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THE APPLICATION OF CHOICE THEORY:  
A SOCIAL WORK PERSPECTIVE

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Dolores Mast Martinez

June 2009

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A SOCIAL WORK PERSPECTIVE

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A Project

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San Bernardino


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by


Dolores Mast Martinez


June 2009

Approved by:

  
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Dr. Carolyn McAllister, Faculty Supervisor  
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6/10/09  
Date

  
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\_\_\_\_\_  
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## ABSTRACT

This research project explored the perspectives of helping professionals with regards to the application of Choice Theory and its effectiveness as a form of therapeutic intervention. Literature addressed Choice Theory and its use in a non-public school system. The study consisted of interviews from helping professionals in various fields of mental health, education, and social work. Additionally, an expert on Choice Theory was also interviewed. Two adult aged students who attend a non-public school participated in a six-week study related to Choice Theory questions. A qualitative method was used, which revealed emerging themes as empowerment, self-efficacy, self-esteem, independence, personal freedom, consequences, free will, relationships, and hope. Results showed favorable outcomes from both helping professionals and the expert. Strengths and limitations were identified, and the study concluded with recommendations for future social work practice, policy, and research.

## ACKNOWLEDGMENTS

My deepest appreciation and gratitude to Dr. Carolyn McAllister for her guidance, direction, and support. She knew exactly what I needed to hear, which helped me create my diamond, no matter what the flaws.

To my supervisor, Dr. Lee Lynch, who introduced me to Choice Theory, and helped launched me into its territory. Thank you, Dr. Lynch, for believing in me, and appreciating my work with the students.

To the helping professionals of this project: I thank all of you for your willingness to share your knowledge of Choice Theory, and appreciate its value as a therapeutic practice.

To my cousin, Frances Garrity...I love you! Thank you so much for your wonderful transcriptions!

To Shanales Tamares...a true blessing! Thank you from the bottom of my heart for offering to format this project! It is greatly appreciated!

To my beloved classmates, MSW Class of 2009. You are the best thing that came out of this program. Thank you for your friendships, laughs, love, and support. I hope our magic will continue together in the years to come.

To my daughter, Joyce, my parents, family, and friends, for giving me the time and space I needed working on this project. Your understanding, support, and comfort, helped carry me through to the end. I love all of you so very much.

## DEDICATION

With my deepest appreciation and gratitude, this project is dedicated to Dr. Willam Glasser, the innovator of Reality Therapy and Choice Theory. Thank you for stepping outside the box of psychiatry, and into your Quality World, which has helped to change the face of mental health. Through your value and deep appreciation for relationships, you recognized what people needed most...to be connected with and loved by others. I hope this project gives honor to your many years of dedicated and respected work in Reality Therapy and Choice Theory.

I also dedicate this project to Mrs. Carleen Glasser, for her gracious hospitality and her most valued expertise. Thank you for sharing your hope that Choice Theory will one day bring peace to the world. It was truly an honor meeting you and Dr. Glasser.

To the students at Regency High School, and those who attend alternative or non-public schools. In your own way, you are telling us what you need most...to feel needed and cared for, valued and respected. But mostly, to feel loved. May your choices bring you closer to fulfilling your dreams and accomplishing your goals.

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## CHAPTER ONE

### INTRODUCTION

#### Problem Statement

There are reportedly over one million incidents of victimization by adolescents' ages 12 to 20 years. According to the Center of Disease and Control's Morbidity and Mortality Weekly Report (2007), violence and aggression among today's adolescents are a significant public health concern. Further research indicates that this population stems from a low socioeconomic background, poor parental/guardian supervision, punishment, and delinquency. Delinquent youths are known to have additional problems, including drug and/or alcohol abuse, difficulties at school, and mental health concerns. All of these risk factors are not only harmful to society as a whole, but are also a problem in our school systems, where school violence has grown rather alarmingly. In 2003, approximately 740,000 violent crimes were committed at schools against children aged 12-18 years old, with over twenty percent of these classified as "serious assaults" (CDC-MMWR, 2007).

The increase of these behavioral problems reflect that the current behavior modification of positive and/or negative reinforcement in our school systems has had limited success (Wassef & Ingham, 1995). As a result, the troubled youth is often seen as "emotionally disturbed" or "behaviorally challenged." The impacts from this population can ill effect social welfare through systems such as family, peers, education, and judiciary. The American Individuals with Disabilities Education Act defines emotional disturbance as "a condition exhibiting one or more behavioral characteristics, which exists over a long period of time and to a marked degree, which in turn adversely affects educational performance" (Bartick-Ericson, 2006). Some of these characteristics include an inability to learn that cannot be explained by intellectual, sensory, or health factors, as well as being unable to build or maintain satisfactory interpersonal relationships with peers and teachers (Rudy & Levinson, 2008).

In addition to their emotional disturbance, these adolescents also have specific learning and developmental disabilities, as well as mental health disorders, such as Conduct Disorder, and Oppositional Defiant Disorder. With

these conditions, they are often placed in either alternative or non-public schools, and live in either group or guardianship homes, while those who live with their biological families, co-exist in a structure that is adversely affected through alcohol and/or drug abuse, physical and/or sexual abuse, neglect, and abandonment. Unless some type of intervention is applied, many will see their fate end up in juvenile hall, jail, prison, or worse, death.

Currently, alternative and non-public schools are addressing these issues of students with specific learning disabilities and emotional disturbance, as they are unable to function in regular public institutions. Together with their corresponding school districts, behavioral health departments, and school social workers and psychologists, non-public and alternative schools are implementing individual educational programs (IEP) that are suited for each child's individual needs. According to Wade W. Fish (2008), the function of an IEP meeting is to develop an educational plan based on the student's needs, and which placement would best serve as an effective delivery service. Additionally, these programs must ensure that a student with special needs and/or

emotional disturbance is not discriminated against nor harshly disciplined, and that pro-active strategies are used for the purpose of providing a safe environment for the student (Yell & Cline, 1995).

The school districts are in charge of placing a student at a particular school, while the clinician for the behavioral health agency ensures that the student's overall mental and emotional health needs are being met. In essence, for one student, there can be approximately ten mental health and educational professionals working together as a team in order to establish a fundamental and balanced curriculum for the troubled youth. Their purpose is to assist the student with their educational needs, assess his or her development, and determine future goals for achievement.

At the non-public school level, a social worker or school psychologist are responsible for engaging with the student and assessing his or her behavioral and cognitive development. Bartick-Ericson (2006), states that adolescents who are involved with a helping professional are greatly impacted by its relationship. In fact, it is believed that school counselors provide an array of services to the student that go beyond his or her

academic needs, which can contribute to the emotional and personal well-being of the student (Milsom, Goodnough, & Akos, 2007). School counselors are vital in the process of a student's self-determination, as they can advocate and collaborate on behalf of their students, through emphasizing their strengths and qualities (Geltner & Leibforth, 2008).

Since part of this study will be conducted at a non-public school, it is relevant to address the important role it has on managing the student's emotional and mental behavior. If this troubled population is provided with the means of improving their behavior, thus establishing a sense of purpose and accountability, then quite possibly, the emotionally disturbed adolescent can become an empowered and compassionate adult.

#### Purpose of the Study

The purpose of this study is to explore the application of choice theory as an effective form of therapy for populations that include the troubled youth. Choice Theory was innovated by renowned psychiatrist, Dr. William Glasser, in 1998, and in part, helps to promote an individual's positive self-concept and self-esteem.

Glasser believes that success in our schools depends upon the student having a positive self-concept (Zeeman, 2006).

This research study will be done through semi-structured interviews with both helping professionals, and adult aged students with specific learning disabilities and cognitive impairments who attend a non-public school. Since these institutions are responsible for the education of the emotionally disturbed youth, they are also responsible for managing their violent and aggressive behavior.

In the past, Regency High School, which is a non-public school located in San Bernardino, California, appeared to serve as a daily battle ground for students and staff. Aggressive outbursts and fights seemed to be the norm, which resulted in physical restraints by staff, along with constant police activity. Clearly at this level, no structure was provided, and many of the students were on a rollercoaster of failure and punishment, which was counter-productive, as these students had endured such harsh discipline in which they learned to live.

In June 2006, the school underwent a major change when the new principal, Dr. Lee Lynch, was hired. After assessing the school and its environment, Dr. Lynch informed his supervisors that his work ethic would be vastly different from the daily punishment the students received. As a result, Dr. Lynch fired most of his staff, with the exception of one employee. He incorporated daily physical activity, such as volleyball and basketball, along with a required course curriculum. He hired a dietitian to prepare healthy breakfast and lunch menus, and did away with vending machines.

