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William Glasser
January 1993

Editorial Office:
Journal of Reality Therapy
203 Lake Hall
Boston-Bouve College
Northeastern University
Boston, Mass. 02115
Telephone: 617-373-2485 or 3276

President & Founder
William Glasser, M.D.

Administrator
Linda Harshman
Institute for Reality Therapy
Suite 104, 7301 Medical Center Drive
Canoga Park, California 91307
1-800-899-0688

Board of Directors
Institute for Reality Therapy
Canada: Pierre Brunet (96)
213 Louis-Bazinet
St. Charles Barronmer
Quebec, Canada
J6E 7J5
514-857-7503

Northeast: Larry Litwack (96)
30 Lewis Road
Belmont, MA 02178
617-489-3238

Southeast: Karen Sewall (96)
15109 Kamputa Dr.
Centreville, VA 22020
703-968-7304

Midwest: Carleen Floyd (94)
2064 Southacres Dr.
Cincinnati, Ohio 45233
513-941-2606

Mid-America: Elaine Kniepfel (95)
12341 Charlotte
Kansas City, MO 64146
816-941-0118

Sunny: Arlin V. Peterson (94)
4204 70th St.
Lubbock, TX 79413
906-979-1804

Northwest: Kathy Curtiss (94)
6928 53rd Pl, NE
Marysville, WA 98270
206-653-4984

West: Georgellen Hofhine (95)
112 Fallen Oaks
Thousand Oaks, CA 91360
805-492-5336

Mountain States: Dan Aune (95)
501 25th Ave. North
Fargo, ND 58102
701-234-0407

E.T.C.: Doug Naylor
117 E. 8th St., #810
Long Beach, California, 90813
213-435-7951

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Editor’s Comment

This issue marks the beginning of the thirteenth year of publication for the Journal. Mirroring the evolution of the concepts and application of RT/CT, this issue presents what is perhaps the greatest diversity of articles dealing with theory and practice contained in recent issues.

The lead article by HALLOCK-BANNIGAN/McCONNELL presents an exciting new dimension - the first of its type in the Journal. The second article, by RENNA, presents the latest in a series of articles dealing with a special needs population coming from the LABB Collaborative in Lexington, Massachusetts - a setting where approximately ¼ of the staff are already certified, and a second group is in process. The third article, by DAVIS, is a logical companion to the Renna article.

MICKEL, a frequent Journal contributor, presents what in essence is an ecological model for working with a client system. PETERSON/WOODWARD provide the first data-based evaluation of the CHOICE program. EDENS gives us the first of several articles dealing with application of CT/RT principles - utilization in physical education. BASKETT follows with application to a writing project, and BELAIR gives us an interesting approach to group training. Finally, WUBBOLDING, another frequent Journal contributor, presents a discussion dealing with the important ethical question of dual relationships.

To review:

Glasserian concepts maintain that all human beings behave, and all behaviors are total, internally motivated, purposeful, flexible, and creative. In our constant attempt to behave in order to get more effective control, we, control systems, behave to get the pictures that we want. No matter how painful or self destructive it is, every total behavior is our best attempt to get what we want. People who are healthy, feel good, and whose behavior is not destructive to themselves or others are generally in control of their lives. Nothing we do is “caused” by forces outside us. We can choose.

We are always in the process of creating new behaviors. All behaviors are total and have doing, thinking, feeling, and physiological components. New behaviors are constantly made available to us through a process called reorganizing; all behaviors we currently have available from the behavioral system are organizing behaviors. These we use daily to maintain control. The behavioral system is a two part system: (1) Familiar, organizing behaviors, and (2) behavioral building blocks in a constant state of reorganizing.

The latter is an intangible, highly creative process described as “a kind of churning pot of disorganized behavioral material, a maelstrom of jumbled feelings, thoughts, and potential actions that are in a constant state...
of reorganization.” We have little or no awareness that this is occurring, except when we dream. Our dreams “seem to be creative attempts to deal with the frustrations of the previous day, and, ‘crazy’ as they may appear to be, they seem to help us control our lives by resting our minds.” From this reorganizing come new behaviors that are available to us if we pay attention to them, and if we decide that they may help us gain more effective control. We are always choosing either old organizing behaviors or newly created ones.

Many people who seek counseling are not in effective control of their lives. Even the most effective among us, however, find ourselves frustrated by day to day irritations and setbacks (major or minor); indeed, to be alive means to cope with, tolerate, or resolve frustrations. Occasionally, when we are faced with major frustrations and conflicts, and our stress level is high, we are likely to visit and utilize the reorganizing system. When we are faced with painful choices, we may be willing to accept challenging reorganizings and new ways to behave.

Pain and frustration may lead us to closely examine the choices we’ve made and the changes we may now begin to assess and admit are necessary (as a consequence of self evaluation). It becomes important to recognize the need for change, and sometimes to make effective changes quickly. Using dreams as a guide to the creative center, with careful questioning and the procedures that lead to change, we can create a safe environment in which clients may self assess and become the experts of their own dreams. We can more readily understand Quality World pictures couched in the metaphors, symbols, allegories, and vignettes presented through the dream.

Many clients tell us that dreams help them realize what they “really want.” Some nightmares have suggested that presently used organized behaviors may, in fact, be ineffective or even dangerous. Some nightmares may present strong emotions in the feeling component in such a way that more and better cognition can operate. Counselors in school settings report to us that children and adolescents often come to school with a memory of “a bad dream” which limits their ability to perform in school. Talking with the counselor about the “bad dream” has given many a student an opportunity to view a dream differently. Happier and more peacefull dreams may be affirming current behavioral choices or even suggesting better behaviors in order to acquire the more satisfied state. Many dream scenes and vignettes have suggested to us ideas for effective, creative behavioral choice.

We offer several examples from our case work which may help amplify how problematic dreams and the client’s self assessment of the dream content have brought the client indicators for evaluation, change, and clarification of the Quality World Picture.

Lorna’s client presented with the following dream which she asked him to document:

I dreamed I was lunching at a large inn, on a river somewhere in the south, with a beautiful porch supported by large white pillars. My 3 year old son was with me. An older woman caught my eye. I left my son with a policeman and left the restaurant for the men’s room. The lady followed me into the bathroom and struck up a conversation with me as I stood at the urinal and then, later washed my hands. Our conversation was quite comfortable and I felt no embarrassment due to my compromising position in the bathroom. In the next scene I found myself following the lady through a beautiful courtyard shaded by large and august pecan trees. We walked on a serpentine red-brick walkway. The courtyard was the playground for an elementary school. During my walk, the school’s headmaster approached me and we struck up a conversation. Eventually I took my leave of the school’s headmaster and followed the lady to her car. She invited me in and was obviously planning a romantic interlude. I was very interested in her sexually but declined her offer so that I could fetch my son.

I then woke up feeling quite content and warm.

Lorna then asked her client to review the dream scene and underline single words and phrases which had the greatest impact by listing them on the left and recording the meaning on the right:

**KEY WORDS UNDERLINED**

| 1 | large inn on a river somewhere in the south, with a beautiful porch supported by large white pillars. |
| 2 | three year old son was with me. |
| 3 | older woman caught my eye. |
| 4 | left my son with a policeman. |
| 5 | struck up a conversation with me as I stood at the urinal and then, later, washed my hands. |
| 6 | conversation was quite comfortable. |
| 7 | following the lady through a beautiful courtyard shaded by large and august pecan trees. |
| 8 | serpentine red-brick walkway. |
| 9 | playground for an elementary school. |
| 10 | followed the lady to her car. |
| 11 | she invited me in and was obviously planning a romantic interlude. I was very interested in her sexually but declined her offer so that I could fetch my son. |

**MEANING**

1. My southern roots are looking for a seamless integration with my more rough hewn northern lifestyle.
   
2. I see my son as myself and see this relationship as completely homogeneous.
   
3. I am comfortable in the presence of older women. They are experienced lovers who understand mutual satisfaction.
   
4. I feel safe leaving my dearest love, my son, with an authority figure.
   
5. I felt comfortable and safe with an older woman.
   
**IBID**

A place to court a woman. An environment that is civil, friendly and safe.

Walkways are organized with a purposeful direction.

Learning the lessons of today from a memory of my first school when I felt safe and full.

I enjoy women who take the initiative.

My self love (my son and I being one in the same) took precedence over my desire to be with an enticing lady.
(1) Does this dream scene remind you of anything you have done in the past few days? If so please describe it for us.

I had gone on a date with my wife the night before. The date started off on shaky footing. As I stopped pushing and began to be with her in the present, I felt a lightening of our mood. We spoke with an earnestness and honesty that we had previously strived for; yet usually in vain. After the date we spontaneously went to a hot tub bathhouse and enjoyed each other for a while.

(2) Does this dream scene remind you of a recurring or ongoing conflict/s you may be experiencing in your life? If so, please explain.

No. The dream reminds me that I am resolving the major issues in my life.

(3) Is this dream describing something you may want to have or may want to do? If you think so, please explain.

Yes. The ability to talk honestly and without guilt about my vulnerabilities to my wife. It is also true that I wish for her to do the same with me.

(4) Is this dream showing you how you are currently trying to get what you want?

Yes. Because I felt good about how I am currently pursuing the lifestyle and attitude I truly want in life.

(5) Is your dream suggesting that you are successful?

Yes. I am able to set my vision of what I want of myself and the type of people I wish to be with, and then find the courage to pursue these dreams.

(6) Is it suggesting that perhaps your behaviors are not as effective as possible?

No. I am, for the first time in my life, walking with an honest gait toward my true feelings.

(7) Could your dreams be encouraging you to continue using your new behaviors to get what you want?

Certainly, I awoke from the dream feeling good.

(8) Is your dream possibly offering you a new and creative way of getting what you want? Explain.

The dream offers the path I’ve chosen by showing me that I can meet my goals.

(9) What might you learn from this dream for use in the present and future?

Continue to travel a path that has shed denial, self loathing, substance abuse, fear and anxiety.

It’s suggested, of course, that questions like these are asked in ways congruent with the session. We don’t mean to imply a “fixed” or rigid system of evaluation questions.

Suzy’s client presented with marital and relational stress in that he had been maintaining an extramarital affair for several years and the frustration of secrecy and “a double life” was stressful and exhausting. He could not maintain what felt to him like a serious and true conflict any longer. In a conversation about his Quality World pictures of manhood, parenting, and husbanding, the client revealed that he had always admired Augustus McRae, a central character in Larry McMurtry’s novel, Lonesome Dove. McRae loved two women and consistently presents to the reader (or viewer if you saw the film) as an admirable, worthy man of great integrity.

The client reports a dream in which he has a “bird’s eye view” of the road near his home, a charming country road through hilly pastures and fields in northern New England. His wife is walking down the road. He sees a kindly neighbor approaching the direction of his vantage point driving a pick-up truck with a load of hay. The neighbor is described as a kindly gentleman who has been a farmer for many, many years. The client can see that his wife is walking and the truck is approaching her in such a way that an impending accident will occur and the wife will be killed.

Though this dream may suggest implications quite alarming to many, the client reviewed the dream and circled the most important concepts which were the New England scene, his wife, his detached overview, and the impending accident. The farmer-neighbor is seen as a good person who intends no harm; in fact, the client reports knowing the neighbor for years and having enjoyed an excellent relationship with him. The client reported that the disclosure of the dream itself was relieving because it had frightened him, intruded on his thinking time at work, and had disturbed his sleep. But, in the safety and freedom of the counseling session and self evaluation process, he found more and better meaning in the content implications.

He believed that the dream suggested that heretofore he had avoided the situation and had detached from his wife, hoping for her demise or removal through a benign process which would have had nothing to do with any direct action on his part (an accident for which he was not responsible). He believed he had attempted to absolve himself of responsibility since the extramarital affair suggested a violation of Quality World pictures of marriage and fidelity which were of high value to him. The dream has a warning to him that an accident would, in fact, happen and he would have been so detached as to have been powerless to prevent it. The thought of actually losing his wife and gaining freedom from her was not comforting; in fact, he said that he valued her and the dream suggested she was an innocent victim of a tragedy. He decided to recommit to the marriage, reestablish intimacy, give up the other relationship for a period of six months, and assume sexual fidelity. (He admitted his thoughts might sometimes wander to his other relationship). After a six month period, he reported a renewal of the marriage.

Sometimes an examination of the Quality World picture (in this case, marital commitment and fidelity) invites a change in the reference percep-
tion. Had the client dreamed a scenario in which both women featured, the dream may have meant, for him, a continuation of his present behavior and even a diminishing of the “guilting” emotion in the feeling component. Clients report changing relationships, jobs, and even geographical locales as choices invited by dream assessment.

Suzy was asked to consult with an elementary school in which staff reported a third grade girl demonstrating a serious behavioral shift. Recently the student had become both lethargic and agitated at school. Appearing tired and listless, she was nevertheless nervous and distractible. She couldn’t seem to concentrate on school work, activities, or friends, and sometimes dozed off at the desk. In the session, Suzy asked her if she had any idea about why she might be so tired all of the time. She said that she woke up often in the night with the same, disturbing dream. In her dream, an “ugly lady comes to me and tells me to put my head on the shelf.” The girl described, without ever using the word, a guillotine. She then said that she wakes up screaming in terror, and “if I don’t wake up, something terrible will happen to me.” When Suzy suggested to the girl that her dream was about feeling powerless, and that something was about to happen she didn’t want to happen, the girl said she always had that feeling lately when she was at her house, but not when she was at school. Suzy suggested to the girl that the next time the ugly lady appeared in her dream and told her to put her head on the shelf, she was to say no. The girl practiced saying no and was, in fact, able to do so the next time the dream sequence presented. The girl reported the cessation of the dream and school personnel reported a more attentive, rested, youngster. Later, in a family session when the guillotine dream was discussed, the parents in great discomfort revealed to Suzy that they were considering a divorce but had never discussed it in the presence of the children.

