Reality Therapy/Choice Theory Today: An Interview with Dr. Robert E. Wubbolding
Thérapie de la réalité/Théorie du choix aujourd'hui : une entrevue avec Dr. Robert E. Wubbolding

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ABSTRACT

This article offers highlights from an interview with Dr. Robert E. Wubbolding, Director of the Center for Reality Therapy in Cincinnati, Ohio, USA. The article will focus on current applications for using reality therapy and choice theory. In particular, this interview addressed assumptions underlying reality therapy and choice theory, key concepts essential to theory and practice, the most important goals of reality therapy, major strengths from a diversity perspective, and a vision for the future of reality therapy.

RÉSUMÉ

Cet article trace les grandes lignes d'une entrevue avec le directeur du Center for Reality Therapy, Dr. Robert E. Wubbolding, à Cincinnati, Ohio, aux États-Unis. On y traite principalement des cas d'utilisation actuels de la thérapie de la réalité et de la théorie du choix. L'entrevue a porté en particulier sur les hypothèses sous-jacentes à la thérapie de la réalité et à la théorie du choix, les concepts-clés essentiels à la théorie et à la pratique, les objectifs les plus importants de la thérapie de la réalité, les points forts du point de vue de la diversité, et un aperçu des voies à venir de la thérapie de la réalité.

Dr. Robert E. Wubbolding serves as both the Director of the Center for Reality Therapy and as a senior faculty member for William Glasser International (Christensen & Gray, 2002). Personally appointed by Glasser to be the first Director of Training for the William Glasser Institute, he coordinated and monitored the Certification, Supervisor, and Instructor Training programs between 1988 and 2011. In addition, he is professor emeritus of Xavier University in Cincinnati, Ohio, USA, and faculty associate at John Hopkins University.

In the area of reality therapy, he has written over 140 articles, essays, and chapters in textbooks. In addition, he has authored 13 books and published many DVDs on reality therapy. His books include the widely

Figure 1.
Robert E. Wubbolding

acclaimed *Reality Therapy for the 21st Century, A Set of Directions for Putting and Keeping Yourself Together* (Wubbolding, 2000) and *Reality Therapy,* published by the American Psychological Association (Wubbolding, 2011).

Throughout his lifetime, Dr. Wubbolding has received many awards and accolades, including the Distinguished Alumnus Award, College of Education, University of Cincinnati (2002); Distinguished Counseling Graduate of the 1970s Decade, Counseling Department, College of Education, University of Cincinnati (2005); and the Gratitude Award for Initiating Reality Therapy in the United Kingdom from the Institute for Reality Therapy United Kingdom (2009). In 2009 he was also awarded the Certificate of Reality Therapy Psychotherapist by the European Association for Psychotherapy. In 2014, he was honoured as a "Legend in Counseling" by the American Counseling Association in Hawaii.

In regards to Dr. Wubbolding, William Glasser, MD, founder of reality therapy, stated, "He is one of my closest and most trusted associates. I couldn't recommend anyone more highly." We now begin the interview:

Klingler: Hi, Dr. Wubbolding. Thank you for taking the time to talk with us today. To start, what is choice theory and how does it differ from control theory?

Wubbolding: My pleasure. First, let me explain what control theory is because it preceded choice theory. Control theory or control system theory is a theory of brain functioning that goes back a long time. There was a man named John von Neumann who was an associate of Albert Einstein in the 1930s who developed some of the rudiments of control theory (Isaacson, 2007). Other people contributed to the development over the years, and it's based on the fact that our brain is like a cybernetic system and, more recently, analogous to a computer. A better analogy for understanding is that our brain is like a torpedo or a rocket programmed to hit a target. When it gets off base or off its target, it gets what's called negative feedback to the source of power and corrects itself. That's called a negative input control system. Similar to that is a thermostat, which we describe as wanting the room at 72 degrees, and through its mechanism it perceives (this is all by analogy now) that the room is 74 degrees. It then sends out a signal to its cooling system to do something to that outside world to control it so that it can achieve its goal. When it perceives the room is not the temperature that it's supposed to be then it adjusts itself. So, that's an analogy that explains what a control system is and the control theory, or the control system theory, states that our brain functions something like that. It is activated to impact the world around us, so that we get the input or information that we seek, or the insight or the knowledge and information that is desired.