As part of his instruction, Dr. Lynch has incorporated each student's own personal accountability and responsibility, in that their actions are a direct result of their choices. Dr. Lynch follows the therapy style of Dr. William Glasser, who developed Reality Therapy, which is based on his concept called Choice Theory. The emphasis here is that a person is responsible for his or her own decisions, as well as taking action and control of their own life (L. Lynch, personal communication, May 29, 2008).

Further, Dr. Lynch maintains a Board of Completion in the school hallway in order to track a student's



progress, as well as what is needed to achieve their goals. To credit this success, some students were able to complete their course curriculum and graduate with a diploma.

The method to be used in this research will be a qualitative study, as semi-structured interviews will be conducted with both helping professionals and adult male students who attend Regency High School. Perspectives from helping professionals in their application of choice theory among their students and/or clients would certainly provide valuable information in understanding the level of effectiveness that choice theory may have as a tool for intervention. Additionally, the students' information would also be valuable, as they will be the subject of choice theory application, in order to determine if its method is effective in assisting the student with not only realizing their goals, but understanding what choices they need to make in order for them to accomplish their goals, and not allow their aggressive behavior to impede their success. Certainly, the concept and application of choice theory will headline this research.

## Significance of the Project for Social Work Practice

As reported in the problem statement, emotional disturbance can result in violence and aggression among today's adolescents, which is not only a public health concern, but also a social problem. It is with hope that this study will reveal what is most effective when dealing with the emotionally and behaviorally challenged youth in a non-public school system. It is clear from prior research that punishment is not the answer; it simply reinforces the negative behavior. Therefore, it is important to determine if choice theory, when applied in education and mental health, can actually be beneficial to both the social worker and the client. Perhaps what will be discovered is that more social workers are needed in the school system, public or non-public, where they can provide counseling and therapy to their client. These findings may also address the need for new policies and procedures in the school systems, which could employ more social workers at various administrative levels, in order to provide more accurate and useful practices when working with this particular student population.

As a social worker employed in a non-public school system, several aspects of the Generalist Intervention Model are used, such as engaging the student through listening, articulating their thoughts and feelings, acknowledging their strengths, helping them to identify and establish their goals, and guiding them through their course of implementing those goals. Most of these students have a desire to graduate and either go off to college or begin work; however, their tendency towards violence and aggression can often impede, or even halt, their progress.

As a result, questions pertaining to choice theory will be applied to these students for the purpose of acknowledging not only what their responsibilities are in achieving their goals, but also how their aggressive behavior can adversely affect them. Additionally, helping professionals in the educational, mental health, and social work fields will also be asked questions related to the application of choice theory in order to determine its effectiveness as a therapeutic practice with adult and student populations in need. Therefore, the purpose for this research is to explore The Application of Choice Theory through a Social Work Perspective.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

This chapter will explore choice theory, and will be divided into the following sub-sections: The use of choice theory in a non-public school setting; defining specific learning disabilities and emotional disturbance in adolescents; various therapeutic approaches used in treating these adolescents; choice theory as a guide to conceptualization; and lastly, a summary that will explain the importance of choice theory and why it should be used as a model for social work practice.

#### The Use of Choice Theory in a Non-public School Setting

Since the purpose of this study is to explore helping professionals' perspectives on choice theory, along with applying its application at a non-public school, it is important to address the role of such a school whose clientele it serves. Regency High School, located in San Bernardino, California, provides educational services to its students who have been diagnosed with special learning disabilities, cognitive

impairments, and emotional disturbance. Currently, there are eighteen male students in attendance. The age range is thirteen to nineteen years. All students are provided with a full academic curriculum based on their individual academic and social/emotional needs (California Department of Education, 2008).

Dr. Lee Lynch, the principal at Regency High School, reports that he has used choice theory with his students, and has also instructed his staff to do the same. Prior to his arrival in June 2006, the students at Regency High School were involved in daily physical restraints, as well as time-outs. There were aggressive and verbal outbursts among students and staff, in which punishment was the normal procedure to use. Punishment, according to Dr. Lynch, only manifested the physical aggression and did not change the behavior of the students.

When he began to apply the concept of choice theory among a defiant youth, he was actually making that student accountable for his or her actions and behavior. Common questions such as, "why are you in this restraint?" or, "what actions have you taken to be placed in this restraint?" were directed to each student. As these open-ended questions continued, Dr. Lynch would

eventually ask, "what other choices can you make to not be placed in this restraint?" Dr. Lynch added that the aggressive outbursts and physical restraints among the students eventually began to decrease, and as of the current date, the number of physical restraints has dramatically reduced by 80 percent within the past twelve months. Dr. Lynch stated that as an educator, he has used choice theory in every academic element he has been associated with, and has observed its effectiveness. He believes that when a student is made accountable and responsible for their actions and behavior, they are able to take control and make proper choices that will enable them to be more successful not only at school, but also in their family and social environment (L. Lynch, personal communication, February 11, 2009).

#### Defining Emotional Disturbance and Specific Learning Disabilities in Adolescents

There are reportedly over 6,633,902 students in the United States who receive special education services as part of the Individuals with Disabilities Education Act (Geltner & Leibforth, 2008). According to Ofiesh (2006), students with specific learning disabilities are unable to understand or use language at their appropriate age

level, which can manifest in the student's inability to think, listen, speak, write, spell, or read. In this regard, special education services must adhere to a student's present level of academics and functional performance (Lynch & Adams, 2008).

Although the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, does not provide a composite definition of emotional disturbance, the United States Department of Health and Human Services (1999) acknowledges that the term "serious emotional disturbance" is used in a variety of federal statutes that determine whether a child or adolescent is unable to function socially, academically, and emotionally.

The IDEA (Individuals with Disabilities Education Act: 300.7 *Child with disability*) states that emotional disturbance is a condition that affects a child's educational performance, through characteristics that include inappropriate types of behavior or feelings under normal circumstances; inability to build or maintain satisfactory interpersonal relationships with parents, peers and teachers; and, a general pervasive mood of unhappiness or depression (IDEA and IDEA Amendments of 1997).

With regards to interpersonal relationships, research has shown that children and/or adolescents who have suffered a loss of connection with their primary caregivers can experience difficulty in their psychosocial and academic functioning, as well as being unable to make appropriate choices. This can result in the individual having fewer opportunities to learn how to develop positive connections with others. Further, parental authority is questioned and the ability to trust adults and peers is thwarted (Shillingford & Edwards, 2008). Further research states that an adverse family environment, where warm and supportive interactions are absent, are often times associated with depressive symptoms found in children and/or adolescents; therefore, chronic interpersonal stress can have a negative impact on the emotional well-being of children and adolescents (Sheeber, Davis, Leve, Hops, & Tildesley, 2007). Therefore, it is vital that these adolescents develop positive relationships with their parents, family, peers, teachers, and social workers/counselors so that they, according to Carolyn Bartick-Ericson (2006), are provided with a secure environment in order to feel safe.



Dr. Lee Lynch, who is a principal at a non-public school, addresses that students with specific learning disabilities and/or emotional disturbance, are required to receive their educational services in the least restrictive environment, which is often times a non-public, or secondary school (L. Lynch, personal communication on February 11, 2009).

The students at Regency High School meet the criteria for specific learning disabilities needs and emotional disturbance pursuant to the State of California Educational Code, whose behaviors are viewed as adversely affecting their educational performance. These students have a history of poor parental care, physical outbursts and aggression towards staff and peers, and an inability to function socially, emotionally, and academically, in a public school setting.

#### Various Therapeutic Approaches used in Treating Emotionally Disturbed Adolescents

The Task Force on Community Preventive Services (2007) conducted a systematic review on published scientific evidence concerning universal school-based programs designed to prevent violent and aggressive behavior among at risk youths. These youths came from

various backgrounds of low socio-economic status, poor parental supervision, harsh punishment; emotional disturbance categorized as violent and aggressive behavior, and learning and mental health disabilities. These programs were designed to provide information to the youth about violence: how to avoid it, how to be proactive, how to react in a peaceful and positive way, how to make more effective choices, and how to change one's behavior.

After their two-year review from 2004-2006, the Task force found supported evidence that universal school based programs is effective in decreasing rates of violent and aggressive behavior among at risk youths. These programs were provided to all grade levels, and targeted schools that resided in high-risk areas, such as low socioeconomic status, and/or high crime.

