Appendices

Tools of Measurement

1. Rosenberg Self-esteem Scale
2. Educational Aspiration Scale
3. Assertiveness Scale
4. Responsibility Scale
5. School Attitude Measure Scale
6. The Social Competence Scale
7. Behavioural Adjustment to the programme of Reality Therapy - an inventory.
8. Educational Environment at Home Scale.
9. The Home Interaction Pattern Scale.
10. Guide for training in Muscle Relaxation.
11. The Sample profile.
12. Interview schedule for students.
13. Interview schedule for parents.
14. Effective study behaviour.
15. ~~Questionnaire for School Climate.~~
16. An annotated bibliography of books on Reality Therapy.

Rosenberg's self-esteem scale

Name :
Class :
School :
Age :
Male /Female :
Date :

Instruction : This is not an examination or academic test. Hence feel relaxed in answering this test. Your answer will be kept confidential. There are no right or wrong answers. Therefore be frank and free in giving answers. We are interested to know how you see yourself. Please answer the following statements based on the opinion you have about yourself. Please read each statement carefully and indicate by putting tick mark in the box that aplies to you on a scale from strongly agree, agree, disagree, strongly disagree. Don't leave any statement unmarked.

	Strongly agree	Agree	Dis- agree	Strongly disagree
1. I feel that I'm a person of worth atleast on an equal basis with others.				
2. I feel that I've a number of good qualities.				
3. All in all I'm inclined to believe that I'm a failure.				
4. I'm able to do things as well as most other people.				
5. I feel I do not have much to be proud of				
6. I take a positive attitude toward myself.				
7. On the whole I'm satisfied with myself.				
8. I wish I could have more respect for myself.				
9. I certainly feel useless at times.				
10. At times I think I'm no good at all.				

Educational Aspiration Scale

Name   :
Age   :
School   :
Roll No.   :
Date   :

Direction to the students : This questionnaire is related to future educational plan. Some alternative educational plans are given here. Select one of them which you might have thought for yourself and put a tick (_/) mark in the appropriate bracket.

Educational Plan

1) To take up a job before appearing in the H.S.L.C. Examination.

2) To take up a job immediately after passing the H.S.L.C. Examination.

3) To take up a job with some vocational/industrial training (I.T.I.).

4) To take up a job after taking a diploma in Polytechnic/ Engineering Institute.

5) To take up a job after secondary education and also complete graduation when opportunity comes.

6) To take up a job after completing graduation only.

7) To take up a job after completing graduation and also complete post-graduation when opportunity comes.

8) To take up a job after completing post-graduation.

9) To take up a job after post-graduation and do Ph.D. simultaneously.

10) To take up a job only after completing Ph.D.

11) To take up a job after taking a degree in law.

12) To take up a job after taking a degree in Agriculture/veterinary science (Agri.,B.Sc./B.V.Sc.)

13) To take up a job after taking a degree in Medical science (M.B.B.S.).

14) To take up a job after taking a higher degree in Medical Science (M.D./M.S./F.R.C.S. etc.).

15) To take up a job after taking a degree in Engineering (B.E./B.Tech.)

16) To take up a job only after taking a high degree in Engineering (M.Tech./Ph.D.).

17) To take up a job after completing C.A./M.B.A.

18) If any other specify :-

Assertiveness Scale

Name   :

Age   ;

Education   :

Date   :

Address   :

Instructions for Part : I

Instruction : In this inventory some questions have been given. These questions will be helpful in assessing your assertiveness. Be honest in your responses. All you have to do is draw a circle around the number that describes you best. For some questions the assertive end of the scale is at 0, for other at 4 key. 0 means No or Never, 1 means Somewhat or Sometimes, 2 means Average, 3 means Usually or A Good deal and 4 means Practically Always or entirely.