In this case example, the counselor makes some guesses about the meaning of the dream content, and through a much more direct intervention, invites the client to choose a different behavior in the dream sequence. In this case, that behavior was asserting refusal. Though many children must accommodate a divorce, they need not accommodate unreasonable demands, and with advocacy, many can assert their healthy and reasonable wants in such a way that they do not become pawns in a Pyrrhic victory.

In conclusion, we believe that dreaming as a reorganizing process provides the counseling session with opportunity for Quality World and behavior exploration, questions for discussion of effective choice, self assessment, and intervention. Most clients welcome the exploration itself and report that the disclosure, even when there is no immediate resolution, is useful. The vast majority of our clients who have welcomed dream evaluation report its remarkable qualities of being memorable and even instructional for an effective life.

While we share Dr. Glasser’s abiding respect for the profound lack of real knowledge and information about dreams, we’ve noticed that clients who make use of dream information present to us as vital, creative, and spirited people with zest and enthusiasm. Many, having engaged the symbolic nature of dreams, speak in terms of metaphor and are highly expressive. What we like about our dreamers is their great willingness to self assess and evaluate their life experience.

If all behaviors are purposeful, and if dreaming is a total behavior, our inclination is to view the information the dream gives the dreamer in an atmosphere of safety, and to invite the dreamer to determine the value of the dream. Both process and content have seemed to us of highest value to the client when the feeling component predominates. We’ve seen thoughtful, cognitive considerations of dream content in therapy, and these have often been followed by behavioral shifts. We suggest that creative application of dream content in counseling brings a special dimension into our work.

INTERNATIONAL RESOURCE LIBRARY

The Board of Directors has approved the establishment of an International Resource Library to be housed at Northeastern University, the home of the Journal for Reality Therapy. This library will contain the following:

1) Annotated bibliography of all published articles.
2) Abstracts of doctoral dissertations regarding reality therapy and control theory.
3) Identification of books, media, and other resources available elsewhere with names, addresses, and sources of such material.

The January 1993 resource library is available upon request at a production/mailing cost of $7.00. In addition, individuals are encouraged to send information, materials, etc. to the Library for listing. The mailing address for the Library will be:

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CONTROL THEORY AND PERSONS WITH COGNITIVE DISABILITIES: A Neuropsychological Perspective

Robert Renna

The author, RTC, is Director of the LABB Collaborative, Lexington Public Schools, Lexington, Massachusetts

In the field of Special Education, much has been written in recent years regarding the restructuring of our schools in an all out effort to maximize our obligation to help all students with disabilities live up to their full capacities.

Most professionals working collaboratively with students, parent groups and advocates agree that in order to best facilitate the inclusion of students with the most severe disabilities into the mainstream of their communities, there needs to be uniform and fundamental change.

This change we speak about is dynamic and creative, giving rise to critical new imperatives in our ever changing educational and social systems. It is change that is directed primarily at the "cultural misperceptions" which still exist that basically believes that people with varying cognitive systems. It is change that is directed primarily at the "cultural misperceptions" which still exist that basically believes that people with varying cognitive challenges are "less able".

Such institutional thinking has historically encouraged the self-fulfilling prophecy of low expectations instead of uniformly high expectations for all persons. In short, most people believe that "the less able will learn less important ideas and skills (Villa, Thousand, Stainback, & Stainback 1992). In our schools this thinking remains intact. The crucial obstacle to having schools where all children learn is not ignorance of new structures, or the change process, but rather prejudging that less able students do not have the capacity to do quality work (Villa et al, 1992).

Of course, the traditional means by which student achievement in our schools is sought and measured is embedded in stimulus-response psychology and philosophy. As a special educator who has turned to both control theory and the Quality School principles as a vehicle for full inclusion of students with cognitive impairments, I believe that viewing the control system of a student with cognitive impairments from a neuropsychological perspective is that of a fully functioning, intact central nervous system. However, when dealing with a person presenting with significant and varying cognitive problems, each component of the control system can present with identifying neuropsychological anomalies and deficits.

I further hope that the central outcome of this topic will be a catalyst of interest and further widening discussion regarding the usefulness of integrating neuropsychological principles and applications into the control system model.

"In a Quality School, all teachers make a constant effort to teach so that what students are asked to do is connected to the real world in a way that has value to them."

"As they improve, and also as they begin to appreciate that they can improve, they will begin to experience a degree of control over what they do in school that most of them have never had before."

Teaching new more effective behaviors that are tied into their quality world pictures versus "modifying inappropriate behaviors" and "reinforcing positive behaviors" is what is now needed.

The full comprehensive utilization of control theory and reality therapy must be embraced by the field of Special Education if our goals of full inclusion and independence for students with cognitive disabilities are to be achieved.

But how can this be accomplished? What is the first step in understanding the link between control theory and cognitive disabilities?

I believe that the initial and most important step in this process is to view the control system of a student with cognitive impairments from a neuropsychological perspective. Glasser explains how our brain operates as a control system motivated internally. The control system described in his book CONTROL THEORY is that of a fully functioning, intact central nervous system. However, when dealing with a person presenting with significant and varying cognitive problems, each component of the control system can present with identifying neuropsychological anomalies and deficits.

It is further my belief that better understanding both the nature of these deficits and how they can affect the student's psychological, social, and educational functioning is vital to the valid use of control theory. It is therefore my intent to attempt an explanation of the control system utilizing useful neuropsychological principles.

Understanding that an in depth study of these principles is well beyond the scope of this article, it is my hope that it will serve as a conceptual introduction for synthesizing the principles of control theory with the physiological, emotional, cognitive, and behavioral aspects of cerebral structure, topography, and functioning.

I further hope that the central outcome of this topic will be a catalyst of interest and further widening discussion regarding the usefulness of integrating neuropsychological principles and applications into the control system model.
For our purposes, we will focus on the mental systems to illustrate the use of neuropsychological theory and assessment. Those mental systems involved include: attention and concentration, learning and memory, language abilities, reasoning, abstract thinking, concept formation, complex perceptual abilities, mood, affect, and sensorimotor functions.

Neuropsychology’s rapidly increasing knowledge of brain structure and development coming from research in the neurosciences has as its basic premise that both subtle or “invisible” neurological dysfunction as well as global deficits have a major impact on the total functioning of the person, interfering with the mastery of school tasks as well as all aspects of life.

Once Special Educators recognize the interplay between social cognition and behavior, they can begin to utilize systemic neuropsychological application with reality therapy to comprise approaches that will have the best chance of helping students ameliorate their “out of control” situations. The first step in this process when viewing the counseling environment and involvement is not only to “make friends and get to know the student”, but also to “get to know your student’s brain”. The importance of understanding modes of enhancing how students learn best and how their cognitive problems may interfere with overall functioning (neuropsychological consequences) cannot be minimized.

Before looking at the behavioral expression of brain dysfunction from a control theory format, a brief look at both the varied etiology of dysfunction as well as the major areas of the brain and their function will follow. After identifying the locations of these mental processes, they will then be integrated into the corresponding components of the control system model.

For a more in depth explanation of the applied science of clinical neuropsychology and detailed information regarding neuroanatomy and behavioral correlates, the reader may reference Lezak’s book, NEUROPSYCHOLOGICAL ASSESSMENT.

It is certainly well recognized that brain damage results from many different conditions and has different effects based on the nature, extent, location, and duration of the lesion (localized abnormal tissue changes) as well as the age, physical condition and psychosocial background of the person (Lezak, 1983).

Etiological factors which could occur during the pre, peri, and postnatal period include: environmental factors (toxic conditions), infectious processes, metabolic disorders, endocrine disorders, neoplasms, degenerative disorders, nutritional deficiencies, vascular disorders, anoxia, head trauma, and a multitude of genetic aberrations.

Neuropsychology conceptualizes behavior in terms of three functional systems: (1) intellect, which is the information handling aspect of behavior (control theory = thinking); emotionality, which concerns feelings and motivation (control theory = feeling); and control, which has to do with how behavior is expressed externally and internally (control theory = acting and physiology). However, brain damage rarely affects just one of these systems. Rather, the disruptive effects of most brain lesions, regardless of
Neurological findings coupled with neuropsychological assessment can provide the most sensitive indices regarding the precise identification of cognitive disorders in terms of localizing the site and subsequent functional limitations. In this way the professionals working with students will know how they can best compensate for deficits, how they choose to react to them, and how education can be profitably undertaken.

### Brain Geography

The relationship between brain and behavior is exceedingly intricate, frequently puzzling, yet usually taken for granted. What follows is a brief and necessarily superficial sketch of some of the structural arrangements in the human central nervous system that are intimately connected with total behavior and the control system. The brain is an intricately patterned complex of small and delicate neural structures. Two major anatomical divisions of the brain succeed one another along the brain stem. By and large, the lower brain centers mediate the simpler, more primitive functions while the forward part of the brain mediates the highest functions:

1. **THE HINDBRAIN**
   - **medulla oblongata**
     - functions: respiration, blood pressure, and heart beat
   - **reticular formation**
     - functions: muscle activity, muscle tone, wakefulness
   - **pons and cerebellum**
     - functions: muscle movement sense, fine motor control, coordination, sensory processing, perceptual discrimination

2. **THE MIDBRAIN**
   - **reticular activating system**
     - functions: sensory and motor correlation, visual and auditory automatic responses

3. **THE FOREBRAIN**
   - **diencephalon**: “relay center between brains”
     - thalamus
     - functions: exchange between higher and lower brain structures, between sensory and motor or regulatory components, focusing and shifting attention, alerting, memory and retrieval
   - **hypothalamus**
     - functions: appetite, sexual arousal, thirst, rage and fear reactions, mood states, maintains homeostasis and equilibrium
1. THE CEREBRUM

The most recently evolved, most elaborated, and by far the largest brain structure, has two hemispheres that are almost but not quite identical mirror images of each other. The two cerebral hemispheres carry out different functions. In most people, the left hemisphere controls analytical and verbal skills such as reading, writing, and mathematics. The right hemisphere is the source of spatial and artistic kinds of intelligence.

a. corpus callosum
   functions: unifies attention and awareness between the two hemispheres and permits a sharing of learning and memory

b. basal ganglia - corpus striatum
   functions: modulates voluntary movements and autonomic reactions, translates cognitive into action

c. amygdala
   functions: sense of smell, feeding skills, fear reactions, spontaneity, affective

LOBES OF THE CEREBRUM

Each cerebral hemisphere (left and right) is subdivided by deep sulci, or fissures, into four lobes:

1. Frontal function:
   voluntary motor control of skeletal muscles; personality; higher intellectual processes (e.g., concentration, planning, and decision making); verbal communication, goal formulation, organizing, carrying out activities, “gestalt” = seeing the big picture, cause and effect reasoning, concept formation, abstract ability, verbal reasoning, comprehension, inferences, judgment, expressive functions, motor skills.

2. Temporal function:
   interpretation of auditory sensations, storage of memory of auditory and visual experiences, language skills, emotionality, memory: registration, storage and retrieval, consolidation, recent and remote recall.

3. Frontal/Temporal function:
   emotionality: highly labile (emotionally charged or indifference reactions, impulsivity, making mental/behavioral shift, perseveration, frustration tolerance, delayed gratification.

4. Occipital function:
   integrates movements in focusing the eye, correlating visual images with previous visual experiences and other sensory stimuli, conscious perception of vision, visual memory, visual/auditory attention.

5. Parietal function:
   interpretation of body sensations, understanding speech and formulating words to express thoughts and emotions, spatial orientation, tactile sensation and attention.

Applications to Control Theory

As we know, in control theory the brain is diagrammed into the following components:

Sensory System
Perceptual System (Total Knowledge and Valuing Filters)
Perceived World (including Quality World)
The Comparing Place
The Behavioral System (including Total Behaviors)

An attempt will be made to correlate each of these control system components with specific areas of brain functioning and corresponding cognitive skills which I believe are necessary in “utilizing” each component independently.

In an effort to do so, I have chosen to depict the control system of persons with mental retardation. Using this special population who present with global deficits involving to some degree all cerebral locations, it will be possible to point out well documented generalized neuropsychological tendencies or “cognitive/emotional styles” commonly viewed when working extensively with persons presenting with severe cognitive challenges.

The reader should be aware that the use of these generalities is by no means an attempt to label, classify, or in any way dismiss the unique individuality of all persons with mental retardation. On the contrary, they are meant to better illustrate the common neuropsychological realities inherent in their disabilities. In doing so, I hope to reaffirm that despite these cognitive realities, they have the same basic needs as any of us and above all, the right to self determination through need satisfying interactions and activities.

THE NEEDS

Because the basic needs of love, power, freedom, fun and survival are genetic instructions, they therefore would theoretically permeate the entire geography of the brain.

LOVE/BELONGING

Persons with mental retardation possibly have hyper belonging needs. Establishing involvement with them tends to be a rather easy accomplishment. They genuinely like attention from peers and adults. Unfortunately, due to both family and societal interactions, this need often times is satisfied in a child like fashion. Many times people with mental retardation are treated based on their mental age versus their chronological age. Their “right to grow up” is often misunderstood. Consequently, they learn early
on that being dependent, sheltered and protected actually meets their belonging need.

