Reality Therapy in Group Work

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PSY 5135 Group Work in Educational Settings
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Group Workshop

Introduction.

The theme along which the group design was developed centered around a number of varying philosophical positions. Initially we wanted to develop a group structure that would encapsulate the primary tenets of existentialism. That is, 'we choose to be the way we are' and that we have the, 'freedom to choose change'. We were inspired by a quote from Rollo May (1953) where he says, 'It takes courage to be, and our choices determine the type of person we become'. From this point we researched the therapies that had been developed out of the existential framework. My colleague and co-leader Rodrigo Becerra concentrated his efforts on the investigation of the Rational-Emotive Therapy while I researched the area of Reality Therapy. Through our independent readings we concluded that the premise, "We create our own reality" provided a substantial theme from which we could build our group sessions. In the following paper I have concentrated my focus primarily around the area of Reality Therapy.

Theoretical overview of Reality Therapy.

Reality Therapy was developed by William Glasser in the late 1960s and early 1970s. From the outset his therapy encapsulates many of the fundamental principles of existentialism. The individual is seen to be motivated primarily by forces that come from within, from the person's inner world, while the environment or external factors play a much less important role. In this respect Glasser (1981) argues that individuals don't necessarily perceive the world as it is but develop an inner world that serves their perceptive needs. He suggests that people have a choice in the way that they are and that they can choose happiness or misery.

Glasser had trained as a psychiatrist and had used a classical psychodynamic model in his early work. However, as his experience grew he found a number of incongruencies between his observations and the Freudian approach in psychiatric treatment. He agreed that the psychiatric patient displayed an inability to fulfill their essential needs. However, while the Freudian model proposed that the needs of "sex" and "aggression" must be fulfilled for one to lead a healthy life, Glasser proposed that the neurotic or psychotic must fulfill the needs of "relatedness" and "respect". And, in order to do this, Glasser suggested that the therapist should direct clients to become more responsible for their lives. That is, individuals must recognize the, 'ability to fulfill one's needs, and to do so in a way
that does not deprive others of the ability to fulfill their needs'. Glasser (1965). Indeed Glasser was of the opinion that people's failure to take charge of their lives would result in illness. Here he states that, 'people do not act irresponsibly because they are 'ill'; they are 'ill' because they act irresponsibly'. Glasser (1965) Further he proposed that clients should be encouraged to accept the reality of the world around them as it is, to deal directly with this reality, and not look to past trauma as an excuse for present behaviour.

Also, unlike conventional psychotherapies, Reality Therapy tends to deny the concept of mental illness. Glasser suggests that the person who is so labeled is denied responsibility for his/her behaviour. And, in this way he feels that the label contributes to the 'failure identity' that clients are thought to enter therapy with. On this point he says, that there is no essential difference between the schizophrenic, neurotic, depressed, sociopathic, and psychosomatic labels because they are all describing the individuals acting out or irresponsible behaviour. Thus he suggests that while the, 'psychotic patient who believes he is Jesus Christ seems very different from the man with the stomach ulcer' both symptoms are products of irresponsible behaviour. Glasser (1965) Thus in Reality Therapy the treatment remains essentially the same for each case. No matter what the patient's behaviour, the only distinction that we need to make in our diagnosis, says Glasser, 'is whether the patient is suffering from irresponsibility or from an organic illness'.

One of the primary goals of Reality Therapy is to enhance a person's 'success identity' through a warm and friendly relationship with the therapist as opposed to a dependent one. Further the therapist promotes the individual's ability to be self evaluating and self correcting of his/her behaviour. Indeed it is felt that this is the best way for people to learn to take responsibility for their lives. As Glasser and Zunin (1979) suggest, the therapist refrains from making, 'value judgements for the patient for this would relieve him of the responsibility for his own behaviour. But the therapist guides the patient to an evaluation of his own behaviour'.

