We are honored that our invited author is Dr. Robert Wubbolding, Professor Emeritus, Xavier University, Director of the Center for Reality Therapy and Director of Training for the William Glasser Institute (1988–2011), and a prolific author and frequent speaker at the AMHCA Convention and other professional meetings. His most recent books are Reality Therapy and Reality Therapy for the 21st Century and Reality Therapy: Theories of Psychotherapy Series.

The Voice of William Glasser: Accessing the Continuing Evolution of Reality Therapy

Robert E. Wubbolding

On August 23, 2013, the voice of William Glasser, MD, became silent. His life was characterized by his mission of teaching the ever-evolving ideas originating in his work in corrections and mental health. He taught what he called "internal controls". Although human beings are influenced by their environment and their previous relationships, they need not remain powerless and victimized by forces beyond their control or by their past history. Rather, they choose most of their current behaviors, especially their actions. Reality therapy is a system that counselors use to liberate clients and help them make realistic choices to more effectively satisfy their needs within their limitations. The evolution of reality therapy has covered not only its theoretical basis, choice theory, but more recently its links with mindfulness, neuroscience, and especially its formulation as the WDEP (Wants, Doing, Evaluation, Planning) system. A growing body of evidence illustrates the widespread use and multicultural effectiveness of Dr. Glasser's legacy—reality therapy.

In January 1972 I attended a two-day training program in reality therapy conducted by Ed Ford at Case Western Reserve University in Cleveland, Ohio. This experience touched me deeply. It coincided with my core beliefs and values, derived from family life and education during nine years of Catholic seminary training. I quickly became convinced that reality therapy was for me a prized treasure that was both usable and sensible. I saw it as a system that

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counselors could apply in mental health settings, schools, and correctional institutions as well as with the wide variety of clients encountered in private counseling. It supported my worldview and conviction that human beings are responsible for their behavior and that it is disempowering to blame external forces for one's personal misery. While external barriers have always existed in human societies, from the very beginning the principles of reality therapy were strength-based: they required counselors to view their clients as capable individuals able to take charge of their own destinies.

Ed Ford encouraged me to seek additional training and to pursue what later developed into an 18-month certification process. At that time Dr. Glasser himself conducted the 30-contact-hour training programs, which were held only in Los Angeles. I journeyed to Los Angeles from Cincinnati many times over the next three years and in 1975 was invited to be among the first 30 people certified in reality therapy. Dr. Glasser singled me out to work closely with him in the training program as a group leader. Later, I was privileged that Dr. Glasser chose me to be director of training for the William Glasser Institute, a position I held for 23 years, from 1988 until 2011.

From the publication of *Reality Therapy* (1965) until his death on August 23, 2013, Dr. Glasser traveled throughout the world teaching his innovative ideas that in many ways were outside the mainstream of the helping professions. He intensely desired to change the world from what he called "external control" to "internal control." He often referred to his belief that individuals and institutions went to extreme efforts to control other people. To teach his point he sometimes made sweeping statements. For instance, he referred to external control as "a plague across our land." His voice is now silent but his institute, William Glasser International, with its affiliates around the world, continues to teach his life-changing principles to dozens of ethnic groups in more than 25 countries. My personal mission is to apply choice theory and reality therapy in multicultural settings, to extend the principles expressed in the WDEP formulation, and to insure that reality therapy based on choice theory is evidence-based and represented throughout the world of counseling, psychology, and social work.

GLASSER'S CONTRIBUTION TO MENTAL HEALTH

As a young psychiatric resident at the Veteran's Administration Center in West Los Angeles, Glasser developed the rudimentary principles of reality therapy under the supervision of G. L. Harrington, whom he referred to his entire life as "my teacher." When Glasser approached Dr. Harrington with the idea of discussing mental patients' current behavior without emphasizing their past history, Dr. Harrington reached across the desk, shook his hand, and said, "Welcome to the club." Roy (2014) stated that "In that instant, both Glasser and Harrington had put their cards on the table for both to see. For Glasser it might have been the first time that someone of psychiatric importance agreed with him" (p. 68). He and Dr. Harrington developed a reality therapy program in a psychiatric ward with seriously disturbed mental patients. Their

work together resulted in one of the earliest studies to provide evidence to support the use of reality therapy. They treated long-term hospitalized psychotic patients whose problems "were categorized into paranoid schizophrenia, catatonic schizophrenia ... and undifferentiated schizophrenia" (Glasser, 1965, p. 131). Among the behaviors exhibited were hallucinations, delusions, and passively waiting for something to happen. Glasser and Wubbolding (1995) stated: "The average stay in the hospital for the 210 men was 15 years. Two years after the reality therapy program was initiated, 100 of the 210 had been released" (p. 310). Subsequent studies have indicated the efficacy of reality therapy in schools, group homes, mental health, addictions, correctional institutions, and other settings. Professor Rose Inza Kim at Sogang University in Seoul, Korea, has facilitated over 250 studies of various aspects of multicultural application of reality therapy (Kim & Hwang, 2006).