William Powers (2005) wrote a book called *Behavior: The Control of Perception*, in which he further developed the theory stating that our behaviour, which is the output, controls our perceptions of the world, which is defined as how we view things. Glasser developed reality therapy in the early 1960s, but did not have a theory to validate it. He ran across a theory called control theory and thought that it validated the practice of reality therapy. So, in the practice of reality therapy, we help people define what they want and then adjust their own behaviour so that

they can satisfy their want. Glasser (1985) wrote a book called *Control Theory* and subsequently changed the theory so much that it wasn't really quite right to call it control theory anymore. He introduced the five needs into it. He redefined behaviour as being not just action, but also cognition and emotions as well as physiology. He kept the idea that behaviour is purposeful, designed to impact the world, so that we get something from it, and what we want is the perception. So, he kept that kind of loop, the output and the input, but he introduced the idea of behaviour originating from these five needs: survival, belonging, power, freedom, and fun.

The emphasis on choosing behaviour was central to his choice theory. So he changed the name to choice theory and that's really what it is in summary. Control theory preceded choice theory and still exists separate from choice theory. There are control theory groups around the country and the world and people study the brain as a control system, but Glasser altered it and added those ideas or the needs, as I just mentioned. He put emphasis on the fact that we choose our behaviour or at least some of our behaviors. So, he changed his version of control theory to choice theory.

Gray: So, how is choice theory related to reality therapy?

Wubbolding: Well, it is based on choice theory. Choice theory validates, from a theoretical point of view, the practice of reality therapy. In other words, when we deal with people in reality therapy, we help them identify the needs that they're fulfilling and not fulfilling. We then help them identify their wants, which are specific pictures of what satisfies their needs, and then we examine their behaviour. So, I think the psychological basis for it is choice theory. Now, a lot of people confuse the two and oftentimes refer to it as choice therapy or refer to reality therapy as choice theory. Reality therapy preceded choice theory (Glasser, 1965); people practiced reality therapy for a long time and then Glasser needed a theoretical basis. So, he made those adjustments and other people have added some things to it.

Klingler: Can you expand more on choice theory? What are the principles of choice theory?

Wubbolding: The principles of choice theory present the idea of internal motivation, or that we are internally motivated, which sounds kind of like psychobabble. It means that we are not victimized by the outside world, by the stimuli that we get from the world, by our past history, or by society, but our behaviour originates in our attempt to satisfy those five needs. That's what we want to do. We want to satisfy needs. Yet when we generate behaviours, there can be some serious limitations on our choices. Another principle is that we have specific pictures in our head of what we want. For example, we have a need for belonging. It's a very general need, not specific. It is universal. Everyone has it and we can't prove it yet. But current research points to the fact that the human mind is a relational process (Siegel, 2007), and so it appears that we can state that we have gone beyond merely assuming a need for belonging. We develop, as we grow up, pictures of specific people that satisfy that need for belonging. Surely our mother would be in there, our father and family, then friends, teachers, and school. We get a job and then

our job satisfies our need for power, but it's a specific picture or a specific want. And when we don't have what we want, we generate or choose behaviours. Once again, choice theory is an internal motivational theory consisting of needs and wants driving our behaviour.

And thirdly, what drives behaviour on a unique specific occasion is analogous to an out-of-balance scale. It is a discrepancy between what we want and what we have that causes a choice. The behaviour isn't thrust on us from the outside; it's generated from within. Of course, the outside has a lot to do with what behaviours we generate. If you're born in Canada, chances are you're going to speak English or French. If you're born in China, chances are you'll speak Chinese. You live in an environment and you choose from that environment. You can't just choose something you haven't had exposure to. Also, what we want is a perception.