A primary development of Reality Therapy is Glasser's BCP Theory (1981) which suggests that behaviour is the control of our perception. In this respect it is assumed that while one may not be able to control actual occurrences in the real world, we may be able to control the way in which we perceive our world. Thus particular life events and daily occurrences may be selected out and given more emphasis than others. In this way we create our inner world and "choose" to become what we decide to become. Indeed the Reality Therapist suggests that people may adopt negative addictive behaviour when they are faced with
a situation that they are too 'weak' to deal with. Thus they may select a behaviour like delinquency that allows them to avoid or face the reality of the world, develop emotions like depression, and choose to be insane. It is only when they are shown positive choices that they can begin to develop a successful identity and adopt positive addictions such as running or meditation to replace their destructive behaviour.

Of course the term "reality", as used by Dr Glasser, is pivotal and requires some examination. We may argue for example that one person's reality is as valid as another's and that the schizophrenic's hallucinations are as real for him/her as our own experiences. Glasser however suggests that his use of the word reality serves to underline a person's realistic, as opposed to unrealistic, actions. In this way he suggests that, 'the basic problem of all psychiatric patients, [is their] inability to fulfill their needs, [because] they all deny the reality of the world around them' (1965). Further "reality" in this respect is judged to imply right or wrong behaviour as it is morally acceptable by society.

The principles of Reality Therapy.

In the application of Reality Therapy to group work, Glasser developed eight distinct principles or steps which may be used to guide the facilitator.

Glasser's first step emphasises the need for the therapist to become involved in the group process. She/he should not remain aloof when interacting with clients but needs to be involved in the group process in a genuinely caring manner. Glasser proposed that the establishment of friendship between the therapist and the client/s is essential if firm commitments to change are going to be made. Also, Glasser is very much in favour of the 'group' dynamic as he feels that this provides the perfect opportunity for people to make meaningful connections with others. It is in this initial 'making friends' stage that the therapist and client are able to establish what it is that the client wants by way of change.

Secondly, the participants in a group would be directed to focus on their current 'disruptive' behaviour with questions like, "what are you doing now". Thus while other therapies may spend time dealing with a client's past history or their feelings about past events, Reality Therapy wants to focus on the doing component of present behaviour as the disruptive element in the client's life. Glasser's reason for this focus is made clear in his book, Stations of the Mind (1981), when he says that,'we know that our behaviour is comprised of doing, thinking,
and feeling, but we concentrate on doing because it is the most tangible and the most easily changed component'. For example, the client who has been experiencing feelings of depression would be directed to explore the behaviours that cause or support his/her feelings rather than focusing on the reasons behind the feelings. Here the therapist is interested in examining how a person acts in certain situations and how behaviour contributes to feelings. Thirdly, as clients come to understand and take responsibility for their own behaviour the therapist begins to provoke them to ask questions of themselves which will serve to evaluate their behaviour into categories of what constitutes a successful identity as opposed to a failure identity. Here the therapist may ask the client body to question whether their present behaviour is helping them. If the clients decide that it is not, then they may see or feel a need to change their behaviour in a direction which will provoke a more positive reaction to success and help them move out of their current dilemma. Glasser's fourth guiding concept deals with the issue of planning and action which will provide a better future. Here group participants are encouraged to develop meaningful ways in which they may be able to change their failure behaviour into a successful behaviour. Clients may be asked to formulate a plan of action which involves the use of responsible behaviour in setting realistic goals. The therapist may spend a great deal of time in the development of plans which clients may utilise. In this respect various strategies may be proposed to the client body which help them to become more effective in their interaction with the external world. This fourth step involves a rather large learning component in which the therapist needs to provide material to clients which may enhance their future behaviour. Glasser considers this to be an essential part of progressive Reality Therapy. He says that it is the therapist's duty to provide clients with the knowledge that many 'behavioural choices' are open to them, 'which they may not have thought about'. (1981) In this respect the therapist facilitates by suggesting alternative behavioural directives and responses in the form of stories or anecdotes. Step five of the reality therapy agenda follows closely on the planning and action stage and involves the therapist and client formulating a commitment to newly discovered behaviour. As Glasser (1981) states quite clearly it is here that, 'we are mostly talking about behaviours and making a commitment to a plan to behave better'. A cautionary note here is that it is imperative that a commitment should only be made to a plan which has a high probability of success. Indeed if commitments are made to plans that fail, Glasser believes that we may contribute to an increase in the client's error or failure identity.
As a sixth step in Reality Therapy, Glasser suggests that the therapist needs to make a commitment to the client in such a way as to deny excuses for failure to carry out his/her proposed plans. Glasser suggests that clients who use excuses for having not completed their planned task are simply asking to be excused as failures. He says that if we accept such excuses we are simply giving up on clients and allowing them to continue with their old behaviour patterns. Further the therapist's acceptance of clients' excuses may reinforce their feelings of inadequacy. The client who has his/her excuse accepted may feel that the therapist never expected that he/she would carry out the plan in the first place.