                                        0   1   2   3   4

1. When a person is highly unfair,
    do you call it to his attention.

2. Do you find it diffult to make
    decisions.

3. Are you openly critical of
    others ideas, opinions or
    behaviour ?

4. Do you speak out in protest
    when someone takes your
    place in line ?

5. Do you often avoid people or
    situations for fear of
    embarassment.

0   1   2   3   4

6. Do you usually have confidence
in your own judgement.

7. Do you insist that your spouse
or room-mate take on a fair
share of household chores.

8. Are you prone to play off the
handle ?

9. When a salesman makes an effort
do you find it hard to say 'No'
even though the merchandise is
not really what you want.

10. When a late comer is waited on
before you are, do you call
attention to the situation.

11. Are you reluctant to sepak up
in a discussion or debate ?

12. If a person has borrowed money
(or a book, garment, thing of
value) and is overdue in returning
it, do you mention it ?

13. Do you continue to pursue an
argument after the other person
has had enough ?

14. Do you generally express what
you feel ?

15. Are you disturbed if someone
watches you at work ?

16. If someone keeps kicking or
bumping your chairs in a movie
or a lecture do you ask the
person to stop ?

17. Do you find it difficult to
keep eye contact when talking
to another person ?

0   1   2   3   4

18. In a restaurant when your meal
    is improperly prepared or served,
    do you ask the waiter/waitress
    to correct the situation ?

19. When you discover merchandise is
    faulty do you return it for an
    adjustment ?

20. Do you show your anger by name
    calling or obacenitses ?

21. Do you try to be a wall-flower
    or a piece of the furniture in
    social situations.

22. Do you insist that your land-
    lord (mechanic repairs) make
    repairs adjustments or replace-
    ment which are his responsibility?

23. Do you often step in and make
    decisions for others ?

24. Are you able to ask your
    friends for small favour or help?

25. Do you think you always have
    the right answer ?

26. When you differ with a person
    you respect, are you able to
    speak up for your own view point?

27. Are you able to refuse unreason-
    able requests made by friends ?

28. Do you have difficulty complimen-
    ting or praising others ?

29. If you are disturbed by someone
    smoking near you, can you say so ?

30. Do you shout or use bullying
    tactics to get others to do as
    you wish ?

31. Do you finish other people's
    sentences for them ?

0   1   2   3   4

32. Do you get into physical fights with others especially with strangers ?

33. At family meal do you control the convensation.

34. When you meet a stranger, are you first to introduce yourself and begin a conversation.

Part : II

The following questionnaire covers six areas that are often blocks to assertive behaviour. There are two portion for each area. The first allows you to assess your attitude and irrational beliefs. The second gives you a chance to examine your own behaviour. Check one or more answer as they apply.

Dealing with my own anger :

1. When I'm angry with people I usually :

    (a) am afraid to say anything directly because I don't want to hurt their feelings.

    (b) am afraid that if I do say something, it will sound aggressive and they won't lik me.

    (c) feel O.K. about expressing what is on my mind.

    (d) feel anxious and confused about what I want to say.

2. When I'm angry with someone I usually :

    (a) drop hints about my feeling hoping he or she will get the message.

    (b) tell the person in a direct way what I want and feel O.K. about it.

(c) avoid the person for a while until I calm down and
the anger wear off.

(d) blow up and tell him/her off.

(e) express my anger sarcastically getting my point
across with some humor or dig.

Dealing with other's anger

3. When someone get angry with me I usually.

(a) think he/she doesn't like me.

(b) feel to scared to ask why and try to work things out.

(c) feel confused and want to cry.

(d) think I have a right to understand why he/she is
angry and to respond to it.

(e) immediately feel wronged.

(f) feel angry in return.

(g) feel guilty.

4. When someone gets angry with me I usually.

(a) end up crying.

(b) back off.

(c) ask him/her to explain his/her anger further or else
I respond to it in some other straight forward manner.

(d) get angry in return.

(e) apologize if I don't understand why he/she is angry.

(f) try to smooth it over.

(g) make a joke out of it and try to get him/her to
forget the flareup.

Authoritarian Behaviour

5. When I need time and information from a busy professional, usually think he or she will.

   (a) resent mt taking yp valuable time.
   (b) consider my request as legitimate and be pleased that I'm interested.
   (c) act as though he/she doesn't mind but secretly resent me.
   (d) make me feel inferior.

