REALITY THERAPY

With

Robert Wubbolding

Introduction

This video is one in a series portraying effective approaches to therapy for addictions. Each video in the series presents a distinguished practitioner working with a real client. All of the clients involved are people who are grappling with the pain of addiction. The therapists demonstrate their methods for making a difference in a client’s life through the vehicle of a brief intervention.

The expert therapists portrayed in this series share some characteristics in common. Each of them is able to develop a respectful, collaborative, and positive relationship with his or her client. Each of them exhibits a sense of optimism about the possibility of change in addictive behaviors.

The therapists whose work is highlighted in this series also exhibit some important differences. Each of the videos focuses on a different approach or model. These models vary in a number of ways, including the following:

• How does the model explain the addictive process?
• What assumptions does the model imply about the process of change?
• How is theory translated to practice in real-life situations?
• What outcomes are associated with successful therapy?
• How does the therapist work with people who have mental health problems along with addiction?
• What kinds of research support the approach?

This video begins with a brief interview in which Judy Lewis, Jon Carlson, and the practitioner address these questions. We then move on to the actual counseling session. After this demonstration, the therapist discusses the session with an audience made up of practitioners, educators, and graduate students.

Because the video series contains actual counseling interviews, professional integrity is required to protect the confidentiality of the clients who have courageously shared their personal lives with us.

Purpose

This series is designed for use in both educational and practice settings. In educational settings, students embarking on careers in the helping professions can learn about each of the models for addiction therapy by watching a first-rate therapist demonstrate how it is applied. In practice settings, professional counselors, psychologists, social workers, and addiction treatment providers can use these tapes for their own professional development. Therapists who specialize in addictions and those who work with more general mental health issues will find new and practical ideas for use in their practices. As the trend toward brief, outpatient therapy for addictions accelerates, more and more practitioners can expect to be involved in addressing addiction-related issues among their clients.
How to Use the Video

1. As a stand alone activity for professional development or orientation to reality therapy as it is applied to addictions. If you are using the video this way, you might want to review the list of suggested readings that is included in this study guide. As you watch the video, note the questions included on the enclosed test. This will help you identify key points related to this model. If you wish to apply for continuing education credit, complete the test and submit it as directed.

2. As part of an addiction training program. Students or practitioners enrolled in courses or seminars related to addiction can be introduced to addiction therapy models by seeing how they are carried out in practice by renowned therapists. They will value the opportunity to see how many options are available for effective treatment of addictions.

3. As part of a degree program in counseling, psychology, or social work. Students enrolled in pre-professional classes in the helping professions can learn how therapeutic models can be adapted for work with addiction-related issues. Although students might not expect to specialize in therapy for addictions, they will need to have appropriate tools in their repertoires for clients who need help in this area.

Reality Therapy for Addictions with Robert Wubbolding

Reality therapy is a practical approach to therapy that has been adapted by Dr. Wubbolding for work with addictions. You will see that Dr. Wubbolding uses a specific set of interventions associated with this model. Based on the “WDEP” system, his therapy includes the following components: (a) asking the client about his wants and helping him to clarify his goals for therapy and for himself, (b) asking the client what he is doing now, (c) encouraging the client to conduct a self-evaluation about the effectiveness and appropriateness of his behaviors, and (d) focusing on a commitment to a plan of action.

Robert Wubbolding, Ed.D., is both a Licensed Professional Clinical Counselor and Psychologist who is a full professor of counseling at Xavier University in Cincinnati, Ohio, as well as the director of the Center for Reality Therapy in Cincinnati. He received his master’s degree from Xavier University and his doctorate from the University of Cincinnati. Dr. Wubbolding, who formulated “WDEP” as a practical, teachable system for practicing Reality Therapy, regularly contributes articles on professional and ethical issues for the Journal of Reality Therapy. He has taught Reality Therapy and Choice Theory in Europe, Asia, North America, and the Middle East. His videotape, Managing the Disruptive Classroom: Strategies for Educators, received second place in the 1995 National Educational Media Competition. He has been recipient of the Marvin Rammelsberg Award and the Herman J. Peters Award.

Learning Objectives

1. Identify the central concepts of Reality Therapy.
2. Specify how the addictive process is explained by reality therapists.
3. Describe the specific techniques used to apply Reality Therapy in practice.

Abstract of Reality Therapy for Addictions Video

This video is approximately 105 minutes long and is divided into three parts:

Part I: Introduction of the model with Judy Lewis and Jon Carlson interviewing Dr. Robert Wubbolding.
Part II: An initial therapy session with Dr. Wubbolding and Bill in which Wubbolding helps Bill examine his current behaviors and begin to make a plan of action.
Part III: Discussion of the therapy session with Jon Carlson, Judy Lewis, and an audience of practitioners, educators, and students.
Therapist 1: Okay. Well, here we are. I'm Bob, and you want to shake hands?