As crucial as the concept of step six is step seven which proposes that no matter what the client does he/she will not benefit from punishment. Indeed it is generally understood that the implementation of punishment may also serve to reinforce the client's failure identity. In some respects we may envisage that the client who fails to conduct a successful plan and who is subsequently punished has fulfilled the original prophecy of "I can't" beliefs. Finally Glasser suggests that, having made a commitment to your client, one must not give up on attempting to help them meet their needs. If for example we find that the client has not fulfilled his/her original plans we may consider alternative strategies. In this way we are suggesting to clients that the number of behavioural responses to a situation are virtually unlimited and that they have a great deal of choice in finding the behaviour that works for them. In following Glasser's eight steps we can see a very clear clinical structure emerging that gives us both direction and well defined goals.

2. Rationale for running such a group. When, where, and why?

A setting in which this type of group program may be used.

The application or administration of this type of group program may be utilised in a number of settings. However I have chosen to describe the potential application of Reality Therapy to a substance abuse program which currently operates in a residential house in an inner city suburb of Perth. The clients of this program are aged between 14 and 18 years. They are male and female of varying backgrounds. The majority of teenagers who use the facility are of lower economic status. All have at least some history of alcohol or drug abuse and many have criminal records. Indeed many of the facility's residents are placed on the program as the result of some form of criminal activity. The facility provides live-in accommodation for up to eight residents.
When to run the program?

The fundamental reason behind running this group or the, 'when' of running the group may be best answered by asking another question of oneself, "when will a person/s group participation be of most benefit to them"?. Whitaker (1964) provokes us to consider a number of issues when bringing people together for a group session which I feel are of relevance to the establishment of this group. She suggests that one needs to look closely at the potential group members 'current state' and their 'preferred state'. In other words we may establish a group if we consider that the individual/s current state of being would be enhanced by their inclusion in group counseling and directed towards a preferred state of being. Indeed this selection criteria needs to be given careful consideration for it would be of the upmost importance to ensure that those that are selected for the group are going to benefit themselves and going to benefit others. As Whitaker (1964) makes clear the person/s who is/are 'unable to listen to and interact with others, or....derive some comfort from being in physical proximity with others' will not benefit from the group process. Glasser (1976) suggests that reality therapy is ideally suited to the group dynamic because it provides the participants with a forum in which they can develop meaningful relationships with others. He states that prior to their involvement in a group session many of his clients had never experienced the opportunity to simply express themselves in a non-punishment, non-judgemental atmosphere and be accepted as they are. Further he belives that people are more likely to adopt a 'success identity' in the group setting because each member of the group is encouraged to assist each other in planning for change towards a better future. Participants are discouraged from allowing past events to be central to their 'now' behaviour. Glasser (1965) compares the success of Reality Therapy in an individual, one to one setting, and in a group setting. He finds that although one to one counseling is still popular, the clients in the group situation tend to, 'move along more rapidly...quickly confronting each other with reality and not hesitating to suggest better ways to cope with it'. Thus the application of Reality Therapy sessions in the substance abuse facility would best be run for the residents as a way of preparing them for their integration back into society. Through the use of Reality Therapy they are provided with a choice that is their own. They can maintain their present unsuccessful behaviour with the possibility of further spells in institutions or they can learn new skills in the sessions which can help them to take responsibility for their lives.
Where should such a group be run?