6. When I need time and information from abusy professional I usually.

   (a) put off calling until I absolutely have to
   (b) apologize for taking up his/her time when I call.
   (c) state directly what I need and ask for what I want.
   (d) let him/her know that I expect immediate ⁀ attention. After all I'm important too.

Refusing Requests

7. If someone asks me to do a favour for him/her arid I refuse, I think he/she probably will

   (a) hate me
   (b) be angry with me
   (c) understand and will not mind
   (d) act as though he/she does not mind but secretly resent me
   (e) think I don't like him/her.
   (f) hesitate to ask me again.

8. If someone asks me to do him/her a favour and I don't
    when to do it I usually.

    (a) do it anyway.
    (b) let him/her know that I resent the request do it
         grudgingly.
    (c) make up an excuse as to why I can't do it.
    (d) tell him/her I'd rather not do it.
    (e) tell him/her I'd rather not do it and apologize
         profusely.

Making requests

9. When I need something from someone else I usually feel.

    (a) as though I should not bother him/her by asking.
    (b) as though people don't really want to do things
         for me.
    (c) as though I don't want to put him/her on the spot
         by asking.
    (d) that it's O.K. to go ahead and ask.
    (e) afraid to ask because he/she might say no.
    (f) as though he/she should do what I want.

10. When I need something from someone else I usually.

    (a) don't ask unless I'm absolutely desperate.
    (b) ask and apologetically explain why I need help.
    (c) do nice things for him/her hoping the favour will
         be returned.
    (d) become demanding and insist on getting my way.
    (e) ask directly for what I want, knowing that he/she
         can refuse my request if he/she wants to.

Initiating Communication

11. When I walk into a party where I don't know anyone I usually think.

    (a) that no one there will talk to me.
    (b) that everyone else is relaxed except me.
    (c) that I'm out of place and everyone know it.
    (d) that I won't be able to say the right thing if someone does talk to me.
    (e) that it will be fun to meet some new people.
    (f) or ways to get attention.

12. When I walk into a party where I don't know anyone I usually.

    (a) wait for someone to come and talk with me.
    (b) introduce myself to someone who looks interesting.
    (c) stay on the sidelines and keep to myself.
    (d) put a lampshade on my head or otherwise behave in a bizarre manner, hoping someone will notice.
    (e) rush for food or drink or a cigarette to make it look as if I'm busy and having a good time.

Responsibility Scale

Name   :

Class   :

School   :

Date   :

Read carefully each statement below and then mark the scale on the right hand side according to how you feel that it is true or not true for you. Please mark every statement.

	Strongly agree	Agree	Disagree	Strongly disagree

1. Most people should use
unfair means to gain profit
or an advantage rather than
to lose it.

2. I've always maintained a
good healthy balance between
work and play.

3. When I think about the
irresponsible ways of which
I was much accustomed to in
the past, it does not make
me feel very happy or proud.

4. I've resented very much having
to do thing that were
expected of me.

5. I suppose there will always be
someone to whom I'll be
responsible in one way or
other.

6. I'm really afraid of finishing school and setting doen to
a life time of hard steady
work and responsibility.

	Strongly agree	Agree	Dis-agree	Strongly disagree
7. I don't care about school and plan to stop is as soon as I can.				
8. I look forward to each new experience because I know it will help to make me strong and responsible.				
9. I hardly do anything for the class and for my family, if asked I generally refuse to take responsibility.				
10. It would be better if almost all laws were thrown away.				
11. I often go to school knowing my home work isn't done.				
12. I feel bad when I get low grades in tests and home work assignments became I feel I'm only responsible for this.				
13. I have a tendency to be inconsistent about what I tell people.				
14. I usually respect other people irrespective of their views?				
15. I generally dismiss others wants and needs.				

School Attitude Measure

Please fill in the blanks :

Name   :
Class   :
School   :
Date   :

Instruction : Please read carefully each statement below and then mark the scale on the right hand side in the appropriate column according to how you feel, that it is true or not true for you. Please mark every statement.