The knowledge that these types of universal based programs are effective in the prevention of violent and aggressive behavior should not defer from further research to include why some programs are more effective than others, whether they are cost-effective, and whether they are addressing cultural differences in diverse

populations in order to improve program effectiveness (MMWR-Task Force, 2007).

In 2006, psychologists Sarah J. Donaldson and Kevin R. Ronan researched the relationship between sports participation and children with emotional and behavioral problems. Data was collected from over 200 adolescents through the use of a multitrait-multimethod assessment. A sports questionnaire concerning sports participation and perception of sports activities was used as a measure. Donaldson and Ronan reported that increased levels of sports participation had a positive relationship with areas of emotional and behavioral well being, specifically with a healthy self-concept. Further results showed that children who felt competent in playing sports also had fewer emotional and behavioral problems. Additionally, future research may wish to examine whether sports activities are a useful alternative therapy to help improve an adolescent's self-concept, as well as deter any potential behavioral problems (Donaldson & Ronan, 2006).

Recently, a trend towards strength-based practice has become more prominent in therapeutic practices. Strength based approaches identify clients' strengths,

rather than focusing on the mental health disorders. A study conducted in 2006 by Kathleen F. Cox, Ph.D., L.C.S.W., tested the effectiveness of strength-based assessment using a behavioral and emotional rating scale. Eighty-four emotionally and behaviorally disturbed youths, ages 5-18, were sampled. The results showed that those youths receiving strength-based assessment did not achieve significant gains in functioning over those who received the usual deficit-focused assessment. For the emotionally disturbed youth, a strength-based approach appeared not to provide a greater improvement in the well being of the client; however, as there is minimal research at this time for the effectiveness of strength-based practices, more should be conducted in order to signify its value to social work practice (Cox, 2006).

The last therapeutic model reviewed addressed the needs of students with emotional and behavioral problems. This particular approach used Reality Therapy as a treatment source in an in-school support room, with therapy being provided by a school psychologist.

There were ten males students, ages 11 to 13, who all met the criteria for emotional disturbance. The

in-class support room was used for the purpose of removing the student from a problem situation. In the room, the student was not faced with punishment, but rather, was provided with an opportunity to evaluate his behavior, learn that he is responsible for his behavior, and develop skills to make more effective choices with regards to his behavior. The role of the school psychologist in using Reality Therapy was to motivate the student to participate in their own counseling needs, and to persuade them to want to learn and change their behavior. The data from this study showed that the combination of Reality Therapy and In-School Support Room promoted cognitive and behavioral change in emotionally disturbed youths, while also reducing disciplinary actions against them (Passaro, Moon, Wiest, & Wong, 2004).

#### Choice Theory: A Guide to Conceptualization

Choice Theory is recognized as a basis of Reality Therapy, which was developed by psychiatrist, Dr. William Glasser in 1965. The focus of Reality Therapy is that people are in charge of making their own decisions, as well as taking control of their lives; however, for those

who are unable to do so, they in turn develop a sense of failure and low self-worth (Glasser, 1998).

In his 1998 book titled, "Choice Theory: A New Psychology of Personal Freedom," Dr. Glasser explains that people who are controlled by external forces, such as family, teachers, employers, government, etc., tend to believe that they have no control over their own lives; and therefore, accept these controlling external forces as secure and supportive. Dr. Glasser describes this as *external control psychology*, and asserts that it only works for those in power, as they are able to get what they want through controlling those who remain powerless. As Dr. Glasser notes, the powerless accept this control because they believe they are not free to choose otherwise; choice theory, therefore, is an *internal control psychology*, that teaches one how to take more effective control of his or her life, which can then lead to better and more constructive choices (Glasser, 1998).

Although choice theory was developed in 1998, its original title was Control Theory, which Glasser created in 1984, twenty years after he named Reality Therapy. Control Theory was later changed to choice theory, due to the word "control" as insinuating coercion and control

over another person. In both reality therapy and choice theory, Glasser believes that all human behavior is internally motivated as individuals attempt to satisfy their basic needs of love, power, fun, freedom, recognition, and survival. He further believed that people are independent of one another and are always in control of their choices; in essence, Glasser did not believe people are victims of circumstance, but rather, are victims of their own ineffective choices (Howatt, 2001).

#### Summary

Choice Theory appears to be an innovative concept in the therapeutic services for adolescents with specific learning disabilities and emotional disturbance. Its current application at one non-public school has shown to be effective, as a significant decrease in physical restraints, as well as a change in students' behavior have been reported by the school's principal. The premise here is not to view the student with an emotional or behavioral deficit, but rather, as an individual who is responsible for his or her choices who can control their behavior. Further approaches to treat emotional

disturbance have also been effective in the framework of sports participation, in-support classrooms, and Reality Therapy, while more research is needed for strength-based practices.

This current research in the application of choice theory as a social work perspective may also provide additional insight into effective social work practice from helping professionals who work in various fields of education, mental health, and social work. Further, research applied to students with specific learning disabilities and/or emotional disturbance at a non-public school may also be of value for the purpose of determining effective therapeutic practices with these specific populations.



## CHAPTER THREE

### METHODS

#### Introduction

This chapter will focus on the methods used in this study, which will include the study design, sampling, instrument, data collection, procedures, and protection of human subjects. A data analysis describing the procedures used to collect the information relevant to this study will also be reported. In conclusion, a summary will provide an overview of this chapter as it pertains to the nature of the study design.

#### Study Design

A qualitative study was used in this research project through semi-structured interviews between the social work graduate student (interviewer), various helping professionals from the educational, mental health, and social work practices; adult-aged students with specific learning disabilities and cognitive impairments who attend a non-public school; and an expert in the field of Choice Theory. The interviews were conducted in a professional manner, which allowed both interviewer and participant an opportunity to engage and

explore in an innovative inquiry designed to understand choice theory and question its application and effectiveness.

There may be methodological limitations such as participants who have knowledge of choice theory but do not apply it to their practice; a limited number of participants may cause speculation as to the validity of the study; and, not every participant may apply choice theory in the same fashion, causing a concern as to its value and emphasis in the helping professions.

#### Sampling

The sample for this study consisted of five helping professionals from various fields of practice, such as education, mental health, and social work, as well as two adult aged students at a non-public school categorized with specific learning disabilities and cognitive impairments. The helping professionals were highly qualified in their field of practice, having received their master's and/or doctorate degrees, as well as a license to practice in their respective fields. The students are male and nineteen years of age. In the

interest of selecting these participants, a purposive theory-based sampling was employed.

Further, this researcher contacted the William Glasser Institute in Chatsworth, California, for the purpose of interviewing a helping professional who is directly involved with the application of choice theory. As a result, Mrs. Carleen Glasser, the wife of Dr. William Glasser, the innovator of Reality Therapy and Choice Theory, contacted this researcher and granted a face-to-face interview. The series of questions asked to Mrs. Carleen Glasser resulted from the information obtained by the five helping professionals.

The process of contacting these individuals was through a knowledgeable network of resources, which included the graduate student's placement of internship (a non-public school), the school district for the non-public school, and various agencies affiliated with the school and its district, such as mental health and social services. All individuals were contacted either in person or via telephone, followed by an introductory letter; in addition, all participants were asked to sign the letter in acknowledgment and agreement of the study. The purpose of the study was explained in both forms of

communication; each participant was asked if he or she wished to remain anonymous, and if agreed, confidentiality was assured for their participation. As all participants were over the age of eighteen, no parental permission was needed. Compensation was provided in the form of a \$5.00 Starbucks gift card for the helping professionals, and for the students, a meal of their choice from a fast-food restaurant.

#### Data Collection and Instruments

The collection of data for this study was done through a semi-structured interview process. Various helping professionals and adult aged male students who participated in the study signed an inform consent, and received a debriefing statement after their interviews were completed. Their permission to grant interviews was acknowledged on the voice recordings.

The interviews of the helping professionals consisted of a series of questions pertaining to choice theory, and how or if they apply its concept within their fields of practice. The questions were asked in an open-ended manner so as to allow more focus and elaboration for each participant to explore. The

questions were designed in a way that each individual were able to provide his or her own expertise in the subject of choice theory, its utilization and/or effectiveness. For example, the question of what is choice theory was asked as means of introducing its concept. Further questions related to its use, effectiveness, therapeutic interventions, and any limitations, were also explored for the purpose of greater examination in the foundation of choice theory. The interviews of the students consisted of questions related to choice theory, such as "What do you want?" and "What are you doing to get what you want?" Each participant was tape recorded for the purpose of full disclosure, as well as for the opportunity for each participant to freely elaborate on their expertise of choice theory. (Please refer to Appendix A and Appendix B for lists of the interview questions).