Reality Therapy may be conducted in a variety of settings. Indeed Glasser and associates have successfully run their groups in schools, correction institutes, and community facilities. However it is perhaps of primary importance to ensure that groups are run in a comfortable, informal and secluded setting. Ideally participants would make themselves comfortable in armchairs arranged in a circle. There should also be enough space in the room so that the participants are not cramped together. Further, for the purposes of meditation exercises, it would be preferable to provide enough floor space on which clients can sit or lie down.

Why should such a group be run?

Reality Therapy groups such as this can address any number of issues. However it would seem that the primary function of the sessions in this setting would be aimed at providing a better future for the residents of the substance abuse unit. In order to do this the reality therapy sessions can offer strategies for change. In general many of the residents need to address their substance abuse behaviour, make a decision on the benefits or disadvantages of such behaviour and plan strategies for working towards a more desirable future. Further to this the residents of the house display any number of disruptive behaviours which range from bouts of depression to severe anxiety and suicidal tendencies. In all cases however Glasser (1981) suggests that the treatment is always the same. Individual are shown that the behaviour that they are currently displaying, be it depression anger or headache, is the behaviour that they have chosen to best deal with their world. The task of Reality Therapy is to help the clients evaluate their current behaviour and then realise an alternative behaviour that serves them in a more successful way.

3. A Plan

How long will it run?

In structuring a time frame for the running of our group it would be important to consider two things. Firstly we need to be aware of the number of sessions, their duration over a number of days, weeks, months or years. Secondly we need to consider the length of time for which one session will run.
By the very nature of Reality Therapy it would be quite important to propose a definite structure to the group. Indeed Glasser (1965) suggests that, 'telling patients how long they have in the group before they must leave makes therapy more effective because patients respond to the confidence shown in their ability to become more responsible in a limited time'. In this regard we suggest to the participants that the time to make a change is now. It is now that they must take responsibility for their lives. However, our clients will need time to learn specific and new skills which can enhance their lives. Therefore the time frame will include an agenda of events which encourage movement towards a definite goal. Considering the eight steps that go to define the core of Reality Therapy we can see that there are specific stages of development for the group. The initial stages deal with recognition and evaluation of disruptive behaviour. Here we may need some time to identify the specific problem. Further we may need time for clients to feel relaxed with one another and to open up and begin to offer information to the group. From here however we can expect a fairly rapid growth in the client body as they develop plans for their future and learn new behaviours that meet their needs more appropriately.

Within the substance abuse facility residents are generally required to undergo treatment for at least six weeks. This is a relatively short period and doesn't provide a great deal of time in which to implement a program. However considering the time constraint I feel that it would be beneficial to provide a program that offers bi-weekly groups to the residents. In this way we are able to meet with the group on a regular bases and maintain a constant focus on any problems which may arise in their, 'home work' assignments. Also, each group would run for a one and a half hour period with ten such periods making up the entirety of the first block of sessions. At the end of this block however we may need to review the group and if necessary implement a further ten sessions. Thus the sessions are frequent and relatively short in duration with the option for the clients of either continuing in therapy or moving away. Hopefully this would enhance the delivery of our Reality Therapy agenda. Rather than drawing the therapy out, with these sessions we are trying to provoke a feeling of empowerment to the clients in that they become responsible for their lives.

How many in it?