Client 1: Nice to meet you, Bob.

Therapist 2: Nice to meet you. And you were sent here for a little session in reality therapy.


Therapist 3: So, what's going on with you.

Client 3: Well, I've been, like I told you, I've been clean for almost five years now, and I don't really have so many problems with you know thinking about doing the drugs again because when I do I just flashback to what it was like when I was out on the street and broke and starving, eating out of garbage cans. Those are all good reminders to keep you clean. But, you know, my daily thing I deal with, been dealing with a lot of depression and fatigue from. . . they told me it was from Hepatitis C which I probably got when I was doing drugs.

Therapist 4: Yeah. Well, what would you like to have happen here today as we talk?

Client 4: I don't know. Maybe figure out where I'm at and maybe give me a path to go forward on.

Therapist 5: Okay. Um, what's the big thing in your life. I think you said you kind of feel depressed at times.

Client 5: Yeah, I'm having problems with depression. I haven't worked in like eight years.

Therapist 6: Well, that was my question. How do you know you are depressed?

Client 6: It takes me like four or five hours to get out of bed, just to do anything. It took me since noon to get in the shower at 6:00 to get out here by 8:00, and I guess that's the fatigue along with the depression, but you know, it seems like they are intertwined.

Therapist 7: Sure.

Client 7: Some days I'll feel good physically, you know, I won't hurt. You know, I have arthritis and degenerative joint disease. It won't hurt, and I'll feel good physically, and you know, if I've been depressed, I'll just feel, you know, it will take me forever to get going. I go out to Hines VA like twice a week, and I'm on methadone maintenance program out there, and I see a good psychiatrist and a good psychologist.

Therapist 8: So, you are under care already and I get a sense your medical needs are taken care of.

Client 8: Pretty much, yeah.

Therapist 9: It sounds like it.

Client 9: Yeah, I go outside the VA for my arthritis because they don't want to treat me because I was an addict. They had a problem with giving an addict a new hip replacement. They wanted to give me a hip fusion. They didn't think I was worth giving a new hip to.
Therapist 10: Yeah. You were in the military?

Client 10: Yes. I was in the Marine Corp. for three years.

Therapist 11: Were you? Where were you?

Client 11: I was in Camp Lejune and Keoe Bay, Hawaii, and then Triple Army Hospital in Oakland.

Therapist 12: So you were quite a number of places.

Client 12: Yeah.

Therapist 13: But the main thing now, is this what you are telling me, is that you're kind of feeling down in the dumps during the day, not working you said?

Client 13: I haven't worked in a long time.

Therapist 14: How long?

Client 14: A job, an actual job has got to be at least eight years. Even when I was living on the street or when I was bouncing between one friend or another I couldn't keep a job or work a job to save my life to keep me in food, you know. If I couldn't do it then, you know.

Therapist 15: So where do you live now?

Client 15: Um, my brother and I, we bought a condo. My father helped us out with a loan.

Therapist 16: Is he working?

Client 16: My father just retired.

Therapist 17: How 'bout your brother?

Client 17: My younger brother, he's a mechanic at a car dealership.

Therapist 18: And that's who you live with?

Client 18: Right.

Therapist 19: Okay. He's not married?

Client 19: No.

Therapist 20: Okay. And how old are you?

Client 20: I'm 43.

Therapist 21: Okay. He's not married?

Client 19: No.

Therapist 20: Okay. And how old are you?

Client 20: I'm 43.

Therapist 21: Right.

Client 21: I've got an older brother who teaches and coaches, I'm the second, you know, and I have a sister who's younger. She's got a family and was a housewife, and now she is going to college because the kids are growing up, and then there's my younger brother. And he's a mechanic at a dealership.

Therapist 22: So, you know you're depressed because you don't get up and do things and work and you're not active. Is that the idea?
Client 22: It's like, it's real hard to explain. You know, if you don't do these things, you know you're depressed, but you know, when I wake up, I got nothing to look forward to, you know. I wake up and I turn the TV on.

Therapist 23: Now that will do it.

Client 23: You know,

Therapist 24: Not having something to look forward to kind of helps you to be depressed.

Client 24: There is a lot of stuff I can do, but you know, once I do it, I got nothing else to do. And I started volunteering out at the VA, and it got to a point where I couldn't even do that anymore. And that felt good. I did like 140 hours the year before last, but then they cancelled the program where I was volunteering. It was a workshop for psych and drug rehab patients. I used to go in there and help out the guys. You know, talk to them and tell them what it's like being sober and how I got off the drugs and stuff, and that helped me out a lot. That made me feel sort of useful.

Therapist 25: Hard to be depressed when you are doing that kind of stuff.

