



APPLICATION AND EFFICIENCY OF REALITY THERAPY IN CLINICAL AND EDUCATIONAL CONTEXT: A BRIEF REVIEW

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Abstract

This review focuses on empirical findings about the applications and effects of Reality Therapy on children and adolescence. The results of a limited number of studies on Reality Therapy highlights positive outcomes in practice, increased wellbeing and the choice of more positive alternatives, also facilitates remission of some pathologies. With reference to interindividual differences and his impact on application aspects, the limited data available leads to less clear conclusions. Present work provides an analysis with reference to implementation and effects suggested of reality therapy interventions in and out of educational context. This may facilitate a clear and better view on the issue.

Keywords: reality, therapy, application, efficiency, children, youth

Introduction

Coherent structure of Choice Theory/Reality Therapy together with the concept and principles which create it, solicit the focus of the scientific community on efficiency and on the applicability of this approach.

The study includes a short presentation of the basic concepts of Reality Therapy for the creation of a general frame, and in the subsequent sequences we exemplify the general applicability and the one from the educational context

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of this therapeutic approach, and the extent to which the studies realised underline the efficiency of Reality Therapy in practice.

In order to realise some future studies which would complete the image on the efficiency of Reality Therapy, this review offers essential information as a prerequisite in subsequent approaches of the theme.

Reality Therapy concepts

William Glasser's Reality Therapy (RT) appeared during the 6th decade of the last century and it is based on choice theory (Choice Theory/CT), initially named Control Theory. RT is made out the following fundamental concepts (Glasser, 1981): *basic needs* (survival, affiliation and love, power/performance, freedom/independence and recreation); *perceptual error* explained as the main cause of mental problems; *global behaviour* (Total Behaviour) includes the following dimensions: action, thinking, emotion, physiological; *reorganisation process* is at the basis of creativity and it is always in action, either you like it or not; *quality world* (Quality world/QW) includes persons, activities, believes, with positive character. Glasser quoted by Corey (2001) indicated that all behaviours are intrinsic and the actions he chooses are, in the perception of the individual, the most appropriate at that moment. Each behaviour manifested is a personal choice and consequently, the consequences of that behaviour must be accepted.

Glasser believes that an individual in order to be healthy needs to develop satisfactory relationships and to choose efficient behaviours. Basic needs and the modalities to satisfy them, and the perceptual errors which appear during this process generate global behavioural patterns, which besides behavioural dimension they also include the cognitive and the emotional component. The behaviour chosen by the individual is a result of the wish for satisfying the basic needs, the modalities chosen for this purpose, also considering the individual's ability to reorganise and to adjust QW according to whatever the reality offers him.

The general purpose of RT is to eliminate perceptual errors and the distress generated by them by optimising the choices and the actions. Mostly, this is realised by behavioural strategies, focus on purpose and solutions, mobilization of resources and engaging in action. It is indicated that the action plan does not hurt the values framework of the patient, or his real purposes.

General application of Reality Therapy

The use of CT principles is proper for the context of individual therapy, group therapy and for couple/family therapy (Wubbolding, 2000). Reality Therapy, as Wubbolding and his colleagues summarise in the work „*Reality Therapy: A Global Perspective*”, was applied along the time in different areas and with different purposes. First of all, it addresses to the improvement of interpersonal relations and can be applied in management and supervising, in schools, in parenting programs, as self-help and mainly in counselling and therapy (Wubbolding, Brickell, Imhof, Kim, Lojk, & Al-Rashidi, 2004).

The studies realised indicated the increase of self-esteem, the reduction of delinquency (Shea, 1973) and the improvement of students` behaviour during the classes (Hart-Hester, Heuchert, & Whittier, 1989). There were also registered significant changes regarding the locus of control for the clients who had the treatment under the RT form (Yarish, 1985). More than that, in a study recently realised by Barness and Parish (2006), RT proved to be more efficient in modifying and controlling the inadequate behaviours by adjusting the attributional style than pharmacy therapy which treats these problems (Barness & Parish, 2006). Use in order to optimise lifestyle, RT is efficient in increasing wellbeing and resilience and/or psychical strength; the sample used by Heidarabdi, NaVabinejad, Shafiabadi and Delavar (2013) was represented by the mothers of blind children from Theran.

