night monitors and part-time staff	Training of those who would teach the approach to others	Further process towards certification on one`s own
4 days of training per year since 2001	From 2001 to 2004, they received training at the same time and frequency as the teams	6 educators received training to teach the approach to others **4 of these educators were from the group homes involved in the research**	Advanced intensive training and certification require a personal investment in time and money.
30 days of training as of February 2008.	Since 2005 they have come together for 2 days of training per year.	5 days of training per year.	8 days of training per year starting in 2006. The 7 educators who undertook training are members of the group homes in this study.
Over 100 themes covered (reference Appendix VI Training Syllabus). Practice and review of role- play for each training day.	Training centered more specifically on their role with the youth.	Start of training in 2006/start of instructor activities winter 2007.	Certification took place in New Brunswick in summer 2008 (4 days).

The knowledge and skills acquired during the training days are applied in the group homes. There are frequently practical assignments given by the instructor. For example: choosing a goal regarding needs (example: power and sense of competency) and applying this theme in daily activities with the youth and/or parents. At the next training day, these assignments are brought forth highlighting the dialogue, strategies applied, and results obtained.

Team meetings and clinical meetings or case studies are held following the principles of Choice Theory and Reality Therapy. Individual and family consultations regarding action

plans and intervention plans are held according to the techniques of Reality Therapy (e.g. describe the situation, find the need(s)/go for the 'want'/help with self-evaluation/establish a realistic and attainable plan for success/leave time retrospection). Group coordination is also done according to the principles of Reality Therapy. For example: to be concerned with the environment/being proactive and creating a positive atmosphere conducive to learning/ build a helping relationship/using humour, laughter, play/maintain self-esteem at all times/be a role-model/ask for collaboration rather than demand obedience/state and build on each one's strengths/praise effort, highlight successes.

We are seeing exceptional progress of the staff regarding this approach. The staff is participating in training, are applying and discussing the learned principles, are preparing the next generation of team members so that the teachings will continue and many are involved in parallel training which requires a personal investment in time and money.

Note: You will find at the end of Appendix 2 the themes covered over the 5 years of training in Reality Therapy and Choice Theory.

- Results of Step 4 – Correlation between the approach and the results obtained from the polls from the clients and principal players

There was a correlation between the goals of the research in using *Reality Therapy* and *Choice Theory* and the goals realized through the use of questionnaires in the group homes involved in the research.

As we can see the goals implicit in *Reality Therapy* do correlate with the goals obtained through the application of *Reality Therapy* in the group homes.

- Results of Step 5 - Impact of the use of Reality Therapy and Choice Theory on PHYSICAL RESTRAINTS in the group homes

This section of the research concerns itself with the number of times per year where physical restraints were used in the group homes for 9 to 12 year olds in the Centre jeunesse de Québec – Institut universitaire, from 2000 until 2006-2007. The goal of this process is to evaluate if the use of Reality Therapy in the past 5 years in Pie XII group home (boys 9-12 years old), brings about a less frequent use of restraints on the children and the use of other intervention strategies. Thus, this process serves to verify if the use of Reality Therapy reduces the number of physical restraints in the group homes.

The definition of physical restraint according to the Centre Centre jeunesse de Québec – Institut universitaire is a measure of control which consists in restricting or limiting physical movement of an individual through the use of physical or mechanical means, under constant supervision and with a caregiver's support, during the time required to stop dangerous behaviour.

The Pie XII group home began training and the application of Reality Therapy in 2001. Therefore, the results obtained in this group home is of particular interest in relation to the goal of this research. The group homes used as a comparison are the four other youth homes (9 to 12 years) of the Centre jeunesse de Québec – Institut universitaire. The latter

began their training in Reality Therapy in September 2004. They received two days of training before the year's end. We can assume that they began to put these practices into effect as of 2005. Another important date in the analysis of these results is the first of April 2004, the date where the "protocol on measures of control, isolation, and restraint" was put into practice.