Client 25: Well, yeah. Because I get a look at some of the guys who are just going through what I went through, and it was hell back then, and it made me feel good where I was at. It made me feel better being able to tell these guys, you know, how hard it was getting to the point where I was at that time.

Therapist 26: So, this is interesting though, Bill, that you say there were times when you weren't depressed.

Client 26: Yeah, yeah.

Therapist 27: And you were doing something.

Client 27: Right.

Therapist 28: You had relationships with people.

Client 28: Yeah.

Therapist 29: When you are talking to them in kind of a group, and you felt like you were helping them.

Client 29: Yeah, I did. But, you know, the flip side to that was the next day I would come, I would be home. I'd stay in bed the whole next day because of pain.

Therapist 30: Physical pain?

Client 30: Right.

Therapist 31: What do the doctors say about now the physical pain? Do they say you can't get out and do things?

Client 31: He said I can do as much as I can do, but you know, I had an addiction. My addiction was pain killers and cocaine. So, we've, the cocaine was gone. But the pain killers, he had to put me on methadone because there as no way for me to up my dosage, and I've come from 125 mg. down to 70, and . . .

Therapist 32: So you are getting monitored on that, and you are doing some self monitoring?

Client 32: They don't need to go down as much as I want to until I feel uncomfortable, and that's where I stay.

Therapist 33: I mean if your brother were sitting here, would your brother say that you are not abusing any drugs, or would he say, oh yeah, he's still abusing drugs.
Client 33: No, he'd say I'm doing great.

Therapist 34: He would say you are doing great, as far as the drugs go.

Client 34: Right. Drugs and alcohol.

Therapist 35: So, you came here hoping maybe this guy's got a little idea about a path. I think you used the word path.

Client 35: Right. Something I could put in my head that would you know make it easier for me to get up and get going, you know. Maybe a direction that I could travel because my psychiatrist passes it on to my psychologist, and he has a hell of a time just trying to keep me in check out at the VA because these people, you know, the way they treat the veterans out there is awful.

Therapist 36: Is it?

Client 36: Yeah. They refused to treat me. Well, when they did want to treat me, they wanted to give me a hip fusion. They wanted to cripple me. I had to go to an outside hospital, and I was a service connected disabled veteran going to an outside hospital just to get a hip replacement.

Therapist 37: So you took charge of that situation.

Client 37: Pretty much, yeah.

Therapist 38: When you took charge of that, Bill, did that do anything for you inside? I mean as far as . . .

Client 38: It made me angry as hell that they wouldn't do it.

Therapist 39: Yeah, but I mean when you took the charge. That would be when they didn't do anything for you.

Client 39: Right.

Therapist 40: When you took charge of it.

Client 40: It made me feel great that I was getting this done, and you know, I felt like throwing it back in their face and I did. You know, I sent them the bills for the operations.

Therapist 41: And then you felt angry and . . .

Client 41: I'm very hostile. Very hostile.

Therapist 42: You weren't depressed at that time were you.

Client 42: No. Depression turned to anger. Pain turned to anger.

Therapist 43: So it is possible, it is possible to leave a little bit of that depression behind. You did it when you went and gave those talks. You did it when you took charge of your operation.

Client 43: Right. I guess. If you focus on something else it is possible to get around it. But that's the trick.

Therapist 44: Maybe that's the kind of way to think about it is how do we get around it. Not how are we going to get rid of it but how to get around it.
Client 44: Yeah. Well, chemical therapy only goes so far, you know. I have to put it in my head that I'm going to get up and I'm going to do these things, you know, like I don't really go for grand scale type projects.

Therapist 45: Well, you made the decision to give up drugs.

Client 45: Right.

Therapist 46: You made the decision to go to this group and do that for the other recovering people.

Client 46: Right.

Therapist 47: You made the decision to take charge of your operation and to say the heck with the VA. You even made the decision to get angry at them.

Client 47: Oh yeah.

Therapist 48: So now what kind of decisions could you continue to make. I mean you're on a path here.

Client 48: That's where, you know, it gets confusing for me. You know . . .

Therapist 49: I mean the decision to stay in bed. Decision to take six hours to take a shower. What about those decisions?

Client 49: Well, I didn't just sit there for six hours. I was trying to get a power washer run and I was thinking about it.

Therapist 50: I understand, but . . .

Client 50: But I was sweaty and I had to take a shower.

Therapist 51: Well, it's a good time.

Client 51: But, it's not like I just sit there and stare at the ceiling when I do these things. I'm doing stuff, but it's like there is a blank. My, I'm just doing these things to do them.

Therapist 52: You said you wake up and you don't have anything to look forward to.

Client 52: I really don't.

Therapist 53: What would you like to wake up to? To look forward to?

Client 53: I'd like to have a nice bank account so I could wake up and do what I want to do.