Addictions were also approached from RT perspective, so the results of the study realised by Honeyman (1990) suggest an increase of self-esteem as a result of acknowledging self-autonomy, the increase of responsibility regarding the own behaviour and the feeling of controlling the desire for drinking alcohol and leaning some altruistic measures for reporting to the other persons (Honeyman, 1990).

Regarding the efficiency of RT in clinical practice and in the treatment of severe pathologies, this approach was used in the treatment of bipolar disorder, catatonic schizophrenia and depression (Wubbolding, 2000).

Choice Theory/Reality Therapy for children and youth

There are many varied studies, on limited samples and homogenous, which approach the efficiency of RT in children, teenagers and young people.

These suggest that RT implemented in school, has positive results among students related to the development of functional behaviour development, the classification of desires and the assessment of their accessibility degree which leads to the development of an efficient action plan. Consequently, the students report that they make adequate choices, they are more altruistic/emphatic in their interpersonal relations (Watson & Arzamarski, 2011).

Also, interpersonal relations among students were approached by Hinton and Wubbolding, and the results of the study realised suggested positive effects (there were present improvements in all the data collected), after the implementation of RT in terms of discipline, academic involvement and performance (Hinton, Warnke, & Wubbolding, 2011). RT is also efficient in increasing well being/ increasing happiness and it facilitates awareness and the satisfaction of basic needs (Burdenski & Faulkner, 2010; Far, Sheikhi, & Pour, 2012).

Kim (2002) built an intervention program destined to children (Behavior Choice Program for children/RBCP) which is based on the principles of CT/RT; the program was implemented on a period of eight weeks and proved its efficiency by an adjustment of the attributional style and by acknowledging social responsibilities – this program was tested on Korean children from primary school (Kim, 2002). Another program scientifically validated is Success Skills (SSS) which has as an objective the facilitation of reaching purposes and the creation of a Quality World (QW) in agreement with what reality offers. SSS reported significant effects, meaning the improvement and development of cognitive, social and self-management abilities (Villares, Brigman, & Maier, 2010). Another method is WDEP, built and implemented by Wubbolding (2002) is proposed by Davis (2011) in children`s counselling and therapy. This intervention protocol would bring benefits such as the improvement of wishes and needs management, and for the development behaviours of potential coping scenarios with problems by the means of accessible instruments (Davis, 2011).

RT is also used in psycho-emotional and functional optimising of difficult young and students, and the study realised by Marvili on the students from vocational schools underline the efficiency of this approach in diminishing and/or eliminating identity crises and in the increase of general condition for psychical health (Marvili, 2012). There were also realised studies

which make evident the benefices of RT in managing teenagers` addictions (Moore, 2001; Mottarella, 2000).

Conclusions

As I was indicating along the work, there were obtained positive results in case studies presented by realistic therapists along the years and in the studies made on reduced and homogenous samples. The data present interest although we consider it is difficult to conclude if the effects of RT are real or if they appear only in particular cases, the number of randomised clinical studies on representative samples being limited.

According to the articles published and mentioned by us, the use of RT is applied on different categories: adults versus children (in order to optimise the performances, the management and the treatment of psychical problems with different severity degrees). It is important to mention the fact that the results/ modifications obtained after RT sessions support the assumptions of fundamental theory.

The positive outcomes which were highlighted, underline the importance of subsequent studies based on which we can extrapolate the effects and the efficiency of RT and which allow us to singularize the interventions in order to increase the efficiency and efficacy of this approach for an adequate and precise implementation in clinical practice.

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