Table 15
Correlation between *Reality Therapy* goals and the goals reached in group homes

Objectives of the training	Objectives of using group home services
- Improvement of relationships within the different living environments. - Better ability to solve problems and to maintain commitments. - Develop more efficient skills of self-affirmation without seeking to control. - Develop strategies and use more effective behaviours to fulfil one's needs without infringing on those of others.	- An improvement in family relations. - Improvement at the school level. - Gaining employment/improved communication. - Better management of aggressiveness and conflict resolution. - Claims of improved autonomy and responsibility, being more involved in positive activities and reduced use of drugs and alcohol.
Interventions taught by *Reality Therapy*	**Expectations of the youth, parents and referees regarding group home services**
- Create a reassuring environment conducive to learning. **-** Become significant/create a quality relationship with the client. **-** Teaching Choice Theory and total behaviour/self-evaluation/modelling. **-** Use of [Choice Theory] habits: support, praise, listening, acceptance, confidence, respect, negotiation, contribution, and the avoidance of unhealthy [Deadly Habits]: punishment, criticism, blame, complaint, harassment, bribery, avoiding natural [logical] consequences.	- Is offered support and guidance and is well-received. - Have a relationship of confidence with the caregiver, be present, do things together. - Learn to manage conflict, communicate better and manage anger. - Please no judgment, listen to me, have confidence in me and help me to have better self-esteem.

The following graph shows us the average number of youths who were subjected to at least one physical restraint per period in the Centre jeunesse de Québec – Institut universitaire group homes housing youth from 9 to 12 years of age.