POWER

Although we are seeing encouraging changes, for the most part persons with mental retardation receive very little recognition for achievements in age appropriate life skill areas, especially in the competitive work area. The best way they know how to assert themselves and thus gain power in their environment is usually through choosing “stubborn” behavior. In some cases, they will choose other more intense feeling or less effective acting behaviors to gain power.

FREEDOM

Again, due to the tendency to protect them from the outside world they do not have much freedom. They have little opportunity for decision making as adults in their lives tend to decide for them. They also have very little freedom to move about in the community. As with power, one would think that the freedom need is a “hypo” need. This I believe is again more a function of societal perception than genetics.

FUN

Unlike most of us, fun activities for persons with mental retardation must be structured by others and hence tend not to be as spontaneous. Activities have to be introduced or “pictures” have to be developed through new experiences. The fun need is not “hyper” yet there definitely is difficulty in terms of time, place and manner. Fun tends to be childlike and can occur at times when other activities are happening. For example, it is not uncommon for a person to begin fooling around or joking while on an assembly line at work or even at a funeral. Again, discrimination tends to be a problem.

SURVIVAL

Survival needs are for the most part left to others to take care of. They tend to be overly concerned about health issues, injuries, etc. and thus may seek out attention sometimes quite dramatically for minor physical problems. Risk taking tends also to be a problem as they tend to choose to be anxious around new tasks or new environment. Lastly, preoccupation with food as a “quality picture” is not unusual and this certainly helps to explain why traditionally programs for the mentally retarded rely solely on stimulus-response behavioral management using food as a “primary reinforcer”.

SENSORY SYSTEM

Areas of Cerebral Functioning:
Occipital Lobe
Temporal Lobe
Parietal Lobe

Hindbrain: cerebellum
Midbrain: reticular activating system
Forebrain: thalamus
Cerebrum: amygdala

Defects in: seeing, hearing, touching/feeling, taste and smell, exchange between sensory and motor, visual and auditory automatic response, sensory processing, interpretation of auditory sensations, integration of visual images, tactile sensation and attention.

Implications: Information from the real world is not fully processed for input into Perceptual system.

PERCEPTUAL SYSTEM:

TOTAL KNOWLEDGE FILTER

In control theory, the “thinking wheel” of our total behavior is actually a “slice of the Total Knowledge Filter”. (Curtiss, 1992) The Total Knowledge Filter, then, comprises most of the major cognitive functions found in the cerebral cortex of the brain.

Areas of Cerebral Functioning:
Midbrain - reticular activating system
Forebrain - diencephalon, thalamus
Cerebrum - corpus callosum
Frontal Lobe
Temporal Lobe
Parietal Lobe

Defects in: visual and auditory response, attention, memory storage, retrieval, sharing learning between hemispheres, concentration, planning, decision making, organizing, concept formation, reasoning, abstract ability, comprehension, inferences, judgment, storage of auditory and visual memory, language, memory registration, consolidation, recent and remote recall, formulating words in express thoughts.

Implications: Since the Total Knowledge Filter relies on information input from the Sensory system, defects associated with sensory function will have a profound effect on this filter. Persons with severe cognitive problems (mental retardation) generally have “smaller” Total Knowledge Filters. Their storage capabilities for persons, places and things is limited due to both memory deficits as well as lack of experiences driven by the power, fun and especially freedom needs. The content of information actually stored in their Total Knowledge filter is not easily interpreted and is very often “lost” due to deficits in long term memory storage and retention.

VALUING FILTER

Areas of Cerebral Functioning:
The Cerebrum - corpus callosum
Frontal Lobe
Temporal Lobe
Parietal Lobe
Deficits: sharing of learning between two hemispheres, decision making, seeing the big picture, cause and effect reasoning, concept formation, abstract ability, verbal reasoning, inferences, judgment, emotionality, language skills.

Implications: The Valuing filter also relies on Sensory input and is therefore greatly impacted by sensory difficulties. Persons with mental retardation tend to view problems from a “high” level of perception, ie., things are either really very bad or really very good. They therefore tend to have a “black and white” value system. Due to limitations in their experiences they also tend to display highly emotional attachments both positive and negative to objects which would not normally elicit valuing responses. For example where we may view our college alma mater with a positive high level of perception, persons with mental retardation may keep sacred a sticker of a university logo which they have no connection to, no knowledge of and seemingly no emotional attachment to the person who may have given it to them. Their value system can be seen as primitive and as such is highly misunderstood.

PERCEIVED WORLD/QUALITY WORLD
Areas of Cerebral functioning:
The Hindbrain - medulla oblongata
The Midbrain - reticular activating system
The Forebrain - diencephalon, thalamus
Cerebrum - corpus callosum
Frontal Lobe
Temporal Lobe
Occipital Lobe

Defects: visual and auditory responses, exchange between higher and lower brain structures, memory functions, organizing, seeing the big picture, concept formation, abstract ability, verbal reasoning, inferences, expressive functions, correlating visual images with previous visual experiences.

Implications: Limited information from the Total Knowledge and Valuing Filters will subsequently impact significantly on the perceived world and the quality world. Persons with cognitive deficits will have less pictures in their perceived world and the pictures they have will be somewhat primitive with little neutral value. They tend to be either very good or very bad. Pictures tend to be prioritized in terms of immediate gratification versus long term need fulfillment. This is a major reason why stimulus-response psychology has been historically used with this population due to its reliance on immediate “reinforcers” which quite quickly are perceived as quality world pictures by the cognitively disabled person. Quality world pictures tend to be fuzzy or unclear due to limited experiences and the aforementioned cognitive deficits. Pictures also change more rapidly moving in and out of the quality world into the perceived world as a negative. For example, when a favorite teacher does not allow the student freedom from a certain activity, the student may “see the teacher” in a negative light for weeks, regardless of the strong personal involvement and all of the “nice” things that the teacher has done for the student in the past. Again, weaknesses in cognitive structure would result in such thinking behavior.

THE COMPARING PLACE
Areas of Cerebral functioning:
The Hindbrain - medulla oblongata
The Midbrain - reticular activating system
The Forebrain - diencephalon, thalamus
Cerebrum - corpus callosum, basal ganglia, amygdala
Frontal lobe
Temporal lobe
Parietal lobe

Defects: blood pressure, sensory processing, perceptual discrimination, visual and auditory automatic responses, focusing and shifting attention, autonomic reactions, affective expression, cause and effect reasoning, abstract thinking, judgment, memory, emotionality, interpretation of auditory and visual experiences, making mental and behavioral shifts, frustration tolerance, delayed gratification, formulating words to express thoughts and emotions.

Implications: Area of the control system where persons having cognitive deficits have the greatest problem. Their ability to self evaluate is hampered by all of the brain systems and their functions that come into play. The Comparing place requires “if/then” thinking or cause and effect thinking. This is a higher level abstract process that few people with mental retardation possess. They must first be able to “see” the problem and understand that what they want they do not have and their present behavior is not helping them. Additionally, because of poor frustration tolerance their scales tend to go out of balance quicker and easier in situations that most people would deem as “no big deal”. This more intense frustration signal is most often incongruent to the event as they tend to get upset with minor events and continue being upset for a longer period of time, often perseverating for days on a problem that has long been solved.

BEHAVIORAL SYSTEM
Areas of Cerebral Functioning:
The Hindbrain - medulla oblongata, reticular formation, pons, cerebellum
The Midbrain - reticular activating system, diencephalon, thalamus, hypothalamus
Cerebrum - basal ganglia, amygdala
Frontal lobe
Temporal lobe
Parietal lobe

Defects: respiration, blood pressure, heart beat, muscle activity, wakefulness, muscle movement and coordination, visual and auditory response, focusing and shifting attention, rage and fear reactions, homeostatus and equilibrium, attention and awareness between two hemispheres, voluntary movement, translates cognition into action, fear reactions, spontaneity and affective expression,
higher intellectual processes, expressive functions, motor skills, emotionality, memory storage and retrieval, understanding speech and formulating words to express thought and emotions. Implications: The Behavioral system of persons with severe cognitive deficits quite naturally has a smaller or "deflated" thinking wheel. They tend to operate predominantly on feeling and physiology. They have less organized behaviors in their repertoire and must be taught through concrete description and role play new effective behaviors. They have less ability to reorganize into effective new behaviors; however, they are seen to be very highly creative in their ability to reorganize into less effective behaviors. It is not unusual for those working with persons having severe mental retardation to be astounded by new "inappropriate" behaviors suddenly observed in their students. They tend to have what I term "go to" behaviors which they choose when their scales are out of balance. These are behaviors that have a high degree of frequency, duration, and intensity and if "useful", the behaviors themselves can become so need satisfying that they are placed in the quality world of the person as actual pictures. An example of this would be many of the self stimulating behaviors seen in persons with autism where the behavior itself becomes an activity or picture which satisfies the need for freedom and fun.

Before moving to the adaptations in the "Cycles of Counseling" for persons with cognitive challenges it is important to note that the description of the above control system illustrates two basic premises. The first is that control theory can be operational for this special population because, regardless of their cognitive picture, they too are internally motivated. Second, before beginning to help persons with cognitive challenges get their needs meet, we must have a comprehensive neuropsychological picture of how their brain processes information from the outside world. Unless we have this information, we may tend to make broad assumptions about their internal makeup. For example, it was proposed that autistic people have "hypo" belonging needs because they don't interact much with others. While it is true that some persons with autism may in fact have a lesser need to belong than us, more importantly, it is also true that they have extensive sensory and language deficits located in both "old and new" brain areas that have significant impact on their ability to utilize the cognitive skills necessary in social interaction.

ADAPTATIONS TO THE CYCLES OF COUNSELING

The "Cycles of Counseling": Environment and Procedures that lead to change need to be somewhat adapted in order to make reality therapy operational for students with mild to severe cognitive disabilities. Reality therapy has proven to be effective for these students because it is action oriented versus insight oriented. This population tends to be concrete and experiential in their learning style. They require a helping style that is flexible to their individual cognitive picture emphasizing interactive planning. This planning incorporates the use of the community and the person's "life space" to teach new effective life skills as well as developing quality world pictures through new experiences.

ENVIRONMENT

As stated previously, involvement with students having severe cognitive disabilities is usually not difficult. It is important for the counselor/teacher to focus on what is possible in the students' life and to understand that despite their very real intellectual deficits they are responsible for their behavioral choices. They should not be allowed in any fashion to use their disability as an excuse to act irresponsibly. Integration and full inclusion into the community is their right, yet with this right comes an obligation to present themselves as productive, independent and responsible. The counselor/teacher throughout the interactive environment must always stress this concept of "what is possible in your life". Added to this is the importance of helping to build the limited Quality World of the student. This is done by essentially moving the student outside of the classroom or counseling session into the community where new experiences (recreational, social, cultural, vocational, residential, etc.) will add new exciting pictures.

"Never giving up" is a major piece of the counseling environment. These students are so used to people having low expectations of them that they do not tend to persevere and take risks in the learning of new skills. Teachers/counselors must understand that learning must be measured in very small increments and that "falling down" is natural and developmental on the road to greater independence.

In establishing the therapeutic environment, the importance of understanding the neuropsychological picture of the students prior to working with them should be stressed. If one does not have a clear picture of the cognitive problems, a complete neuropsychological assessment should be a part of any educational plan. For example, if a student has severe auditory processing and auditory memory problems then he or she would not be a good candidate for "sit down and talk" counseling. Instead, they would most likely benefit from a mode of teaching that incorporates role modeling through physical demonstration and the rehearsing of plans through role playing. A simple touch to encourage hope would be more effective than telling them, "I think I can help you with your problem". They cannot process the verbal message but can process the visual and tactile one. Another example of having a comprehensive neuropsychological picture of how a student's brain processes information from the outside world can be seen in students with autism. It has been proposed that autistic students have "hypo" belonging needs given their limited interaction with others. While it is true that some may indeed have a lesser need to belong than us, more importantly, it is also true that they have extensive sensory and language deficits that have significant impact on their ability to utilize the cognitive skills necessary in verbal social interaction. Those having extensive daily experiences with these students see them struggle to make contact only to be frustrated by the lack of necessary expressive and receptive skills.

The relationship between the counselor/teacher and the student with cognitive disabilities is somewhat different than with students who are cognitively intact. We have seen that using our control systems requires many mental processes which enable us to sense, perceive, store, value,
evaluate and behave. In essence, due to the intellectual limitations of these students, the professional at times must actually “lend brain functions” in order to assist them during “procedures that lead to change”. To that extent, there always exists a “power differential” within their authentic relationship. With specific modifications in the “WDEP” (Wubbolding 1988) process, this power differential actually enhances and protects the therapeutic environment and personal involvement. As we will see, this process becomes much more directive and proactive in the part of the counselor/teacher.

**WANTS**

The emphasis on affirming and developing Quality World pictures is always on “what is truly possible in the person’s life”. In many cases there is either little or no stated “want”. The person may have wants which have always been unrealistic or have become unrealistic due to the onset of disability. If there is little or no stated wants, the counselor/teacher suggests and in many cases “prescribes” pictures that are obtainable. Again, in most cases, the use of concrete experiences in the community outside of the school to “paint new pictures” is recommended. If there are wants, the helper actually evaluates these either with, or in some cases for, the student in terms of whether the wants are:

- realistic
- possible
- logical
- have a negative effect on the person, others, school, etc.

