Margarita: A Case Study Applying the Reality Therapy Approach
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Abstract

There are numerous approaches and theories that therapists have to choose from in order to provide their clients with the best interventions to help them one of which is reality therapy. Reality therapy provides a delivery system for helping individuals take more effective control of their lives (Corey, 2013). In relationship therapy, each person is asked to examine his or her own wants, behavior, and perceptions, evaluate them, and make more effective plans (Glasser & Wubbolding, 2013). This paper discusses a brief development history of the approach and also how it lends itself to the positive psychology movement. Evidence based support and the application towards working with a diverse population is also examined. Finally, this approach will be applied to a theoretical case study discussing case goals, strengths and limitations.
Each client that a counselor is presented with has their own unique situation in which they seek assistance. There are numerous approaches and theories that therapists have to choose from in order to provide their clients with the best interventions to help them one of which is reality therapy. Reality therapy provides a delivery system for helping individuals take more effective control of their lives (Corey, 2013). In this paper we will discuss the reality therapy approach and apply it to a case study for a Puerto Rican woman named Margarita.

**Reality Therapy**

Reality therapy, developed by Dr. William Glasser, is founded on the principles of choice theory and has developed into a widely popular and recognized therapy form. Reality Therapy suggests that all human issues derive from a lack of fulfilling relationships with others. The goal of this therapy is to provide a connection for people, beginning with the therapist-client connection (Good Therapy, 2013). Reality therapy helps clients to assume personal responsibility for what they do and the choices they make instead of placing blame on outside occurrences or influences (Corey, 2013). When clients begin to assume responsibility for their actions they become inspired to make better choices for themselves in the future.

Reality therapy is based on choice theory. Choice theory posits that we are born with five genetically encoded needs that drive our lives: Survival, love and belonging, power, freedom and fun (Corey, 2013). These needs provide reality therapists with a model for establishing trusting client/helper relationships. In a helping relationship, the helper must create an environment where it is possible for the person being helped to feel
safe; to feel connected to the helper in some way; to be listened to and respected; to have some choices; and to have some fun or learning with the helper. After creating this need-satisfying environment and working hard to maintain it throughout the relationship, the helper can move on to the actual problem (Reality Therapy Central, 2013). Reality therapy helps clients to identify their unmet needs and encourages them to become empowered to find ways to satisfy them.

Reality therapists are viewed more in a mentoring perspective where they help to teach their clients ways to empower themselves. Reality therapists teach clients how to engage in self-evaluation by challenging them to examine what they are doing. Corey (2013) wrote, Reality therapists assist clients in evaluating their own behavioral direction, specific actions, wants, perceptions, level of commitment, possibilities for new directions, and action plans. Clients then decide what to change and formulate a plan to facilitate the desired changes. Together they can creatively address a range of concerns and options.

The Connection Between the Reality Therapy Approach and Positive Psychology

The Positive Psychology field is founded on the belief that people want to lead meaningful and fulfilling lives, to cultivate what is best within themselves, and to enhance their experiences of love, work, and play (University of Pennsylvania - Positive Psychology Center, 2007). This parallels with Glasser’s needs of love and belonging and fun. Both philosophies focus on the present and encourage clients to take responsibility for their actions in order to achieve self-awareness and happiness.
Limitations and Evidence Base Support

According to many sources, one limitation to this approach is that it does not take into account any of the client’s past childhood experiences and the effects that they may have in their adulthood or dreams. Because reality therapy focuses almost exclusively on consciousness, it does not take into account factors such as repressed conflicts and the power of the unconscious influencing how we think, feel, behave, and choose (Corey, 2013). Another limitation is the notion that people “choose” a psychosis or chronic depression. Corey (2013) wrote, People suffering from chronic depression or schizophrenia are struggling to cope with a real illness. In reality therapy these people may have additional guilt to carry if they accept the premise that they are choosing their condition.

A modification that could be suggested for counselors who use this approach is to adapt to the client’s unique background and take into consideration these limitations when assessing a client’s psychological state. Competent reality therapists have a thorough understanding of choice theory and have mastered the art of applying reality therapy procedures to working with diverse clients with a range of clinical problems (Corey, 2013). Allowing some flexibility on choice theory for people with real mental conditions can allow counselors to provide a more holistic approach for the presenting issues their clients bring.