	Never agree	Some-times agree	Usually agree	Always agree
1. I feel nervous when I've to speak in front of the class.				
2. I feel upset over my school performance because I should do a better job.				
3. My parents and teachers believe I can be an excellent studnet in any school I want to attend.				
4. I need someone to help me with my homework or it just won't get done.				
5. I think that school is the best place for me to learn.				
6. When I think about it, I don't remember much of what I learned last year in school.				

	Never agree	Some-times agree	Usually agree	Always agree

7. School is one place where my ideas are really respected.

8. I get the feeling that my parents expect too much from me in school.

9. My teachers mainly notice me when I do something wrong.

10. I feel as if I have enough time to finish my work in class.

11. I learn more outside of school than I do in school.

12. Most of the things I try to do in school tend to turn out wrong.

13. I like taking tests in school because then I know what I have learned.

14. I don't believe it will be wroth my effort to continue my education past high school.

15. I get worried about tests and homework assignment.

16. When I talk to my friends about school work I usually have the best ideas.

17. If I work hard at school its mostly to please my parents not myself.

18. When I don't like a certain subject I get bad grade in it.

19. I get the feeling that I never do well enough in my class assignments.

	Never agree	Some- times agree	Usually agree	Always agree

20. School is one place where people want to help me.

21. When I receive my report card I enjoy showing it as many people as I can.

22. I probably would not come to school if my parents didn't make me.

23. I have never really learned how to study.

24. I look forward to each new school year became I know it will be a useful experience.

25. I don't feel very comfortable speaking in class.

26. I'm embarassed to tell my grades to other students of my age.

27. When a teacher is absent I don't feel doing any work.

28. I can never please any-body with my school performance.

29. I have to force myself to do school assignments because there are so many other things I want to do.

30. At times I feel like taking off from school because there are better things to do.

31. I get very upset about my grades because of what I think others will say about them.

32. I never know when a teacher is going to be angry with me.

33. I don't like to spend a long time on school work that is hard to do.

	Never agree	Some- time agree	Usually agree	Always agree

34. Even when I don't have any assignment I work ahead on my own.

35. I sometimes don't pay attention in school because most subject are too difficult.

36. Even when I'm satisfied with my grades nobody else is.

37. I'm often the one who makes improvements in things at school.

38. I often go to school knowing my homework isn't done.

39. Whenever I've been absent from school I immediately try to catch up on my school assign- ments.

40. When I've something to contribute to a class discussion it is usually important.

41. My friends think that I'm not as smart as other students of my age.

42. I try to do something for good luck before I take a test.

43. I feel as if I've to hurry in order to finish my work.

44. I have to admit that most school activities don't interest me at all.

45. If I keep doing my school work as I am doing how my future school years will be easy.

46. I have many abilities that my teachers don't know about.

47. I try to get involved in most subject taught in school.

	Never agree	Some-time agree	Usually agree	Always agree

48. Once in a while I fail a test
that I was sure I had passed.

49. The students whom teachers like
get the best grades.

50. I have a habit of starting a new
job before the old one is finished.

51. Compared to other students of my
age I don't think I'm very smart.

52. School work is sometimes diffi-
cult but it will be well worth
my effort.

53. I don't like to take part in
class activities.

54. I know how to earn good grades
from my teacher.

55. At times when my homework is
hard I want to give up.

56. Knowing my past school grades
I can't expect to get the grade
I want.

57. Both students and teachers like
my ideas.

58. There is very little I can do for
myself to make school experience
any better.

59. I don't believe going to school
will be that helpful in getting
a good job.

60. The subjects I do the best in,
are the ones in which the work
is x easy.

61. Some school work is so hard that
I don't even try to do it.

	Never agree	Some-times agree	Usually agree	Always agree

62. When I'm with my friend, I do what they want to do, not what I want.

63. My parents wish I could improve my school work so that it is better than that of other in my class.