Therapist 54: Okay.

Client 54: But, I can't afford to do that because I'm on a small disability payment.

Therapist 55: Sure.

Client 55: I'd like to go out and work, but I can't. I'm lucky if I can do something for myself for two or three hours a day . . .

Therapist 56: You can't work at all?
Client 56: . . . because of this fatigue that I have. I have terrible fatigue, and I've got severe degenerative joint disease. Yeah, I go see a surgeon every year to check on whether I need a hip. I need a shoulder operation. I need two feet operations. I'm just putting them off.

Therapist 57: Well, until you get them, I mean . . .

Client 57: After I get them it's not going to be any better.

Therapist 58: Well, okay. Let's talk about until that happens. It just seems to me you've got a pathway here.

Client 58: Yeah. Taking care of myself.

Therapist 59: And the pathway is those action kind of things that you describe which satisfy something inside of you.

Client 59: Yeah. Taking care of myself and doing the right thing. That satisfies me. That makes me feel good.

Therapist 60: You said you wanted to have a job. Did you say that?

Client 60: I said I'd like to have something to do. I'd never hold a job. I could never hold a job.

Therapist 61: Well, not yet.

Client 61: No.

Therapist 62: Never?

Client 62: You know, who would hire me taking 70 mg. of methadone a day? I take 300 mg. of Zyban, 100 mg. of Elavil.

Therapist 63: You've got a thousand reasons for not getting a job.

Client 63: Who would hire me?

Therapist 64: Well, I don't know.

Client 64: I couldn't even get a job at McDonald's.

Therapist 65: Would you be the first person who ever took this medicine?

Client 65: No.

Therapist 66: No. No. I want to ask you this. Do you think this way pretty much? I mean these are the kind of thought you have whenever a job comes up? Who would hire me? Those are the kind of thoughts that you pretty much take up your time?

Client 66: Well, you know, I don't think about getting a job per se. You know, I try and help my father out when he calls. I do little projects out there, and you know, I'll do a project for him like we were hanging these lattice strips in his basement. It's the criss-cross type board and stuff, and I do four hours work there, and then I'd be in bed the whole next day with pain.

Therapist 67: Still?

Client 67: Yeah. Oh, yeah. That's the problem. If it's not the fatigue . . .
Therapist 68: Well maybe four hours is too long?

Client 68: Yeah, but then I'm in bed the whole next day. What kind of a job could I have where I go four hours a day and then take two days off?

Therapist 69: Those are part time jobs.

Client 69: Yeah, I take a part time job. . .

Therapist 70: Those are volunteer type jobs.

Client 70: That's all I'm limited to, volunteer.

Therapist 71: But when you are doing these, I don't want to talk you into something, but when you do those things, do you feel any better inside?

Client 71: Yes, I do. Because I was able to do something that I couldn't do the day before. And, you know, if that's the only kind of gratification I get for the rest of my days, you know, I just gotta find a way to live with that and make myself feel content with that.

Therapist 72: You made the decisions and let drugs go. . .

Client 72: Very hard. It was more painful using than it isn't.

Therapist 73: Yeah. But you made that decision.

Client 73: Yeah, I did. After twenty-five years of using. It took me a while.

Therapist 74: It's a heck of a decision. You proud of that?

Client 74: Very much.

Therapist 75: Darn right.

Client 75: They say 1 in 100 makes it, you know, and I seen . . .

Therapist 76: Well, let me ask you this. When you look in the mirror what do you see? Do you see 1 in 100 that makes it?

Client 76: Not all the time, no. I should. I'm proud of myself that I had the ability and the courage to stop using and to stop drinking because it is very easy for me to go out and do the stuff. You know, I gave up all the people I knew, and I live in that neighborhood still. I just moved back to it. And I still don't go by these people because I know five years clean ain't nothing. If you have that itch and you're right there, you are going to use.

Therapist 77: You are 1 in 100.

Client 77: When I'm not using, yeah. But it only takes a second to get back into that situation where you, you know, where you are in a situation, you know. You got money in your pockets. You got free time on your hands. You got nobody looking over your shoulder, and you're with the wrong people, I mean, that's a situation where you are putting yourself in harm's way to use.

Therapist 78: Sure. You work the program?

Client 78: Um, I tried for the first two or three years. I tried.

Therapist 79: How 'bout now?
Client 79: No. I used after the first year and two months. I used. So, I stopped going to the program about six months after that, and I've been clean since. You know with these people talking about, I have a hard time with that. You know the program is great for a lot of people. It didn't help me. I don't like, I feel very uncomfortable socializing.

Therapist 80: Well, it takes a little while doesn't it?

Client 80: These people talk about their last bang and how good it was and this and that. And I go back to that mindset, and I think about the good times I had, and these people are talking about it and talking about it, and it's in my head. By not going to those, I don't think about it. And if I don't think about it, it doesn't bother me. It doesn't bother me, and chances are, I won't go and look for it.

