Choice Theory and Family Counseling: A Pragmatic, Culturally Sensitive Approach
Mary Amanda Graham, Jill Duba Sauerheber and Mark J. Britzman
The Family Journal 2013 21: 230 originally published online 30 January 2013
DOI: 10.1177/1066480712466538

The online version of this article can be found at:
http://tfj.sagepub.com/content/21/2/230

Published by:
SAGE
http://www.sagepublications.com

On behalf of:
International Association of Marriage and Family Counselors

Additional services and information for The Family Journal can be found at:

Email Alerts: http://tfj.sagepub.com/cgi/alerts
Subscriptions: http://tfj.sagepub.com/subscriptions
Reprints: http://www.sagepub.com/journalsReprints.nav
Permissions: http://www.sagepub.com/journalsPermissions.nav
Citations: http://tfj.sagepub.com/content/21/2/230.refs.html

>> Version of Record - Mar 6, 2013
OnlineFirst Version of Record - Jan 30, 2013

What is This?
Choice Theory and Family Counseling: A Pragmatic, Culturally Sensitive Approach

Mary Amanda Graham1, Jill Duba Sauerheber2, and Mark J. Britzman3

Abstract
Choice theory and its delivery mechanism, reality therapy, has long been utilized in therapeutic work with individuals, groups, families, and couples. Ironically, this theory is often omitted from family counseling and professional journals. Although choice theory is not perceived as a systemic approach, the effective implementation of the reality therapy can lead to second-order change for couples and families by creating systemic changes in a pragmatic manner. The focus of this article is the examination and integration of choice theory in family counseling.

Keywords
reality therapy, choice theory, family counseling, diversity

Choice theory and its delivery mechanism, reality therapy, has long been utilized in therapeutic work with individuals, groups, families, and couples. Perhaps, this is due to the nurturing, supportive, and yet encouraging nature of reality therapists. Ironically, this theory is often omitted from family counseling textbooks. Although choice theory is not perceived as a systemic approach, the effective implementation of the reality therapy can lead to second-order change for couples and families by creating systemic changes in a pragmatic manner. The focus of this article is the examination and integration of choice theory in family counseling. Reality therapy can be used as a more pragmatic form of family therapy. This is important as family therapy can be overwhelming as there are a myriad of issues. In the following sections of the article, the authors will discuss the basic concepts of choice theory and reality therapy, its application to families as well as a case study.

Introduction to Choice Theory
Choice theory is grounded in the notion that individuals behave in ways to meet basic and universal needs. Further, all human behavior is believed to be guided by internal factors (Glasser, 1998; Wubbolding, 2010). Choices are guided instinctually by the universal needs of survival or self-preservation, love and belonging, freedom, fun, and power. Choice theory purports that everyone has these five basic needs. Self-preservation or survival is the primary most basic need and is guided by basic physiological behaviors needed to stay alive. Love and belonging is the need for relationship connecting, sharing, belonging, and connectivity through family, friends, and community (which can also be at the core of unhealthy behaviors in interpersonal relationships). Power is the force and desire to achieve, feel confident, and competence as well as self-efficacy. Freedom or independence is one’s desire for autonomy, choice, and independence. Fun is the need for relaxation and engagement in enjoyable activities. The basic needs in choice theory are interrelated and do not exist in isolation. Each person has a varying degree of needs satisfaction and based on the individual, one need may require more or less attention than another. That is, one individual may have a greater need for love and belonging, whereas his or her partner may be satisfied with feeling less love and connection with others. In order for a person to have psychological balance, he or she must choose behavior (i.e., seeking and maintaining healthy relationships with others) to meet all of the five basic needs to their degree of satisfaction (Duba, Graham, Britzman, & Minatrea, 2009).

Another element of choice theory includes the quality world or a picture album. As individuals engage in everyday life they assign values to relationships, beliefs, traditions, cultural rituals in an attempt to construct an idyllic depiction of a world in which they desire to live. Human behavior and choices are attempts to make parallel and align experiences with quality...