Because of the emphasis Glasser placed on personal responsibility and behavior as a choice, educators requested that he visit their schools and instruct classroom teachers, counselors, and administrators in how to use reality therapy. As a result of school-wide applications, Glasser wrote *Schools Without Failure* (1968) and later made further applications to education (Glasser 1990, 2000). To further the personal mission he relentlessly pursued, he founded the Institute for Reality Therapy, a training organization that became The William Glasser Institute. Recently renamed William Glasser International, it facilitates worldwide the teaching of choice theory and reality therapy and provides a forum for affiliates from six continents.

Some of his associates have made further applications of choice theory and reality therapy to education (Bodine, Crawford, & Hoglund, 1993; Cassell & Nelson, 2013; McClung & Hoglund, 2013; Suffield, 2014; Wubbolding, 2013); management and supervision (Pierce, 2007; Wubbolding, 1996); marriage and family relationships (Bellows, 2007; Mickel & Hall, 2006; Robey, Wubbolding, & Carlson, 2012); and parenting (Buck, 2000, 2013).

Among Glasser's major contributions to mental health counseling are the reformulation of control system theory, renaming it choice theory and identifying basic principles of reality therapy. In his writings on choice theory and reality therapy he lays out a clear map for people wishing to travel from a painful to a happier life, from emotional disturbance to a more tranquil existence, and from a dysfunctional lifestyle to more satisfying, contented, and even joyful relationships. Often overlooked is the inspiration and stimulus he has provided that serves as a springboard for continuing innovations and creative applications of choice theory and reality therapy. He often compared himself to the architect Frank Gehry, who felt that his buildings were never finished. In speaking of choice theory he said, "In my mind choice theory (including its delivery system, reality therapy) is never finished" (Roy, 2014, p. 367). I have taken on the personal and professional mission of continuing the evolution and development of reality therapy as Glasser's preeminent legacy.

In 1992 Dr. Glasser lost Naomi, his wife of 46 years, to cancer. In an interview with Robert Schuller on the Hour of Power television show in 1998 he described how Naomi had said to him that after she died he would eventually

need a wife. He understood this as advice and three years later in 1995 at the International Reality Therapy Conference in Philadelphia he married Carleen Floyd. In the interview he pointed out that they made a decision to have a choice theory marriage. Until his death in 2013 their relationship was that of two individuals joined together in a harmonious, respectful, and mutually caring union.

Even in his later years he nourished an idealist hope that his work would change the world through the continued effort to teach that most human problems are relationship problems. With proper application of choice theory through reality therapy, the delivery system, human beings would have specific tools for, as he said in his direct manner, "getting along better with the people around you." He hoped for a major application of choice theory and reality therapy in what he referred to as community mental health. He desired to see positive mental health replace what he believed was conventional community mental health that emphasized emotional and mental disorders. His booklet *Defining Mental Health as a Public Health Issue* (Glasser, 2005a) has been distributed to thousands of people in the helping professions. He described his hope for the spread of his ideas through focus groups and professional organizations that would adopt and teach his theory. Since the time of his death William Glasser International has been working courageously to impact the world with his legacy. Although in North America professional organizations like the American Counseling Association do not explicitly endorse individual methods and theories of counseling or psychotherapy, in Europe reality therapy has achieved endorsement by the European Association for Psychotherapy (EAP). After eight years of effort led by senior instructors from Europe, especially Leon and Boba Lojk from Slovenia, and the United States, the EAP described reality therapy as a scientific and proven system of psychotherapy. Leon Lojk (2009) has stated, "Since June 2008, reality therapy, matching rigorous criteria for scientific validation established by the European Association for Psychotherapy, was recognized as a scientific psychotherapeutic method, and EART (European Association of Reality Therapy) is recognized as the European Wide Accrediting Organization (EWAO)" (p. 32). As a result the EART has become an official training and accrediting organization recognized by the EAP. Wubbolding added, "The importance of the recognition of reality therapy by the EAP can hardly be overestimated. This monumental achievement takes reality therapy to a pre-eminent status for everyone who has studied or will study reality therapy" (Lojk, 2011, p. 15).