The professional’s role in “fishing in the Quality World” (Curtiss, 1992) is very direct and concrete. Asking common reality therapy questions such as: “If you could have your school the way that you want it, what would it look like?” is much too abstract for most students with cognitive problems. More concrete questions such as: “Do you want to go to gym when you first get to school in the morning or after the morning break?” would probably get better results.

**DOING**

Again, the helper is more proactive in looking at what the students are doing to get what they want. They evaluate the picture of the behavior by detailing specific pieces or components of the behavior (time, place, manner, duration, effect, etc.) as well as describing in concrete terms the four components of the total behavior. The helper asks students what they remember about the behavior and fills in details or helps “reframe the event” by telling the students what the teacher/counselor or others saw them doing. In the case of students who are non verbal, the helper may also hypothesize what the student was attempting to get from the behavior and what basic need may have been driving the behavior. In this way, plans to help students get what they want by teaching more effective behaviors can be tested until a clear picture is established thus adding to the students’ Quality World.

**EVALUATION**

Because we have seen that evaluation requires higher level abstract “cause and effect”, or “if/then” thinking, helpers are most directive in this step. They tell students if the behavior is helping them or hurting them. By taking the student concretely through the event through the use of role play, the helper can evaluate the students:

- comprehensive of the event
- commitment to change
- whether the student is capable of self evaluation

**PLANNING**

The planning process incorporates this directive approach further as it asks the helper to not only role play the plan of action, but in many cases to actually enter the life space where the plan will take place and be present and/or assist when it is tried. The role of the teacher/counselor is to:

- make sure the student knows what to do and how to do it
- show the person through role play the behavior to be tried
- suggesting a plan
- prescribing a plan: how, when, where, and why
- testing and “holding” the student to the plan

When working with students having cognitive challenges, the planning process must be more intentional and helper directed. By this I mean that we don’t tend to change, reevaluate, or alter plans as frequently as we would with other students. As long as we know they have the skills to carry out the plan and the plan is the best possible way for them to get what they really want, we tend to “hold them to the plan”. The teacher/counselor must be persistent without getting into power struggles. This is a delicate line that must be walked in working with this student population. In essence, you are taking away some power from students in the decision making process in order to help them achieve even more power and freedom that comes with successful community integration and an increased success identity.

This helper directed process is less likely to be viewed as coercive if one views the power differential as Cognition. In practice, the helper is utilizing brain functions that are not available to the student. This more directive use of the WDEP process requires an innovative and challenging interventional style which allows students to use their cognitive competencies while at the same time constantly evaluating and subsequently intervening when cognitive skills are not present. This approach is central to establishing a productive therapeutic enterprise which facilitates and cultivates the explicit goal of both reality therapy and Integration: “Self Empowerment”.

In conclusion, in attempting to ascertain the role of control theory in the full inclusion of students with cognitive challenges, we first must understand the nature of the interplay between brain functioning and behavior. Neuropsychological applications to control theory and the practice of reality therapy may comprise a new frame of reference that affords us an approach that synthesizes both concepts and strategies into a systemic
design for working with students having a wide range of cognitive abilities. For the Special Education professional, furthering our knowledge of control theory and Neuropsychology and the merger of the two will greatly enhance the success of our collective endeavor.

CREATIVE FUNCTIONS OF MISBEHAVIOR
R. Wayne Davis

The author is administrator of the Templeton School in Valdosta, Georgia.

Misbehavior is often an attempt to communicate. Staff must read the hidden messages of misbehavior. Among other things, the person's misbehavior may be an attempt to say:

- I am bored.
- I am frustrated.
- I am angry.
- I want ________.
- Come and play with me.
- I need some affection.
- I don't like this.
- Get me out of here.
- I am scared.
- I feel sick.
- Pay attention to me.

Misbehavior is also an attempt to control the world. It is a way to choose to have the world different in some way. A major goal is to teach acceptable ways of communicating and making choices through behavior (Glasser, 1965; Glasser, 1985; Sansone, 1993).

Of course, misbehavior serves a creative function for all people. When people misbehave, they are usually doing the best they can to meet their needs (Glasser, 1985). They are often attempting to communicate about needs, wants, and problems. Since spoken language is frequently limited in persons with developmental challenges, some of these individuals, especially, must resort to body language to signal need-states.

According to Glasser (1985), people naturally go through several stages in attempts to meet the basic human needs of survival, freedom, belonging, power, and fun. First, they detect problems between what they want and what they are getting. Second, they try new behaviors and generate many hopeful responses intended to satisfy their needs. Finally, they redirect behavior into a new pattern that amounts to their best bet for fulfillment. The goal of reality therapy (Glasser, 1965) is to teach each person how to meet his or her needs without imposing on others. A counselor may assist the creative process to determine even better ways of responding by getting the person to evaluate needs, wants, present behaviors, and new alternatives (e.g., "Johnny what could you do next time?"). A necessary outcome to

References


achieve is personal satisfaction. Control theory is Glasser's formal explanation of this process.

Each person experiences the five needs at some level which is influenced by heredity and learning, as well as experience of opportunities in the environment. The function of behavior determines whether people fulfill their needs. An unmet need causes people to feel frustrated (Glasser, 1985). When frustration persists, they find themselves in an existence that is below their quality standards. The quality standards are within each person, based on his or her needs and choices.

Since looking at a person's needs directly is not possible, those of us who wish to help must evaluate the behavior of the individual with limited language. Assessment is the first step. The assessment process involves gathering information about what a person says or does that indicates wants or choices. Even a person's tone of voice suggests how strongly some experience is wanted.

A good helper learns to understand feelings, preferences, goal objects, facial expressions, reactions, communication (voice tone, volume, and speech rate), situations, consequences, self-esteem, social persistence, and so on, as well as the spoken words. Indeed, information about need-states may be drawn by an astute observer even if the person (e.g., deaf person) cannot talk. In service programs (e.g., schools), the interactions between the person and the environment provide the clues concerning personal desires.

Basic Needs and Challenges

The five needs are defined below. Each is discussed in a general way, followed by specific or observable descriptions and in terms of impact on misbehavior, those creative attempts to experience fulfillment.

Survival needs are the general requirements of the body. They have been described as biological, physical, health and safety essentials. These physical needs are the first priority in the helping process because they determine the quality of a person's physical existence or life. All of the other needs are psychological and depend, to a large extent, on basic physical care and sustenance. Every other need depends on the person's survival, which relates to eating, drinking, comfort, security, and physical condition, among other things. People with limited language may misbehave when hungry, thirsty, tired, ill, and so on. They need an active schedule that provides for all physical needs.

Freedom is a need that drives people toward independence. Everyone has a basic need to live a life that is uniquely personal, based on free choice. No single person has unlimited choices, but each one usually has several available in certain situations. Each person may choose to make decisions about major and minor life outcomes. Each usually has a range of options available to him or her. When people are dominated by structure and particularly coercion, they often react with misbehavior that says, "Let me live my life." The person with a disability is not always fully aware of all available options and long range consequences.

The freedom need is often overlooked in developmental programs, which are typically directed by an authority figure (e.g., teacher). Without freedom, a person can hardly express the personal choices or wants necessary for satisfying any of the other fundamental needs.

Belonging includes caring for people, forming friendships, getting involved with others, and establishing love. People are born to relate in groups that range in size from two to several hundred million members. The very survival of people depends on living and working together in harmony (i.e., cooperation). People need each other now more than ever. They need connections, friends, acquaintances, and loved ones. Misbehavior is often aimed at gaining attention. When this is the case, the belonging need may be pressing toward fulfillment. The only solutions to attention-seeking misbehavior include the strengthening of social relationships (involvement) and the provision of a generous supply of attention and opportunities for interaction. Too often, people with developmental challenges experience limited opportunities for belonging because of segregation.

Power is the need to feel important. It is the need for positive feelings about oneself, or self-esteem, and mastery and control over the environment. When people are appreciated by others and/or master the environment, they experience power. When they are left powerless by circumstances, they try to control others, which leads to power struggles. Sharing power and getting out of conflict cycles are essential skills for people faced with power-related misbehavior. Powerlessness is a dimension of disability. Hopelessness is one of the early stages of crisis behavior development.

Fun is a need in its own right. It is related to all others because, after all, the satisfaction of every need does tend to lead a person closer to happiness. Laughter, humor, pleasure, enjoyment, and learning — all of these experiences satisfy the need for fun. The "class clown" can disrupt constructive activities in any classroom. In this case, the appropriate time and place for fun activities may need to be made explicit.

A state of frustration occurs when a person is left wanting. A goal of control theory is to eliminate extended periods of frustration and help the person access a supply of experiences that satisfy the individual more completely. During this process, adaptive behaviors are likely to gain strength as maladaptive behaviors disappear. If people with disabilities lived enriched lives, with respect to all basic needs, some of the reasons for misbehavior (i.e., frustration) would be removed from their lives. Unfortunately, some of them experience, not just frustration, but outright deprivation. Their basic needs are at times compromised because "special needs" are assumed to have a greater priority.

The first step for staff is to understand the behavior problem(s) of the person. The staff may ask some questions, not because stimulus-response psychology is the answer, but to understand the environmental context of the functional behaviors exhibited by a person with limited language:

- Who is present when the behavior problem(s) occur? Do problems occur around certain people?
• What exactly is the behavior problem and what behavior occurs just before the problem? Does the problem occur during some particular activity? What happens before and after the behavior?

• When does the problem occur? When does it not occur? Does it run in cycles?

• What purpose does the behavior serve?

Finding answers to these questions will often give clues about how to step in. The person’s schedule and activities may be changed. Attempts may be made to meet his or her needs more adequately. Nothing short of some measure of need-fulfillment will resolve the issues which have been addressed above.

**Goal-Directed Behavior**

What to do about misbehavior often depends on its purpose. Misbehavior is usually goal-directed. The major goals of misbehavior, personal symptoms, and interventions are described in Table 1. The symptoms relate to the person, while the strategies relate to what the staff may do.

### Table 1

<table>
<thead>
<tr>
<th>Goal</th>
<th>Symptoms</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenge</td>
<td>Retaliate against a person for some offense, real or not.</td>
<td>Intervene as an umpire to resolve the dispute; help negotiate an agreement.</td>
</tr>
<tr>
<td>Attention</td>
<td>Outburst done for eye contact, facial expression, belonging.</td>
<td>Cooperative activities, ignoring misbehavior, praising good behavior.</td>
</tr>
<tr>
<td>Freedom</td>
<td>Noncompliance, running away, directing one’s own movement.</td>
<td>Provide appropriate time and place for free action. Recognize constructive behavior. Offer choices.</td>
</tr>
<tr>
<td>Power</td>
<td>Control other people, things or activity.</td>
<td>Show appreciation for good qualities, share power.</td>
</tr>
<tr>
<td>Fun</td>
<td>Behavior in control of laughter.</td>
<td>Provide fun outlets and times for fun.</td>
</tr>
<tr>
<td>Survival</td>
<td>Attempts to signal bodily needs (pain, hunger, etc.).</td>
<td>Regular schedule to meet every need; record vital signs.</td>
</tr>
<tr>
<td>Helplessness</td>
<td>Get things done by staff.</td>
<td>Require responsible, self-initiated behavior.</td>
</tr>
</tbody>
</table>

*Based on works of Glasser (1965, 1985).

### Discussion and Conclusions

Sansone (1993) advocated that basic needs, not special needs, should be the subject of focus with severely disabled populations (e.g., those who can’t talk). The present author supports the idea that control theory can be of benefit to individuals with severe disabilities. However, practitioners will need to rely on the body language of these people in order to interpret the hidden message of their misbehavior.

Based on the present author’s experience with students who have severe and profound intellectual disabilities, control theory provides useful insights into their behavioral difficulties. It also suggests areas of school improvement with this population. Templeton School is presently being redesigned to focus on basic needs first, and special needs second. There is a lot of room for upgrading the quality of the students’ experience in real community settings where the nondisabled population generally experiences fulfillment (restaurants, stores, places of recreation, etc). The increasing percentage of time students spend belonging (interacting) with nondisabled peers is another, related outcome that is being written into Individual Education Plans.

Conclusions below relate to the application of control theory in understanding the behavioral difficulties of people with severe intellectual disabilities. They may also have some application with individuals who have limited verbal abilities due to other reasons:

1. Control theory has broad application. The present discussion supports its value with people who have very limited intelligence, including the accompanying impairment of verbal skills.

2. Misbehavior serves a functional purpose. It signals an unmet need, at times has a communicative intent, and its goal-directed nature reflects basic needs, not necessarily special needs.

3. Understanding challenging behavior of a nonverbal person is facilitated by some study of the environmental context (goal-objects, etc.) in which it occurs.

4. Sustained frustration is likely to be a precursor of misbehavior. Limited adaptive behavior of students also limits more adaptive options in terms of behavior (choices).

5. Escalation of behavior problems, in which the student tries a series of behaviors to exert control, may be part of the reorganization and redirection process (Glasser, 1985).

6. Steps may be taken, based on control theory, to minimize the probability of behavior problems by minimizing the probability of frustration.

7. The setting in which a person functions may limit more adaptive choices. When people misbehave, there is a signal that something is needed. Whether the problem is the student, the teacher, or the school, the misbehavior is a message that something needs to be changed. It is the individual’s best bet for fulfillment, and it should be viewed as a request for assistance.

### References


REALITY THERAPY BASED PLANNING MODEL

Elijah Mickel

The author is Associate Professor and director of the baccalaureate social work program at Delaware State College, Dover, Delaware.