1 Department of Counseling and School Psychology, Seattle University, Seattle, WA, USA
2 Department of Counseling and Student Affairs, Western Kentucky University, Bowling Green, KY, USA
3 Department of Counseling and Human Development, South Dakota State University, Brookings, SD, USA

Corresponding Author:
Jill Duba Sauerheber, Department of Counseling and Student Affairs, Western Kentucky University, GRH 2017, 1906 College Heights Blvd., #51031, Bowling Green, KY 42101, USA.
Email: jillduba.sauerheber@wku.edu
world depictions (Glasser, 1998; Wubbolding, 2000). Embedded in the quality world are the five basic universal needs. These needs are fulfilled or unbalance by choices made to create and achieve the ideal quality world (Glasser, 1998; Wubbolding et al., 2004). For an individual to remain in balance and to consequently exhibit functional behaviors and psychological well-being, behavior must lead to getting one’s needs met to the degree of satisfaction necessary for that individual. When behavior is functional and psychological balance is present; individuals perceive their needs being satisfied from the outside world. When there is an inconsistency between what is desired (quality world) and what is being received, behavior occurs as a part of the individuals attempt to influence the external world to achieve need satisfaction. That is, “from this perspective, behavior serves a purpose, which is to close the gap between what a person wants and what a person has in the given moment” (Wubbolding, 2000, p. 21).

**Reality Therapy**

Reality therapy is the conduit for therapists and clinicians to facilitate behavior change with clients. Reality therapy is used in assessing need fulfillment, psychological well-being, behavior change and growth, and life choices consistent with individual quality world pictures and need satisfaction (Wubbolding et al., 2004). Aligned with the principles of choice theory, reality therapy provides therapists with the tools needed to facilitate behavior change that include the WDEP system which allows continuity throughout the therapeutic process. Those tools most consistent with the theory and practice are the system of WDEP (Wubbolding, 2010).

One of the primary goals of most therapies is to establish what areas change the client identifies as important. The W (want) in the WDEP system is the avenue in which reality therapists uncover, with the client, what goals and outcomes they are seeking. Therapists can frame this question how they find suitable to the situation and developmental level of the client. The idea is to uncover the wants of the client. This allows both the therapist and the client to discover quality world pictures and level of need satisfaction and psychological well-being. The D (doing) is a discovery tool for the therapist and client to examine what behaviors the client is actually engaging in that is consistent or inconsistent with their wants. Evaluation is essential to reality therapy and the WDEP. Consequently, the E (evaluation) component is the evaluative component of the framework. The therapist facilitates dialogue with the client in the attempt to have the client self-evaluate behavior that is effective or noneffective based on their wants and needs. The final component of the framework is the focus on action. The P (plan) represents the action stage. The client, with the assistance of the therapist, develop a plan of action both short term and long term to assist him or her in behavior changes working toward psychological balance and need satisfaction (Wubbolding, 2010). Questions consistent with the WDEP therapeutic framework are:

1. What do you want?
2. What are you doing to get what you want?
3. Is it working? (one’s evaluation of what he or she is doing.)
4. What is your plan now?

Therapists are encouraged to be creative with the question component of the WDEP. This provides a framework for therapists to move clients toward behavior changes, congruency with ideal quality worlds and needs satisfaction; all leading to psychological health.

**Applying Reality Therapy and the WDEP With Families**

The process of family reality therapy and the WDEP is conceptualized in the following three stages (a) assessment, (b) self-evaluation intervention, and (c) action (Wubbolding, 2000).

A reality therapist will conduct a family assessment from a few basic theoretical premises. First, when there is discord in the family, the quality worlds of each family will be dissonant with each other. Each family member’s quality world is not only different from each other, but at least one person in the family system wants the other family member/members to match his or her own quality world. These “picture albums” hold images of how each person wishes to fulfill the five basic needs. Second, this individual (the one wanting the match) is unwilling to change this want. Further, discord may be alleviated only if all family members are committed to altering their own total behavior in interactions with other family members (Wubbolding, 2010).