PRINCIPLES OF CHOICE THEORY

Choice theory is a comprehensive explanation of human motivation, behavior, and perception. I have not found a single behavior that is not explained by the explicit or implicit principles of choice theory. Yet Glasser did not create the theory in a vacuum. After he discovered the work of William Powers, especially his book *Behavior: The Control of Perception* (1973), Glasser adapted control theory, or control system theory, converting it from a highly theoretical explanation to a more understandable system useful to practi-

tioners in the educational and helping professions as well as anyone seeking better human relationships. One of Powers's predecessors was Norbert Wiener (1948), who was among early control theory writers and who compared the human mind to a computer.

On the other hand, Glasser did not shun the complicated concepts of control theory. He wrote *Stations of the Mind* in 1981, though he later came to believe that it was too theoretical and overly esoteric. He therefore simplified the theory as he lectured and eventually published *Control Theory* (Glasser, 1984). He continued to refine, expand, and apply the theory even further, thus requiring the name change reflected in his book *Choice Theory* (Glasser, 1998). What follows is a summary of choice theory based on the writings of William Glasser already referenced.

Human Motivation

The cornerstone principle of choice theory is that human motivation is intentional. We are at least marginally aware of our motivational drives and can become more explicitly conscious of them. These urges to generate behaviors are always current and are not determined by early childhood conflicts. Even though human beings are products of our total past experiences, our current choices result from here-and-now motivations, especially the desire to connect with other people. Equally controversial is the corollary that our current external environment does not completely control our lifestyles or our actions, thoughts, or feelings. Even if we have been victimized by past psychological assaults or current environmental hindrances, we remain capable of making choices, even though often some are only minimally satisfying and at times only under our partial control. Far from disempowering clients, this principle serves as the basis for empowering them to take charge of their lives and to move forward positively.

Principle I

The roots of human behavior consist in five genetic motivators, though the genetic nature of these sources of behavior has not yet been proven. Whether advances in neuroscience will someday verify their genetic origin or whether the practitioner chooses to believe they are learned motivators, they still serve as a high priority and a useful schema for implementing the principles of reality therapy. Using the human needs system as a basis for treatment planning, Fulkerson (2014) has identified dozens of possible objectives for healthy and productive satisfaction of needs. The attainment of objectives related to the five needs system demonstrates an underlying principle derived from Ericksonian practice; often on the surface the solution has little to do with the presenting problem. This principle also illustrates that choice theory and reality therapy are, as Glasser (2005a) has taught, a mental *health* system not a mental *disorder* system.

Succinctly stated, human behavior originates from five sources or needs: survival or self-preservation, love or belonging, power or inner control/achievement/accomplishment, freedom or independence, and fun or enjoyment. These needs are not only genetic; they are also generic—general. They are like

salad bowls that we fill with specific wants or desires that develop and change throughout our lives. Wubbolding (2015a) described needs as universal in that they are common to every culture and are the all-prevailing basic sources of human behavior. Many people studying reality therapy wonder whether there are only five needs. The best response is that choice theory in its narrowest formulation utilizes only five needs, but it allows for the addition of, for instance, the need for meaning and purpose as taught by Frankl (1984). Frankl described how his faith—a belief in the purposefulness of his experience—sustained him for three years in World War II concentration camps. Choice theory allows for the need for faith or spirituality in that it appears to be a basic generic drive or motivator for many people.

Principle 2

As human beings mature and develop, they formulate specific wants related to each need. As they collect their wants or desires, they store them in their minds. The figurative location of this assemblage has the technical and yet metaphorical name "quality world." Each item or want is intensely satisfying and retains the characteristic of quality. Another name for the collection of wants is the "mental picture album." This metaphor represents the specificity and uniqueness of the collection of wants. However, the specific wants of one person can conflict with those of another. Thus we have the need for family counseling, conflict resolution, and umpires and referees in sports and even in peace negotiations between nations.

Human beings do not collect wants or desires and freeze them in place in their quality worlds. When specific wants or desires are unsatisfied, it is as though a mental scale is tilted or out of balance. It is this discrepancy between a desire and the perception that the want is unsatisfied that sets the behavioral system in motion.

A question arises: Why do people insert pictures into their quality world? The answer is that when human beings interact with the world around them, they find experiences, especially connections with other human beings, to be either satisfying or unsatisfying. Those that are satisfying take on the qualities of wants or desires.

