

## REALITY THERAPY WITH DEAF REHABILITATION CLIENTS

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Various experts (Patterson & Stewart, 1971; Sussman, 1971; Vernon, 1969) have postulated that deaf clients may benefit from a broad spectrum of counseling approaches when the counselor has adequate communication skills. Scott (1978) surveyed the professional literature regarding the counseling approaches used with deaf clients. Little has been done to respond to calls (Stewart & Schein, 1971; Vescovi, 1974) for "realistic" counseling approaches that are (1) relatively easy to learn and communicate, (2) consistent with the Vocational Rehabilitation (VR) philosophy and process, and (3) time-efficient for VR counselors with large caseloads. The counseling needs of deaf and multiply handicapped deaf clients in VR vary (Olshansky, 1976), but a growing number of rehabilitation counselors are finding that reality therapy techniques can be used to insure a client-counselor partnership in evaluation, individualized written rehabilitation planning (IWRP), and job placement.

### Reality Therapy Assumptions

While a thorough orientation to reality therapy principles can be found in the writings of Dr. William Glasser (1961; 1965; 1969; 1972; 1976), it is sufficient to say here that reality therapy recognizes the central importance of love and worth in establishing a responsible, positive identity. Individuals with failure identities are deficient in the love and worth and, most importantly, the skills needed to responsibly achieve positive identity goals. These people unwittingly strangle their lives with excuses, depressions, psychosomatic illnesses, addictions, and mental illnesses. The common denominator of these failure identity experiences is that they camouflage the pain of being without love, worth, personal responsibility, discipline, and the skills to achieve these goals.

Reality therapy is different from many other counseling approaches in that it focuses on real counselor involvement, the client's present behavior rather than paralyzing feelings and psychohistory, improved personal planning skills, the importance of responsibility, commitment in achieving goals, and living without excuses.

### Reality Therapy Process

1. *Make friends.* Most counselors recognize that positive change or growth in their own lives was the product of caring, facilitative relationships, so why should we think that anything less will work for our clients? Relationship building with clients is still a function of empathy, genuineness, and unconditional positive regard (Rogers, 1957), but during first interviews, many clients communicate a preoccupation with feelings and the past. With great care, the reality therapist allows sufficient ventilation of feelings to help the client relax, but gradually the counselor/friend begins to focus the interview on the specific problem and current activities. While it is legitimate for counselors to acknowledge feelings and psychohistory, the reality therapist suggests to the client that (1) action, rather than feelings will probably make things better and (2) mental anchors in the past (e.g., my family rejected me) will probably not help the client deal with current problems. Some counselors are anxious about focusing on the current problem and present activities but, given a good relationship between client and counselor, there are ten clients who react positively to the reality therapy focus for every one client who feels that feelings and psychohistory were not adequately pursued. Many clients are tired of the feeling and psychohistory "tapes" they rehearse day after day. The evidence usually

is that these things do not help clients do better. The reality therapy focus on the problem and current activities gives many clients new hope for change and some confidence that their counselor operates in a way that is consistent with responsible living in a real world. Lastly, through genuine involvement and friendship with the counselor, the client begins to feel an infusion of strength to begin to deal more effectively with his or her goals.

2. *What is the client doing now?* As the friendly relationship between client and counselor grows, the client is asked about his or her activities. If the client has been looking for work, what has he or she tried to do? If the client is in need of more satisfying relationships, what is he or she doing?

3. *Are the client's activities helping?* Many clients are amazed to find out that their activities are major obstacles to achieving goals because these activities reinforce failure. For example, deaf VR clients who report being too depressed to look for work often stay home all day. Deaf VR clients who say that all hearing employers are prejudiced against deaf people never go on job interviews. While insight about the counterproductivity of one's activities is helpful, it is very threatening to clients who do not begin to feel more competent in the next step.

4. *Make a better plan.* Two things are of central importance in this step. First, some clients are genuinely unskilled at developing a better plan to achieve their goals. The measure of this deficiency surfaces when the counselor asks, "Well, if a good friend had a similar problem, what would you recommend?" Clients who cannot respond need to work with the counselor to learn to do better planning. Second, clients who can come up with good plans for friends but not themselves are telling the counselor that planning is not the problem, psychological strength is the problem. People who have sufficient psychological strength to try new things have reservoirs of love and worth. Clients who do not feel this strength need help in finding love and worth in their lives.

That strength can begin with the friendship between the client and counselor, but it builds by formulating specific plans that are simple and likely to be successful.

5. *Get a commitment.* Counselors familiar with Alcoholics Anonymous are aware of the critical importance of a personal commitment for change that is made in the company of others. Commitment is a central issue in reality therapy. When the client has made a value judgement about his or her behavior and made a better plan with the support of a counselor/friend, only a commitment to that plan will make it happen. In the early stages of reality therapy, it is perfectly acceptable for a counselor to say, "OK, you are telling me you are not sure you can work on this plan for yourself . . . will you do it for me?" For some clients it is reasonable to ask, "Are you willing to try even though you don't think it will work?" As the client experiences success by working on the plan, he or she will begin to be comfortable doing more for himself.

6. *Don't accept excuses.* Far more is accomplished by the reality therapist working on revising the plan than in discussing excuses. Excuses can simply be a cover for irresponsibility. If the plan failed, check the plan to be sure it is not beyond the motivation and abilities of the client. Then work on client commitment and counselor support again.

7. *Don't punish.* Reasonably agreed upon consequences of irresponsible behavior are not punishment. Punishment is anything that causes the client mental or physical pain. The reality therapist believes that punishment interferes with the counselor-client involvement that is necessary for success. Punishment undercuts the ability of the client to evaluate his or her own behavior.

A counseling theory like reality therapy can only survive if counselors who integrate this theory into their work prove to be more effective helpers. Lastly, reality therapy, like any counseling theory, cannot be used in a vacuum. It must complement rather than replace the rehabilitation counselor's case

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finding, evaluation, rehabilitation service development, and job placement skills. For further information about reality therapy

training, contact Dr. William Glasser, Reality Therapy Institute, 11633 San Vicente Boulevard, Los Angeles, California 90094.

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