Therapist 81: You're not using now.

Client 81: No, no. Not drinking, not using. I get, I still get urine tested and whatever my counselor wants. No. I could think of a lot of things I could do, but using, it ain't one of 'em anymore. I don't care what goes wrong. You know, that . . .

Therapist 82: So now it's a matter of kind of moving to the next level of recovery, isn't it? Going down that pathway another step.

Client 82: Yeah, I guess so. You could say that.

Therapist 83: And when you do things which we talked about before, you're taking those steps. Helping your dad.

Client 83: Yeah.

Therapist 84: Maybe not four hours a day. Maybe two hours a day.

Client 84: Psychologically that helps me. Yes.

Therapist 85: Really?

Client 85: Yeah. And when I do that, when I'm helpful to others, I feel good. When I can help other people, or when I can do something to help myself I feel good.

Therapist 86: In recovery that's called productive living. Doing something productive.

Client 86: Yeah.

Therapist 87: Maybe you're ready now for something, for that next big step. Because recovery isn't just either or. You either use drugs or don't.

Client 87: Right.

Therapist 88: Recovery is kind of like a new life. A pathway. I like how you said that. A pathway.

Client 88: Yeah.

Therapist 89: So the pathway is like, one of the obstacles is feeling depressed.

Client 89: Yes, it is. Depressed, fatigued because it seems like those two intertwine.

Therapist 90: Oh, yeah. Sure they do.
Client 90: You know, if you're fatigued, you're going to get depressed, and vice versa.

Therapist 91: Well, you know depression is like a behavior. And it takes a lot of energy to be depressed.

Client 91: Yes, it does.

Therapist 92: You get tired when you're depressing.

Client 92: I isolate myself. I don't want to talk to anybody. I always used to like being alone, but I've brought it to new heights now.

Therapist 93: Are you alone most of the time, like when your brother is out working?

Client 93: My brother goes out and he works from 3:00 to 2:00 in the morning.

Therapist 94: Oh.

Client 94: So he comes home at 2:00 in the morning and wants to talk to me. I don't want nothing to do with it.

Therapist 95: It's a little late.

Client 95: So I wake him up at noon, and he doesn't want to have anything to do with me. So we don't socialize.

Therapist 96: So, that's another thing I think we could talk about is relationships.

Client 96: Yeah.

Therapist 97: Is he the one that's the primary person in your life as far as a relationship?

Client 97: Yeah, he's the closest to me. I've got one good friend, but he lives up in Wisconsin.

Therapist 98: That's a little far.

Client 98: Yeah. But he comes down once a month or so, and we go out target shooting and stuff like that.

Therapist 99: Is he a veteran?

Client 99: Yes. He is.

Therapist 100: Anybody near by?

Client 100: No. Nobody that I respect enough to be around or feel comfortable with, no.

Therapist 101: Must be kind of lonely.

Client 101: It is. But then since I've been clean, I've started building bridges back with my family, and they've seen all the work I've put in to staying clean. And they are beginning to, well they trust me now, and they respect me somewhat. So I can go you know talk to them. Hang around with the kids, you know, babysit for a couple of hours. Stuff like that.

Therapist 102: So, you gotta new pathway, and you've gotten some hints here that you've come up with about what's on that pathway. How hard would you like to work at going down this pathway, this new kind of life that might be open to you?
Client 102: I would like to take it slow. You know, I'm not going to knock myself out with doing anything anymore. My surgeon . . .

Therapist 103: You mean you want to get over the depression slowly or quickly?

Client 103: Well, I'll tell you the truth. Um, some days you have it and some days you don't. It is a very troubling illness.

Therapist 104: Well, how hard do you want to work at making those days that you have it fewer?

Client 104: I think I've been working pretty hard at it. I take my medicine on time. I try and create projects to get me out of my room, you know? And it's a hard illness to get away from.

Therapist 105: Sure it is.

Client 105: And, you know, I don't think anyone has one definitive answer of how to stop it. If they did they'd make millions, you know, but I would like to be able to work through it sometimes when I feel terrible, you know. Just to be able to you know smile on a day like that would be an accomplishment.

Therapist 106: Really? Maybe you could look in the mirror and say I'm 1 in 100.

Client 106: Yeah, I could do that.

Therapist 107: Yeah, you could do that. Can you do that when you're depressed?

Client 107: I don't but, yeah, I could. I don't think of those things.

Therapist 108: I'd like to suggest you do it even if you don't believe it, say it.

Client 108: I believe it.

Therapist 109: There may be days when you doubt it.

Client 109: No. I know . . .

Therapist 110: Ah, so you believe it even on the bad days?

