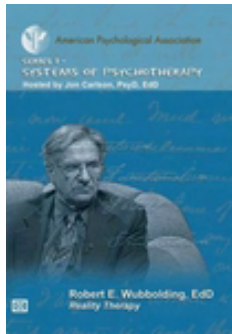


## Reality Therapy: A Video Demonstration

A review of the video



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### Reality Therapy

with Robert Wubbolding

Washington, DC: American Psychological Association, 2007. American

Psychological Association Psychotherapy Video Series 1, Item No. 4310784, \$99.95

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Reviewed by

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In 1965, another Freudian naysayer emerged in the literature. Not only did William Glasser challenge psychoanalytical theory as means of explaining mental illness, he rejected the entire concept of mental illness. He maintained that people are not mentally ill; they are irresponsibly attempting to meet their needs (Glasser, 1965). This radical departure from the contemporary medical model gave birth to what we know today as reality therapy.

While the terms *reality therapy* and *choice theory* are often used interchangeably,

Wubbolding clarifies in the video *Reality Therapy* that choice theory explains human

behavior and reality therapy is the therapeutic model used in assisting clients in meeting their needs and reconnecting with the world.

## **Choice Theory**

Originally referred to as control theory and later choice theory, the main ideas of choice theory (Glasser, 1998) are that humans are hardwired with five genetically encoded needs that are present at birth: survival, love and belonging, power and achievement, freedom or independence, and fun. Similar to the libidinal push of the id, these needs drive us throughout our lives. Behavior is purposeful and chosen to meet our needs. Wubbolding and Brickell (2005) asserted that behavior is a form of communicating with the world. Hence, behavior serves two purposes: acting upon the environment and sending it a message. Choice theory postulates that humans are social creatures by nature and that our primary need is to love and belong (Glasser, 2000). It is therefore essential that we have the capacity to develop and maintain relationships because it is through people that our other needs can be met. Presenting problems are a result of poor, unfulfilling, or conflict-ridden relationships or the absence of relationships. Behavior is our here-and-now attempt to meet relational needs, and the failure to form meaningful relationships is seen as engaging in a series of poor choices for which we are responsible.

## **Reality Therapy**

Since Glasser's seminal work in 1965 demonstrating the application of reality therapy with delinquent girls, with psychotics in a Veterans Administration hospital, and in public schools around the Southern California area, reality therapy has exploded as a mainstream counseling theory taught around the world and applied to various clinical and counseling

populations, including those facing catastrophic illness (Weisler, 2006) and financial management issues (Mottorn & Mottorn, 2006), athletes (Klug, 2006), and a plethora of others. Holding the counseling relationship as essential, reality therapy emphasizes choice and responsibility in connecting with others. It challenges the traditional view of mental illness, avoids focusing on symptoms, and rejects the notion of transference. Reality therapy maintains a "here and now" focus on choice, responsibility, commitment, and willingness to change. The counseling process starts with assessing the clients' relationships and unmet needs, exploring what behaviors they are displaying that either assist or interfere with them meeting their needs. Wubbolding (1998) used the acronym WDEP to describe the key elements of reality therapy: W = wants (what the client is looking for, what will make life better); D = doing (what the client is doing to bring about the wants and what is interfering); E = evaluation (is the client's behavior working?), and P = planning (what the client is willing to do differently). An essential tenet of reality therapy is commitment. Wubbolding and Brickell (2005) described five levels of commitment ranging from "I don't want to be here; leave me alone" to "I'll do whatever it takes." Glasser (2005) noted that people can control only their own behavior and that their level of commitment and how hard they are willing to work will dictate how successful they will be in developing new behaviors that clearly communicate their needs and help in attaining fulfillment.

## **Video Demonstration**

In his video *Reality Therapy*, Wubbolding succeeds in sending the following three clear and distinct messages:

1. Reality therapy is a respectable and valid therapeutic system based on empirical research and practical application. It is not a simplistic counseling model.
2. Reality therapy's success is rooted in the client–counselor relationship.
3. There is a difference between reality therapy and choice theory. Choice theory explains human behavior, whereas reality therapy serves as the delivery system (Wubbolding, personal communication).

The session starts with Wubbolding asking his client, Chris, what he hopes will happen during their time together. Through reflective listening and effective probes, Wubbolding helps Chris identify several areas of stress. Consistent with reality therapy's focus on developing a success identity, Wubbolding has Chris pick the easiest issue. Chris states that he would like to improve the quality of his relationship (W), explaining that he often creates tension by arguing, having to have the last word, and always presenting an opposing view (D). Through a series of role-play activities, Wubbolding not only assists Chris in understanding appropriate responses but also helps him gain insight into how his girlfriend feels when he responds with opposition (E). They continue discussing methods of how he can change these behaviors and move closer to a more satisfying, meaningful relationship with his girlfriend and her two children. Wubbolding closes with a commitment from Chris to follow up with him via telephone because Chris is not an ongoing client. Throughout the session, Wubbolding demonstrates the principles of choice theory and reality therapy. Although much of the counseling session might appear to be a form of cognitive behavioral therapy, Wubbolding notes that reality therapy is based upon choice theory—identifying needs and means of best meeting needs. While the methodology of reality therapy and cognitive behavioral therapy might be similar, cognitive models often overlook the person's needs as a motivation for behavior (Wubbolding, personal

communication). With an understanding of choice theory and the WDEP model, the viewer can easily see how Wubbolding remains consistent with the model and effectively produces therapeutic movement in the first session—a big plus for anybody needing to practice brief interventions.

## **Applications**

Considering that this video is easy to follow and that the viewer has an option for watching the counseling session with a voice-over by Wubbolding, it surely ranks as the best contemporary demonstration of reality therapy and the only one published by the American Psychological Association. I have shown the video to counseling theories classes, practicum students, interns, and students during their first orientation class and received nothing but positive feedback on the relevance and helpfulness of seeing an actual demonstration of the therapy. This video is also appropriate for seasoned veterans as well, as Wubbolding reminds us of the theoretical basis of the model, the WDEP process, the need for commitment, and the rejection of excuses and failure-oriented statements.


## **Strengths and Limitations**


This session is presented clearly. For those familiar with reality therapy and choice theory, it is easy to follow, offers excellent examples of interventions that are consistent with the model, and demonstrates the importance of the therapeutic relationship. The video recording is of excellent quality; the options to view the session with or without voice-over and Wubbolding's explanation of the basic principles of choice theory and reality therapy help the video present an early model for beginning therapists or a means of revisiting a

tried-and-true system of change. Since reality therapy is also effective in groups, as demonstrated originally at the Ventura School for delinquent girls (Glasser, 1965), an additional video demonstrating group work would have helped show this model's versatility; however, as a demonstration of individual therapy, this video spins to the top.

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