Reality therapy has been proven to be quite effective in a variety of settings but most particularly with children and in schools. Choice Theory, and its delivery tool, Reality Therapy, is very effective when working with children and young people who
have emotional and behavioural difficulties, as well as with other types of 'client group'.

During the past few years there has been a significant increase of practitioners beginning to use Reality Therapy as their preferred method of counseling and supporting clients. Practitioners find that Reality Therapy fits nicely into their 'bag of tools' used within the counseling environment, and that the processes fall in line with current national and organisational professional and ethical guidelines (European Association for Reality Therapy, 2008). In particular schools and school counselors have found reality therapy to be quite effective because of its natural mentorship application. Mason & Duba (2009) cited;

Counselors are able to develop positive relationships with clients when they possess the personal qualities of warmth, sincerity, congruence, understanding, acceptance, concern, openness, respect for the client and the willingness to be challenged by others (Corey, 2009). These characteristics allow school counselors to function as advocates who are able to instill a sense of hope in students. Once the therapeutic relationship has been established, the counselor assists students in gaining a deeper understanding of the consequences of their current behavior. At this point, students are helped to understand that they are not at the mercy of others, are not victims, and that they have a range of options to choose from.

Although mostly associated with helping students and children, reality therapy contains many concepts and techniques that can be truly effective for struggling adults as well as diverse clientele.
Addressing Diversity in the Reality Therapy Approach

Reality therapy has some strengths and drawbacks when it comes to its multicultural application. Some of the drawbacks for reality therapy is it’s lack of taking into account some very real environmental forces that operate against diverse clients. Discrimination, racism, sexism, homophobia, heterosexism, ageism, negative attitudes toward disabilities, and other social injustices are unfortunate realities, and these forces do limit many individuals in getting what they want from life. It is important that therapists acknowledge that people do not choose to be victims of various forms of discrimination and oppression (Corey, 2013). In order for therapists to help their clients successfully address their problems they must also take into account some of these environmental limitations so that clients do not get frustrated with their progress.

A strength of reality therapy is it’s universal applicability to diverse and multicultural clients. Jusoh & Ahmad (2009) cited:

Choice theory and reality therapy have universal attributes, and these can be interpreted in any religion or culture. Choice theory through its basic concepts can be used with anyone all over the world (Glasser, 1998; 2000a, 2001; Glasser & Glasser, 1999; Wubbolding, Al-Rashidi et al. 1998). Wubbolding, Al- Rashidi et al. 1998 stress that counselors, supervisors or the users of reality therapy should have the capability and be able to handle counseling sessions with awareness of multicultural issues, including knowledge and experience on clients' culture. What is important in therapy is to understand and respect the surrounding of
clients so that it is challenging for a counselor to use reality therapy as an approach to help clients.

Reality therapy focuses on giving the clients the tools that they need in order to facilitate the changes they wish to make in their lives. When counselors educate themselves on a variety of cultures, religions and diverse backgrounds they can be better informed on how to help their clients appropriately and effectively without offending them.

**Case Study: Margarita**

Margarita is seeking counseling due to reported, "anger outbursts." She states that she becomes so angry with her husband that she thinks of physically harming him, although she does not remember anything that he does specifically to provoke her anger. She denies any physical violence but has gone as far as grabbing a knife and threatening him. She does respond to his verbal attempts to calm her. She reports feeling relief after the "explosion." Margarita does admit that she is fearful that her husband will leave her due to her behavior. She reports that they do not communicate well, he maintains the house, and they rarely experience intimacy or sex (Capella University, 2013)

Margarita has an MBA and is very intelligent. Margarita also discusses feeling depressed most of the time, but she has to put on a "game face" to do her work. Her husband and her parents are the only ones who see her depressed side. She also reports that she often experiences anxiety in social situations, avoids going places where she may be socially judged, and has no friends, but she does feel confident in structured work projects where she is in charge. She reports having panic attacks on occasion and has had
thoughts of suicide. She truly wants to have quality friendships, is always in a mode of self-doubt, and admits to constant negative internal dialogue (Capella University, 2013).