Before answering this question it is necessary to consider the dynamics of such a group. I would agree with Whitaker (1964), as I'm sure Glasser would, that an effective group, 'should not be so small as to preclude the emergence of those group and interactional dynamics which contribute to its potential value as a helping medium, nor so
large as to lose the potential for direct face-to-face interaction'.
One may also need to consider the type of group that is being run and
the clients who are being catered for. Indeed a group of young
adolescent offenders who have seldom experienced cohesion or
friendship may be inhibited by larger groups. However, the substance
abuse facility caters for no more than eight residents at any one
time. This number would be ideal for the Reality Therapy group.

What will happen in the sessions?

Each session would begin with a warm up in the form of meditation,
mantra or breath control and perhaps an affirmation. These exercises
may be conducted in either a passive (sitting quietly) or active (body
movement) way. This would have to be decided at the time of the
session as it is only then that the therapist/s could 'feel' the
group's energy. These exercises are designed with the purpose of
stimulating individuals and centering them in the session. By using
them the facilitator/s attempt to bring the participants into the
'now' of the group and prepare them for the work to come. Indeed
Glasser (1981) describes in detail the use of meditation and mantra in
moving clients from their negative addiction (drug and alcohol abuse)
towards what he calls positive addictions (meditation, yoga, running).
As Reality Therapy is primarily directive and didactic the therapist
may include a number of exercises which facilitate the participants'
focus on their present behaviour. This is characterised by Glasser's
"what are you doing now?" stage. Here we need to establish an
understanding of the client's unsuccessful behaviour. Through
discussion, we may question what behaviours work for them in their
daily lives and which fail. Further we may question the reasons for
their unsuccessful behaviour.
The point that we need to focus on, however, and the point that we
need to display to the clients, is that their current situation has
arisen out of their choice and their actions. Client in Reality
Therapy must always remain accountable for their actions. It is only
when this is made clear that we can begin to work towards change.
Thus through evaluation of their behaviour clients can begin to look
at themselves as multidimensional beings. That is, they may begin to
see that they have a number of varying alternatives in their
behavioural agenda when confronted with a decision. Indeed various
exercises such as visualisation, role plays, relaxation techniques or
thinking strategies, as developed by Edward de Bono, could be used
here to enhance this position. Glasser suggests asking clients to
focus on a particular behaviour that they are not happy with. This may
include any behavioural characteristic that positions them with an
unsuccessful identity.
Indeed it may often be the case that clients will deny responsibility for their actions. Many will suggest that they would never have taken the car or robbed the chemist shop if they had been better off, if they hadn't been kicked out of home or abused as a child or if they hadn't been stoned or depressed at the time. These are extremely valid reasons for feeling rejected, unloved, used and unwanted. However as Glasser makes clear the behaviours that arise out of our negative feelings are our responsibility and, while we may maintain that acting out with negative behaviour helps us to deal with past hurt we are denying the reality of our situation at the present time. We have choices and can plan for a better future.

Indeed after learning to evaluate their behaviour in the first few sessions and question their behaviour the participants will be required to begin to make plans towards a successful identity and future. In this respect the groups will be used to discuss various strategies for change. Initially the clients may be encouraged to plan a number of short term goals that have a fairly high chance of being successful. They will develop their plans as home work in between the sessions and report back to the group with their results. As they become more confident they will be expected to aim towards achieving greater goals. These may include finding employment, completing school or in some cases just being happy.

How the group plan will be evaluated?

In order to effectively evaluate the group we would firstly need to have a clear understanding of our ultimate goals and an agenda from which to work. Within the structure of reality therapy we do indeed have such a structure. Thus our evaluation of the group plan may centre around the progress that the group is making towards our ultimate goals.

The primary evaluation technique for a group of this type would concentrate on the feedback that participants give to the facilitator and to each other. In this respect we can focus on the successful implementation of the client's plans as they are carried out. We may also use discussion between the leaders and the group as a valuable evaluation procedure.
4. A detailed plan for one session.