You choose to gain a perception; for example, you want the perception of being a good counsellor, you want the perception of being an effective student or parent or employee and you want the perception of having friends and being in control of your life and having fun. In fact, to illustrate that, I always use the example of taking drugs. The reason people take drugs is to gain a perception, such as the perception of belonging, or the perception of being in control of their lives. People go to happy hour sometimes and drink too much, then they're very popular among friends and they can drive their car without being nervous. The problem of drug abuse is that it is an *illusion* and we don't satisfy those needs on a permanent basis. Those are some of the principles.

Gray: Could you explain more about reality therapy and how it differs from choice theory?

Wubbolding: Choice theory is the validation, the justification, the psychological explanation, and is the personality theory; however, it would be useless without some delivery system. It's like a train track. What good is a train track if you don't have a train? So, reality therapy is the train that rides on the track and it goes where the track goes. Reality therapy is the delivery system. Bill and Carleen Glasser (2008) published a statement in which they said, "Choice theory is the train track and reality therapy is the train" (p. 1). So, reality therapy is what you do when you deliver the system. That's a pretty good way to look at it. One complements the other. If you have one and not the other, your train might go places, but it might go with a lot more difficulty. Without the track it would be on the ground.

Klingler: Can you summarize the methodology used in reality therapy?

Wubbolding: The methodology was originally formulated by Glasser as eight steps and it worked for a long time, but after a while it kind of got stale. Some people came to believe it was like number painting. It was always intended to be an integrated series of steps overlapping with each other. The artistic way to practice reality therapy was to always integrate the eight steps and to start at different places and not just follow the steps numerically 1, 2, 3, 4. However, people understood it that way and it became for many a kind of mechanical application of the principles. So, some years ago, Glasser and others changed the system, but kept the same concepts and altered it to look a little different. At the core

of reality therapy is the human relationship; the connection between client and counsellor, student and teacher, employer and employee, [and] parent and child are examples. In counselling, we say the involvement, the empathy, the positive regard, or the therapeutic alliance. In other words, clients have to see counsellors as people who can help them. In other words, we have to become part of their quality world. Remember I said the needs and the wants? When you collect all of the wants, that's called the quality world, and each of us has that little part in our mind of desired pictures that have quality. So, the counsellor needs to become part of the client's quality world and facilitates that process with the usual methods. I'm not saying that there are radically different methods in reality therapy, but [in] understanding and accepting the client, reality therapists need to be genuine, authentic, and congruent.

These are ways to establish and maintain the relationship. I've developed a lot of ways described in the chart *Cycle of Counselling, Coaching, Managing, Supervising, and Parenting* (see Appendix A). There are two rectangles on that chart and the lower rectangle is the environment, atmosphere, or the music between people. That's the therapeutic alliance or the connection and you can see, on the right side of the chart, some behaviours that destroy or, at least, hinder the relationship. On the left side are ways to keep the relationship alive or keep it going, which is fundamental. That's necessary and sometimes that's all you need to help somebody. On the other hand, there are some specific procedures that are the reformulation of the original eight steps.

What I've tried to do is take those concepts and formulate them in a way that students and practitioners can remember. I call it the WDEP System of reality therapy. I'm the one that came up with it, but it's pretty standard now and it's in all of the textbooks. Each of those letters represents a cluster of ideas. It's not just one idea and they're certainly not steps. There are many ways to use this and we explain it *W* then *D* then *E* then *P*, but when you actually use it, you take out of that system and apply what actually fits. How do you learn that? You learn it with practice and you learn it by trial and error. Each of those components represents, as I say, many ideas.

The *W* stands for asking people, "What do you want?" It's very simple. "What do you want out of life? What do you want to accomplish?" The other day I was engaging in a role-play demonstration with a colleague's class on Skype. The individual in the mock counselling session played the role of a 28-year-old wedding planner who worked 50–60 hours a week. She had met a guy that she really liked and stated, "I want to kind of cut back my work hours," but was afraid and ambivalent about things. I asked her, "What do you want to get out of our time together?" So, I was trying to explore with her, her quality world as far as the next half hour or 45 minutes that we had together. "What do you want to gain from this?" We can intervene in a lot of different ways with our clients. "What do you want to change? What do you want to tell me, that I need to know, in order to help you?" That's a good question. "What do you want in your life that is different than what you have now? What do you want from your children, from your