Table 16
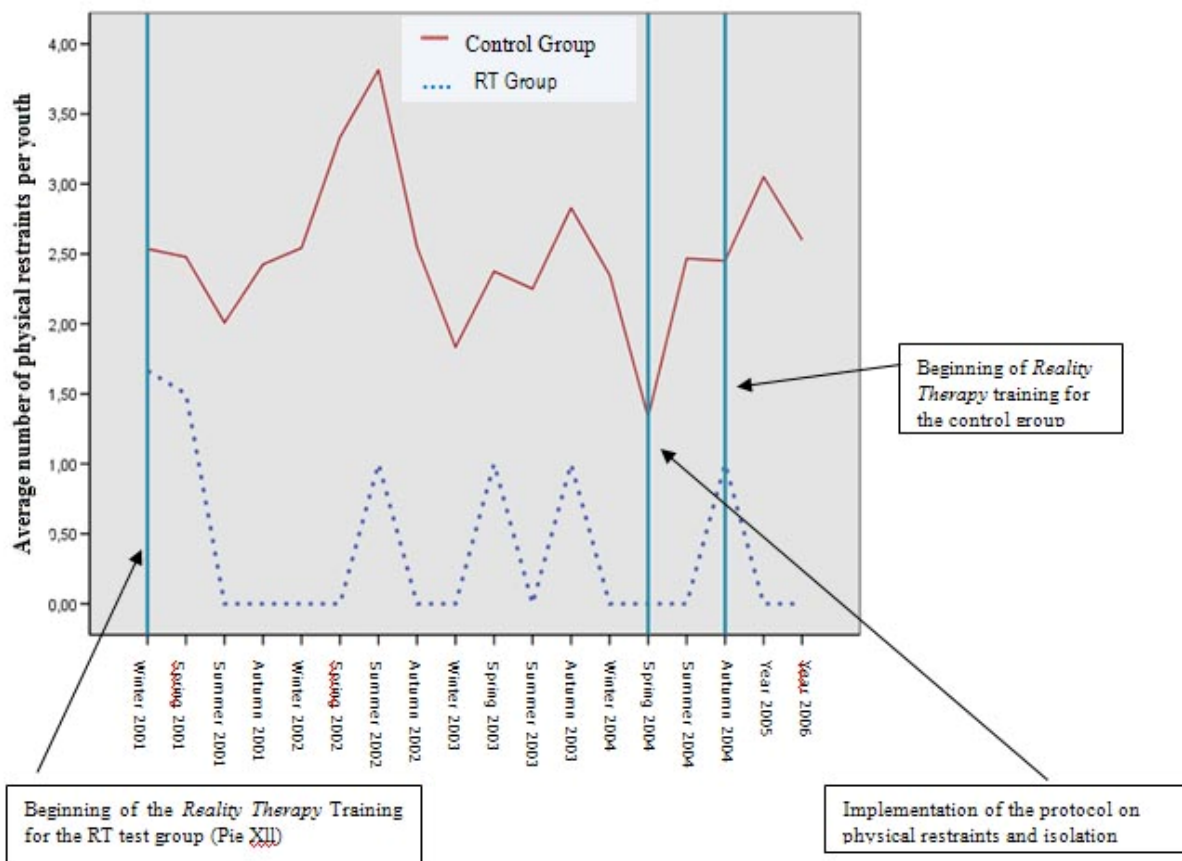**Average number of youth subjected to at least one physical restraint per period**
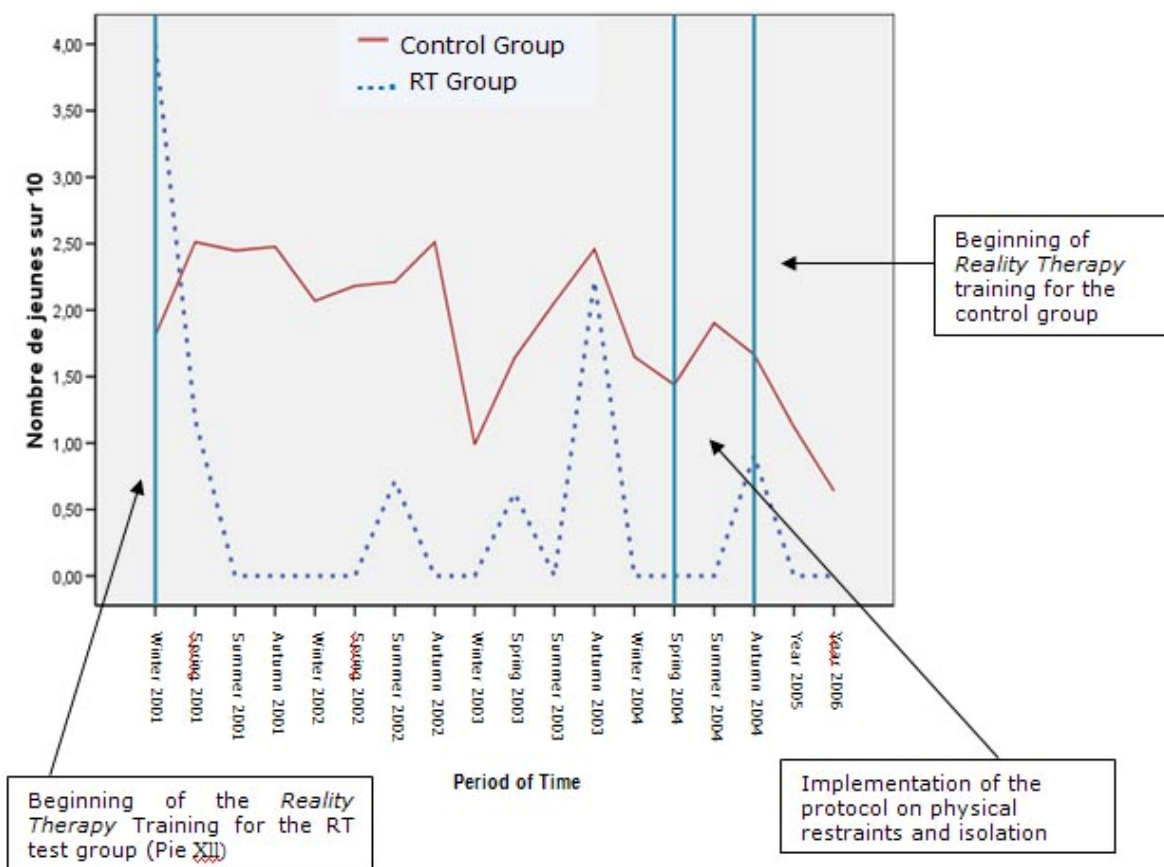
The dotted line represents the results of the PIE XII group home whereas the solid line represents the results of the four other group homes housing 9 to 12 year olds within the Centre jeunesse de Québec – Institut universitaire.

- The number of youths having been submitted to physical restraints in the experimental group (PIE XII group home) decreased following the first Reality Therapy and Choice Theory training, to find itself with a fewer number of physical restraints than the control group (the four other 9 to 12 year old group homes of the de Québec), and this, for the total of the periods listed.

- We noted a reduction in the number of youth having been submitted to at least one physical restraint, for the control group as of 2004, the beginning of their training in this approach.

- PIE XII [test group] during the first three seasons decreased the number of physical restraints significantly for the same time period.

The following graph shows us the average number of physical restraints per youth per period, in the Centre jeunesse de Québec – Institut universitaire group homes housing youths from 9 to 12 years of age.