In this first stage, family members are encouraged to define and evaluate the following (a) their individual wants; (b) the family’s wants; (c) their perceptions about the other family members and about the family in general (i.e., what is working and what is not, context of arguments, alliances, what is hurting, and helping the family); and (d) expectations for counseling (Duba et al., 2009). During this stage, the reality therapist will also assess each family member’s motivation and commitment to making personal changes in behavior and attitudes. Finally, the reality therapist will look for other areas dissonance between the quality worlds of family members, what each family member thinks about what is working in the family as well as shared and realistic family goals. In the second stage, all family members are asked to evaluate their own behavior and whether or not this behavior (thinking, doing, feeling, and body physiology) is making a positive contribution to the family. In addition, the family is asked to consider what it needs in order to remain close and harmoniously (Wubbolding, 2000).

In the third stage, family members are called to action with a goal of strengthening relationships among family members (Wubbolding, 2000). Since reality therapists are more directive than reflective, they will incorporate techniques and interventions aimed at (a) increasing fulfillment of need and quality world satisfaction among all family members; (b) changing levels of each individual’s perception and interactions with the
rest of the family; and (c) getting everyone to buy into the notion that individuals can only control their own behavior. In addition, the family will be encouraged to set aside quality time to spend together, where positive interactions and communication would be practiced (Wubbolding, 2000). Finally, the reality therapist will encourage the family to create a plan, that is, SAMIC, or simple, attainable, measurable, immediate, and consistent or repetitive. Each family member would be encouraged to change his or her perceptions about who is responsible for making him or her happy and satisfied. Rather than relying on someone else in the family to fulfill his or her basic needs for fun, for example, the therapist would ask him or her to consider what he or she could do (thinking, doing, feeling, body physiology) to get this need for fun met. The same would be asked of the other family members. Finally, the family would be asked to consider a realistic time during the week when everyone could come together.

Family of Interest: A Case Study Approach

Hernandez Montez, age 48, and Anita, age 46, arrived with their children to the United States 4 years ago as refugees from Columbia, South America. The Montez family speaks fluent Spanish but English skills are limited, which necessitates an interpreter. They have a blended family including four children; Joseph, age, 27, Laura age 25, Nelson Jr., age 24, and Nashua, age 11. Joseph, the oldest son, returned to Columbia. Laura and Nashua still lived at home after relocation to their new home in the Midwest. Nelson Jr. is attending college and has successfully left the family.

Assessment

Anita married her first husband in 1985 and was married for 2 years. They had three children together. Her 25-year old daughter, Laura now lives with her and her current husband. Anita was remarried in 1997 to Hernandez. Together they had 11-year old Nashua. Anita served as an attorney for the Columbian government until her life was repeatedly threatened by members associated with drug cartel in Columbia. Hernandez was an architect but now needs to learn a new trade as his vision is significantly impaired. Laura is responsible for providing income via various jobs and is also enrolled in higher education courses. Nelson Jr. is attending higher education fulltime and living on his own. Nashua just started middle school.

The initial presenting problem was Anita’s depressive symptoms of sad mood with anergia, amotivation, and episodes of spontaneous crying. From an intrapsychic perspective, she isolates socially, admits to anhedonia, and feels helpless, hopeless, and overwhelmed. Her concentration and decision making are poor. Anita has become more irritable and is emotionally reactive. Her appetite is diminished and she has some initial middle insomnia with poor restorative sleep and ruminative thoughts, which included self-deprecation and suicidal ideation. She was referred to a psychiatrist and prescribed Wellbutrin XL 150 mg and Clonazepam 0.5 mg. She was encouraged to discontinue Xanax. Her diagnosis was as follows: Axis I, Post Traumatic Stress Disorder (PTSD), major depression, recurrent; axis II, no diagnosis V71.09; axis III, status of post-appendectomy; history of back pain; axis IV, psychological stressors, moderate; axis 5: Global Assessment of Functioning (GAF) = 55 (current).