64. I believe it is very important to get as much education as I can.

65. At times I get the feeling that I'm going to fail in school.

66. I'm proud to tell my parents how I'm doing in school.

67. If my friends don't come to school, I don't want to come either.

68. I can predict how well I've done on a test before the teacher grades it.

69. I don't care about school, and plan to stop as soon as I can.

70. If I want to, I can learn just about anything taught in school.

71. Teachers simply expect too much from me in school.

72. My parents just don't understand how bad things can be in school.

73. I begin to day dream as soon as the teacher starts to explain things.

74. Much of what I learn in school will not do me any good.

75. I seem to learn school subjects very quickly.

	Never agree	Some-time agree	Usually agree	Always agree

76. My parents believe that I have
    ability to do very well in high
    school.

77. When I'm in school I'm not in
    control of my own life.

78. I would do better in school if
    I did not work so slowly.

79. I'll be one of the top students
    in my class when I attend
    higher classes.

80. I'm proud of the work I'm doing
    in school.

81. Getting good grades in this
    school is mostly a matter of luck.

82. I understand how the teacher
    wants us to do our work.

83. School will help me to have a
    better life.

Scoring key of Attitude toward School Scale :

    Scores from :-

    1.   65 to 83 - means good attitude toward school

    2.   45 to 64 - mixed attitude toward school,
                  sometimes good, sometimes bad.

    3.   Below 45 - Not favourable attitude toward
                    school.

APPENDIX

The social competence scale :

1. Interacts with friends and relatives without hesitation.

    a. generally yes
    b. sometimes
    c. never.

2. Show concern when somebody in the family is unwell.

    a. generally yes
    b. sometimes
    c. never.

3. Undertake activities with a sense of purpose, for instance he/she knows what he/she is doing and generally tells so.

    a. generally yes
    b. sometimes
    c. never.

4. He/she is able to concentrate on a task undertaken (that is does not flit from one task to another in a matter of few minutes)

    a. generally yes
    b. sometimes
    c. never

5. Attends to his /her daily chores (of washing hands, clothes etc.) by himself/her-self.

    a. generally yes
    b. sometimes
    c. never.

6. Takes care of his/her personal belongings, books etc.

   a. generally yes
   b. sometimes
   c. never.

7. Shows interest in learning new games and skills (e.g. skipping, jumping, learning to play cricket, puzzles etc.)

   a. generally yes
   b. sometimes
   c. never.

8. Shows interest in learning other activities like drawing, reading, singing etc.

   a. generally yes
   b. sometimes
   c. never.

9. Helps in houshold chores (e.g. bringing dishes, keeping away).

   a. generally yes
   b. sometimes
   e. never.

10. Shows curiosity and asks questions about various things.

   a. generally yes
   b. sometimes
   c. never.

11. Listens with interest and concentration if someone in the family is talking about some informative talk (about travels games etc.)

   a. generally yes
   b. sometimes
   c. never.

12. Tells what he/she feels or express his/her opinion.

    a.   generally yes
    b.   sometimes
    c.   never.

13. Communicate at length about different issues (school, teachers peers etc.)

    a.   generally yes
    b.   sometimes
    c.   never.

14. Appreciates and follows the rules laid down at home for hygeine and cleanliness

    a.   generally yes
    b.   sometimes
    c.   never.

15. He/she generally follows and adheres to safety rules set up for him/her

    a.   generally yes
    b.   sometimes
    c.   never.

16. He/she understands the moral code (the right and wrong) laid down (norms about stealing, telling lies, borrowing etc.).

    a.   generally yes
    b.   sometimes
    c.   never

17. If he/she has done some mistakes, he/she will understand and accept the mistake when explained about it.

    a. generally yes

    b. sometimes

    c. never.

18. Shares his/her books or other belongings with others.

    a. generally yes

    b. sometimes

    c. never.

19. Plays and interacts with peers amicably.

    a. generally yes

    b. sometimes

    c. never.

20. Shows interest and perseverance in the school activities.

    a. generally yes

    b. sometimes

    c. never.

21. Undertake newer activities with interest.

    a. generally yes

    b. sometimes

    c. never.

22. Is able to run small errands to a neighbour's place or a shop close by.

    a. generally yes

    b. sometimes

    c. never.

23. Attempts to help family members in their activities.

    a.   generally yes

    b.   sometimes

    c.   never.