What follows is a detailed plan for the first session of our ten sessions.

On beginning the first session I feel that it would be necessary to establish some form of contract between the leaders and the participants. Here we may clearly state our beliefs about the group and its possible direction. Further we may ask the group to respect each other in confidence and spirit.

Although these sessions may be run by one leader it is perhaps more desirable to include a co-leader. The reason for this decision is based on the fact that quite often the participants will be required to work in small groups or pairs and may need some assistance in developing or beginning their task. Further it is appropriate to include a trained co-leader who may be able to demonstrate varying social interactions to the group participants in a role playing sequence. Apart from these reasons I feel that the leaders would benefit greatly from feedback surrounding their own uncertainties in dealing with issues that arise in the group. Each leader could consult the other after sessions and discuss the group’s progress. This would also serve to maintain a group direction.

As an initial step it would be up to the leader/s to introduce themselves to the group. Here we would want to present a genuine, open and friendly human being who can empathise with the participants and show the group that we too have to deal with conflict in our lives. We may provide not only our professional details but also a number of our personal details. In doing this we would hope to establish an open forum for growth and a denial of the participants as patients with problems that we are going to fix. Indeed, from the outset it would be advantageous to state to the group that our goal as a leader or facilitator is to assist them in their endeavour to change. Further however we need to state clearly that they are responsible for any change that may take place in the sessions, and that if they do decide to change they will be responsible for formulating an agenda with which they will be expected to comply.

At the beginning of the first group we may also need to provide the participants with some rules and regulations which they would have to adhere to throughout the entirety of the sessions. The group would need to be told of the confidential nature of the sessions and asked to maintain a sense of trust and respect for all who engage in the sessions.
It may also be appropriate at this stage for the participants to introduce themselves. They may do this by simply saying their name or they may want to offer more information. This simple exercise may be extremely difficult for some of the group and a great deal of sensitivity needs to be maintained.

If appropriate the warm-up procedure will involve a meditation based on inward focusing and breath control. Soft music may aid the meditation and enhance visualisation. I choose a meditation tape that presents the listener with the sounds of nature, wind and waves and the gentle sound of flute music. It would be important for the facilitator to make the meditation and opening sequence as warming and inviting as possible while at the same time energising the clients and providing them with a fresh start to the group.

The facilitator would conduct the meditation through the following instructions.

Sit or lie down in a comfortable position in the room.
Close your eyes and relax.
Take several slow deep breaths relaxing your body more with each breath.
Relax your mind and let your thoughts drift.
Don't hold on to any thought.
Breath in long and slow through your nose until your lungs are almost full to capacity.
Breath out until you have completely expelled this air.
You will automatically begin to breath in when it is needed.
Don't hold your breath, but allow it to flow out evenly and long.
As you breath out imagine all of your cares floating away.
Let go and allow the universe to breath through you.
Become the waves and the wind.

SILENCE for five to ten minutes.

Concentrate on your breathing.
Imagine that your mind becomes as quiet and as peaceful as a lake.
Now focus your conscious awareness into a deep place in your body, in the area of your stomach or solar plexus.
It should be the place in your body where you feel that your gut feelings reside.
This is the physical place where you can most easily contact your intuition. Imagine that you have a wise being living inside there. You may have an image of what this wise being looks like, or you might just sense that it is there. This wise being is really a part of you — your intuitive self. Today you may want to contact this inner part of yourself when dealing with things that come up in the session. Learn to listen to this part of yourself and allow it to be heard.

SILENCE for five to ten minutes.

Now, when you are ready come back to the group, open your eyes and look around you.