It takes a village to raise a child.
African Proverb

The basic premise of the Reality Therapy Based Planning Model (See Figure one) is family empowerment. If we intend to be effective in empowering families, we must emphasize that families have control over what they do. This is congruent with the presumption that the future of any society is its children while the future of the children rest within the family. The future of the family is measured by the extent of its perceived empowerment. The role of the therapist is to facilitate the removal of barriers which impede effective service delivery.

This model postulates that in order for a family system to gain or maintain control over its environment, it must have the means (resources, options, conditions, and choices) to cause the current conditions to change in one or more ways. In concert with this position, the therapist must facilitate the development of a successful family identity which can lead to independent action and increased choices. According to Harris (1977, p. 78), "A good technician works to educate the community to perform activities for themselves at the expense of the technician’s job security. Dependence may become a form of oppression.” The educative process leading to change is the reality therapy based planning model. The focus is upon planning from an empowering perspective. It outlines a process to work with families to assist them with taking effective control of their lives. With the responsibility for control comes the power, which when responsibly used, translates into effective control.

Fundamental to effective control is an understanding that I am responsible for choosing my behaviors, therefore I can also claim credit for my behaviors, which result from the choices I make and not as a result of some external manipulator. My behavior is internally motivated. In an effort to increase the perception of powerfulness, the change effort must provide skill building and action focused intervention.

Planning using a reality therapy based model provides a foundation for effective cooperative attitudes and practices. Many of the counselling methodologies heretofore used to deliver services have proved inadequate from an empowering perspective. Some models are inadequate because they promote the very problems community and families are attempting to resolve. Others, and this is especially significant within the non-white community, perpetuate ethnic and cultural insensitivity. These issues must be addressed. Therapists need to consider the impact of the model they chose upon service delivery. Therapists must also consider the impact of a particular model upon the family and upon the (non)empowering of the community system.

Any effort towards family empowerment must deliver counselling services in a manner that does not disempower. Thus the foundation to delivery of services is the therapists’ frame of reference. Key to the frame of reference is its theoretical underpinning. A foundation which inhibits and restricts service delivery is not empowering. A foundation which promotes racism and sexism is not empowering. A foundation which denies the right of choice is not empowering. A foundation which does not promote responsibility is not empowering. A foundation which places blame on the victim and gives credit for change to the therapist is not empowering. A foundation which ignores ethnic and cultural difference is not empowering.

The philosophical base postulates family and self control. A major assumption within the reality therapy based planning model is that empowerment is positive and a desirable goal. It is presumed that this model empowers. It is assumed processes that lead to empowerment are in the best interest of the families served. It is further assumed that the theoretical and its concomitant practice base leading to empowerment are again in the best interest of the families serviced.

The Reality Therapy Based Planning Model is the specific process whereby intervention and planning is implemented. It should be noted that the family system is the client. Reality therapy accepts the concept of total behavior. Total behavior is the thinking, acting, feeling and physiological aspects of the family’s behavior in the community. Total family behavior is exemplified through the relationships and roles of family members. Communication is an important variable in the analysis of total behaviors. The points of intervention in family behaviors are the thinking and acting components.

This wholistic model addresses the family system and its supportive roles relationships within the parameters of reality therapy. Its function is to facilitate the communicative-interactive process to assist families in getting their needs met in a responsible manner. This model uses as a point of intervention the family within the context of the environment. It is a process which uses reality therapy/control theory with families in an open community.

The goal is to encourage families to use their strengths to solve problems. They can, through the use of these strengths, improve the quality of life for themselves and their children. The focus is to work with families as they take effective control of their lives within their community.

The family is the locus for development of the mind, body and spirit. Families are the cornerstone of communities, and organized communities impact significantly the development of the world. Harris (1977, p. 15) defines community organization as “a process by which a community identifies its needs or objectives, orders (or ranks) these needs or objectives, develops the confidence and will to work at these needs or objectives, finds...
the resources (internal and/or external) to deal with these needs or objectives, takes action in respect to them, and in so doing extends and develops cooperative and collaborative attitudes and practices in the community.” Community organization is accomplished through community development whereby the members within the community plan based upon a needs assessment. Community development is built upon family empowerment. Family empowerment is enhanced through reality based planning.

Our efforts need to address the specific helping processes and the utilization of culturally and ethnically competent methods within these processes. We must begin to reinforce our understanding that separation from those who are different from us cannot be a viable alternative. It must be made clear that to be different is not inherently pathological, and we are all part of the same world.

The family is a system within the wider social system. As a system, a family is two or more persons who relate to each other in such a way that if there is a change in one it affects the other. The actions of the second in turn influence the first. The family viewed wholistically transacts life events among its members under the influence of related forces.

The family relationship is built upon individual strength, couple strength, and family strength. Strength building within the family depends upon involvement. The greater the degree of family involvement, the stronger and more effective it is its relationship. Involvement can assist with overcoming imbalances in the family system. Imbalance is defined as a difference between what the family has in its real world and what the family expects in its quality world. The family, within the real world, attempts to behave to match its quality world view.

Reality based family therapy provides the foundation upon which one builds the involvement relationship. It is an approach which focuses upon the relationship system and works to modify or change those processes which detract from the strength need fulfilling quality processes. Family therapy, as an approach, must be used with at least two members. Primary intervention can occur with one member active and the other passive. That is, the therapeutic intervention must be planned with the concept of more than one.

It is therefore incumbent upon therapists to evaluate helping methodologies in light of cultural and ethnically competent issues (U.S. DHHS, 1992). The therapist must now look to the source, consider philosophical and theoretical underpinnings. If therapeutic intervention is to be effective it must be culturally, spiritually and ethnically competent. These are essential ingredients and our failure to evaluate and implement change when necessary helps to erect barriers to effective service delivery.

A cursory review of the literature (Acosta, Yamamoto & Evans, 1982; Atkinson, Morton, & Wing, 1979; Boyd, 1977; DHHS; Ehrenberg & Ehrenberg, 1986; Gary, 1978 and Ho, 1987) reveals several barriers within the conventional therapeutic approaches. These barriers include the position that ethnicity can be ignored as a significant factor in the therapeutic process. A second presumption concerns the predisposition concerning non-white and low income whites for therapeutic purposes. Another barrier is the practice of the deficit hypothesis. A fourth barrier is the concern with the emphasis upon the Euro-centric perspective as the “norm.” Finally, there are training programs which produce therapists who continue these barriers and are therefore a part of the problem.

Confronted by barriers, need dictates behaviors to overcome them. There have been, during this process, several alternatives to deal with these impediments. Among the alternatives is the therapeutic approach which shifts the locus of the problem from the individual to the environment. People not identified with the dominant groups are not themselves disadvantaged but exist within a disadvantaged environment. The efforts shift to the environment for intervention from a systems perspective.

The tools for dealing with problems have been creatively modified. The temporal process, from this perspective, deals with the present and the future. The role of the past is to discover successful behaviors and strengths to use in the present. Therapists are teaching their clients and the clients gain self help skills. Finally, it has become acceptable to advise and assist those persons with whom we work.

There is also the alternative approach which deals with a revised interpretation of behaviors. Behaviors are analyzed from a strengths-needs perspective. Therapy focuses upon the strengths that the client brings to therapy. Empowerment is key in the therapeutic relationship. Personal revelations are viable within treatment and it is alright to share with your client that you are not omnipotent. The evaluation of differences in communication styles is viewed as just that - a difference and not a weakness.

It is clear that women or non-white clients’ perception of the world may be different and behavior reflects perception. Furthermore, when there is a difference, it does not have to be labelled aberrant behavior. The role of the therapist is to understand and use behaviors presented to meet the goal of therapy. Success is measured in terms of the clients’ real (all we know is what we perceive) world view.

The alternative approaches are synthesized, from this model’s perspective, through reality therapy and control theory (Glasser, 1965; 1984). It is presented as a viable alternative for those who wish to consider a different way to work with their clients. Therapeutic planning is focused through and based on reality therapy and control theory. Reality therapy provides a viable alternative/intervention strategy in working with the client population. It does so, as it includes these alternatives within its perspective. Briefly, the environment is a crucial element in the practice of reality therapy.

The locus of the problem is no longer the individual in isolation but is described in relation to the client and his environment. The tools for dealing with the problem are the procedures that lead to change and are consistent with the alternatives discussed. Briefly, the procedures began with a focus on total behavior (feelings, physiology, thinking and doing). The process
moves to assisting the client to learn that total behaviors are chosen. Evaluate the current behavior with clients to obtain an evaluation of whether or not this behavior is working or taking them in the direction they wish to go. If there is a need, move to success oriented planned change. This model allows for the possibility that you as the therapist are not needed to focus upon changing behaviors. You may assist the client system by helping it continue present total behavior. Again the interpretation of total behavior as well as perceptions are key to reality therapy.

Reality therapy based planning provides the parameters within which one builds involvement. It is an approach which focuses upon the relationship system, works to modify or change those processes which detract from the strength need fulfilling quality processes. According to Nichols and Schwartz (1991, p. 17), “Groups are specifically designed to provide opportunities for reality testing in a relatively nonthreatening atmosphere so that distorted perceptions may be connected and new ways of behaving tried out. But families share distortions of reality which must be maintained for the sake of family equilibrium.”

The therapeutic process consists of the two major components inherent to reality therapy (IRT, 1987). The counseling environment and the procedures that lead to change are part and parcel to the process. It is incumbent upon the family therapist to weave together the environment and the procedures that lead to change. The therapeutic process is thus imbued with the in-situation components of the environment. The client system is empowered and the effects of the change effort are more reality based. Reality Therapy Based Planning provides a model to work with families toward the desirable goal of family empowerment.

The process begins by asking the client what (s)he wants. Empowered persons know in what direction they wish to go. Once the worker understands what the client wants, then it becomes necessary (for the worker’s planning) to translate that want into a basic need. The plan is based upon the identified basic need(s). It is understood under this model that you can’t always get what you want, but you can always get some of what you need. The key components to this model are evaluation and planning. One must evaluate what is wanted by what is available. The effort to confront the real world accepts that there is a role for ethnicity and gender as factors which may influence choices. An assessment of what is currently being done to get what is wanted, the process moves forward. Once behaviors are evaluated, planning can take place. (See Appendix)

All plans should be short, success oriented and strength building. They should have built in milestones and checkpoints. Planning is an ongoing process. The final component is commitment. I am invested in this plan and will carry forward with it. Remember, if a plan is to work, there must be a payoff for the client (must make sure it is the client’s plan).

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**APPENDIX**

**Reality Therapy Based Case Planning**

1. **What does want?**
   
   Direction: As specifically as possible state what client/family wants. Use client/family’s own words if possible:
   
   (1) What does ________ want?

   *Ask yourself if this is reasonable and achievable?

2. **Identify the need:**
   
   You may identify several needs from what the client/family wants but always attempt to address the one that seems to be the most urgent/prevalent. The plan revolves around the need.

   *Plan to the need you have identified. The needs are always present and require fulfillment therefore getting more always helps. Explain why you chose the particular need:

   (2) Identify the need: __________. You may identify several needs from what the client/family wants but always attempt to address the one that seems to be the most urgent/prevalent. The plan revolves around the need.

3. **Write as clearly and specifically as possible in behavioral terms what the client/family is doing to address their want (as identified in step one [1]).**

4. **Evaluate the behavior identified in step four (4). Ask is it working getting client/family what (s)he wants or moving in that direction. Explain:**

4A. **If it is working assist client/family to continue this need fulfilling behavior. As the therapist it then behooves you in concert with the clients to determine if the behaviors utilized are their best choice, if additional planning is necessary to maintain success and/or if termination is appropriate. If during this assessment an additional need is identified return to step three (3).**
Hope may be fortified by experience but that is not where it begins. It begins in the certainty that things can be done that have never been done before. This is the ultimate reality and it defines the uniqueness of the human mind.

Norman Cousins

References


(5) If at step four (4) it is determined that the behavior is not working, the therapist and client/family develop a doable, short simple written plan based upon the need(s) to move the client/consumer in the direction(s) he wants to go.

(6) Based upon step five (5) a commitment is made by the therapist and client/family to implement the plan. I agree to:

If I am unable to:

I will ____________________________

Signature Date

(7) Evaluation is an ongoing process but a specific point is mutually decided upon when therapist and consumer/client will decide it is working. If it is working follow directions at step 4. If it's not working evaluate the plan:

(1) Whose plan is it?
(2) Was the plan reasonable?
(3) Was success built into the plan?
(4) Were ample time frames, an evaluation mechanism, and commitment part of the plan?

Don't give up. Giving up on the plan is not giving up on the person; return to step one (1).

Specifically, this is a reality therapy based planning model built upon and developed as a helping modality for the family system. It provides step by step guideline for facilitating a successful empowering change process.
The CHOICE program. CHOICE is an in-depth program which teaches the participants how they can learn to feel important both at school and at home. People of all ages are less prone to use drugs if they feel good about themselves. CHOICE is designed to teach its participants specific things they can learn to feel good, without using drugs or alcohol.

The program has many unique features. Instead of a textbook, CHOICE uses a videotext with 14½ year-old "Sam", who looks like a cartoon character. Sam gets into a conversation with his own brain, in this case a bespeckled animated character. Sam’s brain is very explicit with Sam about what he likes and what he doesn’t like. He explains to Sam how, if they work together, both can feel a lot better and generally lead satisfying lives.