Client 110: I know how hard it is for drug addicts to stop using, and alcoholics to stop drinking.

Therapist 111: This could be a big step though is to start doing something like that when you wake up in the morning.

Client 111: I never . . .

Therapist 112: People think this is trivial. This is not trivial.

Client 112: No, it's not. Thank you. I never thought about telling myself that.

Therapist 113: Well, right now you're telling yourself who would want to hire me, and I'm suggesting maybe it's time to tell yourself something else. Something you already believe which is I'm 1 in 100.

Client 113: Getting a job, that's a different story.

Therapist 114: Ah, that's a different story. Can't do everything you know.

Client 114: No. Right. If I can get through this day without drinking or using, I've had a good day.
Therapist 115: That's a big step. That's right.

Client 115: If I can get through it and not feel depressed, I've had a better day.

Therapist 116: Absolutely, but how would you do that like say tomorrow?

Client 116: I wake up.

Therapist 117: What time?

Client 117: Well, I usually wake up between 8:00 and 10:00. I never was a morning person. I've only held two jobs, and they were afternoon shift. I wake up . . .

Therapist 118: Well, maybe it's time . . .

Client 118: . . . open the blinds. That helps.

Therapist 119: That does help.

Client 119: Eat something. Take my medicine. And try and think of positive things to do that day. Stuff that I can accomplish, not you know, not major goals to accomplish. Simple things that I can accomplish that might make me feel like going on to bigger things.

Therapist 120: You said you want to take it kind of slowly, but you do want to deal with this depression and kind of get rid of it.

Client 120: I do.

Therapist 121: What would you be willing to do that would change your routine in the mornings? One thing, you're going to look in the mirror and say that. What else?

Client 121: I don't know.

Therapist 122: Well, you plan your day in the mornings.

Client 122: I try and plan my day the night before.

Therapist 123: I thought you said the mornings.

Client 123: I try and think up a project that I can do that will get me out of bed a couple hours after I wake up.

Therapist 124: Do you write it down?

Client 124: Ah, no.

Therapist 125: So maybe that's a little change in the routine.

Client 125: I'm not much for writing things down.

Therapist 126: Up until today maybe, but maybe after today you will. You came for help.

Client 126: That's true. I look at this realistically. There are things that I do and there are things that I don't do. I'm not a person that writes things down. I think of things, and I keep that thought in mind.

Therapist 127: You sign your name to your checks, don't you?
Client 127: Yeah.

Therapist 128: So you write that.

Client 128: That's different.

Therapist 129: That's what you really want to do. Okay.

Client 129: That's something I gotta do to survive.

Therapist 130: That's right. Well, how else could you vary your routine? In ways that you would want to.

Client 130: You know, I've been trying to, I moved a treadmill in my bedroom, and so when I get the impulse, I'm staring right at it. I've been working real hard to try and get on that thing. I got weights in my bedroom.

Therapist 131: When was the last time you got on the treadmill?

Client 131: It was last week.

Therapist 132: Yeah?

Client 132: Yeah.

Therapist 133: Well, it's very hard to walk on that treadmill and be depressed at the same time.

Client 133: Oh, yeah, it is.

Therapist 134: It's really hard.

Client 134: I have a TV, I swing in front of me, and I can watch TV while I'm on it.

Therapist 135: You can watch TV and you can walk on the treadmill.

Client 135: To take me somewhere else . . .

Therapist 136: How long did you walk the last time?

Client 136: It was a half hour.

Therapist 137: Oh, that long?

Client 137: Yeah. You know first time I've been working from twenty minutes up. But that, getting motivated to do that, would help me out.

Therapist 138: You want a suggestion?

Client 138: Sure.

Therapist 139: Well, my suggestion would be, and I don't know if you'd like this suggestion, to walk even though you're not motivated. If you wait around for motivation to kind of hit you from the outside, you might be waiting a while.

Client 139: I have been.

Therapist 140: What a way to start the day. Man. Walking and feeling good.
Client 140: Yeah. I think I just started taking this new medicine. Zyban. It's, I've been taking Wellbutrin for a while, but this is time released, and they doubled what I usually took, and the doctor, I have to go see the doctor, and he is going to try and increase it accordingly to . . .

Therapist 141: Well, this will add on to the medicine that you take. The activity will help.

Client 141: I think so.

Therapist 142: It will help you.

Client 142: I think so. I think if I could just lose a little weight I'd gain some energy, and I'd be able to work through my depression a little more, you know. But it's that first boot to get me going.

Therapist 143: It's your boot.

Client 143: Yeah, I know. I know.

Therapist 144: It just means taking that boot and moving it down the pathway a little bit.

Client 144: One step at a time.

Therapist 145: What do you think about those two plans so far? Looking in the mirror, walking on the treadmill, even when you are not motivated. In fact, especially when you are not motivated.