With the first group we can expect that the participants will probably feel quite vulnerable. Here we need to move slowly but also to establish a definite direction for the group. Just how we do this may again be dependent on the 'mood' of the group. Indeed all groups could be expected to differ from one another. Thus in this part of the session it may be expected that the leaders would need to do a great deal of the talking and guiding. Here we may begin to deliver some of the concepts that we will be using in the body of the sessions. We may simply make a number of general statements about ourselves and our world and ask participants to offer any response.

A general statement about our needs would be appropriate at this time and direct the group to think about whether their needs are being met. We could begin this part of the session by saying, 'that we all have needs, that we have the need to love and be loved, the need to feel a sense of self worth, to have fun and enjoy life, to be free, and to control our destinies...to be in charge of our lives'. We may then suggest that the inability to meet these needs may result in trying to compensate in the form of addictive behaviours such as drug abuse.

Further we may make the statement that if we see ourselves as unloved, unwanted, and generally helpless we may be said to have a failure identity and meet challenges with statements like 'I can't'. Here we may like to ask the group if they feel that any of what is being said is appropriate or fits for them. If we get a positive response we can begin to play with the 'I can't' statements.
We may ask the participants to think of some sort of challenge that they generally shy away from and to discuss these challenges with the group. We may like to provide a few examples. Next we might ask the group to think of times when they have overcome their initial 'I can't' attitude. Indeed this experience is one which has generally been an most people will relate to. Learning to swim or ride a bike for example may produce an enormous amount of anxiety coupled with the 'I can't' statement. However, as one moves through a series of learning stages we come to master the new skill. This is just what we will do in the sessions: move through some anxiety provoking stages and on to new skills for life. Through this discussion and these examples we would hope to show the group that generally the behaviour that they choose becomes a self fulfilling prophecy. Thus, if we choose negative behaviour we install this type of behaviour in our makeup and this promotes a negative self-view and this behaviour continually sabotages success.

I would try to refrain from using too much jargonistic language in the group or from going into any detail about the theory surrounding the sessions. However I feel that it is probably necessary for the participants to have a basic understanding of some of the theoretical issues involved. Thus, we may write up the key terms and phrases, such as, 'we are responsible for our own reality', 'negative addiction', and 'positive addiction', or 'successful' Vs 'unsuccessful' behaviour. By doing this we are offering the group a number of challenges in the form of alternative ways of being.

Having established these fundamental principles we can begin to move into the body of the session with a number of exercises. The first exercise is aimed at exploring aspects of our behaviour and attempts to teach the participants, 'that they can gain conscious control over their behaviour, can control the choices they make, and can change their life. Corey (1985) This requires the participants to answer a number of questions as honestly as they can.

The first question focuses on unsuccessful behaviour. Here we can ask the group to think of a recent event where they did something that they weren't happy with. That is, where they have behaved in a way that has resulted in them feeling down or unhappy. An example, such as failing to assert oneself, may be given. The group may need some prompting or need to discuss this question with another member of the group. This is a perfect opportunity for the group to begin to get to know each other and to establish some trust with one another. Thus they should be encouraged to form pairs and work together.
As the group members identify their specific problem areas they would be encouraged to share with the group. Discussion would hopefully be generated around the area of poor behaviour and how this relates to our feelings. Thus we begin to introduce the notion that our behaviour tends to promote a particular feeling. That is: as Glasser suggests, that we are responsible for our feelings and that we contribute towards our own problems.

A second question can now be introduced to the group. That is, How might they have dealt with the situation differently?

Here the participants may again discuss the matter with another member of the group. They should be encouraged to explore a number of alternative behavioural reactions to the situation. Thus we begin to promote the notion that there are many ways of behaving in the same situation. Indeed it may be the case that the residents of the substance abuse facility are quite locked into a particular situation response. Often they will react to perceived authority figures in an aggressive, 'acting out' manner and place themselves in a vulnerable position. Also they may become extremely defensive in their interactions with others. The sessions should provide a safe place where they can begin to explore behaviours and feelings which they may never have come into contact with before.