Table 17
Number of restraints per youth per period

The dotted line represents the results of the PIE XII group home whereas the solid line represents the results of the four other group homes housing 9 to 12 year olds within the Centre jeunesse de Québec – Institut universitaire (control group).
- Overall, since the beginning of the Reality Therapy and Choice Theory training in 2001, the test RT youth group (PIE XII group home) had an average of fewer physical restraints than the control youth group and this, for all periods.
- Results of step 6 – Organizational environment and satisfaction level in the group homes for youth involved in the research

Organizational Climate/Environment
The following table details 23 questions drawn from the satisfaction questionnaire 2004 which was administered to 24 group home staff members in the winter of 2007 (PIE XII, Du Parc, Saint-Louis and Pélican). Here we found the averages obtained from the respondents regarding "satisfaction with the organizational climate" and those respondents satisfied with the "way the procedure was conducted." In the satisfaction questionnaire, we asked if the youth home encouraged, or permitted...[Note the various elements expressed in the first column of Table 18]. For the needs of our research, we changed the term GH or Group Home to Youth Centre.

Table 18
Answers to questions on organizational climate

Questions asked of the group home staff	Group home averages	Satisfaction averages	Deviation
1. Working in the group home (GH) allows me to use my skills	86.0	75.0	+11.0
2. The GH encourages my sense of initiative.	90.2	70.3	+19.9
3. The GH encourages me to give the best of myself.	89.8	70.8	+19.0
4. The tasks given to me correspond to my knowledge and skills.	86.7	75.5	+11.16
5. a. All the members of my team are treated with respect.	93.5	75.2	+18.3
5. b. All the members of my team are treated fairly.	86.9	75.2	+11.7
6. I possess the necessary autonomy to intervene in the spheres for which I am responsible.	89.4	77.7	+11.7
7. The GH allows me to reach my professional goals.	86.5	69.1	+17.4
8. During meetings, my team members feel comfortable in saying what they think.	86.3	75.1	+11.2
9. Members of my team get together to plan and coordinate activities.	85.0	71.6	+13.4
10. The members of my team help each other when problems arise.	91.3	78.9	+12.3
11. The members of my team work efficiently as a group.	89.8	73.9	+15.1
12. Actual working relationships between group home leaders and staff encourage collaboration and discussion.	92.7	69.8	+22.9
13. In my team we discuss in order to innovate and find solutions to problems.	90.8	71.5	+19.3
14. Within the group home problems are quickly identified.	87.7	65.2	+22.5
15. Within the group home problems are quickly dealt with.	84.2	62.0	+22.2
16. The GH prioritizes development of skills for staff.	89.3	68.0	+21.3
17. The GH helps those employees with personal or professional difficulties.	90.4	68.3	+22.1
18. My immediate superior provides sufficient feed-back on my work.	87.3	62.3	+25.0
19. Within the group homes staff members' ideas and suggestions are taken into consideration.	88.5	61.3	+27.2
20. The GH has implemented times and places where I can regularly talk about the progress of my job.	80.4	60.6	+21.9
21. When I encounter a problem in my job I know who to contact in order for the situation to be corrected.	91.9	77.3	+13.8
22. The GH has a clear vision regarding the quality of the services to be offered.	90.0	73.7	+16.3
23. Generally, the learning and implementation of RT and CT on a continual basis improves: * a. my quality of life at work b. the quality of my interventions with the clientèle. *This question has been added (is not part of the satisfaction questionnaire).	Answers Not at all A little Somewhat Significantly	A 0 0 3 21	B 0 0 3 21

It is important to note that the sample is not the same as the 2004 poll previously mentioned (some 624 to 662 respondents) and the poll taken with 24 group home staff members. However, the difference between the averages of the group homes in the two polls is very high. For each of the questions posed, the group home average is between 11 and 27 points over the average of the 2004 poll.

Furthermore, question 23 asked "… in general, the learning process and the use of Reality Therapy and Choice Theory on a continuous basis improves my quality of life in the workplace and the quality of my interventions with the clientele," 87.5% of the staff in the group homes researched answered that usually the learning process and use of Reality Therapy and Choice Theory "markedly" improves their quality of life in the workplace as well as the quality of interventions with clientèle.

According to the data in the table we can conclude that we are looking closely at the administrative environment in the group homes having used Reality Therapy and Choice Theory for at least the past 5 years. The administrative environment seems to be much more satisfying in the homes practising Reality Therapy and Choice Theory than that used in general for the Centre jeunesse de Québec – Institut universitaire population.

Satisfaction of the youth
The following table refers to the 15 questions posed in the 2004 agreement and one additional question answered by 20 young people (13 girls and 7 boys) housed in the Du Parc, St-Louis and Pélican in the winter of 2007. Included, are the replies given (averages) and the averages obtained by the other respondents. The questions were not addressed to the 9 to 12 year children housed in Pie XII group home, because it would have been necessary to do so by interview and we did not have the time to do so.