The family system was initially perceived as stressed by Laura’s (age 25) rebellious spirit and angry outbursts. She seemingly abused her freedom by attempting to maintain contact and communication with her boyfriend in Columbia late in the evening via cell phone, texting, and Facebook. With further assessment, it was apparent that there were multiple problems in the family. The mother, Anita, reported symptoms of anxiety and depression for the last 4 years. Hernandez, the father, also suffered from degenerative retinitis pigmentosa and has been in the process of losing his vision.

The family presented Laura as the identified patient. That is, both parents presented the “real reason” they were in counseling was because of Laura. The middle son, Nelson Jr. appears disengaged and was not involved in therapy. His independence was not totally endorsed by his parents; however, again, their focus was primarily on Laura. Nashua is very sensitive and appeared to be enmeshed and had a coalition with her father. Anita has a strong presence but also presented with a high degree of emotional reactivity and resulting anger management problems.

Furthermore, there appeared to be much intergenerational fusion despite the detached physical proximity of family.

There also appeared to be significant cultural values in the Montez family related to compliance, harmony, responsibility, and having the women stay at home until they marry. However, the children had significantly better English skills and were acculturated to the Eurocentric values often found in the United States, and specifically the Midwest where many community members have Scandinavian ties. Furthermore, there seemed to be an emphasis to keep females at home until they marry.

Self-Evaluation Intervention

Reality therapy was used to help clarify what each family member wanted in the context of a healthy family. With a myriad family problems, the WDEP process helped clarify the direction and evaluation each family member could do following an evaluation of what would truly help the family environment. Anita, the mother, wanted the two girls to be more compliant and helpful around the home. She also wanted Laura to help with driving family members to various endeavors as she felt overwhelmed. Anita was also working at a retail store and appeared very underemployed. She stated that she wanted to improve her English skills and “use my brain.” Hernandez, the father, has been grieving the loss of his vision. He too wanted to improve his English skills and become reemployed. His biggest need was for the family to “get along and seek peace and harmony in my family.” Laura clearly wanted to be more independent. She is 25 years old, has two jobs, and takes class at a nearby university seeking to enter the health profession. Laura
also wanted more freedom to date and connect with a boyfriend from Mexico, whom she met online via Internet dating service.

Nashua, age 11, appeared very perceptive yet extremely sensitive. She desperately wanted everyone in her family to be happy and treated respectfully. She also did not want to give up her cocurricular activities that included orchestra and chorus, which she truly enjoyed. Nashua also wanted to maintain her excellent academic record. Joseph and Nelson Jr. did not participate in the family therapy sessions and seemed to be doing well independently yet were somewhat disengaged from the family.

There were numerous presenting problems related to the choices and attitudes each family member was taking to get what he or she wanted. With further probing and assessment, it was clear that there was tension between Anita and Hernandez. Anita appeared to be emotionally fused with her parents who lived in Columbia and her behavior often seems to initiate or precipitate her mother and father aligning against Hernandez. Her parents apparently did not endorse the marriage from the outset. Anita was very emotionally reactive, projecting anger at each family members often giving them double-bind messages such as “I’ll do everything myself around the home and then resent other family members for not helping.” Hernandez, the father, became somewhat avoidant and passive-aggressive in attempts to try and protect his daughters from Anita’s wrath. Laura chooses to disengage from family and spend as much time at work, school, and connecting with boyfriend via the Internet. Nashua put an extreme effort trying to help each family member remain calm, respectful, and negotiate problems regardless of the stress she was feeling at home and at school.

Ironically, the two daughters were the most adept at evaluating the problems in the family system. Hernandez and Anita’s emotional reactivity made it difficult to self-evaluate. As a result, they would often resort to external control and blame, criticize and threaten their children in a desperate attempt to keep them compliant. However, they were not unified in their parenting philosophy, which created more systemic stress.