Client 145: That's hard.

Therapist 146: Oh, it's just not going to be easy.

Client 146: No.

Therapist 147: Believe me, it's not going to be easy. It's easier to wait around.

Client 147: Yeah. It is. I'm a professional time waster.

Therapist 148: Well, that's okay.

Client 148: It's what I do.

Therapist 149: Well, how 'bout wasting just a little bit less time. You don't have to make 180 degree turn here. Just 2 degrees, then 3.

Client 149: I've been trying.

Therapist 150: You've been doing a terrific job. I mean, I told you. I really believe that what you said. I mean anybody that's kicked a drug habit has made a gigantic change in his life.

Client 150: And then you face a whole new set of problems.

Therapist 151: Oh, yeah. But you've been straight for, what, five, what did you say?

Client 151: Going on five years.

Therapist 152: Five years. What's a third thing you would be willing to do. Things usually come in threes.

Client 152: I don't think there is a third thing. Two things is pushing it.
Therapist 153: Really. Two things is pushing it. There might be a third thing that wouldn't be too much. I mean you're looking in the mirror saying this. That's only going to take you a couple of seconds.

Client 153: Right.

Therapist 154: Walking on the treadmill, twenty minutes or maybe less. It depends on you.

Client 154: I'm thinking about my day, and . . .

Therapist 155: Yeah. Writing something down is out. Out of the question. You don't want to do that.

Client 155: No, I've got papers and magazines all over. I'd, it would just be another piece of paper lying around.

Therapist 156: So that was my suggestion. Not a good one. Now why don't you come up with one.

Client 156: I can't. I'm drawing a blank.

Therapist 157: A third, some kind of third variation in your morning routine.

Client 157: I'm drawing a blank.

Therapist 158: I mean do you have some friend you could call? How 'bout your dad?

Client 158: Well, he works til like 1:00 in the afternoon most days.

Therapist 159: Does he?

Client 159: He is semi-retired.

Therapist 160: Is he?

Client 160: Yeah. But . . .

Therapist 161: Any friends in the neighborhood?

Client 161: Ah, no. No.

Therapist 162: Do you have any hobbies? I forgot to ask you that.

Client 162: Yeah, I do.

Therapist 163: What do you do?

Client 163: I used to parachute, but now I go out and target shoot.

Therapist 164: Yeah. Oh, yeah you did mention that, yeah. That's a little tough to do that everyday.

Client 164: It's expensive. But, I work on keeping my weapons clean, and I really, that's a dangerous combination, guns and depression. But I've got good respect for 'em.

Therapist 165: Do you?

Client 165: Yeah. I had a guy shoot me in the chest, and I have good respect for them.
Therapist 166: So you don't think about using it on yourself or anything?

Client 166: No, no. No, I when I got out of the service I had problems, issues with suicidal ideas and such, you know. I've tried four times.

Therapist 167: Did you?

Client 167: Yeah.

Therapist 168: Lately?

Client 168: Not since before I got clean. It's something I think I grew out of and my mind has gone around.

Therapist 169: There is another decision you've made. To stay alive.

Client 169: Yeah. That's a major one.

Therapist 170: That's a major one. You've made about four or five major decisions that we've talked about Bill.

Client 170: In a normal person's life, that's you know, those are just natural things that come to people. You know. That's things people take for granted.

Therapist 171: Yeah, but you are 1 out of 100. You said that.

Client 171: I am.

Therapist 172: Do you think those two things that you came up with, you think those two things would be sufficient to do?

Client 172: Yeah.

Therapist 173: Okay. I'd like to ask you about something else. Not to ask you to do anything, but just to talk about. Are you, what about the relationships with other people. We talked about this a little bit, but I mean, is there any relationship that you would like to work on and improve? Not now. I'm not going to suggest you do anything, but just anything that could be improved in the future? Your brother, your dad?

Client 173: I think I'm doing pretty good with the relationships I've, the relationships I've started and started to continue to rebuild.

Therapist 174: Do you have a friend outside of the family?

Client 174: Just one. Just one. It's hard finding people nowadays who interested in the same things I'm interested in that don't use alcohol or drugs.

Therapist 175: No you only meet them at meetings.

Client 175: And I have a hard time with that. I'd rather not go to meetings and not use than meet people and go there and be totally drained trying to put down cravings and stuff.

Therapist 176: What about a romantic relationship with somebody?

Client 176: It hasn't come up. You know, I have a hard enough time getting out of bed. Do you think I have . . .

Therapist 177: Well, I'm just asking.
Client 177: If I had a woman, trying to take, trying to establish a relationship takes a lot of energy, and I just don't have it right now.

Therapist 178: Well, not yet. Not yet. Would you be interested in that down the road?