parents, from your spouse, from your friends? What do you want from yourself?" Now, that opens up a whole range of possibilities when we ask someone, "What do you want from yourself?" People don't always know what that means so, rephrase it and ask, "How hard do you want to work at this? Do you want to work a little bit, do you want to work a lot, do you want to try or do you want to try your best?" So, in the book *Reality Therapy for the 21st Century* (Wubbolding, 2000) as well as the book published by the American Psychological Association, *Reality Therapy* (Wubbolding, 2011), I listed the levels of commitment, from "I don't want to do anything," up to the top level, "I will do whatever it takes." So, we help a person identify that level of commitment, which is how hard you want to work.

Another part of the W is exploring perceptions. It could be anywhere, but I put it in there with the W. "What do you want? How hard do you want to work at it?" And third, "How do you see the world around you? How do you see yourself in the world?" Especially, "How do you see your control? Do you see your control as inside of you or do you see it as outside of you?" We use a lot of language to illustrate that our control is outside of us. We say, "They make me mad" or "This weather gets me down." My favourite is "A fit of depression came over me." So, it's something out there that caused my feeling or caused my action or caused my thinking. So, we try to help people see that they have control on the inside. Now, we must do that artfully and compassionately. That's the W. You can see there's a lot of depth and exploration in this component.

The *D* is the doing. "What are you doing? How are you spending your time?" We stress the actions because that's what we have more control over. We are more aware of how we feel, such as angry, upset, depressed, lonely, guilty, and ashamed. We're more aware of that. We're not aware of what we're doing with our actions. Yet, we have more control over our actions. We ask people about all of their behaviours, actions, thoughts, feelings, and physiology, but we stress the actions. "What are you doing? How are you spending your time? Where are you headed in your life?"

The *E* is self-evaluation. This is where we have people evaluate their behaviour because no one changes anything until they themselves evaluate that this is not working. When a person comes up with a conclusion, such as "I'm not going where I want to go," only then does a person change. I like the idea that we have this undying belief in things that don't work. If it isn't working, keep doing it. I think we've all experienced that, perhaps looking for car keys over and over in the same place when we misplace them, or spinning our wheels in the snow. We even have an expression, "I was just spinning my wheels all day." It's a metaphor for doing things that aren't helping. We ask people to self-evaluate all of those components, their actions, their direction, their thoughts, their feelings, and we ask them to evaluate their wants. "Is what you want realistic? Is it attainable?" We ask them to evaluate their level of commitment. "If you say, 'I'll try,' will that get the job done?" We ask them to evaluate their perceptions. "Is it really true that you have no control over the situation?" So, kind of challenge them in a gentle, but firm way. There are all kinds of self-evaluations. When I first wrote the book

Reality Therapy for the 21st Century (Wubbolding, 2000), I came up with 22 kinds of self-evaluations. Of course I can't remember all of them either, but the idea is to help people think of assessing or evaluating their own behaviour.

The *P* is the final component, which is the plan of action. "Where do you go from here?" Most people remember that part. They think that's the essence of reality therapy. Well, it's very important, but even more important is the self-evaluation because nobody makes a different plan until they evaluate that what they're doing now is not working. We do try to help people get to a plan to change, if they want to change.

Gray: How does reality therapy apply to multicultural counselling?

Wubbolding: I believe it comes under some criticism by some multiculturalists who do not understand reality therapy. They object to it because they say, "Well, you don't give enough credence to the outside world." My response is, "I think you're giving too much credence to the outside world." I don't argue the point, but the point I make here is that everyone worldwide makes choices and some people have more choices than others. Some people are very confined, literally and figuratively. They don't see that they have choices or maybe they're in prison and they really don't have very many choices.

We do have some choices, even in prison. Nelson Mandela from South Africa, who just died, had choices in prison. When he got out of prison he had the power and the choice to see the world as something he could take revenge on or he could see the world as something to which he wanted to be a messenger of peace, reconciliation, and forgiveness. That's quite surprising in many ways and certainly admirable that somebody could go through the struggles and pain he endured and yet make such altruistic choices. The outside world is important and it does confine us to some extent and limit our choices, but we help people with whatever choices they have.