Principle 3

When the behavioral system receives a signal that the quality world is out of balance, it generates behavior. Behavior is treated as a choice; and yet choice theory allows for the obvious fact that human beings do not always have complete control of their behaviors. Wubbolding (2015b) describes behavior as analogous to a suitcase that has four descending levels: action, cognition, emotions, and physiology. The handle is attached to the top, the actions—we have more direct control over the actions than over the other three components of the suitcase. Yet when someone raises a suitcase by the handle, the entire suitcase with its four levels of behaviors is lifted. Thus, behavior is referred to in terms of "total behavior." Glasser (2005b) presented the analogy of an

automobile with the front wheels representing action and thinking and the rear wheels symbolizing emotions and physiology. Human beings have more direct control over actions and thinking than over emotions and physiology. Wubbolding (2015b) cautioned counselors to treat actions "as if" they are choices and allow for the evident fact that human beings often have less than total control of specific behaviors. He noted, "Choice is predicated primarily on actions even though intense emotions can impinge upon actions, thereby diminishing responsibility" (Wubbolding, 2015a, p. 171).

The question arises: Does choice theory blame the victim? If people choose their misery, are we adding to their pain by blaming them for their choices? The answer is that the practitioner never blames the client. However, the reality therapist does believe that current choices are available to clients regardless of their history and externally imposed oppression. Clients thus feel the opposite of blame. The counselor believes that a better life is possible for them and communicates a well-grounded sense of hope.

Principle 4

Like Adlerian counseling (Carlson & Englar-Carlson, 2013), choice theory rests on the principle that behavior is purposeful, not aimless. It is an attempt to impact the world around us for the purpose of molding or shaping the world to achieve a goal of satisfying at least one human need. Michelangelo remarked that his purpose in carving a marble block was to liberate the statue inside the marble. Like Michelangelo, human beings are sculptors attempting to shape their environment in ways that match their quality worlds. A young man hoping to develop a relationship with a young woman might present her with flowers to win her attention and to put himself into her quality world. His choice has a purpose. A second purpose that Wubbolding (2011, 2015b) has added to choice theory is that behavior is purposeful in that it is an attempt to send a message to a person's outside world. An acting-out adolescent skips school, breaks curfew, and causes trouble for a purpose. The purpose might be to send a message, "Leave me alone." By considering the purpose of behavior a counselor might inquire, "What message are you sending to the people around you, and do you believe they are listening?"

Total behavior is purposeful in two ways: (1) It impacts the external world in order to gain input from it. (2) It also is an attempt to send a message to individuals like parents, teachers, children, employees, and even society in general.

I would now like to answer a common question about the purpose of human behavior: "How can I as a counselor use this principle when I counsel my clients?" The answer lies in the delivery system, especially under the E (self-evaluation) in the WDEP process. Useful examples are, "How is your behavior getting you what you want from the world around you?" "I would like to help you define more precisely how you want to deal with the people who are important to you. Are you interested in discussing this?" "What message are you sending to the people close to you? Is the message they are receiving the one you intended to send?"

Principle 5

The goal of behavior is to derive something from the world, to gain input from it. This "something" consists in the satisfaction of at least one need and, more specifically, a single want in the quality world. Human beings compare what they want with what they are getting from the world. More precisely, they are comparing *perceptions* of their fulfilled and unfulfilled wants. Human beings seek perceptions: the perceptions of competence, good health, loving relationships, enjoyable activities, and especially the perception of having inner control. We filter information, input from the world, through our perceptual system. Three levels of perception or filters make up this system. Each serves a specific purpose: By means of the first filter we simply label the information: we see a chair and we label it "chair." The second level of perception helps us to see relationships: the chair is used for sitting. It is not a desk, a bed, a car, or an airplane. The third level of perception enables us to put a value on it: possibly neutral but more often positive or negative. The chair is a cherished family heirloom. On the other hand the chair might be quite undesirable as the electric chair in a prison.

Of special practical use to the counselor is the exploration of a client's "perceived locus of control" (Rotter, 1954). Clients see themselves related to the external world in such a way that they are controlled by it, or they may relate to the world in a way that suggests that they are in the driver's seat of their behavioral car and in control of their lives.