Other unique features of CHOICE are its utilization of cooperative (team) learning techniques which students have repeatedly evaluated as a great way to learn. Students love to talk to each other, and the cooperative learning approach encourages just that, in a planned, organized fashion that teachers learn to like as well. The use of real-life situations abounds in CHOICE.

For teachers, there are detailed lesson plans that are explained in the teacher training phase of the CHOICE program. For students, fun is brought into their lives at school which they take home during the family participation phase of the program.

Statement of purpose. The CHOICE program has been implemented in a number of school districts throughout the United States. Subjective feedback from these districts has generally been very positive. During the 1990-1991 academic year, the senior author was involved in a pilot program that implemented the CHOICE program at the seventh grade level. Qualitative analysis of the pilot study indicated favorable results from students, teachers, and administrators. To date, however, no empirical data have been collected and reported in the literature concerning the effectiveness of the CHOICE program. Therefore, the purpose of this study was to collect empirical data to verify the qualitative reports that already exist concerning its effectiveness.

RESEARCH HYPOTHESES

Hypotheses. The following hypotheses were tested in the study:

1. The CHOICE program will have a positive effect on the self concept of sixth grade students.
2. The CHOICE program will have a positive effect on the locus of control of sixth grade students (i.e. will have a more internal locus of control).

Dependent measures. A vast amount of research has been done to determine the most prominent personality variables that characterize and predict students at risk for drug and alcohol abuse. Two of the variables that are most consistently found in the literature are measures of the "self-concept" or "self-esteem" and "internal locus of control" (Giblin, Poland, & Ager, 1988).

Students who feel badly about themselves, or have a low self-esteem, can be expected to be more vulnerable to the effects of peer pressure and are, therefore, more likely to be tempted by destructive behaviors such as drug abuse. Persons exhibiting an external locus of control tend to consider their behaviors to be determined by factors outside of themselves that they are unable to control. Internal locus of control refers to the belief that one’s behaviors are predominantly chosen and under the control of the individual rather than external factors. Studies indicate that drug and alcohol abusers tend to have an external locus of control, seeing their abusing behaviors as outside of their personal control (Ruch-Ross, 1992).

METHODOLOGY

Subjects. The subjects for the study were 116 students enrolled in the sixth grade at two small rural school districts in West Texas. All sixth grade students at both schools were used in the study. The two school districts were well matched on the basis of economics and ethnic make-up. One of the schools received the experimental treatment which consisted of the CHOICE program. The other school served as the control group. Its
students were given the pre and post tests, but did not receive the experimental treatment. While a more sophisticated design, e.g. taking the experimental and control groups from the same school, would have been of value from an experimental point of view, the need to satisfy the school districts involved by treating all students at each school the same, would have made this an impractical and impossible task for this study.

**Instruments.** Two instruments were used to measure the self-concept of the students and one locus of control measurement was taken. The Piers-Harris Self Concept Scale (Piers & Harris, 1969) and a Semantic Differential Scale devised by the authors were used for measuring the students’ self-concepts. The Piers-Harris Self Concept Scale is one of the most widely used instruments for this purpose. It has an internal consistency of .78-.93 and a test-retest reliability of .71-.77. It is also been shown to be correlated with other similar tests in the area of .65. The Piers-Harris gives a global self-concept score as well as subscores for five areas of self-concept. These areas include behavior, intellectual, appearance, anxiety, and popularity.

For measuring the locus of control, the Nowicki-Strickland Internal-External Scale for Children (Nowicki & Strickland, 1973) was used. This scale has been widely used because of its brevity and ease of administration and scoring. Test-retest reliability for this scale has been shown to be .77 after six weeks. It has also been shown to be highly correlated with other accepted locus of control scales.

**Design.** A pre-test, post-test design was used in the study. Each of the instruments were given to the students in both the treatment and control schools in September and May of the same academic year.

**Procedures.** The students in both schools were given the three instruments in September and May. Students in the treatment school were taught the CHOICE program, while students in the control school did not receive the CHOICE instruction. Counselors trained in the CHOICE program and having completed at least a basic week and practicum in reality therapy facilitated the CHOICE program. During instruction two counselors co-taught each sixth grade class. Counselors met with the classes one time each week for approximately 45 minutes. The first phase of the CHOICE program involving the use of learning teams to learn the concepts of control theory was completed. The second phase consisting of parental involvement was not undertaken because of time constraints.

**Statistical analyses.** Statistical analyses were performed using the SPSS statistical package. Two-way analyses of variance were run for the post-test scores of each of the dependent measures, using the pre-test scores as covariates. This kind of an analysis has been widely used for pre-test, post-test studies (Borg & Gall, 1989). The inclusion of the pre-test scores as covariates adjusts the post-test scores for any differences that exist between the treatment groups prior to the administration of the treatment. The analyses of variance were performed on the dependent measures with independent variables including school (treatment or control), gender, and race (Mexican-American or non-Mexican-American). Pearson Product-Moment Correlation Coefficients were also computed to measure the degree of the relationship between the three dependent measures used in the study.

### RESULTS

**Main effects.** Although a consistent trend in the direction of increased levels of self-concept and greater internal locus of control was found for the CHOICE school as compared to the control school on the dependent measures, the only statistically significant difference between the treatment and control schools was found on the Semantic Differential (p = .05). This indicates that students in the CHOICE school had a significantly higher self-concept as measured by the Semantic Differential than those students in the control school, who did not receive the CHOICE training.

A main effect approaching significant (p = .11) was also found for the Piers-Harris popularity subscale. This would seem to give evidence that students that received the CHOICE training experienced fewer problems with negative perceptions of their popularity among peers.

**Interaction effects.** Several statistically significant interaction effects were found in the analyses. A significant interaction between school and students’ gender was found for the Piers-Harris behavior subscale (p = .04). This indicates that male students in the CHOICE school had fewer problems with feelings of low self-worth due to behavioral problems than males in the control school.

CHOICE school males also had significantly fewer feelings of low self-concept due to their appearance than males in the control school. The analysis indicated a significant interaction effect between school and gender on the Piers-Harris appearance subscale.

Males in the CHOICE school further showed significantly higher levels of internal locus of control than males in the control school. This conclusion can be reached due to the significant interaction effect between school and gender on the Nowicki-Strickland Internal-External Scale for Children (p = .07).

Another interesting interaction effect was found for the locus of control. The analysis showed Mexican-American students in the CHOICE school to have significantly greater internal locus of control than those Mexican-American students that did not receive the program (p = .07).

**Correlations between instruments.** Table 2 displays the Pearson Product-Moment Correlation Coefficients found between the three measurement instruments utilized in the study. It is interesting that although the Semantic Differential and Piers-Harris Self Concept Scale showed a strong correlation (r = 0.52), the Nowicki-Strickland locus of control measure seems to be a measure independent of both of the self-concept measures. The locus of control measure had correlations with the Piers-Harris and Semantic Differential of only r = 0.11 and r = 0.02, respectively. This
finding would seem to indicate that the self-concept and the locus of control of individuals are, indeed, measures of two quite different personality phenomena.

**Table 1**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Source</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semantic Differential School</td>
<td>3.81</td>
<td>0.05</td>
<td></td>
</tr>
<tr>
<td>Piers-Harris (popularity)</td>
<td>2.53</td>
<td>0.11</td>
<td></td>
</tr>
<tr>
<td>Piers-Harris (behavior)</td>
<td>4.38</td>
<td>0.04</td>
<td></td>
</tr>
<tr>
<td>Piers-Harris (appearance)</td>
<td>4.53</td>
<td>0.03</td>
<td></td>
</tr>
<tr>
<td>Locus of Control</td>
<td>3.41</td>
<td>0.07</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.38</td>
<td>0.07</td>
<td></td>
</tr>
</tbody>
</table>

**Table 2**

<table>
<thead>
<tr>
<th>Piers-Harris Self-Concept</th>
<th>Semantic Differential</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;How I See Myself&quot;</td>
<td></td>
</tr>
<tr>
<td>r = 0.52</td>
<td>p = 0.0001</td>
</tr>
<tr>
<td>Locus of Control</td>
<td></td>
</tr>
<tr>
<td>Nowicki-Strickland</td>
<td></td>
</tr>
<tr>
<td>r = 0.11</td>
<td>p = 0.24</td>
</tr>
</tbody>
</table>

**SUMMARY**

The results of this study do, in fact, seem to support the contention that the CHOICE program has a positive effect on the self-concepts of sixth grade students. In addition, students instructed in the CHOICE program appeared to gain more awareness of the control that they have for choosing their own behaviors.

The data gleaned from the study further indicate that the CHOICE program seemed to have a greater impact on male and Mexican-American students than female and non-Mexican-American students. Behavioral problems and concerns over physical appearance had less negative effects on the self-esteem of males in the CHOICE program school. Also, CHOICE seemed to help facilitate males and Mexican-Americans to develop greater internal locus of control.

Do the results of this study imply that the CHOICE program is more effective with males? Might the stereotypical male interest in logic and structure be a factor?

Might the CHOICE program’s greater measured effectiveness with Mexican-American students than non-Mexican-American students be due to cultural differences?

**References**


STRATEGIES FOR QUALITY PHYSICAL EDUCATION: THE GLASSER APPROACH TO PHYSICAL EDUCATION

Robert M. Edens

The author is a doctoral student in Exercise and Sport Science at the University of North Carolina at Greensboro.

"Every effort will be made to ensure that those who enter the classrooms will be given every opportunity to achieve quality in their work."

Robert Edens

As the bell rings, children file into the locker room and begin to change into their gym shorts and tennis shoes. Two teachers frantically try to monitor their respective locker rooms and somehow keep some sense of order in the gymnasium. Half of the children are running into the gym playing tag or chase. A second group, not dressed to participate, decides to take their regular place in the bleachers. A couple of stray children wander over to the corner to fidget with the lights. A few students, properly attired, walk over to their assigned place and sit quietly waiting for the teacher. Torn between trying to control the locker room and gymnasium, the teachers must also address any special concerns that the children may bring up.

In the second scenario, the children enter the locker rooms and begin to change into their gym clothes. The authoritarian physical education teacher stands over the locker like a hawk, monitoring any slight deviation from acceptable behavior. The children, whispering to keep the noise level low, dress quietly and take their appropriate place on the locker room bench. When the last child is prepared, the class is marched into the gymnasium in a manner Patton would be proud of.

This scene is all too familiar in gymnasiums across this country. Physical education teachers are faced with the problems of managing their respective classes, dealing with curriculum choices, implementing those choices, and evaluating student achievement. Control theory, with the integration of quality management, can create an ideal learning environment in physical education. Issues of management, curriculum, and evaluation will be discussed in accordance with Glasser’s quality school and control theory.

Basics of Control Theory

Control theory is an explanation of human behavior. It states that people have five basic needs: survival, love and belonging, power (worth and recognition), fun, and freedom (Glasser, 1984). Control theory explains that our behavior is our best attempt to satisfy one or more of these needs. It maintains that our behaviors consist of four components: physiology, feeling, thinking, and doing.

One way of explaining control theory is by using the car analogy. Glasser suggests that each wheel of this car corresponds to one aspect of an individual’s total behavior. The front wheels are the “doing” and “thinking”, while the back wheels are the “feelings” and “physiology”. The car (individual) is guided or steered by a person’s wants. The determinant of these wants is the engine, the individual’s four basic needs.

Teachers and counselors who have used Glasser’s car analogy have found this to be a very successful method of explaining these concepts to students. Once understood, students learn that choices are available, and they are responsible for those choices.

Deming’s Total Quality Management (TQM)

One only has to look at the rise of Japan after World War II to understand what focusing on quality can bring. The Americans who brought about that change were Edward Deming, and his coworkers, Joseph Juran and Armand Feigenbaum (Bonsting, 1992). Deming and his friends took a country which was once the brunt of jokes of the manufacturing world and turned it into the pinnacle of quality. Deming believes that quality cannot be applied externally like a Band-Aid, it has to be developed. He stresses the practice of “working smarter, not harder” (Harris and Harris, 1992).

Glasser has integrated Deming’s ideas of quality with his control theory in order to attack the problems of our educational system. Glasser suggests 4 conditions and four procedures for building a quality organization (Glasser, 1992).

Conditions

1. Quality is always useful and is never destructive.
2. Quality is the best that everyone in the organization, working both together and separately, can achieve at any particular time.
3. Quality can always be improved.
4. Quality always feels good.

Procedures

1. Education is a continual process.
2. Lead-managing is practiced as taught by Deming, Juran, and others.
3. Understanding is stressed, and control theory is practiced.
4. All those that work in the organization are treated as professionals.

It must be remembered that TQM is not a magic wand that can be waved fixing the problems in education. However, TQM does work in the classroom.

The Problem of Classroom Management

In the above scenarios, the teachers respond to the same situation, the children entering the locker room, in entirely different ways. The first has
allowed students to do as they please, disregarding safety concerns and policy. The second has employed autocracy to control students. The problem is obvious: neither method is conducive to student learning. Glasser (1992) refers to this type of management as boss centered. In physical education, a boss-management teacher would be one who is authoritarian, one who sets the task, instructs the children how to do the task, corrects the improper method of doing the task, and evaluates the students on how well they did the task.

A second type of teacher is the lead-management teacher. The lead-management physical educator (LMT) engages students in discussions and activities concerning the quality of work to be done and the time in which to do it. The LMT models or shows exactly what is expected. This may be a behavior or a skill. The LMT continually asks for student input and encourages students to explore better ways to accomplish the goal. In lead-management education, the teacher accepts that the students know how to produce high quality work and accepts input from them. Students become the inspectors and evaluators of their work. The LMT shows students that he has done everything possible to provide them with the best environment.