Now, how does it apply more specifically to various groups? Well, I have taught it around the world on every continent, and in January 2014 I travelled to North Africa to speak in Morocco. Instructors of the William Glasser Institute have taught these principles around the world and people seem to respond to it and seem to like it. It's not just a "Euro-American System." We teach it in Japan, Korea, Singapore, South Africa, Australia, the Middle East, in Kuwait, and we have an instructor in India. We teach it all over the world, so these people like the idea and they say it's compatible to their culture and I have to believe them when they say that because they know better than anybody else. Now, you do have to adapt it. For example, the Japanese tend to be, not all, but less assertive or direct than we in the West. Sometimes we communicate in what we think are helpful ways, but sometimes these can be kind of harsh to those who may be less assertive. So, as I teach it there and as others teach it there and elsewhere, we teach it in the best way we know how, but at the same time, the local people are the ones who adapt it.

So, you're asking me if this applies multiculturally, I say absolutely, yes it does. I can demonstrate that in my own teaching. I ask people I'm teaching to role-play with a person you think this could never apply to. I'm not perfect in the

knowledge of this in every culture, nobody is, but I'll do it the best I can. The real adaptation and cultural application comes from the people who are actually members of that culture. I think we can overgeneralize about people from various cultures. If you're African American, you're supposed to act this way. If you're Native American, act that way. If you're a woman, you act that way. Not everyone fits a mould for one thing. We adapt that to the personality of the person sitting in front of us as best we can. We miss the point sometimes; sure, we make mistakes. If we have compassion, empathy, and positive regard we can make up for a lot of mistakes.

Klingler: Is reality therapy applicable to couples and family counselling, and if so, how?

Wubbolding: Oh definitely. Well, I have a couple of chapters in books on family counselling and DVDs where I have simulated demonstrations with families. So, I can only say yes, it is applicable. It fits with systems theory quite well and I think in a family, we have people identify what they want from one another while they're sitting in the room. A pretty good way to start is with the statement, "Tell me what's been going on in your family." What I like to do is say, "What's going on in your family that you came here to talk about?" Then they'll start to criticize and complain about one another, and I just ask, "Is this the way you communicate with one another?" They say, "Oh yeah, well we're holding back because you're here." I ask, "Is this pretty typical in your manner of communication?" Most of the time it is. I ask, "Is this helping if you hammer on one another, blame one another, and criticize one another? Or do you make a lot of excuses for your own behaviour? Is this really going to help you as a family?" Even before that, a good question is, "As family members, do you want to stay together as a family?" I mean, that kind of shocks people. Most of the time they say yes, oh yes, of course we do. Then the question is, "OK, well, are you achieving that to the degree that you want?" Then they say, "No, because otherwise we wouldn't be here." OK, let's talk about some things you can do that are better, more effective, than what you've been doing. So, it fits quite well with family counselling.

Gray: I've heard you say reality therapy is an open system. Can you elaborate on that?

Wubbolding: When I say reality therapy is an open system, I don't mean a technical open or closed system. What I mean is that it's open to additions of ideas and it's open to new principles. For example, I've added the idea of identifying self-talk, not just the actions, but the self-talk of a client. For example, they may tell themselves, "I can't do anything," or "They won't let me." Or, an adolescent who's acting out might have implicit thoughts such as, "Nobody's going to tell me what to do." Is that a thought that goes through their mind? Is that a thought that accompanies actions? This kind of self-talk fits quite nicely with the theory and the practice, but it is in addition to the original. So, that's what I mean by an open system. I think you can add things. Now, there are some principles, or skills and techniques, which might be completely opposed to reality therapy, like some of the psychoanalytic reinterpretation of childhood conflict and things like that

where we go over and over past experiences. That seems to me that it's not part of reality therapy. It might be useful for somebody, but we don't do it.

Klingler: Speaking of working with children, how is choice theory relevant to education?