Following her intake session, Margarita made a commitment to six sessions of therapy with this counselor. She responded well to the counseling interventions during the first three sessions, and we see evidence of establishing a good rapport. She has reported that she continues to feel overwhelmingly strong anger at times, and she still feels quite despondent about this and her life in general, although she strongly denies suicidal intentions. In the second session, we initiate a discussion about cultural differences giving her an opportunity to articulate how she might be concerned about this counselor’s understanding of her. She replies that she is confident that this counselor can understand her, based on our interactions so far, but if she develops concerns she will let you know. At the end of the third session, this counselor and Margarita identified some specific goals that she would like to work on to "move the ball forward" in her life. We then prioritized these goals and this counselor asked her to think about them before our next session to be sure they were the best fit for what she most wants to change (Capella University, 2013).

Therapeutic Case Goals

After having effectively created a conducive counseling environment with Maria, one of the first therapeutic goals would be to help her realize what are some of the things happening that are under her control. Focusing on the current behavior of the client, rather than on past history or the onslaughts from the client’s external world, helps clients become aware of their actions—the component of their behavior over which they
have most control. Depending on the style of the therapist, they are asked intermittently to make judgments on their wants. They are then asked to make plans that fulfill the characteristics of effective planning. Simple planning sheets are frequently used (Glasser & Wubbolding, 2013). Using a planning sheet will help to list some of the factors that Maria faces and be able to clearly see which ones she is able to change through her actions. For example, Maria mentioned that she doesn’t seem to remember reasons as to how or why her husband makes her angry before one of her fits. Her anger would fall under the category of things that are under her control. This counselor could then make suggestions to help Maria become more self-aware of the next time she feels angry and choose a different outlet than having an “outburst”.

This counselor would apply the WDEP system to Maria’s case in order to help her have a better understanding of the role she plays on her situation. The WDEP system can be used to help clients explore their wants, possible things they can do, opportunities for self-evaluation, and design plans for improvement. Each of the letters refers to a cluster of strategies: W=wants and needs; D=direction and doing; E=self-evaluation; and P=planning (Corey, 2013). By following this system we can better understand Maria’s presenting issues and collaborate on effective interventions to make change.

This counselor would first focus on assisting Maria in discovering her wants and needs through questioning. Clients are given the opportunity to explore every facet of their lives, including what they want from their family, friends, and work. Relevant questions help clients gain insights and arrive to plans and solutions (Corey, 2013). One of her wants, for example, could be to have the ability to control her “anger outbursts”. Inspired by this desire, this counselor would then focus on what direction Maria is going
and what she is doing. Reality therapy focuses on gaining awareness of and changing current total behavior.

Reality therapists encourage clients to take action by changing what they are doing and thinking (Corey, 2013). When discussing Maria’s anger outbursts we could focus on what she is thinking at the time that she gets mad and what she does. For example, when arguing with her husband perhaps she begins to think she is not being heard. This eventually leads to a feeling that she is being ignored or undermined. It could then possibly result in feeling like she needs to physically make herself seen (using threatening posture) in order to get her point across. These are hypothetical steps that could result in an “anger outburst”. It is important for this counselor to always relate the feelings that Maria is experiencing back to what she is doing and thinking in order to be productive in an effort for change.

The self-evaluation process would be the next step for Maria. Evaluation involves the client examining behavioral direction, specific actions, wants, perceptions, new directions, and plans. It is the counselor’s task to assist the clients in evaluating the quality of their actions and to help them make responsible choices and devise effective plans (Corey, 2013). The self-evaluation process is critical for the client in order to assure that they make changes to their attitudes. This counselor would ask Maria questions to help her in her self evaluation such as “Are your anger outbursts helping or hurting you?”, “Is this behavior helping your relationship with your husband and family?”, and “Do you really have no control over your angry reactions?” The hope is that the answer to these questions will help to elicit some kind of self-reflection for Maria in deciding to change her angry reactions.
Once Maria has decided that this is something that she wants to change about herself and is ready to explore alternative behaviors, this counselor would assist in the planning and action step of the WDEP system. The process of creating and carrying out plans enables people to begin to gain effective control over their lives. The plan gives the client a starting point but plans can be modified as needed. Clients are helped by a therapist who does not easily give up believing in their ability to make better choices, even when they are not always successful in completing their plans. (Corey, 2013). This counselor would adopt a nurturing and supportive stance throughout this phase in order to help Maria continue to gain confidence in her choices.