It is important to point out that the sample used is not the same as for previous polls within the framework of Ministry of Education which varied between 68 and 300 respondents for each question and the sample used for the adolescents in group homes that polled 20 respondents.

The most significant differences in the averages, to the benefit of the group homes, is between 6.3 and 12.7 linked (by order of highest number) to the fact of being in a home improved their general situation as well as their parental relationships. The youth enjoy the meals, the comfort of their rooms, and find that the interveners use their authority in an appropriate manner as far as they are concerned. They know that any decision-making is based on mutual respect and the trusting relationship they have with their interveners. Finally, they say that they are acquiring skills and discovering the tools required to face difficulties in better ways.

As far as the other statements are concerned the differences vary between -1.2 and 4.2. Two of them are slightly below the average of the agreement and 5 above average for an overall total of 13 over 15 statements. These deal with the degree of satisfaction of the youth concerning the services offered in the group homes that use Reality Therapy and Choice Theory for the last 5 years.

Table 19
Replies to questions concerning the satisfaction of the youth

Questions posed to group home staff	Group home averages	Satisfaction averages	Deviation
1. You are treated respectfully in the group home (GH).	88.8	89.1	-0.3
2. The agreements reached concerning you at the GH are respected.	87.3	83.1	+4.2
3. The intervener met at the GH understands the situation	81.3	82.5	-1.2
4. The way you were welcomed at the GH.	83.4	80.9	+2.5
5. The GH takes the time necessary to care for you.	80.3	80.0	+0.3
6. The GH personnel uses its authority appropriately with you.	86.6	78.6	+8.0
7. The GH encourages you to take an active part in the decisions concerning you.	85.8	78.5	+7.3
8. Have you established a confident relationship with your intervener.	84.3	77.3	+7.0
9. The GH suggests means and tools that allow you to avoid that a problem recur.	83.5	76.6	+6.9
10. Meals you are served.	84.8	75.9	+8.9
11. Procedures at the GH allow you to make a complaint.	74.4	74.0	+0.4
12. The comfort of your room.	79.3	71.8	+7.5
13. The fact that you attended the GH improved your situation.	82.6	69.6	+13.0
14. The fact that you attended the GH improved your situation with your parents.	71.6	65.9	+5.7
15. The fact that you attended the GH provided you with the means to face difficulties.	77.5	71.2	+6.3
16 On the whole, what is your degree of satisfaction in relation to the GH in which you are presently?	86.5		

All in all, the conclusions and observations that resulted in using the Reality Therapy and Choice Theory approach for the past 5 years in four group homes of the Centre jeunesse de Québec – Institut universitaire are:
- Teams [are more effective when] composed of members trained in the same approach, which they know well and use several times a day, and recognize its effectiveness;
- Teams that intervene with an approach that addresses the needs of the youth, the parents and those of the respondents, and who acknowledge the quality of the results obtained [work more effectively];

- [There was] an impressive decrease in the use of physical restraints. Youth between the ages of 9 and 12 whose outbursts of anger are, more often than not, managed without the use of physical restraints, dealt with softer and less coercive interventions;
- [There was] a more satisfying organizational atmosphere, according to the staff.

2.5 Transfer of knowledge/distribution of results/resources invested

Several types of activities were undertaken, at various levels, in order to share the knowledge acquired and the results obtained during the research. The goals sought in this undertaking were to keep the various people involved and interested in the project, as well as to keep the people on the periphery informed. A particular goal concerned the teams themselves: giving the results of the polls rapidly to permit adjustments just as quickly.

The research pivotal supports distributed information to the teams. They were the distribution agents 'par excellence' for the staffs of the group homes. By working directly on the teams and by being recognized as professional people, the information they reported received the required attention. The same thing applied when they sought the opinion or cooperation of the staffs when undertaking polls. Information circulated between the teams over and above the daily discussions that may have taken place, by means of a publication entitled 'Les Capsules: L'Impact R.T.' [Newsletter] printed on a bright yellow sheet of paper containing concise information. They were brought down by the research pivotal support group once every three months. The information was presented by the research pivotal support group member at a weekly team meeting, completed the sheet and answered questions. The information was then placed in the minutes of the team meeting and the *Capsule*/Newsletter was placed on the bulletin board in the group home offices thus informing the part-time personnel.