Mrs. Carleen Glasser was asked questions that pertained to her expertise and knowledge of Choice Theory, which included information received from the five helping professionals with regards to the theory's effectiveness and/or limitations with certain

populations. (Please refer to Appendix C for questions asked to Mrs. Carleen Glasser).

### Procedures

Eight participants were contacted for this study either through personal communication or via telephone. They were informed of the nature of the study and its purpose. These participants were gathered from various networks of resources, which included the educational, mental health, and social work fields of practice. They were provided with assurance of anonymity should they request it, and granted permission for their interviews during the recording process. A consent form was also provided. The interviews lasted thirty to sixty minutes and consisted of twelve questions for the helping professionals, four questions for the students, and eleven questions for Mrs. Carleen Glasser. These interviews began in February 2009 and occurred over a six-week period at approximately two interviews per week. The interviews were conducted at either the professional's office or an agreeable location. Upon conclusion of the interview, the participants were provided with a debriefing statement, after which, they

were allowed to ask questions and/or discuss concerns about their participation in the study. All participants were provided the telephone number of Dr. Carolyn McAllister in the event they wished to further edify their concerns and/or thoughts regarding the study. The analysis of the data and its synthesis took place in March 2009.

#### Protection of Human Subjects

The participants were asked whether or not they wished to remain anonymous. With the exception of Mrs. Carleen Glasser, all participants agreed to remain anonymous, and no identification was made in relation to their clients. Ethical conduct and human subject research was noted. All interview tapes and notes were secretly isolated away from any accessibility by others not involved in the research study. Upon completion of the research study, all instruments used such as micro-cassette tapes, notes, and data collected were destroyed. The Institutional Review Board at California State University, San Bernardino, approved the project.

## Data Analysis

This qualitative study utilized a series of twelve questions for interviews with the helping professionals, which pertained to the concept and application of choice theory. The interviews with the students used four questions related to choice theory. Mrs. Glasser's interview focused on her expertise of choice theory, its theoretical concept, and its effectiveness with populations.

The interviews were semi-structured with an intrusive approach (Grinnell & Unrau, 2008). Its purpose was to understand choice theory, and how it is applied with various types of practices in education, mental health, and social work, and whether or not it has been effective in the therapeutic process, and if there are any limitations with certain populations. Its application was also tested with students at a non-public school. Each participant's response to individual questions was reviewed and evaluated in order to determine if some responses were similar or not, and if so, how they were different.

The process for analyzing the data consisted of transcribing the recorded information, as well as notes



taken during the recording process. The content of the analysis was interpreted through a coding method, called constant comparison, which was designed to evaluate the ranking and frequency of each response, and how similar or different they were (Grinnell & Unrau, 2008). Finally, the conclusion of this study synthesized the data into a well-read and comprehensive study. This researcher was careful to avoid allowing her thoughts and/or biases to interact with the participants of this study, along with the analysis of its data. As well, a journal was used for the purpose of maintaining a schedule of appointments, insightful information, and other valuable resources associated with the topic of this study.

### Summary

This chapter provided an overview of the methods used in conducting this study. The pertinent sections discussed were study design, sampling, procedures, data collection and instruments, and data analysis. Sensitivity towards research participants was reviewed in the form of the protection of human rights. All participants were allowed the choice of anonymity, and were provided with an informed consent and debriefing

statement. As this was a qualitative study, its procedures and analysis were discussed and employed as such.

## CHAPTER FOUR

### RESULTS

#### Introduction

This chapter represents the data collection that was generated from audiotaped interviews with seven participants. Five of the participants were helping professionals from various fields of education, mental health, and social work. Two participants were adult male students who attend a non-public school, and who receive weekly counseling services as part of their individualized education program. As for the helping professionals, the results were analyzed and reviewed for common themes according to their answers from the twelve questions asked pertaining to choice theory. With regards to the students, four questions related to choice theory were posed to them during a six-week period of time, in order to determine if they effectively succeeded in their choices.

#### Presentation of the Findings

The answers to the twelve questions posed to the five helping professionals were reviewed for similarities and/or differences. Sampling of the data reflected

re-occurring words and themes as to the theory's effectiveness as a form of therapy, its similarities and/or differences with other theoretical perspectives, and whether it has limitations to certain populations. As for the two male students, their outcome after a six-week trial period was reviewed for the purpose of determining their success or not, in relation to the choices they made, as well as any other inhibiting factors.

#### Student A

Student A is a Hispanic male who is 19 years of age. Student A has Specific Learning Disabilities in Basic Reading and Comprehension; Mathematics Calculation and Reasoning; Listening Comprehension; and Oral and/or Written Expression. Student A does not meet criteria for emotional disturbance. He is motivationally challenged, and has difficulty staying on task. He consumes alcohol on a regular basis and smokes marijuana on occasion. Student A was referred to a non-public school due to his specific learning disabilities and past history of aggression and outbursts. Since entering the non-public school system on July 10, 2006, he has not displayed any physical outbursts or aggression. He gets along with staff and peers, but at times has been annoyed with other

peers' reaction towards him. He does not participate in physical activities. Student A is not taking anti-psychotic medication. He receives regular counseling sessions with the school's social worker therapist.

Family History. Student A lives with his grandmother and has two older brothers and sisters. His parents are divorced. He reports his mother also lives with he and his grandmother, but is often times in and out of his life. His father is mostly absent and does not live with the family. There is a history of alcoholism in his family, which includes his grandmother. Student A reports prior physical abuse by both parents.

Legal. Student A has two bench warrants out for his arrest due to FTA's (failure to appear), and non-payment of fines. Student A reported that he recently spent one week in jail for carrying a controlled substance (marijuana).

Living Skills. Student A had been living on his own for approximately three to four months, but during that time, failed to attend school on a regular basis (in that period, he attended school on two occasions). When he was living with his grandmother, he attended school on a daily basis (this was during summer school). He returned

to live with his grandmother in January 2009, but has continued to have irregular attendance.

Goals. Student A is on regular school track. He states he wants a career and that he needs to attend school regularly and complete his work. Student A wants to graduate and needs to complete the remainder 14 credits to do so, as well as pass the California High School Exit Exam (CAHSEE).

Choice Theory Questions for Student A. When Student A was asked what he wanted, he responded that he wanted a career. When he was asked about what he is currently doing to get what he wants, he responded that he was not doing anything towards getting a career. He was then asked if this was helping him get what he wants, and he responded in the negative. Student A was next asked what else he could do to help him get what he wants, and he responded that he needed to come to school every day and complete his school work. He also reported that he needed to complete his last 14 credits and pass the CAHSEE exam in order to graduate from high school. Student A reported goals of attending school regularly, completing his homework, completing his credits, and passing the CAHSEE exam.

The results after a six-week trial for Student A, was that he did not attend school regularly (only twice in the six week period), which resulted in non-completion of school credits and homework. Student A did not pass the California High School Exit Exam. The teacher for Student A reported no changes in his academia, due to lack of attendance.

#### Student B

Student B is a Caucasian male who is 19 years of age. Student B is classified with mild mental retardation (MR). His academic functioning is at the third grade level. Student B does not meet the criteria for emotional disturbance. Student B was referred to the non-public school system due to his cognitive level of functioning, as a non-public school provides the least restrictive environment for his learning disabilities. He is mild-mannered and gets along with staff and peers, though has expressed oppositional and defiant behavior. There are no reported medical concerns for this student, and he does not take anti-psychotic medication. He enjoys physical activities, such as fishing, basketball, and skate boarding. He attends school regularly Monday thru Thursday. He is absent on Fridays mostly due to family

outings. Due to this persistent day absence, Student B opted not to go to a junior college, as he was made aware of required daily attendance. Student B chose to remain at his non-public school, where he will complete his Certification of Completion.

Family History. Student B reported a past family history of parental drug abuse, which resulted living in group homes between the ages of 5 and 15. There was no report of physical abuse. At the age of 15, student was allowed to return to live with his parents, after they had successfully completed alcohol and drug rehabilitation programs. Both parents are currently employed, and Student B often times helps his father with his cleaning business.