CHOICE THEORY AND NEUROSCIENCE

Recent advances in neuroscience seem to validate the principles of choice theory. Marlatt (2014) discussed the connection between the findings of neuroscience and the basic needs as described in choice theory. She concluded that the basic needs "have been supported as legitimate needs through the process of reviewing existing research in the field of neuropsychology" (p. 19). Daniel Siegel (2012) defined the human mind as a relational process that seeks to regulate the flow of energy and information. According to the principles of choice theory, the human personality develops as a result of interactions with people and objects in our environment. By means of internally generated behaviors—choices—a person regulates information received from the outer world. Behavior can be described as Siegel's "energy" and information as the input gleaned from the outside world.

SUMMARY OF CHOICE THEORY

According to Glasser (2005b), choice theory is an internal control system or a negative input control system. The human mind generates behavior that is purposeful and directed toward a goal or a target. When it perceives that the behavior is off-target, i.e., will not gain the desired input or perception, it sends a signal to the behavioral system that it is not on target and should correct itself. The mind functions like a rocket sent toward a target: When it is off course it sends a message or negative input to its energizing mechanism to make the

necessary adjustment. It thus seeks to regulate its energy or its behavior to control the flow of information and the perception of the information gained from its journey.

For instance, a student inserts into his or her quality world attainment of an academic degree. The student perceives that at the present time he or she is not in possession of the degree, and therefore generates behavior to achieve the goal. Specifically, the student enrolls in college, selects courses, studies for the required exams, takes them, and eventually graduates. The behavior is effective in steering the rocket toward its goal. On the other hand, another student fails to study, skips classes, turns to drugs or alcohol, and realizes he or she is off-target. That student is faced with two major choices: correct the off-target behavior or continue on the journey away from the target. The role of the counselor is to use reality therapy by helping the student examine the intensity of the desire to achieve the college degree; to examine specific behaviors, especially actions related to the purpose of the student's choices; and to conduct a searching and fearless assessment of whether the goal is available and the effectiveness of a wide range of choices. The culmination of this process is a positive plan of action, which often requires an enhanced sense of belonging, such as to a support group.

REALITY THERAPY

The major contribution William Glasser made to the helping professions and the public is that he demystified the delivery of mental health services by presenting a practical and easily understood system. He used very few technical phrases in describing reality therapy and in his development of choice theory. I can name only a few terms, such as quality world, mental picture album, total behavior, and out-of-balance scale. In his later writings he even rejected technical language he had used earlier. The 10 orders of perception (Glasser, 1981) became two filters: the total knowledge filter and the valuing filter. I have added a third, the relationship filter (Wubbolding, 2000, 2011). A perceptual error became an out-of-balance scale. A negative input control system became simply choice theory. This worldview, and specifically his view of mental health, enabled him to bring life-changing ideas and teachable skills to both the professional and the general public. He even referred to the process of reality therapy as "steps": be friends, discuss current behavior, conduct self-evaluation, make plans, use no excuses, do not punish, and do not give up (Glasser, 1972). The chart "How the Brain Works," published by the William Glasser Institute (2005b), summarized the practice of reality therapy in 319 words. It is my belief that Glasser's legacy is reality therapy and that he will be remembered as its founder, the "champion of choice" as Roy (2014) called him. I attend many counseling and psychotherapy conferences and have asked dozens of professors, supervisors, and practitioners, "What do you think Glasser will be remembered for?" Invariably, they answer, "Reality therapy."

Like a great work of art, reality therapy is easy to view but requires constant practice to build creative and spontaneous skills. My contribution has

been to extend the application of reality therapy, to develop Glasser's seminal ideas and to formulate the extensions and applications in a way that is pedagogically effective for both counselors and clients. In short, anyone using reality therapy can easily remember the process and stay mindful of the wisdom and practicality of reality therapy techniques.

The wide range of reality therapy applications extends to many human relationships, such as classroom teaching (Glasser, 2000); management and supervision (Pierce, 2007; Wubbolding, 1996); parenting (Buck, 2013; Primason, 2004); nursing (Seale & Kuebler, 2013); health and wellness (Casstevens, 2011); spirituality (Jackson, 2015); corrections (Myers & Jackson, 2002); addictions (Wubbolding & Brickell, 2015); personal growth (Britzman, 2009; Wubbolding & Brickell, 2001); and even specific relational barriers (Bellows, 2005). The practice of reality therapy is divided into two major processes: establishing a safe, trusting environment, and utilizing specific procedures or interventions.