The information meetings and consultation between members of the research pivotal support group and the research leader were usually held every six weeks outside promotion and polling periods or during the compilation of results that require more availability time. For instance, during the first polling every research pivotal support group member must have invested at least 10 hours per week for 3 weeks to hold interviews with the youths and/or parents as well as to get in touch with various interveners, and to do the follow-up on the responses.

During a second stage, they were released from regular duties for three or four days to work with the research leader on precise mandates (Guylaine Frenette: physical restraints/Annie Roberge: questionnaires and comparisons with the 2004 poll, Geneviève Robichaud: Correction and revision of various documents). As well, information on the research project was diffused on the occasion of the four days of training per year on Reality Therapy and Choice Theory. The combination of these arrangements greatly contributed in keeping the teams involved and connected with the research project.

The team leaders were stakeholders in the research, The research leader met with them every two months in order to help them be aware of the research approach and to invite them to give their opinion on possible repercussions. These people were effective as "transfer of knowledge agents" at the following levels:
- To promote exchange time related to the project within the weekly meetings of each of the group homes.

- To transmit information to the Community Director of Housing to make needs and ideals known respecting the research. So, on two occasions, the administration allowed leave time for the research pivotal support group members (outside the budget for leave time provided for in the PEP project) to allow them to be directly involved with the research by participating in the elaboration and distribution of questionnaires, and to the unfolding of the research. The necessary money for the 300 hours of leave time over two years was funded by the administration's budget surpluses, thus demonstrating in a tangible way interest in the project.
- To transmit information to the management via management committees.
- To provide, with the director, a privileged level of distribution by devoting 1-1/2 hours to present the research project on the occasion of the Annual Housing Day 2007 in the community.

It is to be noted that the head of the research project met with the community housing director once a year and that information was transmitted regularly via the group leaders. In addition, the Community Housing Director was also a member of the PEP steering committee, so she regularly heard about the research at this level as well.

The activities referred to hereunder involved the collaboration and elaboration of various presentations by the research leader:
- Research Day 2007: PEP workshop with Gilles Mireault and Genevieve Lamonde on the impact of the intervener/researcher association in a research project.
- Advising the group home and resource personnel of the polling results re youths, parents, teams and respondents on the occasion of the Community Housing Administration Day 2007. This was done jointly with the research pivotal support group members and a colleague, Sylvie Leblanc. Charts on which to record comments were prepared on this occasion and the comments of the youths were collected from each group home, i.e:
- Here, we are not left in misery, we get attention.
- Since I am here I have less suicidal ideas. I feel better.
- The educators and the youths are nice, the house is huge, there are several rooms!
- We are lucky to be in one of the best homes!
- There is a lot of respect, I feel good here!
- Presentation of research project results to the directors of various Centre jeunesse de Québec – Institut universitaire administrative groups and to the Youth Protection Director at the first PEP cohort held on February 11, 2008.
- Presentation of the results on Research Day April 2008 at a closing conference held with other involved partners and researchers involved in the PEP research.
- To come: Presentation at the Centre jeunesse de Québec Association seminar to be held in the Fall of 2008.

With the exception of this report, the following articles have been published. The first was distributed to 150 people about the research and to 800 personnel of the Centre jeunesse de Québec – Institut universitaire. The second article was published in Canada and the United States.
- Bilodeau, Sylvie (2008). *Une approche qui fait chuter le taux de contentions*. (An approach causing a significant decrease in the use of physical restraints.) Centre jeunesse de Québec – Institut universitaire
- Marcotte, Claude & Bilodeau, Sylvie (2008). Reality Therapy and Choice Theory in Group Homes: A Research Report. The International Journal of Choice Theory, 2, 16-18.

Other informal presentations also took place during the process:
- February 19, 2008: One hour presentation to 100 Bachelor of Science in Social Work students at Université Laval in Geneviève Lamonde's course *Recherche appliquée à l'intervention*. It dealt with the practical impact of the research on the on-site interveners as well as to youths and parents we support, the effected undertaking and the way in which we decided to function to involve the staff.
- Presentation to representatives from France, accompanied by Mr. Gilles Bégin, Centre jeunesse de Québec – Institut universitaire clinical counsellor, interested in learning about the operation of group homes using the *Reality Therapy* approach.
- Presentation of research results to those who helped teach and spread the *Reality Therapy* approach and to Claude Marcotte who regularly transmitted information related to this research to the different groups he trains (schools/private organizations/Centre jeunesse de Québec staff, etc.).
- The PEP (*Projet d'évaluation des pratiques)* poster, posted in the group homes and service points, elicited many questions to which we were happy to respond.