Wubbolding: There is a school program, and I don't mean it's a canned program that comes in a package, but it's kind of an outlook. We train people in schools and we ask them to assist the students in satisfying those needs in socially acceptable ways. If a school adapts this on a school-wide basis for a long period, as it does take some years, they could achieve what is called the Glasser Quality School Level. That's using it on a school-wide basis. Now, many individual teachers use it personally in their classrooms. So, the school doesn't necessarily have to go in the direction of becoming a Glasser Quality School. We teach the ideas to the students; there are materials available to use from primary grades through high school. Another aspect of this is to teach the staff, teachers, administrators, and parents how to talk to the students, which would be the WDEP system. For example, instead of saying, "Why did you do this?" You'll get a lot of excuses with that one. We ask them, "What are you doing? Is it working for you?" rather than "You know you shouldn't do this" and "Why did you do that?" That's pretty ineffective as far as helping people make some changes.

Let me tell you a quick story. I was in Plymouth, Indiana, some years ago and I'll never forget this example. There was a fifth grade teacher taking the training program that I conducted for a school system and she told me that one day she was walking out of her classroom and she overheard two fifth grade boys talking to each other. One of them said to the other, let's just say the teacher's name was Webster, "You might as well behave in Mrs. Webster's class. It's easier because if you don't, she calls you in and asks you all of these weird questions." Now I know what weird questions she would ask. She wouldn't hammer on the kid. She would say, "Well, tell me what you did and tell me if what you're doing is working for you. Can you make a plan to make a change?" She would ask them those kinds of questions and the kids thought those were really weird questions because they had never been asked those questions before. He didn't say she criticizes you or punishes you, she just asks you weird questions. I think that's a classic example of a teacher who knows how to communicate with kids by asking these very pertinent questions in helping them change their behaviour. Now, there's research that validates this in a very good article published within the last year by two instructors in Florida, who used these principles for years in a school-wide program and they have shown how grades increase and behaviour improves. They have statistics and data that validate that principle, that statement.

Klingler: What do you think will be the future of reality therapy?

Wubbolding: Well, Dr. Glasser has died and he was the charismatic leader. There is an international organization that's called William Glasser International. There are 13 members on the international board of directors from all over the world, representing North America, Western Europe, Asia, Latin America, Eastern Europe, Australia/New Zealand, and Africa. I believe that the people on this board

will do everything they can to continue to promote choice theory/reality therapy, as I certainly will do myself. As long as I can put one foot in front of the other, I'll be doing that. That doesn't mean we'll flourish. We'll flourish if people see the ideas as useful, and they always do when they come to the training. So, I think there is a hopeful future.

It's not a fad or something that's a flash in the pan. There has been a slow but steady increase in acceptance and, because it is in the textbooks in counselling, I think it will continue to be accepted. One of the reasons is that there is an increasing amount of research to validate it, which gives it credibility, whereas it used to be a side project of Glasser's. Now I think it is slowly becoming a mainline, mainstream theory that's more widely seen; even if people don't agree with it, they say, "Well, it's pretty much followed, justified, and validated." We need to teach it and there is an increasing amount of materials available for showing its practicality and effectiveness as well as its acceptance by professional organizations. For instance, the American Psychological Association published my book (Wubbolding, 2011) as well as a DVD demonstration with a real client (Wubbolding, 2007). So I think it will survive and continue with the gradual increase in interest. It won't be like motivational interviewing, or 20 years ago solution-focused, both excellent systems, which enjoyed a huge jump in acceptance. I don't think it'll be along those lines. In counselling and psychotherapy, we are subject to a quickly changing world. Some systems appear and some of them that people liked, disappeared. I hope that doesn't happen with reality therapy. I don't see that it will, because the international organization has a structure and is now working on strategic plans for the future.

Gray: What specific changes do you see happening with reality therapy within the next few years?

Wubbolding: I think the changes will be in the increasing number of people who practice it and the increasing number of countries where we have institutes. I don't see a great deal of change in the theory or the practice itself. I do think the practice can be developed further, to some extent, when dealing with perceptions and so on. Also, I think the idea of interpersonal neuroplasticity of the brain has validated the theory because Daniel Siegel (2007) talks about the brain as an embodied relational process and that the human brain develops as a result of relationships. This is very profound and very useful. I think the idea of the neuroplasticity of the brain will be incorporated everywhere. We will use that idea more and more to give credence and validation to choice theory and the practice of reality therapy. That is a major addition or major step. It didn't come from reality therapy, but it certainly fits with it and, as I say, gives more substance to the system.

