

Reality Therapy in a Middle School Setting: Altering a Student's Perception

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Reality Therapy: Altering a Student's Perception

Reality Therapy is a form of brief therapy that is applicable in the school setting and is derived from William Glasser's Choice Theory (Banks, 2009). The basic premise of Choice Theory is that individuals are the masters of their own choices and they alone are responsible for their choices and behaviors (Banks, 2009). Choice theory states that each person is born with five basic needs: love/belonging, fun, power/control, survival and freedom (Glasser, 1999). Individuals create a unique picture in their mind (referred to as the quality world), of what their life would look like if all of their needs were satisfied; and as life progresses, the quality world is constantly being re-created (Glasser, 1999). Individuals aim to choose to behave in ways that align with the pictures in their quality world (Glasser, 1999). Mason & Duba (2009) state that because relationships are the most important component in a person's quality world, the counselor must exhibit the qualities of a

person the student would want in his/her quality world. The therapeutic relationship is the foundation for positive counseling results and a vital part of Reality Therapy (Mason & Duba, 2009). The school counselor should make the student feel comfortable by using appropriate attending skills and creating a nonjudgmental environment (Banks, 2009). Additional useful tools for establishing an effective counseling relationship in Reality Therapy include using humor, creating a supportive atmosphere and using self-disclosure when appropriate (Banks, 2009).

Reality Therapy can be especially useful in the middle school setting due to the unique development that exists during adolescence. Adolescence marks a time period of the second largest significant change in brain development for humans (Roaten & Roaten, 2012). This means that professional school counselors working with adolescents have an obligation to acknowledge the variances in developmental levels between students

and design interventions based on the individual needs of each student (Akos, 2005). Responsive services, such as individual counseling, are an effective way to target and work with individual students to address specific needs (Mason & Duba, 2009). According to Roaten and Roaten (2012) Reality Therapy has been identified as an approach that works at school with adolescents.

Case Study

Rebecca is a thirteen year old, eighth grade student who is new to the school. Rebecca comes to counseling at her mother's request and expresses her inability to make friends and form new relationships. She states that this has never been an issue with her in the past, and that she had many friends at her other school. She thinks that her lack of friendships is starting to affect her happiness and her grades are slowly declining as a result. Rebecca has always been an A/B student and now has a C in two of her classes. As a result of her grades dropping, her mother has contacted the school counseling office and requested the counselor speak to Rebecca.

Integrating Reality Therapy with Rebecas

Reality Therapy would be an effective approach for Rebecca because she is struggling to form relationships, and this is causing her happiness and grades to falter. According to Kiefer, Alley and Ellerbrock (2015), peer interactions play a pivotal role in an adolescent's academic motivation. Additionally, Glasser (1988) points out that a student is unable to learn if the academics being taught are not satisfying the needs of which the student is most concerned. Rebecca's social and quality world were not aligned due to the lack of peer interaction, leaving a void of the most

important basic need, love/belonging. Rebecca needed to find ways to fulfill the need of love/belonging in order for her to be academically motivated. The counselor first welcomed Rebecca into the counseling office and discussed briefly with her what a day at school looked and felt like to her. The counselor made sure to make Rebecca feel as comfortable as possible and reassured her that the information that is shared is confidential unless she discloses that she wants to harm herself or someone else or someone is harming her. Making Rebecca feel like she was in a safe space was important because her mother sought counseling for her. At the middle school level, students are beginning to make choices on their own, (Akos, 2005) independent of the choices that their parents made for them, which created the possibility that counseling could be met with resistance in this case. Building trust through avoiding judgement, listening, use of self-disclosure when necessary, and use of attending skills (Mason & Duba, 2009) was pivotal in Rebecca's case.

The WDEP model is a tool that utilizes the principles of Reality Therapy (Mason & Duba, 2009). Each letter represents an area of promoting change in the client: W= want, D= doing/direction, E= evaluation of self, and P= planning (Mason & Duba, 2009). Using the WDEP model was a viable technique for Rebecca because the model gave her the opportunity to explore her wants and needs and assess what her level of commitment was at the time so she could obtain what she wanted. After developing a trusting counselor/client relationship with Rebecca, the counselor explored with Rebecca what it was that she wanted. The counselor encouraged Rebecca to be as specific as possible in her wants so she could focus on one goal