Living Skills. Student B has one younger brother and sister, both of whom also live with the parents. Student B reports that his family live in an apartment which is ridden with crime. Student B shares that he has a good relationship with both parents and siblings.

Legal. Student B has no legal concerns at this time. He did report during his six-week trial that he was caught writing graffiti on the back wall of a grocery store by a police officer. He reported not being cited



for this, and instead, chose to remove the graffiti on his own. He neither engages in alcohol and/or drugs.

Goals. Student B is on a CAPA track, which is the California Alternate Performance Assessment. Due to his cognitive impairments, he is unable to complete regular high school requirements. Student B has chosen to complete his education and realizes that his behavior has impeded him. He acknowledged three areas of improvement such as asking for help, turning in his work, and not using foul language.

Choice Theory Questions for Student B. When Student B was asked what he wanted, he responded that he wanted to graduate and receive his Certificate of Completion, ask for help with regards to schoolwork, turn in his work upon completion, and stop using foul language. He was next asked what he was currently doing to get what he wanted, and he responded that although he was coming to school, he was not asking for help with his schoolwork, and not turning in his work upon completion. He also felt he was using foul language too often. When Student B was asked what he was doing to get what he wanted, he responded that he was not doing enough. When he was asked what else he could do to get what he wants, Student B

reported that he could stop using foul language, turn in his schoolwork, and ask for help, as he needed it.

During the process of the six-week period, Student B met with the school's social worker therapist for his regular twice weekly, thirty-minute sessions. In the course of these sessions, the social worker would ask how the student is doing with his specific choices. The student would report that he was asking for help when he needed it, and was turning in his schoolwork upon completing it. The non-use of foul language was not always consistent; however, Student B stated that he was much more aware of when and why he would use it, which he believed helped him to reduce his use of it. At each session, the social worker acknowledged the accomplishments made by the student, through using such phrases as "Great job," "I am proud of you," "You are capable of reaching your goals," and "Keep up the great work". Further, the social worker would engage at times with the student during the physical education period by playing basketball with him. Additionally, some of the sessions were not always structured for counseling purposes, as the student and social worker together would play games such as Dominoes and Uno.

The results for Student B after a six-week trial, was that he completed and turned his schoolwork in on a regular basis, asked for help on more occasions, and decreased his use of foul language. Student B also reported that he wanted to prepare for the GED, as he wished to pursue efforts to go to a junior college. The teacher for Student B also reported that she observed an improvement in both his behavior and academia.

#### Helping Professionals

Five participants identified as helping professionals were asked a series of twelve questions related to Choice Theory. These participants were from various fields of mental health, education, and social work. A table of demographics was used to identify each participant's age, ethnicity, level of education, title and position, and years of service (please refer to Appendix A for your further edification).

HP 1 is identified as a 45-year-old male of Mexican-American descent. He is a Licensed Clinical Psychologist and Marriage and Family Therapist. He has been in practice for twenty-one years, and currently works as a school psychologist for a local unified school district.

HP 2 is a Caucasian female of Scottish descent, and is 61 years of age. She has a Masters in Education with sixty units of post-graduate work. She worked at a state hospital for three years, as well as a mental health clinic for one year. She has 36 years of experience as a helping professional. She is currently the District Dean of the Disabled Student Programs and Services at a local community college.

HP 3 is a 55 year-old Caucasian male who has sixteen years of educational experience. He has three Masters in the following fields: Education, Educational Administration, and Divinity. He also has a Doctorate in Counseling and Theology. He currently works as an Educational Director at a non-public school.

HP 4 is a 34 year-old female of Filipino descent. She received her Masters in Social Work in 2005, and worked as a Social Service Director for three years. She currently works as a Clinical Therapist for a mental health department, where she provides services for individuals who are both emotionally and mentally challenged.

HP 5 is a Caucasian male who is 62 years of age. He is a Licensed Clinical Psychologist and has been in

practice for 34 years. He currently has his own practice, and assists at two mental health rehabilitation centers in his local area.

All participants were asked the same series of questions related to Choice Theory. With regards to its definition, HP 4 was the only respondent who defined Choice Theory as "a type of psychology that teaches us to get along better with each other," while other respondents reported various definitions of Choice Theory as "a concept for one to take responsibility of his or her own choices."

Questions two and three asked participants if Choice Theory was effective, and if so, why they felt it was so. Four of the six participants stated that Choice Theory was effective for certain populations, such as individuals with learned helplessness and behavior problems (Oppositional Defiant Disorder); anxiety and mood disorders (Depression and Bipolar); and in relationships between parent/child, teacher/student, supervisor/employee, and client/therapist.

HP 5 was the only participant who reported that he does not apply Choice Theory to his clients who have anxiety and mood disorders, mostly due to using his own

clinical application of insight-oriented therapy. HP 5 did state, however, that his use of Choice Theory with clients who have learned helplessness and behavioral issues have been effective as it guides the client "through a framework of making choices that make more sense, which is the sense of power." In fact, a common theme that most participants shared as to the effectiveness of Choice Theory, was that it helped people to "stop blaming others for their problems," which enabled them to "take control of their own lives."

Questions four and five addressed any similarities and/or differences between Choice Theory and other theoretical perspectives. Five of the six participants agreed that Choice Theory was similar to Rational Emotive Therapy, Cognitive Behavioral Therapy, Social Learning Theory, and Family Systems Theory, because these applications tend to assert, "the individual is responsible for his or her dilemmas and faulty thinking." HP 5 addressed that Choice Theory has commonalities with Rational Emotive Therapy partly because Glasser's Reality Therapy and Ellis' model of Rational Emotive Therapy "both developed around the same period." Both therapeutic applications related to "decision-making behavior and the

consequences that resulted." HP 3 and HP 4 both commented that Choice Theory was also similar to Behavior Modification.

The differences noted by three of the six participants is, that the application of Choice Theory is not viewed as "in-depth therapy." Both HP 1 and HP 5 stipulated that the theory's application could be done in "ten to twelve sessions." These participants noted that there is "less time spent on a client's past, and more on the here and now." HP 5 added that the emphasis on helping clients focus on the present keeps them from "promoting and prolonging the tendency to blame others and their circumstances."

According to the perspective of HP 1, "the past is done and cannot be fixed." He also saw a unique difference in Glasser's theory, because it "focused on the importance of every relationship we have, such as parent/child, teacher/student, and supervisor/employee." HP also believed the difference was reflected in the "implied goal" of Choice Theory, which is self-efficacy. In fact, most participants agreed Choice Theory enabled self-efficacy and independence in an individual, which resulted in personal freedom and the responsibility of

choice. The process in which these individuals choose to take control of their lives is acknowledged in their "willingness to change."

Questions six and seven asked if Choice Theory was used for therapeutic purposes, and if so, how it was applied. All participants reported similar application styles as part of their therapeutic procedures. Their goal was to help the client focus on their present situation and ascertain what the client had been "doing, saying, thinking," that resulted in poor choices. Such choices led to the client's "faulty thinking and blame game," according to HP 2. With regards to her clients with disabilities, HP 2 emphasized that she would address their strengths and assets, while trying to minimize the negative impact of their disability. She adds, "A client can choose to sit and complain about the difficulties, or choose to overcome them." A common theme found among the participants was how they engaged their clients to "take responsibility for their actions and behavior, which led to feelings of empowerment."

Questions eight and nine asked if clients responded to the application of choice theory, and if behavioral changes were observed. All participants reported



favorable outcomes with their clients. HP 4 noted that one client who displayed behaviors of Oppositional Defiant Disorder was able to "start taking responsibility for his actions, rather than blame his mother for them." She added that this client, through articulating his choices, developed "better communication with his mother and a slight improvement in his behavior." Other participants agreed that once their clients became accountable for their actions and behavior, "the process of making better choices" became more apparent. As for HP 1, although he saw positive changes in his younger clients, the same was not so for his older, and specifically, Hispanic population. HP 1 noted that in the older generation of Hispanic men and women, there are a "different set of rules in which these individuals relate to one another." He based his experiences on the fact that the older generation "loves to talk," and so a ten to twelve session of Choice Theory may not allow these clients to respond accordingly. In this regard, HP 1 feels that Choice Theory may need to be "more culturally sensitive" when exposed to people of various ethnic backgrounds.