Frequently people ask about research supporting reality therapy. Though reality therapy needs more research and in fact more controlled research, nevertheless there are research studies that support the practice of reality therapy. I have summarized them in two books (Wubbolding, 2000, 2011) as well as in textbook chapters that I've written. Leon Lojk (1986) conducted a very compelling research study and found at least partial rehabilitation for 84% of former prison residents. Rose

Inza Kim from Sogang University in Seoul Korea has directed over 250 masters' theses and doctoral dissertations (Kim & Hwang, 2006).

Klingler and Gray: Dr. Wubbolding, Thank you for talking with us today about the basis, practice, and future of reality therapy. We are excited to see what the future holds for its continued growth.

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Appendix A.
Cycle of Counselling, Coaching, Managing, Supervising, & Parenting
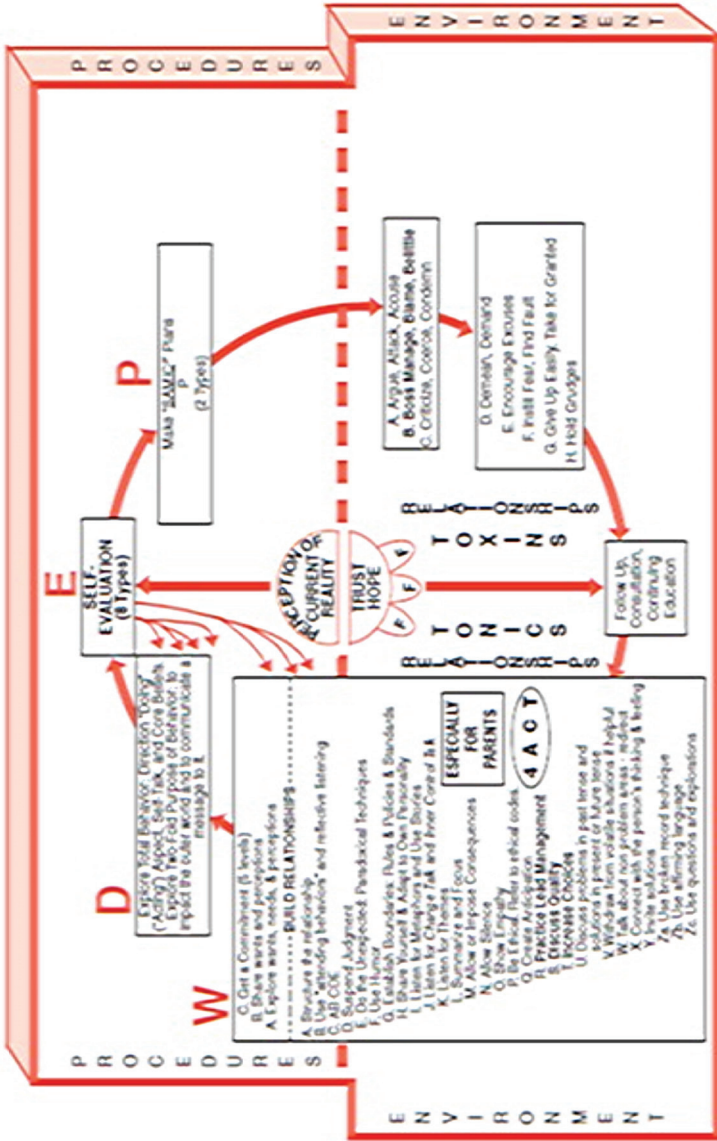
Appendix B.
Summary Description of the "Cycle of Counselling, Coaching, Managing, Supervising, & Parenting"

Introduction:

The Cycle consists of two general concepts: Environment conducive to change and Procedures more explicitly designed to facilitate change. This chart is intended to be a **brief** summary. The ideas are designed to be used with employees, students, clients as well as in other human relationships.
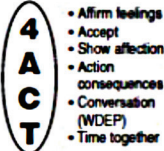
Relationship between Environment & Procedures:

1. As indicated in the chart, the Environment is the foundation upon which the effective use of Procedures is based.

2. Though it is **usually** necessary to establish a safe, friendly Environment before change can occur, the "Cycle" can be entered at any point. Thus, the use of the cycle does **not** occur in lock step fashion.