3. Benefits of the PEP for the users, interveners and the organization
Here are the principal benefits of the PEP culled from the commentaries and observations made. We will also state the benefits related to the theme of the research:

Table 20
Benefits of the PEP for the users, interveners and the organization

Users	Interveners	Organization
- Appreciate having had a forum to express their wants, thoughts, evaluations and desires for themselves and their parents. They felt respected. - Benefits related to the impact of an approach that nurtures relationships, ambiance and welcoming that is non-coercive and calls on their ability to make choices. - These same benefits are possible for the youths of the other group homes if the teams chose to hear what is reported in this research. - Parents feel considered, heard and not judged. - The youths are subjected, and will be subjected, to less physical restraints. - Families benefit from improved relationships.	- The approach has brought the interveners of the research world closer together. It has helped demystify, find a practical use for, and shown the advantages of, working with the approach. - This research has become a forum for the expression of their passion for the approach, their desire to continue and for the quality and amount of work done in group homes. - An increase in the feeling of belonging and competency between the teams. - An improved understanding between homes as to the way in which to deal with different clientèle. - Satisfaction of seeing their work acknowledged by their colleagues, other services and the administration. Becoming better known can lead to more efficient interservice collaboration	- Contributes to improved performance of group homes: satisfaction of users, less complaints, IP objectives are attained, and decrease in physical restraints. - The research directly affects the quality of services. - Closer links have been created between the research world and group home workers. - The organization gains a complete document describing group home services. May be useful for allocations. - This research will be useful in documenting the pertinence of obtaining the funds necessary for RT training. - Interesting tracks to consider for the improvement of organizational climate.

3.1. Advantages and constraints of an evaluation operation

Here are the elements having facilitated the research process:

- One complete day of leave time per week given to the research leader in order to be free from the intervention maelstrom and to concentrate on analysis, the process, strategies, management and writing of the research project.

- The advantage of having access to an office and its equipment outside the regular workplace.

- The support, teachings and availability of the PEP project team.

- The fact that the leaders and administration were an integral part of the project and fully supported it.

- The use of the research pivotal supports made this project a team effort, as well as the creation of a closer relationship with the research milieu, has proven effective for many more people. This closeness could have the long-term effect of interesting more people in this research process or lead them to propose research subjects that interest them more particularly.

- Monies allocated by the administration permitting leave time for the research pivotal supports.

- Arrangements made within the group home by the research leader during leaves. An educator took charge of one of her youths and was aware of her other dossiers. In this way, during absences, the team did not have to pay the cost because there was no interruption in the intervention process or surplus of work. This arrangement was profitable for the youths, for the team and for the research leader.

- Support from the secretaries of the Community Housing Administration and from the scientific team secretary for the correction and pagination of the report. This was an unexpected opportunity for the PEP.

- Various specialists were called upon: Marie-France Émond, child psychologist/Chantal Pilote, for the data/Claude Marcotte, *Reality Therapy* and *Choice Theory* consultant/Lucette Beaumont for data on physical restraints.

- All the associated projects that increase expertise such as: PowerPoint, oral presentations, writing journal articles and final reports.

- The warm reception of the scientific team.

- The support offered by Denis Lacerte, computer analyst, for everything concerning computerized data.

- The number of people involved in a research project requires much planning of the work for the person responsible. Who does what and when, planning of meetings and agenda. This takes time and may be considered as a disadvantage; however, it is a valuable chore that opens onto a plethora of other possibilities: breaking isolation, being objectified, benefitting from multiple expertise, the ability to take polls or do more extensive research, experience rapprochement, work as a team, etc. All of these facets are finally revealed as being terrific advantages.

- Having a research project involving four teams is a stimulating challenge obliging one to be innovative and creative in order to keep everyone involved.

- Here are a few constraints of the research process:

- Secretarial services for the PEP were not provided.

- The lack of possible student support for the completion of questionnaires (i.e. when it was difficult to get in touch with parents) or for the research of existing data.

- The lack of a small budget allowing us to purchase a few things for our youths who participated in polls, crafting of posters or who collaborated during meetings.

- One of the obstacles was the difficulty of contacting parents. This required perseverance, time and patience.