Question ten asked if choice theory was considered valuable therapy for individuals with mental health disorders. HP 5 was the only participant who had not used Choice Theory with his clients who have anxiety and depressive disorders, so he was unable to determine whether it is valuable therapy or not. Other participants felt Choice Theory would be valuable therapy with individuals who do have anxiety and mood disorders. HP 1 stated that even with an individual who "likes to feel manic," reflects that his or her decision is still a choice, and the understanding for them is that "if those consequences are uncomfortable, then you need to re-think your choices." In contrast, three of the five participants reported that Choice Theory would not be effective for individuals with "actively psychotic disorders;" however, HP 1 responded that this was a "shortcoming with any theoretical or clinical model." He also believed that children with autism and mental retardation would not benefit from Choice Theory, not because of any limitations in the theory, but rather, of specific limitations within the individual.

Question eleven posed whether the helping professionals had either conducted research on choice

theory, or been involved with its research. With the exception of HP 3, none of the participants had neither performed nor were involved in Choice Theory studies. HP 3 responded that his "research" stems from his own personal experience as an educator. He stated that in his application of Choice Theory, he found that most of his students gained "self-esteem" and "empowerment" when they "did for themselves." HP 3 explained that one of the "techniques" he has used is the value of work. He would have his students "clean up their mess" at the end of the school day, along with involving them in a workability program. He described the empowerment process as "being responsible for the mess you make and being responsible to clean it up." He believes that because they were neither punished nor forced to clean up after themselves once the mess was made, "they were more open and willing to do so at the end of the school day." HP 3 reported that, "through participation, they are empowered to have a sense of control in their world." Conversely, HP 3 acknowledged that "punishment" does not work; it only implies a loss of hope. "If you remove all hope, you give a student no other way to go, except to continue to fail."

In addition to the personal experiences of HP 3, he stated that at the non-public school where he currently works, he has seen an 80% drop in incident reports. Prior to his employment in 2006, there had been "at least 30 to 40 restraints a year." He reported that within the past year, "there have only been three restraints." HP 3 believes that his application of Choice Theory with his students "have enabled them with the power of choice."

Question twelve asked for additional perspectives on choice theory, of which all participants acknowledged its value and effectiveness within their field of expertise. HP 2 and HP 5 both felt Choice Theory would be useful if applied with inmates at the jail and prison systems, as most of these individuals have a history of learned helplessness and behavioral problems.

### Summary

This chapter explored answers to a series of questions related to choice theory. Helping professionals in various fields of mental health, education, and social work were interviewed for their expertise. Common words that emerged from their responses were self-efficacy, self-esteem, empowerment, personal freedom,

relationships, responsibility, blame, choices, consequences, independence, and hope. Common themes that resulted from these answers were reflected in the theory's effectiveness with certain populations, as well as its limitations, and whether the theory was similar and/or different from other theoretical perspectives.

Mrs. Carleen Glasser, the wife of Dr. William Glasser, the innovator of Reality Therapy and Choice Theory, was interviewed after the five participants' recordings were obtained. The questions asked to Mrs. Glasser pertained to the common themes that emerged from the five helping professionals. As a result, Chapter Five will explore the similarities and/or differences of these particular themes as answered by Mrs. Carleen Glasser.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

This chapter will focus on common words and themes used by all participants, and will be compared to the interview conducted with Mrs. Carleen Glasser, the wife of Dr. William Glasser. The purpose is to identify similarities and/or differences in the theory's effectiveness as a form of therapy, its limitations for specific populations, and whether or not it is similar or different from other theoretical perspectives. The limitations of this study will also be discussed, as will recommendations for future research. Finally, an overview of Choice Theory taken from the interviews will examine why it should be considered as a model for social work practice.

#### Discussion

Five helping professionals were interviewed for this study. Certain words and themes emerged from each participant with regards to their perspectives on Choice Theory. The results addressed the effectiveness of Choice Theory with certain populations, as well as limitations

with other populations. The findings also reported similarities and/or differences between Choice Theory and other theoretical perspectives, as well as its effectiveness as a form of therapy.

This researcher had the honor of meeting Dr. William Glasser and his wife, Carleen. Mrs. Glasser has co-authored several books with her husband, and has taught Choice Theory throughout the country and in Europe and Asia. She agreed to provide an interview for the purpose of assisting this researcher with her study on helping professionals' perspectives on choice theory. The series of questions she was asked can be found in Appendix C.

According to Carleen Glasser, she explains that Choice Theory "is a theory of internal motivation as opposed to a belief system that includes being controlled by other people or external events." Put simply, "it is how people behave to get their needs met." Mrs. Glasser added that Choice Theory "explains human behavior," and quoted her husband as saying, "all we can do from birth to death is behave." She described some behaviors as "needs-satisfying," while other behaviors "don't get our needs met." Although participants did not use the exact

term of "needs-satisfying," they did report on how the choices made by an individual can impact his or her behavior. Participants reported that, "clients developed a pattern of making choices that didn't work for them," and so they "acted out accordingly." This was observed through "clients blaming others or situations for their problems," as well as adolescents who "create the attention they want when their needs are not being met." One participant, HP 5, added to this example, in that he believed the concept of the theory was to enable individuals to release external controls, such as "other people or chance events," in order to gain internal control of their lives. Another participant, HP 1, also reported the coercion in external control on an individual, and that the goal for this individual is to have "internal control over the choices he or she makes."

In her further explanation of Choice Theory, Mrs. Glasser stated that her husband, Dr. William Glasser, developed Reality Therapy and later developed Choice Theory (which was originally called Control Theory), as a theoretical foundation to explain why Reality Therapy was so effective. The emphasis is based on "people making good relationships," and in a therapeutic setting, a



therapists' relationship with his or her client is effective at helping them (the client), "discover what behaviors work for them, and what behaviors hurt them." Mrs. Glasser continued, stating that people are "internally motivated by their needs to choose what they do." She described Reality Therapy as a "delivery system" that has evolved into teaching people Choice Theory as part of the helping process, which enables them to have "tools they can use for the rest of their lives." It is in this process that one "self-evaluates" his or her behavior, and the need to take responsibility for that behavior. It is a "choice" one makes for his or her self.

Carleen Glasser also noted that Choice Theory was designed to help individuals "make better choices and discover what behaviors work for them." The concept of "making better choices" was a common theme among all participants when discussing Choice Theory.

Mrs. Glasser further reported that there are four components to Choice Theory, which are found in Glasser's book, "Choice Theory: A New Psychology of Personal Freedom," published in 1998. She identified these as: Basic Needs, which are "genetic" (survival, love and belonging, power, freedom, and fun); the Quality World;

Total Behavior; and, Creativity. Basic Needs, according to Mrs. Glasser, is "found in all cultures," while one's Quality World is developed through his or her own "specific and unique world of pictures and perceptions of how we can get those needs met." Total Behavior reflects the "actual thinking, feeling, acting, and doing." Behavior, she explains, is "very much involved with the human brain's capacity to be creative, and it is the actual doing that is followed by one's creativity."

In this process of creativity is where the intervention of therapy can help recreate an individual in his or her life "through helping them to understand what their needs are and what they are doing to get their needs met." This particular theme emerged from other participants who reported that when working with clients, they would ask them what their needs were and how they went about getting those needs met. If they were unhappy, they were asked to look at the choices they made that got them to their place of unhappiness. "You have to learn by doing," is what HP 2 would say to her clients with disabilities. Another theme that emerged from the aspect of "doing," resulted in the participants' clients "learning to take their own responsibility," which

eventually led to feelings of "empowerment, self-efficacy, and independence."

Mrs. Glasser described Choice Theory as being similar to "learned behaviors," which paralleled with the participants' views as to the populations in which Choice Theory would be effective. Individuals with learned helplessness and/or behavioral problems, such as emotional disturbance, would benefit from Choice Theory applications. HP 5 has used applications of Choice Theory, along with his own therapy, with these particular clients. Mrs. Glasser agreed that Choice Theory has similarities to other theoretical perspectives, but did not recapitulate the participants' views on similar theoretical applications such as Social Learning, Rational Emotive, and Cognitive Behavioral; however, she did state that Choice Theory is not similar to "stimulus response" or "behavior modification," believing that in this capacity, "people don't take charge of their own lives and are directed too much." In this regard, Mrs. Glasser believes that a person "doesn't really own the solution to his or her problems." On the contrary, one participant noted similarities of the theory to behavior modification, while another participant felt Choice

Theory could be used in combination with behavior modification.

