3. How do you know they see it that way?
4. How would you like them to see you?
5. How much influence do you think you have in improving your relationships right now?
6. What do you have control over and what do you not have control over?
7. In your circle of acquaintances, who could be a possible friend?

A Choice Theory Understanding of Addictive Behavior

The Choice Theory understanding of addiction is compatible with the various schools of thought about its origin: genetic or learned. Some people initially choose specific destructive coping behaviors, such as drinking, overeating, using drugs, gambling, and others, in an attempt to fulfill current unmet needs and wants. Addictions often result from a profound condition of unmet or violated needs and wants symptomized by emotional trauma, loss, abandonment, abuse, stress, and many others.

Case Study Example: Larry

Larry, 33, has a strong need for fun but experiences much failure and rejection by his friends. He seeks to fulfill his inner needs for love and belonging, power and self-worth, and fun and freedom from pain, but he is unable to find effective ways to satisfy them. Alcohol provides an easy and illusory substance for momentary satisfaction. Over a period of time, he inserts alcohol deep into his quality world as a need-satisfying picture. As a result, he repeatedly chooses to drink excessively, following the axiom, "First, the man takes a drink. Then the drink takes a drink. Then the drink takes the man."

Larry gives alcohol a positive value, despite the fact that it has become addictive and has resulted in array of accompanying problems. With little hard work and effort, Larry gains the illusion of want and need satisfaction. The alcohol gradually takes the place of effortful choices to establish healthy relationships, maintain satisfaction in his world of work, or cultivate an absorbing pastime.

The goal of the reality therapist is to help Larry choose to stop drinking, to significantly reduce his intake, to undergo detoxification, or to enter a program of recovery, thereby rebuilding his life by replacing alcohol with more healthy need-satisfying wants/pictures in his quality world. Essential to these positive, but difficult, changes is helping Larry connect or reconnect with people who care about and support him. The cornerstone of this connectedness is found in Alcoholics Anonymous or similar groups. By working with such a program, Larry begins to put a negative perceptual value on alcohol as his problem-solver and to follow-through on realistically doable plans reflected in the "just for today" philosophy.

The question remains, what methodology does a reality therapist employ when counseling Larry individually or in groups?

The Practice of Reality Therapy: Environment and Procedures

Environment:

Establishing a warm, empathic, and trusting counseling relationship or therapeutic alliance is the necessary foundation for the effective use of Reality Therapy. Therapeutic movement occurs when the therapist is seen as having the confidence and belief in the future success and growth of the client. Wubbolding has delineated specific toxic behaviors that diminish the therapeutic relationship. These include arguing, belittling, criticizing, demeaning, getting lost in excuses, etc. Helpful or tonic behaviors include use of attending skills, reframing, empathy, use of silence, and many
Wubbolding and Brickell add, "these 'do's' and 'don'ts' are not only presented for ... use in therapy, but many are also useful to teach directly to clients for use in their families, offices, classrooms, and, indeed, in almost every human interaction."\(^5\)

**Procedures:**

**WDEP Guidelines**

Wubbolding\(^8\) has formulated a useful acronym for remembering and teaching specific interventions. This framework provides a sense of progression and development that assists therapists to lead clients to a greater sense of personal responsibility. The Wants, Doing, Self-evaluation, Procedures (WDEP) formulation represents a flexible and adaptable system, with each letter containing a cluster of ideas and a range of possible interventions. The WDEP guidelines constitute a collaborative approach in which therapist and client join together in determining goals and plans of action.

**W = Wants**

With skillful questioning, the practitioner of Reality Therapy helps clients formulate and clarify their wants and goals: what they want from the recovery program, from family and friends, from the people around them, and most importantly, from themselves. Clients formulate verbally or in writing how much energy or how hard they wish to work at satisfying their wants.

Many clients have difficulty prioritizing their wants. Oftentimes, all of their wants seem to have a high priority: "I want what I want when I want it, and I want it now" is a description of a quality world where the fulfillment of many wants appears to be an urgent necessity. Consequently, a major step in recovery is helping clients and families prioritize their mental picture albums of wants, desires, goals, and hopes for the future.

**D = Doing**

The practitioner helps clients describe in detail their total behavior (doing, thinking, feelings, and physiology/health). They ask clients how he or she spends his or her time, what thoughts and feelings are generated, and how this impacts physiology as well as substance abuse. This heightened awareness and self-insight is an essential step along the pathway of recovery.

In the counseling conversations, emphasis is placed on actions because people have more direct control over their actions than over their thinking, feelings, and physiology. The axiom, "you can act your way to a new way of thinking easier than you can think your way to a new way of acting" fits well with the D of the WDEP system.

**E = Self-Evaluation**

Helping clients conduct a searching inner self-evaluation constitutes the cornerstone of Reality Therapy. People change behavior only after accepting that what they are doing now is not working for them, is not helping them, and that a better choice would work to their advantage. The evaluation focuses on all four components of total behavior, but predominantly on doing/actions and thinking. Also, subject to self-evaluation are wants and perceptions, especially perceptions of what is controllable and not controllable.

Sample questions include:

1. **Is what you are doing helping or hurting you?**
   What impact do your current actions have on the people around you? Is what you're doing getting you closer to the people you need?

2. **Is what you want attainable?**

3. **How realistic is it to have what you want when you want it 100% of the time?**

4. **Is it really true that you are at the mercy of everyone around you and can exercise no control over your own actions?**

The skilled practitioner of Reality Therapy understands that during the early stages of recovery, clients are impaired in their ability to make effective self-evaluations. They often need help, sometimes by direct teaching from the therapist about what is helpful, harmful, realistically obtainable, and impossible to achieve.
P = Planning
Traveling the road of recovery implies effective plan making. Characteristics of effective plans are:

Simple—not complicated
Attainable—not overwhelming
Measurable—not vague or general
Immediate—as soon as possible, even within the next few minutes or hours, but not in the distant future
Controlled by the planner/client—not dependent on the choices or behaviors of other people

If self-evaluation is the cornerstone in the practice of Reality Therapy, SAMIC planning is the superstructure.