Conclusions and recommendations

The PEP adventure took place over two fascinating and rewarding years in many ways: the direct contact between the research world and the group homes. This coming together helped dissipate many myths and prejudices because for re-adaptation workers there was a strong temptation to look at the research world as being "a costly think-tank weakly connected to the daily management of the clientele." However, getting to know what others do allows us to discover how collaboration is both possible and desirable. In fact, both worlds have the same ultimate goal which is to bring the best possible help to youths in trouble and their families. The doors may be different but they open into the same house.

The fact that a research project contributed directly to making our work known, provided us with concurrent feedback and specific paths to improvement, promoted collaboration of the interveners with the project. Getting quick results stimulated the troops. According to the intervener's perspective, the PEP project provided a more practical image of the research. Information from this research was quickly dispersed, and dealt with our clientèle and their daily interventions. EACH ONE PROFITTED. The intervener used this research to readjust practices in real time and as a means to make the quality of the work known. The researcher benefitted from an up-to-date picture of the practice and a more than willing population base. So, the benefits of an association between researchers and practitioners became more evident and quickly developed into benefits for the clients because of the rapid improvement of services given.

An important element to highlight in this research project is the particularity of the team work. The research project involved four teams whose personnel was called upon and kept informed throughout the process. The research leader was associated with three research pivotal supports. The two team leaders and the director directly involved themselves in the project. The research team found itself directly or indirectly associated with all these people rather than the research leader alone. The population base in contact with the research was greatly broadened. This created a particular dynamic and finally what seemed to be a double constraint "proving the efficacy of an approach and working with many more people than initially foreseen" turned out to be a catalyst for energy and a stimulating challenge to meet.

Beyond the PEP project there are the research results themselves. The subject was of particular interest to us because the staff of the Pie XII, Du Parc, Pélican and St-Louis group homes were convinced that the use of Reality Therapy and Choice Theory brought well-being to their clients, their team and to themselves as interveners. The staff spontaneously manifested its satisfaction with respect to using the Reality Therapy and Choice Theory approach. They spoke of their successes, the positive reactions of the children, the small daily victories, but they were not always able to give specific and detailed facts on the concrete results.

In the light of this research, we are now better able to understand why the use of Reality Therapy is so successful for the teams who apply it regularly. It is successful in part because of the following results:
- The organizational climate in the teams is more satisfying; those involved adhere to and apply the approach. They are proud of the work accomplished.
- There are fewer physical restraints for the interveners [to apply] and for the children.
- The ambiance [environment/climate] is more pleasant for all and supervision is much less coercive.
- The approach that promotes a benevolent structure and the maintenance of self-esteem at all times contributes to the increased well-being of children who are suffering and must be housed in our services.

Therefore, the hard attitudes and "power games" that were previously used give way to teaching, support and learning. Parents and children admit to having better relationships with others and to being more positively involved after benefitting from our services. The needs of the youths and those of their parents concur with the services we offer and they appreciate our way of intervening and the results obtained. The approach calls upon intelligence, self-control and the skills and expertise of the intervener. From simple employee who uses his own common sense, the intervener becomes a clinician in control of his processes. From youth in trouble, the child becomes a youth with potential.

This research will have allowed us to provide concrete evidence of the results obtained by using Reality Therapy and Choice Theory. It has also allowed us to describe our practice better by encouraging us to express it and bring us closer to the research world. If this research can now serve to show our colleagues and collaborators the relevance of using Reality Therapy in the our services, it would seem that it will reveal itself as being one of the best investments made for the present children and those children who will transition through our group homes.

In closing, here are a few recommendations:
- The continued pursuit of this type of research associating, as often as possible, the world of intervention with the world of research.
- The encouragement of self-evaluation of services in a continuous fashion.
- To continue offering interveners the necessary space for reflexion on their practices.
- Continued investment in training programs such as Reality Therapy and Choice Theory.

[Permission to translate the main body of this research was obtained due not only to the powerful impact of the results but also to make the research report available in English. Copy of the full report in English including all Appendices will be available after the publication of the Appendices in the fall, 2010, issue of this Journal or through Jean Seville Suffield, as the distributor of the English translation, at jeanseville@hotmail.com upon request.]

Translation by Pierre Dunant and Hélène LeBel, Saint-Lambert (Québec). Jean Seville Suffield, Senior Faculty with The William Glasser Institute, is responsible for the translation of this research into English for the main purposes of its publication in the Journal and subsequent distribution [with permission] to English agencies and researchers. For reprints of this article, contact jeanseville@hotmail.com