24. Interacts freely with others.

    a.   generally yes

    b.   sometimes

    c.   never

25. It assigned any test the first reaction is "I can't do it"

    a.   generally yes

    b.   sometimes

    c.   never.

26. Is hesitant about doing anything and demands help or guidance from others.

    a.   generally yes

    b.   sometimes

    c.   never.

Appendix - Behavioural Adjustment to the programme of Reality
    Therapy - an inventory.

The student :-

1. Often looks out of the classroom window/day dreams.
2. If often distracted by something or the other.
3. Work is usually neat.
4. Nearly always answers the questions to the investigator
    puts to him/her.
5. Note books are scrubby and untidy.
6. Is often late for the lesson.
7. Has the books, note books and other things required for
    the intervention.
8. Is attentive when the investigator is telling something.
9. Asks questions to the investigator.
10. Does the assigned tasks on his/her own.
11. Leaves the task unfinished.
12. Comes to the programme regularly.
13. Understands the instructions given by the investigator.
14. Obeys the regulations set by the investigator.
15. Has friends.
16. Communicate with classmates.
17. Is teased by other children.ᵃ
18. Comes neatly to school.

Educational environment at home :

The educational environment especially is the support and guidance the family provides for the education of the child. For the present study Dave's (1963) concept of educational environment has been taken as a guiding principle to define the the variables Educational Environment at home. The tool used is also based on the Educational Environment at Home Scale constructed by Dave. Dave's concept and tool has been widely used in different settings by researcher studying home environments studies by Marjoribanks (1979), Dyer (1967) and Kellaghan (1977) had used the measure of Educational Environment at home as used by Dave. The educational environment at Home Score has consistently shown high correlation with the Academic Achievement in these various studies. Dave defined educational environment in terms of press variables - achievement press, language models, academic guidance, activeness of the family, intellictuality in the home and work habits in the family. Believing in the premise that it is what the parents do rather than what they are (their background, income, caste etc.) that contributes to the learning development of children in early years. Dave explicated the six press variables in terms of specific and pertinent process characteristics. Dave however felt that these characteristics should not be viewed as list of rules to be followed mechanically.

For the present study an adapted version of Bave's tool has been used with slight modifications. The modifications have been done in view of the sample under study.

The tool has five press variables as the core of the Educational Environment at Home.

1. Working habits at the family.

2. Academic guidance and support.

3. Stimulation to explore and discuss.

4. Academic aspirations and expectations and the encouragement and support they give to children for school learning.

I work habits of the family (both parents and children) Bave in his study had found that children from homes with a clear structure, shared responsibilities and set household routines, learnt better in school, than children from homes where a total laisses-faire atmosphere prevailed. A certain degree of structure and routine at home was essential for good work habits in matters of school work as well as other work. Children seemed to need a well balanced routine whereby they have time to study work eat and play and get adequate rest.

1. There is a clear plan for work and play for the children. There is a set routine for the children, where by there are fixed timings for play school work and rest. The children generally follow this routine without frequent changes on a account of things like quests, outings, child's moods and temper tantrums or parental preoccupations.

2. Time for work and sleep is well balanced. Planning for the say has another important aspect that is balancing at the time for different activities. This refers to the allottment at time in hours that is given to each activity. For example it would be inappropriate if the child spends just half an hour at play and on the other hand spends almost two to three hours for school work or the vice versa.

3. Priority is given to the school work over other activities. This refers to the preference given by the family to school work over other activities. For instance scheduling at the school work towards the other end of the day when the young child is tired or likely to be distracted by T.V. programmes etc. may be inappropriate.

4. The child is not disturbed during the study hour. During the validation of the tool for the present research it was observed that the parents did not have any qualms about asking the child to ran an errand or do a small chore while she was studying. The logic invariable put forth was that she is after all not studying for her M.A. exam. As such this process variable was included in view of the present sample.

5. Work schedule of the house hold is synchronised with the child's routine. This refers to the general organisation of the household activities. Household routines turned to the child's needs add to the sense of a regular routine to the child. Frequent rescheduling of household routine in terms of meal times or work hours is most likely to upset the child's routine as well.

