

Reality Therapy for Persons with Substance Use Disorders

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For decades, Reality Therapy has been applied to education, mental health and management, as well as to persons with a substance use disorder (Honeyman, 1990); (Wubbolding & Brickell, 2015).

This article describes the theory that supports reality therapy, components of reality therapy, and how it is compatible with stages of recovery. Over many years, the founder of reality therapy, William Glasser MD, continually developed both reality therapy and choice theory.

After formulating and developing reality therapy in the 1960's, Glasser then developed its supporting theory by encompassing and extending the internal control system theory of William Powers (1973) naming it choice theory (1998). Glasser's choice theory contends that human behavior springs from five generic human needs: self-preservation, belonging, internal control or power, freedom, and fun as well as specific wants or desires related to each need. A central principle is that behaviors generated to fulfill wants and needs can be treated as chosen in many but not every instance.

When using reality therapy with substance use disorder issues, counselors present clients with the five needs as motivators. They use the WDEP system of reality therapy to help them satisfy their motivators in positive ways as they journey along the path of recovery. Throughout the process, counselors stress current behaviors but do not pass over or ignore clients' histories. Clients' past behavior can be used to help them evaluate their current choices as helpful or not (Wubbolding, 2017).

The Process of Reality Therapy

The formulation of reality therapy as the **WDEP** system serves as an easily remembered blueprint for both counselor and client to utilize in their joint efforts to navigate the waters of recovery.

W – Counselors explore the wants and desires of their clients by inquiring about what they are seeking from the world around them: families, job and many aspects of their environment especially what they wish to derive from their recovery process or from the treatment itself. A sample intervention includes the following with a client in the pre-contemplation stage of recovery.

Counselor: We've talked a lot about your situation including how people around you disapprove of your substance use. They are very critical of you and at times scream at you in anger and even threaten you. Are you interested in turning this situation around?

Client: Yes, I'd be better off if they would leave me alone.

Counselor: Is that something you really, really want?

Client: Yes.

Counselor: Tell me if you want it to the degree that you are willing to change anything that you've been doing.

Depending on individual circumstances, such interventions fit with any stage of recovery. But I arbitrarily use this brief exploration as useful in the pre-contemplation



stage. The counselor's application of the **W** is the discussion of the client's sense of personal responsibility or locus of control. An additional effective question is, "How much of your trouble are you causing yourself and how much do other people cause?" This inquiry and in fact all reality therapy interventions are made with a compassionate and supportive attitude. Even direct confrontation can be made empathically without arguing or demeaning the client.

D – Throughout the stages of recovery, counselors help clients discuss their feelings, self-talk, and most especially their current actions. They empathize with their shame, guilt and other debilitating feelings, while asking them about their self-talk. Feelings and self-talk connect with actions and these three elements represent the **D** for Doing. The brief dialogue below illustrates how a counselor can connect these three elements. Keep in mind this intervention could take place



in the contemplation or preparation stage of recovery. Also, such interventions apply to any stage of recovery.

Counselor: You've said that you relapsed. It is evident from the look on your face that you're feeling bad about this.

Client: Yes, I'm very ashamed and embarrassed. I feel like I'm right back where I started.

Counselor: And yet, in your recovery program the old timers told you about this possibility. And what did they say about a relapse?

Client: They said that it does not take me back to the beginning.

Counselor: I know you're overwhelmed with feelings, but could you formulate that statement in a positive way and repeat it to yourself, such as, "I stumbled but I learned from the experience and I will do things that give me successful feelings."

Client: You absolutely refuse to accept that I am a slob.

Counselor: That thought never occurred to me. And I'd like to help you substitute that kind of self-talk with what we said before. So you know what to do today and during the next week.

Client: I know, I know. Talk to my sponsor, go to the meetings, read the big book, exercise. These are actions. I need to make different statement to myself. "Do what helps me and stop doing what doesn't help me."

E—The last comment in the above, abbreviated dialogue represents the central component of reality therapy: self-Evaluation. Throughout the process of recovery counselors employ various kinds of self-evaluation and teach clients to evaluate their actions, choices and their self-talk. Action choices receive the emphasis. The reason is that by changing actions, our thoughts and feelings change also. It is as though we have inside of us a suitcase of behaviors. The handle of the suitcase is anchored to action choices with cognition and feelings beneath. When the client changes action choices, eventually cognition and feelings are altered.

Counselor: Have you ever chosen to do something that you did not feel good about doing?

Client: You mean, like, getting up early in the morning, cleaning up the house, taking the kids to their soccer games, and worst of all, sitting at a swim meet for hours on end.

Counselor: That's exactly what I mean. In fact, you gave more examples than I thought of. But these examples prove that you can choose to do something that does not have an immediate emotional payoff for you. But you know it makes your relationship with your family stronger. Now I have a very important idea. Tell me how taking your kids to an athletic event is congruent with your recovery?

Client: Well, it helps me repair some of the harm that I've done. I feel good about that and I know that I've done the right thing.

P—Plan of action. The counseling process often ends in the formulation of a plan: to do something better or different. At all stages of recovery, the formulation of plans frequently centers on human relationships with others or with the clients' relationship with themselves. For example, in the maintenance stage of recovery, plans most often focus on issues other than addictive behaviors such as marriage and family harmony, career advancement, getting along with co-workers and supervisors, altruistic involvements and many others.

Reality therapy is a practical system applicable to persons with substance use disorders at any stage of recovery and is eminently useful in treatment planning. Treatment goals are connected to five human needs or motivators. Specific objectives as described in the above abbreviated dialogues aim at satisfying clients' wants and desires. Counselors assist clients in formulating attainable plans subsequent to helping them conduct a searching self-evaluation of current choices leading to positive, helpful results and productive living.

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