Safe and Trusting Counseling Environment

Throughout the entire counseling process, counselors establish and maintain a nonthreatening relationship characterized by empathy, congruence, and positive regard. Clients insert counselors into their quality worlds and perceive them as people who can assist them. Together they have a sense of common goals. Clients come to realize that reality therapists wish to help them live more effectively. Thus reality therapists assume the responsibility of creating a therapeutic alliance, as described by Salters-Pedneault (2014). Creating the counseling relationship or therapeutic alliance entails avoiding toxic behaviors and employing tonic behaviors (Figure 1).

Toxins. Counselor behaviors that undermine a trusting, fruitful, and productive relationship include: Arguing with clients about perceptions such as the "fairness" of rules; Blaming the client for choosing ineffective behaviors; Criticizing the outcome of behavior, i.e., not foreseeing the consequences of their choices; Demeaning clients in any way, i.e., failing to communicate positive regard; encouraging Excuses, i.e., demonstrating excessive sympathy for clients' perceived sense of being victimized or trapped in their current behavior and thus encouraging them to feel powerless and out of control; finding Fault or Facilitating lengthy discussions about past misery, leading clients to believe that better choices are unavailable; and Giving up easily or discarding the quality world picture of a client's potential growth and success. In summary, counselors continue to apply the Cycle of Counseling (Wubbolding, 2015b). They believe firmly in its efficacy as a means to lay the cornerstone of successful counseling: the counseling relationship.

Tonics. In contrast to harmful counselor behaviors, reality therapy embraces many behaviors helpful in establishing a firm, fair, and friendly relationship (Figure 1). Among helpful behaviors for structuring the relationship is the standard practice of disclosing the counselor's qualifications. The counselor also

Figure 1. Cycle of Counseling to Operationalize Choice Theory and Reality Therapy
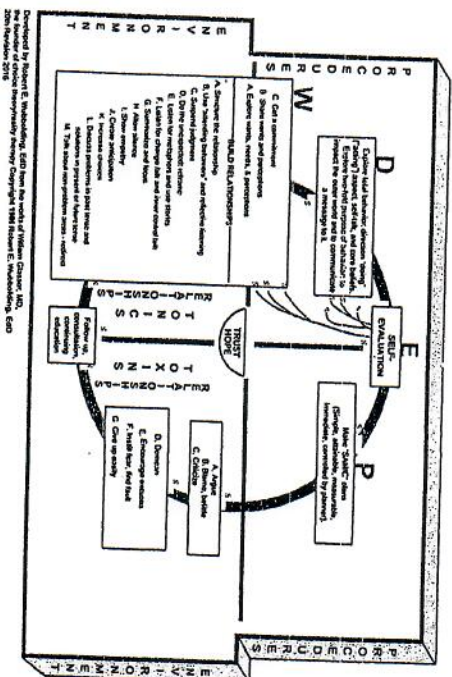
explains the nature of reality therapy, what is expected of the client, and what the counselor will and will not do for the client, and makes other relevant disclosures. In establishing a therapeutic alliance, the reality therapist remains nonjudgmental according to professional standards and does not make judgments about clients. "Do the unexpected" includes reframing a situation from negative to positive. For example, a creative counselor reframes a failed plan as a threefold success by responding, "You thought about the plan, you talked about the plan, and you committed to following through on it. Now, let's discuss whether you still want to fulfill or modify the plan and whether it would help you."

Listening for and using metaphors rather than mechanically paraphrasing client comments demonstrates that the counselor is truly listening and responding appropriately to the deep feelings of the client. When a client says, "I'm really down in the dumps lately," "Do you want to climb out of the dumps and into the daylight?" can be a more effective response than "You're feeling depressed." Of special significance is the counselor's ability to hear client comments that indicate a possible desire to change. Clients who express intense dissatisfaction with the behavior of others may be indicating a willingness to formulate plans and thereby change their circumstances. An effective reality therapist also listens for hints of existing effective in-control behavior. Summarizing client statements and focusing on possible client choices demonstrates the counselor's continued willingness to listen and to draw the client's attention to helpful behaviors. A reality therapist might respond to clients who describe their habitual unfair treatment in the home or at work with, "You've told me

three or four ways that people mistreat you. And yet I hear a desire and a beginning of a commitment to make things better for yourself. Let's talk about a specific step that you could take today that would satisfy you."

Reality therapists are tempted to fill uncomfortable silences with rapid-fire questions. However, it is useful to remember that silence is a way to put responsibility on clients and give them the opportunity to think about their wants, the effectiveness of their behavior, and the attainability of their plans. Showing empathy is an integral part of reality therapy. Yet empathy in reality therapy means not only seeing the world from the point of view of clients but also seeing what they can become and acknowledging a wider range of choices than the clients previously realized.