Academic guidance and support - School learning is no easy task, for many it is a long and ardous task. Almost every child encounters some very difficult problem in tackling the different school subjects. Support and encouragement from the family members are essential during the years of schooling. Unless there is someone to help the child over the difficulties encountered. Dave found that homes differ greatly in the amount of encouragement and support they give to the children,

The <u>Home Interaction Pattern Scale</u> support at home enables the child to overcome difficulties and adjust well to the school Some of the things the home did not encourage children were identified as follows :

1. Encouragement and interest given to child's academic work The child is encouraged in many different ways. This coûld include praise and approved for good school work, speaking appropingly of the child to others, it may also include small little rewards and gifts relation to something the child has done well. More importantly it entails taking interest in the child's school work, her subjects, her teacher, the content taught etc.

2. The adult family members provide guidance to the child in school work - the family members spent time and take interest in supervising the child's school work everyday.

3. Whether the child is provided with all the books and things required for the school.

4. Whether concern is shown over the child's problems and adjustment at school.

5. Availability of a quiet place to study - According to Dave availability of a quiet place minus any distractions too is at importance to the school going child. This is to help the child's concentration and diligence while she does her school task.

Stimulation to explore and discuss :

1. Families interest in hobbies games and other activities of educative value.

2. Family's use and discussion of books, magazines, newspaper etc.

3. Frequent use of libraries museums, science fair etc. Family visit to museums zoos, historical sites and other place of interest.

4. The day to day spare time activities of the different family members. How the family members spend their spare time everyday is at significance to the environment created at home. If the time is generally spent on endless talk about the neighbours and relatives it is bound to affect the child's orientation also.

Academic aspirations and expectations :

The academic aspirations and expectation the parents have for their children go a long way in determining the educational environment provided. The home is usually the place where the child acquires the motivation to learn well and to aspire for higher educational qualification. Ways in which parents can motivate and help children to set their educational and vocational goals before the children are :-

1. Parental standards and expectations for the child's day to day school work.

2. Parental expectations and standard of child performance in tests and examinations.

3. Expectation of the child's performance in other school activities.

4. Parental aspiration and expectation regarding the child's higher studies.

5. Parental expectation and aspiration for the child's future occupation.

6. Home Interaction pattern. There are a number of issues or areas in which this home interaction pattern occurs

   They are -

   a) autonomy given to the child.
   b) The type of disciplining used in the home.
   c) The reinforcement and encouragement to the child.
   d) Sibling interactions.

Guide for Training in Muscle Relaxation

Introduction : The following exercises will help you learn to relax more completely so that you can achieve the maximum benefits from the procedures which are to follow. After you feel the tension associated with each movement hold that position for five second. Become aware of the feelings of tension. They completely relax allowing the affected muscles to become absolutely limp. Note the feelings of pleasantness associated with the relaxation. Do each of the following exercises twice.

1. Clench left fist - note tension in hand and forearm relax.
2. Clench right fist - note tension in hand and forearm relax.

3. Bend left arm upward at the wrist, point fingers at the ceiling - note tension in back of hand and forearm relax.

4. Bend right arm upward at the wrist, point fingers at the ceiling - note tension in back of hand and forearm relax.

5. Tough shoulders with fingers raise arms - note tension in biecep and upper arms relax.

6. Shrug shoulders, raise as high as possible - note tension in shoulders relax.

7. Wrinkle forehead - note tension, relax with eyes lightly closed.

8. Close eyes tightly - study tension - relax with eyes lightly closed.

9. Press tongue into roof of mouth - note tension in mouth relax.

10. Press lips together tightly note tension in mouth and chin relax. .

11. Press head backward - note tension in back shoulders and neck relax.

12. Push head forward, bury chin in chest - note tension in neck and shoulders - relax.

13. Arch your back, move away from the back of the chair push arms backward - note tension in back and shoulders relax.

14. Take a deep breath and hold it - note tension in chest and back - exhale relax.

15. Take two deep breaths at air, hold and then exhale - note your breathing become more slow and relaxed - relax.

16. Suck in stomach - try to make it reach your spine - note feelings of tension in the stomach - relax, nothing your breathing becoming more regular.