When helping Maria to devise a good plan of action this counselor would follow Wubboldings’ acronym, SAMIC, to their initial attempt. In order for a plan to be effective it must be simple, attainable, measurable, immediate, involved, controlled by the planner, committed to and consistently done (Corey, 2013). For Maria’s case in addressing her “anger outburst” this counselor, along with Maria, could devise alternative actions for when she begins to feel irate. For example, every time Maria begins to get perturbed she could write down what she is feeling first before confronting her husband. Another suggestion could be for her to physically replace it with an action, such as going for a walk or making herself a cup of tea. Whatever we conclude that Maria feels could be a natural diversion can be applied for the week before she returns to therapy and then the results could be discussed at the following session.

The counselor continually urges the client to be willing to accept the consequences for his or her own choices and actions (Corey, 2013). If for whatever reason Maria still has an ager outburst, which is sure to happen, this counselor would use
it as an opportunity to see the lesson that could be learned from the endeavor in which she was not so successful. Also, the reasons why it may not have worked can be discussed and a new approach could be created.

From a cultural standpoint, Latina women experience many different types of unique conflicts. Sue & Sue (2013) cite;

For [Latina] women, conflicts may involve (a) expectations associated with traditional roles, (b) anxiety or depression over not being able to live up to these standards, and (c) inability to express feelings of anger (Lopez-Baez, 2006; Zanipatin, Welch, Yi & Bardina, 2005). Latina immigrants are often socialized to feel inferior and to expect suffering or martyrdom. With greater exposure to the dominant culture, such views may be questioned.

Margarita may be experiencing a conflict of the gender roles as her husband tends to be more nurturing and maintains the house. She also expresses putting on a “game face” which stems from culturally being unable to express emotions to “outsiders”. It is important for her counselor to understand what importance or emphasis Margarita places on these cultural traditions and roles and how it affects her self-perspective.

**Strengths and Limitations of Reality Therapy in Margarita’s Case Study**

One strength in applying the reality therapy approach to Maria’s case is that it allows Maria to focus on her actions and essentially gives her control of her situation.
Reality therapy allows Maria to become empowered, respected and also provides the insight into empowering and respecting others. Human beings seek power in the form of achievement, competence and accomplishment. The need for power does not imply the exploitation of another person. Satisfying the need for power involves accomplishment or achievement. Another goal of psychotherapy is to assist clients to fulfill their needs for power without diminishing anyone else’s right to do the same (Glasser & Wubbolding, 2013). Not only can reality therapy help Maria with controlling her anger but it can also provide her with the perspective to see how it affects her husband. By choosing to make changes in her behavior she can simultaneously strengthen her marriage as well.

A limitation for her case using this approach could be her cultural background and must be tackled initially when establishing a therapeutic relationship. Some clients are very reluctant to directly verbally express what they need (Corey, 2013). The Latino culture is known to be more collective by nature and is sometimes hesitant to share too much personal information with strangers. In working with people with these values, counselors must “soften” reality therapy somewhat. If reality therapy is to be used effectively with clients from other cultures, the procedures must be adapted to the life experiences and values of members from various cultures (Corey, 2013). By personalizing the approach to Maria’s personality and specific background this counselor will attempt to avoid her shutting down and not wanting to share her experiences.

**Conclusion**

Because the theory and practice of reality therapy are based on conscious behavior, wants, needs, and perceptions of human beings, they are applicable in virtually
every setting. In an age of equality between genders, wants and behaviors related to the power need become more evident and pronounced. In relationship therapy, each person is asked to examine his or her own wants, behavior, and perceptions, evaluate them, and make more effective plans (Glasser & Wubbolding, 2013). Counselors have the esteemed privilege to help clients, such as Margarita, to travel down the path of self-understanding, reflection and behavior change. These changes are beneficial to leading happier and more fulfilling lives.
References

http://courseroom2.capella.edu/webct/RelativeResourceManager/Template/COUN5239/Course_Files/cf_case_study_margarita1.html


Reality Therapy Central - William Glasser Institute Training:

http://www.realitytherapycentral.com