There were some contrasted views on populations served, as well as limitations. In addition to individuals with learned helplessness and behavioral problems, participants believed that other populations such as individuals with anxiety and mood disorders (bipolar and depression), and adolescents with oppositional defiant disorders, also benefit from Choice Theory.

Three participants addressed limitations of populations, such as actively psychotic disorders; however, Mrs. Glasser believes Choice Theory can benefit all populations. She identified a teaching component to the theory and used one of her husband's experiences while working at a psychiatric hospital. She explained that Dr. Glasser once asked a patient if he would help him clean cigarette butts off the floor. He introduced himself to the patient, stating, "I'm your doctor and I want to get to know you, but would you first help me clean up these cigarette butts?" The patient did assist Dr. Glasser, and in the process "a relationship was formed." Mrs. Glasser stated that her husband's "core of

thinking was to teach." She added that hallucinations may have been present, but the individual "chose" not to respond to those hallucinations.

As well, HP 5 believed that a person with schizophrenia could benefit from Choice Theory. He reported that an individual who "hears voices and then hits someone," still makes a choice. "There was a mental process of choice," he explained. He did respond that with these particular individuals, "Choice Theory (Reality Therapy), along with Cognitive Behavioral Therapy, and anti-psychotic medication, would be useful interventions."

One participant, HP 1, believed autistic and cognitively impaired children would not benefit from Choice Theory, not due to the theory itself, but rather, due to the impairments of the children. However, Mrs. Glasser reported that a woman, who is certified in Reality Therapy, and who is a foster mother to an autistic child, has been successful in improving the child's behavior through applying Choice Theory. She adds that the child is learning "other choices," and is "recognizing what she says," and if inappropriate, "she identifies it and knows she has other choices." Mrs.

Glasser stressed that, "the beauty of Choice Theory/Reality Therapy, is that one makes a relationship with that person," adding, "he or she sees value in the relationship and develops trust."

These particular themes of relationships, value, and trust, were common throughout the participants' interviews. One participant, HP 5, reported that the application of Choice Theory had a process of "engagement." He did not observe an empathic connection, but rather, believed the therapist/client relationship was more "teacher/student," so that the individual could learn how to be responsible for his or her self. "It is a framework of making choices that make sense for that individual, which results in a sense of power." HP 5 added the importance of "building trust and rapport" with a client, and specifically, between parents and their children. "Parents can empower their kids, and specifically, give them responsibility for their choices."

On the contrary, HP 3 noted a downside. "Parents can be enablers of children's behavior that is anti-social." He explained that although students may choose to go to school and do their work, they also make a choice to go

home prior to the end of the school day. For the minor-aged students, they must first receive parental permission before they are allowed to go home. "Parents enable their children in this way by giving them what they want," stated HP 3. Regardless, it is crucial that the student has an environment at the school that is unlike his or her family environment. "Children are where they are because of an environment that is cold and unfeeling," stated Mrs. Glasser. "People who are disconnected do not see the value in relationships."

In fact, according to HP 1, Choice Theory is unique in that it places value on the relationships between parent/child, teacher/student, husband/wife, and supervisor/employee. "These are present in everyone's life, and are very important," he stated. It is the process of how we choose to make them more effective. Mrs. Glasser reported that this process could develop if "we give up trying to control others, and understand that we can only control ourselves."

As for other populations that Mrs. Glasser believes Choice Theory would be effective, is that of individuals with post-traumatic stress disorder, and inmates of the jail and prison systems. She reports specifically for

those individuals coming back from war that, "they need to re-connect with their families and develop good relationships." She adds, "They have been away from parents, family, and friends, and so need to establish skills on how to reconnect, through understanding what needs they have and how to go about making choices to get their needs met." Mrs. Glasser further explains, "Good relationships are crucial, and Choice Theory teaches us to have better relationships."

As for the incarcerated, Mrs. Glasser reported of a program taught to students at Loyola Marymount University called Addictions and Corrections, in which the students' project was to teach Choice Theory to the female prisoners at the California Institution for Women, in Chino, CA. She related a positive outcome of this project, and believes Choice Theory would be beneficial to the incarcerated. Interestingly, two of the five participants also felt Choice Theory would be very effective for incarcerated individuals.

With regards to the six-week period of Choice Theory application for the two students, the importance of relationships, particularly within the family, may have played a role in their outcome. Although Student A made



choices according to what he wanted, he was unable to successfully "do" those choices. Student A chose not to come to school, although he knew it was what he needed to do if he wanted to complete his education and graduate from school. Student B, on the other hand, was able to accomplish his goals in the six-week period, which led him to make additional choices of furthering his education.

When comparing the two students, it is important to note key differences: student A lacked a warm and nurturing family environment, in which his mother and father were mostly absent. Student A lives with his grandmother and other siblings, but reported a "stressful" environment as the grandmother drank daily, and fighting ensued between the other siblings. Student A reported feelings of being a failure, as he was constantly told this as a child by his father. Student A also has issues with drugs and alcohol, and was recently arrested where he spent one week in jail. He also did not have many friends, nor did he have close relatives.

It could be concluded that Student A developed a learned helplessness, a sense of failure, and disconnect from pertinent relationships, such as his parents.

Although the student's counselor and teacher established a relationship with him, it apparently was not enough. To reiterate Mrs. Glasser, "you learn behaviors from people around you." Student A's family environment supported his choice of not going to school.

As for Student B, the opposite could be said for him. Student B's family environment was nurturing and supportive. He lived with both parents and other siblings, and often times the family engaged in outdoor activities. There was no alcohol or drug use, and student B did not have any legal concerns. Additionally, student B's counselor and teacher were able to establish a positive relationship with him.

One might argue cultural differences in this study, as student A was Hispanic, and student B, Caucasian. Although one participant noted cultural concerns as a limitation with Choice Theory (and this was for older Hispanic men and women), Mrs. Glasser stated that Choice Theory "works in all cultures." She and Dr. Glasser have been involved in programs of Choice Theory that are taught "throughout the world." The William Glasser Institute can be found in New Zealand, Australia, Japan, Korea, Finland, Columbia, Ireland, Croatia, Bosnia,

Europe, South Africa, United Kingdom, Singapore, Jerusalem, and India.

Mrs. Glasser reported that Choice Theory programs "absolutely work well" among these cultures. "People are being trained and becoming instructors," she says. "They are using Choice Theory in their businesses and within their families," adding that "they get along better with their employees, husbands, wives, and children." Mrs. Glasser again re-iterated the importance of establishing "good relationships," through "giving up control of others." She also commented that in Japan and Korea, there was some "resistance" among businessmen at "giving up external control." She reported that she and her husband were in Japan recently where a businessman shared that his use of Choice Theory with his employees was evident in his relationships with them, "as he gave up control," and found that they "worked harder." Mrs. Glasser believed that these employees' needs "were being met, and they were listened to, which intrinsically motivated them to work."

As for Choice Theory evolving into another variation, Mrs. Glasser stated that Dr. Glasser, who is now semi-retired "is writing very little." "He has done

his swan song," she adds, "and has invested his hopes in the teachings of Choice Theory." In 2005, Dr. Glasser wrote a booklet titled, *Defining Mental Health as a Public Health Issue*. She states that the booklet explains why mental health should be viewed as "public health." She also compared Choice Theory to a Recovery Model that affects all "populations of children, families, cultures, as well as those suffering from addictions."

Lastly, Mrs. Glasser stated that her hope for Choice Theory is that "our motto of teaching it to the world will continue." She also added that Dr. Glasser believes the current administration of this country has a "diplomatic component," which she hopes could bring "peace to the world" through teaching Choice Theory.

The expertise of Mrs. Glasser and the information obtained by the helping professionals were positively connected in their perspectives on Choice Theory. Perhaps the most notable theme throughout the study was the importance of relationships between parents and their children, teachers and their students, therapists and their clients, and supervisors and their employees. The literature review reflected this mostly with Dr. Lee Lynch, who, as an advocate of Choice Theory, developed

relationships with his staff and students, which helped to create a nurturing and supportive environment.

#### Limitations and Strengths of the Study

Certain limitations existed throughout this study. First, the sample size of helping professionals was small (n=6). Given the length of time for this project, participants, specifically those who had knowledge of Choice Theory, and who had actually applied it as a form of therapy, were few. As well, only two students were sampled, due to their adult ages. This researcher chose not to sample minor-aged students, for concern over the length of time to receive approval, which may have curtailed efforts to complete this project in a timely manner.