Employing this concept to the scenario at the start, lead management teachers would hold a discussion, (preferably at the start of the school year), in order to determine the best (high quality) method of entering into the locker rooms, getting properly attired, and into the gymnasium ready for class. She would ask students to devise the standards of proper conduct, as long as these standards were not in conflict with any school or safety policy. Rules would be agreed upon and accepted by the greater majority. The LMT emphasizes the quality of what students are doing and the choices they make to adhere to these standards.

It may be discovered that students need more time to go to their locker prior to their next class. An agreed upon solution might be to allow a few extra minutes prior to PE allowing students the opportunity to get their materials for their next class. What kind of impact will this have on the teacher of the next class when all of her students are on time, materials in hand? The snowball has begun rolling.

The LMT does not expect the students simply to remember to do these new behaviors. New behaviors must be practiced in order to learn them. The LMT would lead students in several practice trials that very day. This would accomplish three things. First, it would identify potential problems previously not thought of. Second, it would allow for corrections of the problems or revisions to the rules. Third, each student would know exactly what is required for getting ready for quality PE. These new behaviors should be posted so that all can see. It would be helpful if copies were distributed to all students. They could then sign these signifying that they agree to these standards. This empowers the students to accept responsibility for their own behavior.

It is certainly expected that some will forget or choose not to adhere to these quality standards. The LMT understands this and is able to address these concerns using control theory. This issue will be fully addressed under handling discipline.

Quality Physical Education

In order to discuss how to produce quality physical education, it must first be defined. Adapting the general definition from Glasser (1992), quality PE is when all students say:

1. I like PE; I look forward to going each day.
2. I am learning things in PE that I think are good for me.

Guidelines for the quality PE program are:

1. Staff and students are friends. Coercion does not exist.
2. There will be no nonsense taught nor tested for. Teachers will be required to explain how what they teach can be used in the student’s lives, present and future. Teachers will teach the way they think best. They will be under no pressure to prepare students to take national normative tests (fitness standards).
3. In K through 12th grade, movement, skills, knowledge, and games that have the greatest payoff in life will be emphasized. Teachers are encouraged to add additional skills as they see fit.
4. Students will be asked to evaluate all of their work for quality. If written tests are given, they will not be of the objective measurement kind (multiple choice). Demonstration of movement, skill, knowledge, and games-skill competencies will be the criterion. Knowledge tests should be applicable to the rules, the skills, or the game, but not a memorization of facts.
5. A corps of good students will be trained to serve as tutors (peer teachers) to any student who needs one on one tutoring. No student will be allowed to be in class not knowing what to do.
6. As long as any student wants to improve, any grade can be raised. Students will be encouraged to keep working to the point where their own and the teacher’s evaluation of what they have done reaches a level of quality. “B” is considered a competent grade.
7. Students who want to get credit and cannot achieve a “B” with what they have done in class will be counseled by their teacher to what they need to do either at home, after school, or with special help to get credit.
8. All teachers and students will be taught control theory. Teachers will be taught how to counsel students. Students who are interested will be taught how to counsel other students. (condensed and interpreted from Glasser’s Ten Practices of a quality school; Glasser 1992).

Achieving Quality Physical Education

The first step to producing quality physical education is to begin with a class discussion. This discussion should center around what quality is and how quality can be achieved in the context of the physical education curriculum.
Fun should be a major goal in physical education. Almost every physical education teacher will agree to this statement. If a child wants to become a soccer player, that child will spend all afternoon working on dribbling, shooting, heading and trapping. This child does not consider this work; it's fun.

However, many physical educators do not make PE fun. They have the students stand in lines, dribble down the court (if they can), and shoot the ball at the basket. Then, they retrieve the ball and go stand in line again. 60.80% of the time in physical education is spent waiting or listening (Anderson and Barrette, 1978). If the goal is to produce people who can stand in line, many physical educators have perfected this teaching method. Physical education should be just that, physical. It should be doing, not standing in lines.

Discussions of the quality program will naturally lead to the curriculum. Determining the actual activities should be tied to a purpose. Activities should be selected with the lifelong purpose idea in mind. Aspects of tumbling will be useful to those who go into the military, police or fireman's work. Basketball can be played well into their 30's and beyond, if for enjoyment and fitness reasons only. Football may be fun when you are in grade school, but will it serve any purpose later on. While many of the skills in football will not directly be used in later life, running and throwing with a future son or daughter may be justification for inclusion. Then there's the spectator enjoyment aspect. With people filling Saturday afternoon stadiums by the thousands, there is justification for an understanding of the rules and strategies.

Students should have as much to say about what is included in the curriculum as the teacher. Mutually agreeing upon the content is important. First, it meets the needs of the participants. If it meets their needs, they will choose to participate. There will be virtually no one choosing not to participate. Second, it allows students to have a stake in determining their own future. Third, if students are interested in a particular activity, they will want to learn to play it.

The methodology of instruction is determined by the teacher. However, there are aspects of the structure of physical education classes that must change in order to produce quality. Engagement time is one of these.

In a number of schools, up to half of a student's grade in physical education is determined by attendance and/or participation. This may include coming to class dressed for taking part, and/or actually taking part. In the quality physical education program, quality can be measured in different ways. Teachers and students agree to what quality is in regards to the activity. Assessment can mean the successful completion of a series of skill stations. A written report dealing with aspects of the game shows an understanding of the game. The student could observe several matches, and a written report could be one way of demonstrating a conceptual understanding of the game.

Handling Discipline

Glasser’s strategies have proven effective in handling student discipline (Heuchert, Pearl, & Hart-Hester, 1986; Grimesey, 1990). The use of reality therapy and control theory is a method of empowering students to control and manage their own behaviors. Glasser recommends notifying parents for positive reasons, not negative ones. A lead-management teacher deals with disruptive students without notifying the parents. When parents are notified, the student sees the school as the cause of the trouble he now has at home. However, there may be times parents need to be called to school to deal with other matters such as the child’s inability to make friends.

An example of dealing with a disruptive child would be as follows:

"Ted, it appears that you have a problem. Let's discuss it. As long as you are doing (XYZ behavior), we can't work things out."

While the others in the class resume or continue to work, the LMT teacher may approach Ted and say:

"Would you like to discuss your problem now?"

If Ted says no, the LMT teacher would work to set a time to discuss this problem with Ted. This time should be as soon as possible. In the meantime, Ted must resume his work or the discussion must take place immediately.

Sometimes it becomes necessary to ask a disruptive student to leave the room. When this happens, the student can be restricted to a "time-out" room until a solution to the problem can be reached. Glasser believes that the student should not be allowed to just exist in the "time-out" room. However, it may take several hours to effectively work out a manageable solution that is agreeable to Ted. It is important to remember the amount of
time spent here is not related to the severity of the disturbance, but it is related to the student's willingness to work towards a solution. The counselor or person in charge of the "time-out" room should be trained in reality therapy. In the ideal quality school system where Glasser's principles have been used throughout the child's educational career, this last incident would not occur.

It is important not to argue with the student. Find out what the student wants and work out a plan so that his wants are congruent with classroom decorum.

In the case of one junior high school that has applied Glasser's concepts, vandalism dropped 70%, fighting 60%, truancy 72%, referrals to the office 50%, and in-school suspensions 65% in three years (Chance, 1987). The cost of vandalism dropped from $2,500.00 a year to less than $50.00 the next.

Final Comments

Physical education has long been missing quality in many of the programs. Empowering students to take responsibility for their learning has been missing from our educational system. Physical education has a built in advantage from the start over most other subjects offered in school: MOST KIDS LIKE PE. From this advantage, physical educators should help children enjoy and learn, not become discouraged and dropout. The quality school creates an environment where children look forward to going, where learning by coercion does not take place, and where discipline management is reduced because students are engaged and want to learn.

References


QUALITY SCHOOLS AND THE NEW JERSEY WRITING PROJECT IN TEXAS
Sherry L. Baskett

The author is a teacher in Lipan, Texas, and is working toward RT certification.

In order to make the United States competitive in a global economy, industry and education are experiencing a paradigm shift from product to process focused. Industry is looking to Dr. W. Edwards Deming's theories and methods dealing with quality and methods for facilitating the process. Many schools are looking to the Quality Schools movement and control theory as defined by Dr. William Glasser (himself inspired in part by Dr. Deming) to help the educational system graduate a work force that is versatile, capable and possessing the skills and competencies demanded by industry as set forth in the SCANS 2000 report.

In THE QUALITY SCHOOL, Glasser identifies and elaborates on the elements of quality in the school setting. The New Jersey Writing Project in Texas, a philosophy with associated flexible methodology for teaching reading and writing designed by Joyce Armstrong Carroll, meets Dr. Glasser's standards for a quality in a school. Quality Schools:

- are lead managed
- meet students needs
- are placed in the students' quality world
- result in quality work
- have meaning in the real world
- use a flexible grading system
- personalize the process
- are places where students want to be
- promote self evaluation
- encourage interaction with teacher and peer consultations

Control theory teaches that each individual is responsible for the choice he/she makes and no one can force other persons to do anything they choose not to do. Therefore, any attempt to use coercion is doomed to failure. Since teachers are managers in the classroom, those teachers who lead rather than attempt to boss manage will be more successful.

Lead managers:

1. The lead manager engages the workers in a discussion of the quality of work to be done and the time needed to do it so that they have a chance to add their input. The leader makes a constant effort to fit the job to the skills and the needs of the workers.

NJWPT teachers:

1. The teacher reads samples of real literature demonstrating the topic to be discussed. The class discusses what makes the selection a quality work. The students and teacher then engage in writing activities with a topic that is personal and meaningful to that individual.
In Control Theory Dr. Glasser states that all human behavior is driven by five basic needs:

1. survival
2. love/belonging
3. freedom
4. fun
5. power

Survival is basically a given in the United States today; the NJWPT meets the other four needs for students and teachers. Love and belonging are met by the nurturing noncritical nature of the classroom. The need for freedom is met in several ways. Students choose their own writing topics and are free to consult one another. Freedom thrives in the informal tone of the NJWPT classroom and fun tags along. As students and teachers share their writings in the friendly casual atmosphere of the classroom, much learning takes place, and learning is fun. The power need is met by success. Students learn to write well in the NJWPT setting. Intrinsic to good writing is good thinking. When you can think and write skillfully you are empowered.

The liberating environment of the NJWPT classroom makes it easier for students to meet their needs. Teachers are viewed as facilitators and consultants, and peers are encouraged to help one another. Quality is the focus, and empowerment of students the goal. Belonging, fun and power abound.

References

IMPRO-ACTION
Experiencing A Typically Quebec Role-Play
Francine Belair

The author is a senior faculty member of The Institute for Reality Therapy. She now manages her own consulting firm and staff training centre in Montreal, Quebec: REALITE THERAPIE PRO-ACTION INC.

In order to maximize role-play as a wonderful learning tool, I have, over the years, expanded it to include the dimension of improvisation theatre. This technique has been especially helpful in the advanced week and in the advanced practicum training sessions.

For the 1989 francophone Certification in Montreal, I was supervising a dozen or so participants when one of them suggested getting everyone together for a full day of role-play. I was enthusiastic about undertaking such a project but at the same time I felt apprehensive. I wondered how I could allow the group to take advantage of this unusual kind of training and learning, and ensure that each member would have the chance to be active in this approach.

It is from this situation that IMPRO-ACTIONi emerged as a collaborative effort. The following elements illustrate how this new form of role-play can give a team that true spirit of cooperation. IMPRO-ACTION involves teams working from scripts which serve as guidelines for the improvisations, thus making the whole game true role-play.

Hockey, the national sport of Canadians and Quebecers, was the inspiration that led to the formation of the improvisation theatre known in Quebec as Ligue nationale d'improvisation (The National League of Improvisation), which, in turn, inspired IMPRO-ACTION.

INSTRUCTIONS FOR IMPRO-ACTION:
The participants are divided into two teams each identified by a color, the REDS and the BLUES. The animator, acting like a referee starting a hockey game, reads a script that quickly describes a given situation. The script is read a second time (see appendix). The animator assigns the role of counsellor(s) to one team and the role of client(s) to the other team. S/he makes sure that the time-limit for the role-play (maximum ten minutes) is understood. S/he also points out the nature of the role-play, voluntary client, non-voluntary client, complaining client, third person involved, etc.

Each team chooses the player(s) and discusses with them how they could play their roles; that is, the particulars of the character they have to improvise according to the script they have in hand.

In a cooperative spirit of learning, each team then chooses a coach, a secretary, and a time keeper.
PROGRESS OF IMPRO-ACTION

After the animator has read the script, the two teams will take ten minutes to prepare their players. Thus, the counselor’s team suggests to their player(s) different ways to proceed according to the kind of character they have to play, while the client’s team prepares a script with their player(s) according to the client’s idea of his Quality World, his needs, and behaviors.

The players place themselves at center rink and start the role-play. If a player from the counselor team needs help, he may ask another player on his team for assistance, but the latter must respect the rules of the game that have been established. For example, if the script is about the relationship between a mother and her child and the mother character needs help, the assisting player on the team can pretend he is the husband or the brother or a family friend. He can never play the mother.

When the time is up, the animator stops the game. The players can ask for more time if they so wish in order to bring the intervention to a conclusion.