In summary, the WDEP system is analogous to a loose fitting overcoat; it is not a tight wet suit. In other words, even though the neophyte practitioner of Reality Therapy might implement the WDEP system somewhat mechanically, the continuous application of the WDEP system provides a structure for individual creativity and ingenuity.

Reality Therapy Applied to Stages of Recovery
Understanding the stages of change in recovery helps the user of Reality Therapy apply the WDEP system appropriately and differently to clients as they progress in their respective recoveries. Although there are a variety of recovery models, Prochaska and Di Clemente’s Trans Theoretical Stages of Change provides a particularly comprehensive, practical, and developmental sequence. Also like the various components of the WDEP system, these stages are not absolutely separate one from another. Rather, they often overlap and merge.

Stage 1: Pre-Contemplation
Though the problems associated with substance abuse are often very apparent to the family, friends, employers, and neighbors, the substance abuser at this stage is often unaware of problems associated with substance abuse and does not consider the need for behavioral change. By relating problems to life issues, self-talk is sometimes characterized by “I use alcohol or drugs (or other behaviors) because I have life problems. If the problems would go away, I wouldn’t drink or ‘use’ the substance.”

At this stage the practitioner of Reality Therapy builds a positive, supportive, non-judgmental, and trusting alliance. Questions include “What do you want from the people around you?” and “What do they want from you?” The intent is to raise awareness, rather than confront or challenge, and thereby subtly raise doubts in the clients’ minds about their current pattern of drinking or “using.”

The counter-productiveness of confrontational counselling styles has been well documented, particularly for the early stages of recovery.

Stage 2: Contemplation
Here, clients attain a higher level of awareness of problems and experience ambivalence about change. The substance abuse or other addictive behaviors have served as a crutch and “forever friend.” The thought of letting that go of these trusted companions creates fear and uncertainty.

The practitioner of Reality Therapy remains supportive and non-judgemental, but now becomes a “psychological mirror,” reflecting to clients discrepancies between their substance abusing behaviors and the previously-stated pictures or wants in their quality worlds, such as relationships, job, health, etc. Questions at this stage include, “What are you doing?” and “Is what you’re doing getting you what you want from the world around you?” The intention here is to subtly create doubt, uncertainty, and, indeed, some concern in clients—out of which they weigh the pluses and minuses of their behaviors.

Providing feedback from self-assessment questionnaires and information on recommended and safe levels of consumption can be very helpful, as can feedback from family members and others regarding the impact of the clients’ behaviors. Arguing, belittling, criticizing, demeaning, and getting lost in excuses should be
avoided. Rather, a supportive and non-confrontational style is recommended.

**Stage 3: Preparation**

Readiness for change emerges at this stage, but it is accompanied by uncertainty and anxiety. Clients need support, but they are ready for information and guidance regarding strategies for change, including appropriate detoxification options and primary care treatment plans. The helper remains friendly, yet appropriately firm, in helping clients consolidate their reasons for change and for treatment by reflecting on and pointing out discrepancies between current behaviors and quality world pictures. Similar questions used in stage 2 have a deeper response at this point: "Is what you're doing helping you or the people around you?" and "What is the impact of your current life style on what you want in life regarding job, family, self-confidence, etc?"

**Stage 4: Action**

Client-initiated or agreed-upon specific behavioral change characterizes this stage. Altered behavioral changes include curtailment of substance abuse; undergoing detoxification, if necessary; entry into a treatment program; or attendance at Alcoholics Anonymous or similar support groups. The therapist provides support, encouragement, and active assistance in helping clients make SAMIC plans for change and treatment. Effective practitioner of Reality Therapy believe that primary care treatment programs are essential for helping clients evaluate their own behaviors and develop new ways to establish caring relationships.

Additionally, treatment facilities and programs can increase the quality of their services by incorporating Choice Theory and Reality Therapy into the philosophy of their delivery systems. Organizational self-assessment questions could include: Do clients feel a sense of belonging with staff and with other patients? Does the program deal with patients' senses of self-doubt, powerlessness, and feelings of being trapped in an institution? How much freedom do patients enjoy regarding their own treatment program? Is the facility an enjoyable place, and does it exhibit a joyful and hopeful atmosphere?

**Stage 5: Maintenance**

During this stage, life becomes centered on issues other than addictive behaviors. The reality therapist helps clients deal with self-doubts about the value of abstinence, familial, and other relationships and employment issues and decisions, many of which have been submerged until now. At this point, the entire WDEP system of Reality Therapy is now applied to issues that transcend addictive behaviors. While committed to a "one day at a time" attitude, clients are expected to move beyond preoccupation with abstinence, are able to make long-range plans, and can see their lives in a broader perspective.

Helping clients find ways to satisfy their five basic needs—especially love/belonging and power/self-worth—in meaningful and satisfying ways serves as an antidote to future relapse.

**Stage 6: Relapse**

The process of recovery is one of incremental change, often characterized by steps forward and backward. For many recovering people, relapse is a reality. The reality therapist continues to intervene with support, empathy, and the skilful use of the WDEP system, both with the individual in recovery and with the family. Work at this stage focuses on helping all persons meet their five needs in satisfying ways.

**Conclusion**

The principles of Reality Therapy summarized as a WDEP system provide an effective method for working with clients and families at any stage of recovery. They also can be taught the principles as a self-help and personal development tool useful for creating and maintaining a happier, more need-satisfying, meaningful, and successful life free of addiction or dependency.
## References