The co-leaders may present a number of varying behaviours to a particular situation in a series of role plays. The group could then be encouraged to do the same, acting through various behavioural responses. The leaders may encourage their behaviour to be wide ranging and at times bizarre. The point of the exercise is to bring the participants to an understanding of their multidimensional nature.

A third question which we may now introduce to the group asks them to consider why it is that they 'choose' behaviour that leaves them feeling down. In other words why do they position themselves as the victim of the world around them and fail to take charge of their lives? The emphasis is always to do with responsibility here and taking charge. Indeed I would imagine that many of the residents of the substance abuse facility see themselves as having very little in the way of rights or choices. Thus we would probably need to work in this area quite extensively. Many would argue, for example that they had no choice when they were abandoned by their parents or when they were placed in the care of the authorities. Indeed many would suggest that they can't choose to leave the facility without being arrested for failing to complete their court order. With all of these doubts however the leaders need to maintain a focus for the group: that we can begin to have choices and become responsible for our own successes and failures.
We may suggest to the group that although it is difficult to control what we think and feel and how we think and feel, we are able to focus on what we do in our behaviours to create an unsuccessful identity. Further we need to look to the future and stop depending on excuses from our pasts to back up our failures.

The following exercise was developed by Edward de Bono (1988) and seems to fit in well with the Reality Therapy sessions in that it provides a thinking strategy through which we can easily and clearly organise the appropriate behaviour for the appropriate situation.

We may introduce de Bono's Six Thinking Hats by suggesting to the group that when we are dealing with our feelings and trying to make decisions we often become confused. This is particularly so when we are in confrontation, either with ourselves or others. It becomes difficult to think clearly and if we don't think clearly we may behave inappropriately rather than in the way we would like to behave.

At this point some explanation would be given regarding the use of the Six Thinking Hats. We may firstly explain that all of our emotions can be of some use to us at the appropriate time. However, in order to use our emotions effectively and get what we want in life, we need to be in charge of them and not allow them to be in charge of our behaviour.

Through the use of coloured hat overheads and some explanation we may easily convey the fundamentals of six hat thinking thus:

Let's call our angry, emotional responses our Red Hat thinking.

Our gloomy, negative assessment of situations Black Hat thinking.

Our sunny, positive, optimistic thoughts Yellow Hat thinking.

Our creative thoughts and new ideas Green Hat thinking.

Our controlled and organised thinking Blue Hat thinking.

And our neutral objective, facts and figures, thinking our White Hat thinking.

From here we can present a number of varying scenarios to the group and ask them to respond while wearing different coloured hats. They may again work in pairs or small groups and role play various situations while wearing different hats.
The beauty of de Bono's technique is that it is rather quick to learn and effective in promoting an instant change to an emotional or behavioural response to a situation. Thus we may ask the group participants to consider the alternatives that they have when dealing with an emotional situation. By practising these exercises we can become more in charge of our lives and take more responsibility for our behaviours.

In closing the group I would ask each person to put out some statement about how he/she feel having finished the first group. Whether he/she got anything out of the group and whether there is anything that he/she needs to discuss before the group finishes. Finally and quite importantly I would set some simple 'home work' exercises for the next group and remind them that they are responsible for doing their home work and that excuses will not be accepted if they have not at least attempted some of the exercises that I have set. For our group next week I would like you all to try using the strategy that we have learnt here today. See how it feels for you to be totally in charge of situations.

Finally we would conduct a simple relaxation meditation similar to the first meditation but with more emphasis on breath control.

Thus with similar soft music the group is instructed to lie down on the floor, and make themselves comfortable.

Instructions:
Close your eyes, and take a few deep breaths.
With each breath, feel your body letting go into a deeply relaxing place.
Relax your mind and let your thoughts drift.
Try not to attach yourself to any thoughts that you are having.
Feel yourself just relaxing into a place inside yourself.

SILENCE
References:


Whitaker, D. Psychotherapy through group processes. 1964