3. Building a relationship implies establishing and maintaining a professional relationship. Methods for accomplishing this comprise some efforts on the part of the helper that are Environmental and others that are Procedural.

ENVIRONMENT:

Relationship Tonics: a close relationship is built on TRUST and HOPE through friendliness, firmness and fairness. Cf. **Caring Habits: Glasser**

A. Structure the relationship.

B. Using Attending Behaviors: Eye contact, posture, effective listening skills.

C. AB = "Always **Be** . . ." Consistent, Courteous & Calm, Determined that there is hope for improvement, Enthusiastic (Think Positively).

D. Suspend Judgment: View behaviors from a low level of perception, i.e., acceptance is crucial.

E. Do the Unexpected: Use paradoxical techniques as appropriate; Reframing and Prescribing.

F. Use Humor: Help them fulfill need for fun within reasonable boundaries.

G. Establish boundaries: the relationship is professional.

H. Share Self: Self-disclosure within limits is helpful; adapt to own personal style.

I. Listen for Metaphors: Use their figures of speech and provide other ones. Use stories.

J. Listen for *Change Talk and Inner Control Talk.*

K. Listen to Themes: Listen for behaviors that have helped, value judgements, etc.

L. Summarize & Focus: Tie together what they say and focus on them rather than on "Real World."

M. Allow or Impose Consequences: Within reason, they should be responsible for their own behavior.

N. Allow Silence: This allows them to think, as well as to take responsibility.

O. Show Empathy: Perceive as does the person being helped.

P. Be Ethical: Study Codes of Ethics and their applications, e.g., how to handle suicide threats or violent tendencies.

Q. Create anticipation and communication hope. People should be taught that something good will happen if they are willing to work.

R. **Practice lead management, e.g., democracy in determining rules.**

S. **Discuss quality.**

T. **Increases choices.**

U. Discuss problems in the past tense, solutions in present or future tense.

V. Withdraw from volatile situations if helpful.

W. Talk about non-problem areas - redirect.

X. Connect with the person's thinking and feeling.

Y. Invite solutions.

Za. Use broken record technique.

Zb. Use affirming language.

Zc. Use questions and explorations.

4 ACT
- Affirm feelings
- Accept
- Show affection
- Action consequences
- Conversation (WDEP)
- Time together

Relationship Toxins: Cf. Deadly Habits: Glasser

Argue, **Boss Manage**, or Blame, Criticize or Coerce, Demean, Encourage Excuses, Instil Fear, or Give up easily, Hold Grudges.

Rather, stress what they **can** control, accept them as they are, and keep the confidence that they can develop more effective behaviors. Also, continue to us "WDEP" system without giving up.

Follow Up, Consult, and Continue Education:

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

PROCEDURES:

WDEP

Build Relationships:

A. Explore Wants, Needs & Perceptions: Discuss picture album or quality world, i.e., set goals, fulfilled & unfulfilled pictures, needs, viewpoints and "locus of control."

B. Share Wants & Perceptions: Tell what you want from them and how you view their situations, behaviors, wants, etc. This procedure is secondary to A above.

C. Get a Commitment: Help them solidify their desire to find more effective behaviors.

Explore Total Behavior:

Help them examine the Direction of their lives, as well as specifics of how they spend their time. Discuss core beliefs and ineffective & effective self talk. Explore two-fold purpose of behavior: to impact the outer world and to communicate a message to it.

Evaluation – The Cornerstone of Procedures:

Help them evaluate their behavioral direction, specific behaviors as well as wants, perceptions and commitments. Evaluate own behavior through follow-up, consultation and continued education.

Make Plans: Help them change direction of their lives.

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

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

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