The reality therapist can communicate with clients in many subtle ways. Counselors who speak of problems in the past tense and solutions in the present and future tenses are adopting a significant Ericksonian principle. This indirect form of communication offers clients hope, in a subtle and subliminal manner, that their problems are now history and that a better life is available to them.

In summary, the broken line between Environment and Procedures (see Figure 1) shows that there is no absolute difference between establishing a therapeutic relationship and the use of techniques peculiar to reality therapy. The effective use of the procedures enhances and intensifies the therapeutic alliance.

Use of Procedures

Early in the relationship, counselors help clients discuss their quality worlds. The rationale for exploring wants is that human beings find their motivation in their quality worlds. Their choices are launched from their quality worlds. Their wants send a signal to their behavioral system. Their external worlds—family, friends, coworkers, and society—observe the external behavior but cannot directly see the quality world desires of another person. Because wants are the springboard for behavior and because of the significance of the quality world, reality therapists help clients verbalize their wants, clarify them, and make them very specific. Counselors also engage clients by helping them describe their perceptions, especially where they see their control. Do they see it as originating within themselves or from an external source? The language the client uses indicates the perceived locus of control: "They made me do it." "I have no choice." "I can't." ... and many other statements imply a sense of being controlled by external forces. At this point, rather than argue with clients, it is important for the counselor to reflectively listen.

Part of exploring the quality world is eliciting commitment to change a behavior. At first the change may be stated as a very general goal: "I want a better and more peaceful life than I have at the present time." As the counseling process proceeds, this general goal takes the shape of specific objectives related to needs, such as doing one thing differently in the next week that would satisfy a need.

Counselors' behavior and responses are most effective when they are based on the skill of attuning themselves to the client. Siegel (2007) says, "Attunement means sensing things just as they are within awareness" (p. 78).

Trust is built when the counselor demonstrates COAL behaviors: Curiosity, Openness, Acceptance, and Love for the client (Siegel, 2007). In using reality therapy procedures, counselors are thus mindful of being present in the here and now and incorporating the COAL behaviors that demonstrate compassion (Siegel, 2012). This wide range of counseling skills and interventions is summarized in the Wants of the WDEP system.

The D of the WDEP system stands for Doing. This single word helps counselors remember how important it is to help clients explore their total behavior, especially their actions. Included also in this discussion can be a searching inventory of client self-talk and core beliefs. A misconception about reality therapy is that the system underplays the significance of emotions or feelings. In fact, the reality therapist views emotions as part of total behavior and often the most significant and pervasive aspect of a client's presentation. Reality therapy is based on the principle that emotions are analogous to the lights on the dashboard of an automobile. Sometimes they seem to glare at the driver. Even when they flicker, they always imply "take action." Nevertheless, the counselor helps clients discuss their feelings and connect them to their actions because actions are more easily altered than the other components of total behavior. Yet when human beings change their actions, they change the other components of total behavior: thinking, feelings, and physiology. The reality therapist is cautioned to realize that change in all four components takes time. Changing actions does not immediately result in a change in feelings.

From the early days of reality therapy Glasser (1972) described self-evaluation (E) as a necessary prerequisite for behavioral change. Wubbolding (Figure 1) sees self-evaluation as the keystone in the arch of procedures—it holds them together, and without it the arch crumbles. For instance, people abusing drugs seek an alternative only after deciding that their current pathway is taking them to oblivion, or at least that it is a problem for themselves and other people. A student desiring a diploma changes behavior only when concluding that failure to study is not helping.

The most easily remembered procedure is encapsulated in the question, "What's your plan?" An effective plan is simple, attainable, measurable and mindful, immediately carried out, controlled by the planner rather than dependent on others, consistent or repetitive, and committed to in a firm and determined manner. Throughout the planning stage, counselors do not give up but persist in their willingness to journey side by side with their clients. Clearly, as with each procedure in the WDEP formulation, the Planning represents a cluster of possible counselor interventions.

Throughout the counseling process, before the plan is formulated the counselor hints at possible plans. These hints emerge from skillful use of reality therapy, such as maintaining a strong relationship, discussing current behaviors, and evaluating them. This process is similar to the Ericksonian concept of seeding the plan (Zeig, 2006). It helps to insure that clients are willing to follow through on their words and thus render plans more efficacious.