The two teams then separate to discuss the role-play. One team has the responsibility of using control theory to explain the different control systems involved. For example, the child said that he wanted to be treated as an equal. His want was probably to be treated as an adult in order to satisfy his power need. However, his total behavior of running away, though very effective in the short-term, does not lead to responsible behavior in the long term.) The other team has the responsibility to check the intervention according to reality therapy identifying the questions on the wants . . . , the behavior . . . , the self-evaluation . . . , etc.

Then the two teams discuss their conclusions together with each team giving its perception of the intervention along with supportive explanations and comments. There are no winners or losers, with each team and player collaborating in a spirit of learning. The idea is to insist on the participant’s ability to discuss, analyze, and comment on the process rather than on the players’ performance.

If, during the discussion, the teams point out some unexplored areas, the players may start the game again according to the new facts if, and only if, the players feel that this would contribute to their learning. Experience has proven that a player, who is dissatisfied with his performance, will take full advantage of the opportunity to add a new pattern to his intervention behavior.

Systematically the players are asked to self-evaluate after a “game”. In this way the concept of self-evaluation as part of the learning process is introduced.

Self-evaluation is a crucial stage in this type of exercise. Not only is each player trying to make his client understand self-evaluation but he must also do the same for himself. Has he allowed his team members to reach their goals? Has he given the other team all the necessary information? Has he stood up for his player when help was needed? Has he created a climate of trust? How has he done all that? This self-evaluation is usually done after two or three sessions of role-play.

CONCLUSION

IMPRO-ACTION serves many purposes. When using IMPRO-ACTION for an entire day, participants showed unusual levels of energy at the end of the day. IMPRO-ACTION addresses itself to the basic needs of the players. In order to avoid competition between the teams, players were asked to change teams at half-time with their consent.

This method was useful in Introduction courses or Workshops in reality therapy where the participants had very little knowledge in reality therapy. All participated fully according to their strengths and each one did his best. Those who liked to act chose some of the suggested roles while those who preferred to analyze or counsel were able to do more than observe. As the essential goal is to understand the process, the performance as such disappears, as each participant tries to understand and analyze what’s going on using the principles of control theory and reality therapy.

During the training session of the advanced level and advanced practicums in reality therapy, participants appreciated this new approach to role-playing, stating that it allowed them to fully participate in all the learning stages of role-play, and to experience a sense of collaboration since they were all involved. They never felt alone and, above all, these games clarified the two control systems; that of the counselor and that of the client.

During the QUEBEC ASSOCIATION OF REALITY THERAPY convention in May of 1992, IMPRO-ACTION was one of the activities presented during the opening ceremonies for the benefit of more than 200 participants. In keeping with the tradition of throwing objects onto the ice during a hockey game, we asked spectators to throw paper airplanes of different colors, each color representing one of the five basic needs as taught in reality therapy. When the spectators recognized an unfulfilled need in the role-play, they had to throw the airplanes with the color matching the unsatisfied need. This encouraged the spectators to participate actively and, above all, to become helpful rather than critical of the players. It was a memorable success.

Many thanks to my first group of IMPRO-ACTION whose comments, observations, and encouragement have made this exercise a game of quality. Each of my sessions at the advanced level and all of my advanced practicums now include an entire day of IMPRO-ACTION.

Appendix

IMPRO-ACTION REALITY THERAPY

SCENARIO #1

The parents wait impatiently for their child who ran away two (2) weeks ago. A friend of the child has informed the parents that the child had been with him during the two weeks. The child is now back home. The
parents are in the kitchen, the child sits at the table and asks, “What’s for
supper?”

LENGTH OF THE IMPRO: 10 minutes

NUMBER OF PLAYERS: 2 in the blue team (father, mother)
1 in the red team (child)

CATEGORIES: COMPLAINTS

PROCESSING THE ROLE-PLAY (HINTS)

1. Have the parents been able to prove unconditional love to their child?
   (Belonging)
2. Have the parents:
   1. listened to the child? (Power)
   2. accepted where he was right, understood the child’s request? (Power)
3. Has the child been given any choice by the parents to discuss the situation?
   (Freedom)
4. Have the parents talked of their own needs?
5. Have the parents looked for the child’s wants? (Quality World)
6. Have the parents responded to the immediate frustration? (Survival)

DUAL RELATIONSHIPS

In discussions of professional ethics one of the major issues receiving
increased attention is that of dual relationships. If a practitioner of reality
therapy could have played a dual role in relationship to her/his client in the
past, the time has come to evaluate the appropriateness of such a choice.
Thus, this brief article is an attempt to raise the awareness level of the
reader.

Definition

In their state-of-the-art treatment of this problem, Herlihy & Corey
(1992) define dual relationship as “occur(ing) when professionals assume
two roles simultaneously or sequentially with a person seeking help” (p. 3).
Clearly there are several implications in this definition:
1. The relationship might be initiated by either person; client or counselor.
2. The two roles can occur at the same time or with a time lag between them.
3. There is more than one type of dual relationship.

Cautions and Guidelines

Keith-Spiegel and Koocher (1985) provide guidelines that can be
adapted to the practitioner of reality therapy. Their summary includes the
following points:
1. Conflict of interest relationships are to be avoided.
2. Sexual intimacies with clients is a serious ethical violation.
3. Even the appearance of dual relationships is best avoided.
4. When dual relationships cannot be avoided, special sensitivity should be
   exercised.
5. Service bartering and the like is best avoided.
6. It is best to avoid receiving gifts and favors from clients.
7. In training that involves heavy affective work, “safeguards to protect
   students” should be in place.
8. Therapy sessions conducted in settings other than a traditional office
   require careful planning.
9. Consultation with other professionals is always an appropriate choice.

The above suggestions are not intended to exhaust this vexing issue.
Rather, they are intended to provide the reader with some background for
discussing the cases below.

Dual Relationships and Institute for Reality Therapy

The membership of the Institute for Reality Therapy is not limited to
persons from any one discipline. Rather, its membership, as well as the population of the training programs, reflect the wide variety of persons, backgrounds, and professional identifications in the helping professions; teachers, therapists, psychologists, counselors, correctional workers, mental health specialists, group home employees, nurses, administrators, supervisors, managers, human development specialists, and others.

Because of the rich diversity of people involved with the Institute for Reality Therapy, the advisory board has refrained from recommending or establishing a code of ethics. Ethical questions can be more effectively addressed through a review of the current ethical standards of various professional organizations.

**Position Statements of Professional Organizations**

Several professional organizations have formulated clear positions and others are re-evaluating their approach to the problem of dual relationships. Herlihy & Corey (1992) emphasize the following statements:

“When the member has other relationships, particularly of an administrative, and/or evaluative nature with an individual seeking counseling services, the member must not serve as counselor but should refer the individual to another professional. Only in instances where such an alternative is unavailable and where the individual's condition warrants counseling intervention should the member enter into and/or maintain a counseling relationship. Dual relationships with clients that might impair the member’s objectivity and professional judgment (e.g., as with close friends or relatives) must be avoided and/or the counseling relationship terminated through referral to another competent professional.” (American Association for Counseling and Development, 1989).

“Psychologists are continually cognizant of their own needs and of their potentially influential position vis-a-vis persons such as clients, students, and subordinates. They avoid exploiting the trust and dependency of such persons. Psychologists make every effort to avoid dual relationships that could impair their professional judgment or increase the risk of exploitation. Examples of such dual relationships include, but are not limited to, research with and treatment of employees, students, supervisees, close friends or relatives.” (American Psychological Association, 1989).

“Clinical social workers use care to prevent the intrusion of their own personal needs in relationships with clients. They recognize that the private and personal nature of the therapeutic relationship may unrealistically intensify clients’ feelings toward them, thus increasing their obligation to maintain professional objectivity. Therefore, specifically: Clinical social workers avoid entering treatment relationships in which their professional judgment will be compromised by prior association with or knowledge of a client. Examples might include treatment of one’s family members, close friends, associates, employees, or others whose welfare could be jeopardized by such a dual relationship.

Clinical social workers do not initiate, and should avoid when possible, personal relationships or dual roles with current clients, or with any former clients whose feelings toward them may still be derived from or influenced by the former professional relationship” (National Federation of Societies for Clinical Social Work, 1988).

Even more recently, the American Psychological Association extended its ethical principal regarding dual relationships. Among the discussions it states;

(a) In many communities and situations, it may not be feasible or reasonable for psychologists to avoid social or other nonprofessional contacts with persons such as patients, clients, students, supervisees, or research participants. Psychologists must always be sensitive to the potential harmful effects of other contacts on their work and on those persons with whom they deal. A psychologist refrains from entering into or promising another personal, scientific, professional, financial, or other relationship with such persons if it appears likely that such a relationship reasonably might impair the psychologist's objectivity or otherwise interfere with the psychologist’s effective performing his or her functions as a psychologist, or might harm or exploit the other party.

(b) Likewise, whenever feasible, a psychologist refrains from taking on professional or scientific obligations when previous relationships would create a risk of such harm.

(c) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist attempts to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code (American Psychological Association, 1992).

It is clear that professional organizations have not been reluctant to face the issue. Still the above statements are being studied and will undoubtedly be revised in years to come. Herlihy & Corey (1992) state, “we anticipate that dual relationships . . . will continue to be discussed and debated well into the 1990’s” (p. xv).

**Cases for Consideration**

Below are described several cases which illustrate situations relating to dual relationships. These are presented here in order to promote dialogue on the application of the above ethical principles.

**Case 1**

Lee seeks counseling from Dr. Z. The client, recently divorced, is lonely and slightly depressed. Both became sexually attracted to each other. The therapist believes that a temporary show of affection would help Lee feel more belonging and that a warm environment would thereby be enhanced. Dr. Z. sexually fondles and passionately kisses Lee believing that feel more belonging and that a warm environment would thereby be enhanced. Dr. Z. sexually fondles and passionately kisses Lee believing that

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**Question:** Do you agree or disagree with Dr. Z's actions and justification? Why or why not?

**Case 2**

Kelli is a student in Pat's four person advanced practicum. During the course of the supervision, Kelli discloses several personal problems that obviously indicate the need for personal counseling. Pat is viewed by Kelli as an outstanding helper. An appointment is made and an ongoing counseling relationship is established. During the course of therapy, Pat comes to the conclusion that Kelli needs more time to resolve personal problems before proceeding to certification and cannot co-verify Kelli's readiness to attend certification week.

**Question:** Was Pat acting appropriately when he/she accepted Kelli as a client? Why or why not?

**Case 3**

Lou has been receiving reality therapy treatment from Jonnie for 6 months. Jonnie believes the relationship has become more than professional. Since Jonnie also believes that a dating relationship cannot appropriately be perused along side a counseling relationship, the counseling is discontinued and a romantically sexual relationship is begun after Lou is referred to a colleague for further help.

**Question:** Is Jonnie on solid ethical grounds in his/her behavior? Why or why not?

**Questions to Ponder**

Besides considering the above cases, the reader is asked to self-evaluate using the generic questions below. These are based on the work of Herlihy and Corey (1992). They will also assist the reader to begin to think about the various types of dual relationships as well as the implications inherent in them.

1. Can romantic relationships between counselor and client be justified?
2. Can romantic relationships with former clients be justified?
3. Should a counselor enter into business relationships with clients? Why or why not?
4. Can knowledge gained from counselor/client relationships be used for profit?
5. Are all dual relationships exploitive? Are there any that are helpful?
6. Can/should dual relationships always be avoided?
7. What is your opinion about dual relationships? How did you arrive at it?
8. How do you tell if you are in a dual relationship?
9. What are the effects of dual relationships on your client, on yourself, on other professionals?
10. Are there any positive results from dual relationships?
11. How can destructive dual relationships be avoided?
12. How prevalent are sexual relationships with clients or former clients?
13. Are there legal implications for counselors who have sex with clients or former clients?
14. What can you do when you feel sexual attraction toward clients?
15. How does the issue of dual relationships apply to instructors and participants during a training workshop?
16. Should instructors counsel, for a fee, a workshop participant during a training week?
17. Should instructors encourage their counseling clients to attend their Intensive Weeks?
18. Should a practicum supervisor offer counseling services to a supervisee if the latter is seen as in need of professional help?
19. What are the boundaries in the relational aspect of practicum supervision?
20. What is your opinion about bartering goods or services in counseling, training, and supervision?
21. Should you accept gifts from clients?
22. Should you accept friends or relatives as clients for counseling?
23. If you are the administrator in an agency could you provide counseling services to an employee in your private practice?
24. If you feel yourself drawn into a dual relationship, what resources are available to you?
25. How much agreement about dual relationships do you think there is among professionals?

**Summary**

The purpose of this article is to open a dialogue and encourage further consideration of an issue which is of growing concern to professional helpers. The brief list of references contained below will be expanded in the future to include the wide variety of resources available.

**References**


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a) Manuscripts should be submitted in triplicate to the Editor, Lawrence Litwack, Journal of Reality Therapy, at the editorial office address. In the case of a manuscript written by more than one author, the covering letter should indicate the name and address of the author with whom the editor should correspond — that is, the corresponding author.

b) Manuscripts must be typewritten double-spaced on 8½x11 white paper. The name, highest earned degree and professional notation (e.g., R.N.), title or rank, organization, and address of each author should appear on the manuscript’s last page. In manuscripts written by more than one author, the corresponding author should indicate the order in which coauthors’ names should appear in The Journal if the manuscript is accepted. Rejected manuscripts will not be returned unless a stamped, self-addressed envelope is enclosed.

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