**Action**

Hernandez and Anita were only seen on the second session to assess the strength of their marital commitment and heighten their awareness of their marital discord and implications on their children. The resulting tension in their marriage was reframed and linked to the incredible stress and challenges they have faced in the past. Hernandez and Anita were asked to self-evaluate their own attitudes and behaviors and impact related to their goal of enriching their marriage.

During the couple session, Hernandez asked his wife, Anita, if she would support his desire to go on a cross-skiing trip for the blind during the upcoming week. Anita encouraged him to go on this trip which seemed to satisfy his need for freedom from chronic stress and of course, fun. This shift seemed to allow an opportunity to self-reflect regarding their life, marriage, and outlook for improved family relationships. Anita was given an evidence-based research document related to ingredients that help promote healthy marriages. This seemed to appeal to her analytical mind and convinced her that she needed to be less threatening and decrease her use of power over others. Further, this encouraged her to use power in a more useful way. Hernandez also reread a book that was very helpful to him years ago and seemed to rekindle his passion to re-create a new life and use his talents and abilities in a need satisfying way. Nashua, the youngest daughter, was asked to take care of the dog which was an attempt to be less of a parentified child with pressure to hold the family together and become more focuses on age-appropriate life tasks; while still allowing her to meet her need for love and belonging.

Amazingly, a second-order change appeared to happen in the next session. Both Anita and Hernandez took ownership of past useless behaviors and asked each other for forgiveness. Each also expressed an interest in taking English courses and developed a business plan and already secured a loan from a bank to open a Columbian coffee house. Nashua entered into family therapy with a huge smile and gave her counselor a big hug. Nothing more needed to be said. Laura, the oldest daughter living at home, made a decision to move into her own place, yet wanted to still be very connected to her family. She recognized that she needs more freedom and can be a better mentor to her younger sister when granted more freedom and empowerment to begin her new life with an additional focus on higher education. Laura also announced she was recently hired for a new job at a bank that paid her significantly more because of her bilingual ability.

Although the Montez family will likely encounter many future challenges, they now seem to be more of a cohesive family with healthier boundaries. Their plan of action appeared to jump-start a sense of hope for a more need satisfying future, taking them in a direction toward the life they want.

**Cultural Implications**

There are many stresses to individuals who immigrate to new geographical areas. Some of these include culture shock, inter-generational constestation, and cultural conflicts. Immigrants often feel fragmented and distant from their culture and norms of origin; deal with great anxiety and may experience difficulty in navigating new cultural systems, norms, and rules (Arthur, 2000; Obiakor & Afolayan, 2007). Many immigrants are searching new lives that are not mired in poverty and war. Immigrant families are arriving to the United States having suffered great short-term and long-term trauma. Often, the journey itself from country of origin is both emotionally and physically traumatic. Immigrant families in the United States may benefit from helping professional and services in dealing with trauma, culture adjustments, and navigating new systems. When working with families it is essential for the therapist to understand that many “traditional” therapies and interventions may be inappropriate and ineffective with immigrant families (Seto & Woodford, 2007). Reality therapy is an excellent therapeutic modality for work with immigrant families. Because it is both respectful of the person and socially intuitive, clients have multiple opportunities to consider their individual needs as well as how they are interacting with those around them.
Conclusion
Choice theory and reality therapy have long been long over looked as an effective theoretical practice in families and sys tems therapies. Perhaps, this is due to its long term historical focus on the individual and the concept of need satisfaction as it relates to the individual. The fact is, choice theory and reality therapy is an ideal fit for family and systems therapists. It offers the therapist a fostering, reassuring, and hopeful approach in working with families and effective techniques in dealing with the multilayered issues families bring to therapy. The system of choice theory and reality therapy with families and systems is focused on cultural sensitivity, first and second level change and is pragmatic in nature. It is certainly an effective yet underutilized theoretical practice with families and systems.

Declaration of Conflicting Interests
The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding
The author(s) received no financial support for the research, author ship, and/or publication of this article.

References