In summary, the procedures are not separate and independent techniques. Rather, WDEP represents an intricate network that can be used by

neophyte counselors and skillful and experienced practitioners. Recent trends in counseling and psychotherapy that emphasize internal control as well as advances in neuroscience add to the credibility and effectiveness of reality therapy. Maintaining a safe counseling atmosphere and implementing the WDEP system reflects the central principle for effective counseling: a good relationship between client and counselor accelerates behavioral improvement and in fact is essential if change is to occur.

Reality Therapy and Mindfulness

In training reality therapists I have found it useful to encourage them to slow down and use reality therapy mindfully. Ponton (2012) described mindfulness as "Show up, shut up, listen up, roll your sleeves up" (p. 189). Showing up means being intensely aware of the present moment. Shut up and listen up mean approaching clients without judging them. Roll your sleeves up means applying the principles of mindfulness to our work. As counselors learn the techniques and skills of reality therapy, they can proceed from mechanical use of the procedures to a more reflective stage of usage. Mindful use of reality therapy allows counselors to help clients savor their successes, marvel at their achievements, be aware of the present stage of their progress. The WDEP system provides a structure for wants, perceived locus of control, and behaviors that clients see as helpful or harmful to them. Skills implied in mindfulness serve as an antidote to the temptation to use the structure of reality therapy mechanically (Wubbolding, in press).

The principles of mindfulness are not limited to a single counseling system. They are attitudes that transcend counseling theory and practice (Ponton, 2012) and are quite congruent with reality therapy. Practiced appropriately, reality therapy helps the counselor to be open to the present experience without being overwhelmed by judgments or preconceptions—a concept that is also central to mindfulness (Siegel, 2012). Nor do mental health counselors using reality therapy need to be overwhelmed by a presenting problem or behavior. As Springer (2012) says, "Mental health counseling is identified with, among other things, a developmental and health-based perspective that focuses on strengths rather than on pathology" (p. 211).

Cultural Applications of Reality Therapy

There is abundant anecdotal evidence that reality therapy can be applied cross-culturally. At present there are 24 William Glasser Institute affiliates in Asia, Africa, the Middle East, Europe, South America, and North America. In addition, scientific studies have provided supportive evidence for the effectiveness of reality therapy.

In Korea Kim and Hwang (2006) conducted a meta-analysis of 43 reality therapy studies that addressed self-esteem and locus of control. They found that 23% of experimental group members increased their self-esteem and 28% scored higher on a measure of internal locus of control. The authors concluded that reality therapy is "effective for improving self-esteem and internal locus of control" (p. 29). They added that this research could serve as a baseline model for studying group reality therapy in Korea.

Mateo, Makundu, Bamachea, and Paat (2014) studied the efficacy of a psychoeducational program based on reality therapy in Manila, Philippines, with 25 college freshmen; there was a positive significant difference between pre- and post-test scores. The authors concluded that reality therapy is "an effective approach in dealing with the academic decline of college students" (p. 83).

Jusoh, Mahmud, and Ishak (2008), who studied the use of reality therapy among Malaysian mental health workers, concluded that because of the emphasis on close relationships, large family structure, and dependence on each other, reality therapy is applicable to the Malaysian culture. However, it needs to be applied differently than in the individualistic Western culture.

Among many questions related to the effectiveness of reality therapy is its application to antisocial behavior. A program called Choice Theory Connections conducted with 96 California female prison inmates enrolled in an introductory or advanced course resulted in improvements in perceptions of stress, emotional regulation, and impulsivity. The authors suggested that the program "can improve incarcerated well-being pre-release, a strong predictor of recidivism post-release" (Grills et al., 2014).

These and many other studies (Wubbolding, 2000, 2011) illustrate the effectiveness of reality therapy in cultures and subcultures around the world. One of the most prestigious statements of support as a stand-alone method was made by the EAP (Lojk, 2009). In his lectures, Glasser repeatedly stated that his mission was to teach the world choice theory and reality therapy. The existence of Glasser Institute affiliates around the world represents a small step toward achievement of this idealistic mission. Complementing his visionary nature, he always demonstrated empathy, hope, and concern for each individual that he encountered. At the end of his life, a young mother sought his advice about her 3-year-old son, who was beginning to exhibit aggressive behavior. Glasser seemed to reach into his soul and after a long thoughtful pause said to her, "Always treat your children as if they are good." He added, "Create situations where they can only succeed."

His final words of advice sum up not only his counseling legacy, but a life worth living. Reality therapy is a system for mental health, not simply a method to remediate mental disturbance.

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