Therapist 179: Sure. I understand. There is no rush.

Client 179: No. I got the whole rest of my life.

Therapist 180: You are 42?

Client 180: 43.

Therapist 181: 43, you're probably going to live another forty years.

Client 181: I don't know about that.

Therapist 182: If things go the way they usually go. Who knows?

Client 182: I'm lucky to live this long. Really.

Therapist 183: Yeah, yeah. Well, are you willing to do those two things?

Client 183: Yeah.

Therapist 184: Maybe just think about them. Don't give up on a relationship with a woman.

Client 184: You know, usually when you aren't looking for it, that's when it happens.

Therapist 185: That's true. That's very true.

Client 185: So, I haven't been looking for it.

Therapist 186: That's the way it happened with me.

Client 186: And usually you know a good woman could turn me around. That would give me a relationship, a new relationship would give me a sense of purpose. It probably would tear up my gut with nervousness, but there's a lot of things that I'd like to do, but you know, I don't think right now is a good time for it. In my life right now is a time for getting well, getting my head back together. And you know you can only do one thing at a time. Anything else would probably send me backwards.

Therapist 187: But I hope you don't give up on it.

Client 187: No, no. I do have a positive outlook even though I get depressed. There are good things out there, and you can have 'em. All you gotta do it strive to get 'em.

Therapist 188: Well, you are going to strive. You said you would do a couple of things.

Client 188: I'm trying.

Therapist 189: Firm commitment?

Client 189: I'll try.
Therapist 190: Alright. Sounds good.

Client 190: Yeah.

Therapist 191: Who knows? Some day you might meet that woman. It happened to me that way. When I was least expecting it I met somebody and six months later we were married. Man, I didn't know what hit me.

Client 191: I'll bet you didn't.

Therapist 192: Okay. Well, thanks a lot Bill for coming, and it's nice talking to you, and I wish you the best.

Client 192: Thank you. I appreciate it.

Future Directions for Bill

Wubbolding suggests that the best cues for a future direction and treatment planning often emerge from clients themselves. The effective user of reality therapy listens carefully for the clients’ reasonable and positive wants related to the five basic, universal, and general motivators or sources of human behavior: survival or self-preservation, belonging or involvement with people, power or achievement, freedom or independence, and fun or enjoyment. The cue that Bill presented was his comment about “something to look forward to.” The future direction of therapy would include this idea as a theme. It could embrace short-term and long-term goals and plans. These always need to be congruent with his wants or willingness to follow through.

In the short term, Bill would be helped in the following ways:

1. Develop a more consistent exercise program, e.g., using the treadmill every other day. (Survival and Power)
2. Change his self-talk to “I’m one in a hundred.” He would have a specific plan for repeating this. Other affirmations would help him move from his implicit “I can’t” to “I can” and “I have unlimited (or at least a view) choices.” This would build on his insight that he has already changed his action, thereby changing his feelings, as when he chose to get angry at the hospital and took charge of his operation. (Power, Accomplishment)
3. Search for some initial ways to establish more satisfying relationships by engaging his brother in conversation, by going to church groups, or by going to a 12-step program once a week even though he is at present less than enthusiastic about the program. (Belonging and Fun)
4. Help him define his level of commitment more explicitly, selecting from the 5 levels of commitment used in Reality Therapy.
   a)“I don’t want to be here and I won’t do anything.”
   b)“I want the pleasure resulting from change but I don’t want to make the effort.”
   c)“I’ll try.”
   d)“I’ll do my best.”
   e)“I’ll do whatever it takes.” (Power or Achievement)
5. Teach him the basics of choice theory, i.e., the importance of relationships in recovery as well as the five levels of commitment which are part of the reality therapy process.
6. Help him discuss the many decisions that he has already made and continues to make. Then help him make more short-term decisions related to his wants. (Freedom)

In the long term, more remote plans and direction would focus on the following:

1. Establishing a relationship with a woman. (Belonging and Fun)
2. Developing a network of friends. (Belonging and Fun)
3. Working the 12-step program. (Power and all other motivators)
4. Volunteering again at the VA Hospital. (Belonging and Power)
5. Obtaining at least a part time job. (Power)
6. Dealing with the spiritual aspects of recovery such as the ultimate purpose of recovery and his perception of his higher power. (All Motivators)
7. As he recovers, helping him to get beyond merely being abstinent. His issues will include establishing a predictable structure and daily routine, finding ways to deal with stress and anxiety, being willing to read and to write, and making plans for maintaining recovery and engaging in contributing and productive behaviors. (All Motivators)

The success of the above plans depends on the skill of the therapist as well as the receptivity and ability of the client. The formation of a connection and relationship between the therapist and client is important. Still, the client himself must want to change and be willing to make the effort to adopt new behaviors.

To Learn More About Reality Therapy