at a time and not become overwhelmed. Distress is a common emotion for a large number of middle school students (Walter, Lambie & Ngazimbi, 2008) so counseling at a pace in which Rebecca feels comfortable is important to avoid causing any unnecessary negative feelings. After finding out what Rebecca wanted, the counselor proceeded to assess what Rebecca's level of commitment was in order for her to get what she wanted. According to Banks (2009), there are five levels of commitment: no commitment at all, a general wish, middle level of commitment, higher level of commitment, and the highest level of commitment. Assessing Rebecca's level of commitment before proceeding on to the next stage of the WDEP model was necessary in order for the counselor to know how hard she was willing to work to reach her goals. If Rebecca had presented herself at a lower level of commitment (middle level or below) the counselor would want to make sure Rebecca knew that she was in control of her own life and actions before proceeding. It was important that Rebecca change her perception before moving on in the model so she was able to see that she was solely responsible for her choices. This change in perception fueled Rebecca's commitment level allowing her to move forward in the counseling process.

Following the WDEP model, Rebecca then needed to identify what direction she wanted to go in with her life. The counselor prompted Rebecca to find out if Rebecca would be happy with her life if she continued in the same direction she was currently heading. This prompt allowed Rebecca to visualize a future that would exist if she continued to make the same choices that were causing her to be unhappy in the present. Exploring what

she was currently doing allowed Rebecca to focus on her current behaviors and take ownership of her actions. Rebecca needed to identify how she interacted with peers in the present so she could see that her current interactions, or lack of interactions, were not satisfying her need of love/belonging. The counselor introduced a worksheet about choices which gave Rebecca some time to reflect on the many choices she was making throughout the day both in and out of school. This worksheet served as a visual for Rebecca to see her choices listed out and for her to realize how many choices she made in the day and how she was solely responsible for those choices. After Rebecca identified her actions and behaviors the counselor moved Rebecca on to the evaluation stage of the WDEP model.

The evaluation stage was vital in getting Rebecca to change her thoughts and actions. In this stage the counselor helped Rebecca to realize that the choices she was making were not getting her what she wanted. If Rebecca could effectively evaluate her behaviors and see that they were keeping her stagnant, then change was likely to occur. In the evaluation stage, the counselor revisited the behaviors that Rebecca had mentioned in the "doing" stage. The counselor identified the behaviors one by one and asked Rebecca if she thought the behaviors were helping or hurting her. During this stage, it was important to not allow Rebecca to make excuses for her actions. She needed to take full responsibility for her actions so when she identified a behavior as negative she understood that she was responsible for the choices that were hurting her and hindering her from making friends.

The final stage of counseling Rebecca

using the WDEP model involved making a plan. The counselor was there to guide Rebecca through making her plan but the decisions were ultimately up to Rebecca. This empowered Rebecca to take control of her own life and guided her in the direction that she thought would be most beneficial to her goal. The counselor made sure that Rebecca's goal was attainable and could be reached in a short amount of time. In addition, the counselor wanted Rebecca to compose a plan that was firm and consistent. The counselor encouraged Rebecca to start small with her plan because it involved social interaction. The counselor followed up with Rebecca in a week to see if she had followed through with her plan. The counselor noticed that Rebecca was unable to follow through with her plan, so they revisited the evaluation stage because more than likely her self-evaluation was weak in the first session. After re-evaluation the counselor asked Rebecca to form a short-term plan that she could experiment with in the next few days. This pushed Rebecca to try the plan immediately and allowed her to assess if the plan was working for her. The counselor met with Rebecca for a follow-up after a few days to check if she had followed through with the short-term plan. The counselor noticed that Rebecca changed her behaviors and reached out to her peers. This ultimately gave Rebecca the opportunity to form new relationships and satisfy her basic need of love and belonging. The counselor continued to monitor Rebecca's grades and hoped they would improve as her social life advanced.

Conclusion

Reality therapy is an effective form of therapy for middle school counselors to use because it gives students the opportunity to take control of their own choices and

behaviors which empowers students in the process (Banks, 2009). The WDEP model serves as a tool to break down choices and pushes students to alter their individual perceptions (Banks, 2009). Students are able to see that their current behaviors and actions are not getting them what they want, and they learn to take responsibility for their individual actions (Banks, 2009). Additionally, students evaluate whether or not their actions are helping them to reach a specific goal (Banks, 2009). Ultimately, students form their own immediate plan so they can see positive results quickly (Banks, 2009). This motivates the students to continue to make choices that will allow them to continue to succeed and take personal responsibility for future behaviors.

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