Additionally, this researcher was unable to work with a student identified with emotional disturbance during the six-week period of research. Therefore, this project was unable to replicate prior studies of Choice Theory with emotionally disturbed adolescents as a valid source.

The strengths of this study were consistently shown in the form of the interviews. Semi-structured interviews

allow the interviewee more liberty to explore the subject topic in detail. As a result, there is more latitude in the interview, which allows for unanticipated responses. This is valuable for the social work researcher, as it is his or her goal to obtain quality data for the purpose of expanding on levels of social work practice (Grinnell, R.M., 2008).

Further strengths were found in the participants, as the helping professionals were from various fields of practice, which yielded a vast amount of expertise and knowledge of clients and the application of Choice Theory. The students also provided a level of strengths in their cultural and cognitive differences.

A notable strength of this study was in the interview with Mrs. Carleen Glasser, an expert in the field of Choice Theory. Her valued years of experience and knowledge of the theory was in-depth and compassionate.

#### Recommendations for Social Work Practice, Policy and Research

There are some recommendations to be considered as a result of this study. Social work practice has emphasized the importance of empowering clients for the purpose of

self-efficiency and independence. The NASW Code of Ethics (1999) illustrates the core values of social work practice, which include "dignity and worth of the person," and the "importance of human relationships." Certainly, these values were noted throughout this study in the forms of empowerment, self-efficacy, trust, responsibility, self-esteem, independence, free will, personal freedom, and hope.

Social work students are taught models of empowerment and strength-based practices that are meant to focus on the core values of NASW Code of Ethics. We are required to serve the vulnerable, the oppressed, and those living in poverty. It is the ethical duty of the social worker to promote and enhance human well-being.

As this study defined the essence of human welfare, in the form of promoting and individual's self-efficacy and empowerment through the application of Choice Theory, it is recommended that Choice Theory be utilized as part of a social work curriculum. This theoretical foundation may prove valuable in providing the type of service that social work requires, and at the very least, can allow for social change and justice the practice seeks to maintain.

Future research in Choice Theory can certainly extend beyond this particular study. With regards to other theoretical applications, a recommended research project would be to compare Choice Theory with other theoretical applications, in order to determine which methods are more effective with a variety of populations and situations. Continued research in school systems, particularly non-public schools, could also be utilized to determine the effectiveness of Choice Theory among adolescents who are behaviorally challenged and cognitively impaired. In addition, Choice Theory and children with autism may also be an advantageous study to determine the significance of the theory with the child's level of response. Research studies aimed to explore if, in fact, Choice Theory does carry specific limitations within populations, as well as those with cultural diversities, would also be important.

One area of research that may also be valuable is the application of Choice Theory with incarcerated individuals, as several practitioners mentioned this is a potential area of successful use. This effort could prove significant to help reduce the recidivism rate, as well as restore a person's self-worth and dignity, through the



power of choice and responsibility. Through appropriate intervention, incarcerated individuals may have a chance at humane reformation. As the Social Work profession is responsible for social change, perhaps the need for further exploration in social policy at the prison and jail systems should also be considered.

### Conclusions

This study explored the perspectives from helping professionals with regards to the application and effectiveness of Choice Theory. Common themes emerged as to certain populations and limitations, as well as common words that included; self-efficacy, self-esteem, blame, empowerment, personal freedom, and relationships. Results were significantly favorable as to the theory's effectiveness with certain populations, although limitations of the theory were also revealed. The study also suggested that different cultures could also benefit, as well as incarcerated individuals.

As a result, this researcher recommended future studies aimed at determining the theory's level of effectiveness and limitations, as well as research in various populations that include non-public schools, and

the jail and prison systems. Certainly, a larger sample of helping professionals may also include individuals in a family and work environment, in order to determine the effectiveness Choice Theory as a network of public health.

APPENDIX A  
QUESTIONNAIRE I

### **Choice Theory Questions for Helping Professionals**

1. How would you define Choice Theory?
2. Do you believe Choice Theory is effective therapy?
3. Why do you believe Choice Theory is an effective form of therapy?
4. Do you think Choice Theory is similar to other theoretical perspectives?
5. How is Choice Theory different from other theoretical perspectives?
6. Do you use or have you used Choice Theory as a therapeutic technique with your clients?
7. How do you apply Choice Theory to your therapy?
8. How have your clients responded to your application of Choice Theory?
9. Have you seen any change in your client's behavior in response to Choice Theory?
10. Do you think Choice Theory is valuable therapy for individuals with mental health disorders?
11. Have you conducted your own research or been involved with research that involved Choice Theory?
12. Is there anything you would like to contribute to this study of Choice Theory as part of your perspective?

APPENDIX B  
QUESTIONNAIRE II

### **Choice Theory Questions for Students**

1. What do you want?
2. What are you currently doing to get what you want?
3. Is what you are doing working to get what you want?
4. What else can you do to get what you want?

APPENDIX C  
QUESTIONNAIRE III

### **Choice Theory Questions for Mrs. Carleen Glasser**

1. How would you define Choice Theory?
2. What is the theoretical foundation of Choice Theory?
3. Is it similar to other theoretical perspectives? (How is it different?)
4. Is it an effective form of therapy, and if so, why? (How have clients responded to its therapy?)
5. Is Choice Theory applicable to all populations?
6. Are there any limitations with specific populations? (If so, why?)
7. Has Choice Theory been tested in non-English speaking countries? (If so, has it been effective?)
8. Is there any culture in which Choice Theory may not be effective? If so, why?
9. Would Choice Theory work with those who have cognitive impairment, such as autistic or schizophrenic disorders?
10. What direction would you like to see Choice Theory go?
11. Do you see Choice Theory evolving into another variation? (As it came from Reality Therapy to Control Theory).



APPENDIX D  
INFORMED CONSENT

## Informed Consent

The study in which you are being asked to participate in is designed to explore the application of choice theory: perspectives from helping professionals. This study is being conducted by Dolores Mast Martinez under the supervision of Dr. Carolyn McAllister, Assistant Professor of Social Work at California State University, San Bernardino. The School of Social Work Sub-Committee of the Institutional Review Board, at California State University, San Bernardino, has approved this study.

In this study, you (the student) will be asked to respond to open-ended interview questions with regards choice theory. The interview will take approximately 45 minutes. All of your responses will be held in the strictest of confidence by this researcher. Your name will not be reported with your responses. The results of this study can be reviewed at Pfau Library, California State University, San Bernardino, in September 2009.

Your participation in this study is totally voluntary. You are free not to answer any questions and can withdraw at any time during this study without penalty. When you have completed the interview, you will receive a debriefing statement describing the study in more detail. In order to ensure validity of the study, we ask that you not discuss this study with other participants.

There are no foreseeable risks or discomforts to participating in this research. Your information will be valuable to this study and may benefit future research in the application of choice theory as a social work perspective. For your participation, you will be provided a \$5.00 meal certificate of your choice. If you have any questions or concerns about this study, please feel free to contact Dr. Carolyn McAllister at (909) 537-5559.

I acknowledge that I am at least 18 years of age or older. I have read this informed consent and understand its nature and purpose for this study. I freely consent to participate, and I give permission for my interview to be tape-recorded.

\_\_\_\_\_  
Place an "X" if you agree to  
participate in this study

\_\_\_\_\_  
Date

I agree for my interview to be audio taped

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

APPENDIX E  
DEBRIEFING STATEMENT

## **Debriefing Statement**

This study is designed to explore the application of choice theory through a social work perspective. The author of this study, who is a graduate student in the School of Social Work Masters Program at California State University San Bernardino, will ask questions to various helping professionals, who have applied choice theory as part of an intervention process with their clients. As well, certain questions related to choice theory will be applied to male adult students with emotional disturbance, all of whom attend a non-public school where the author currently provides counseling services. There appears to be minimal research on the application of choice theory with students who have emotional disturbance. From a social work perspective, it is with hope that the practice can benefit from a choice theory approach when working with this particular population, so that these individuals may become enabled with a sense of empowerment and self-efficacy.

The confidentiality of your identity and data results is guaranteed in accordance with professional and ethical guidelines. If you are interested in the results of this study, you may contact the Pfau Library at California State University San Bernardino after September 2009. Should you have any questions or concerns pertaining to your participation in this study, please contact Assistant Professor, Dr. Carolyn McAllister, at (909) 537-5559.

Please maintain privacy with regards to your participation in this matter, as data will be collected over the next few months. Your participation in this study is greatly appreciated.

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