17. Tense stomach muscles - note tension in stomach - relax.

18. Tense thigh muscles - straighten legs - note tension in thighs - return legs to original position relax.

19. Point toes upward toward face - note tension in foot and calves of legs relax.

20. Curl toes downward as if burying them in sand - note tension in arches of feet - relax.

Each student was also given a copy of 'A report of practice in Muscle Relaxation' on which to record the frequency of practice sessions.

A Report of Practice in Muscle Relaxation

Name :

Sr. No.	Day	Date	No. of Exercise engaged in	Time spent
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

The Sample profile below gives an overall view of the students participated in the programme. From the table one at a glance could have a view of the participat's, sex, the type of family they belong, number of family members, family's financial background, education of both of the parents and their occupations.

A	B	C	D	E	F	G	H	I
1.	Male	Joint	06	5,000	S.S.C.	10th	Bank	House-wife
2.	Male	Nuclear	04	4,000	B.Com.	IXth	Business	- do -
3.	Male	Nuclear	04	3,500	Inter	VIIIth	Service	- do -
4.	Male	Joint	10	9,000	I.T.I.	S.S.C.	Business	Service
5.	Male	Joint	11	8,000	Inter	10th	Business	House-wife
6.	Female	Nuclear	05	4,000	Inter	9th	Service	- do -
7.	Female	Nuclear	04	3,000	S.S.C.	10th	Business	- do -
8.	Male	Joint	14	12,000	10th	6th	Service	- do -
9.	Male	Joint	20	15,000	12th	8th	Business	- do -
10.	Male	Nuclear	04	1,500	Inter	10th	Business	- do -
11.	Male	Joint	08	8,000	B.Com.	8th	Business	Service
12.	Male	Nuclear	03	3,000	S.S.C.	S.S.C.	Service	House-wife
13.	Female	Nuclear	04	5,000	Inter	S.S.C.	Service	- do -
14.	Male	Joint	08	12,000	10th	7th	Artist	Service
15.	Female	Joint	11	14,000	12th	10th	Business	- do -
16.	Male	Nuclear	04	5,000	S.S.C.	Inter	Business	House-wife
17.	Female	Nuclear	10	12,000	11th	S.S.C.	Business	- do -
18.	Male	Joint	15	18,000	Inter	6th	Business	- do -
19.	Female	Nuclear	03	4,000	B.A.	10th	Service	- do -

A	B	C	D	E	F	G	H	I
20.	Male	Nuclear	05	3,000	Inter	8th	Service	House-wife
21.	Male	Joint	09	10,000	B.Com	8th	Business	Service
22.	Female	Joint	10	15,000	M.Com	10th	Business	Service
23.	Female	Nuclear	03	5,000	B.Com	S.S.C.	Service	House-wife
24.	Male	Nuclear	04	4,000	Inter	Inter	Service	– do –
25.	Male	Joint	08	10,000	S.S.C.	S.S.C.	Business	Service
26.	Female	Joint	09	8,000	B.Com	Inter	Business	Service
27.	Male	Nuclear	04	4,000	B.A.	B.A.	Service	House-wife
28.	Male	Joint	11	9,000	10th	8th	Business	Service
29.	Male	Joint	08	10,000	B.Com	S.S.C.	– do –	Housewife
30.	Female	Nuclear	05	5,000	Inter	Inter	Service	Service

Guide to the letter used in the above table

A — No. representing an individual student

B — Sex of the student
C — Type of family
D — Number of Family Members
E — Parental Income p.m.
F — Father's education
G — Mother's education
H — Father's occupation
I — Mother's occupation

Interview Schedule for Students

1. Name :
2. Address :
3. Age :
4. Father's educational qualification:
5. Father's occupation:
6. Mother's educational qualification:
7. Mother's occupation:
8. When did you join the school :
9. Name the school where you studied before coming to the school.
10. Number of brothers and sisters and your position in the family.
11. Do you like the school ? Why ?
12. What are some of the problems you face in class/school ?
13. Who among the teachers do you like the best ? Why ?
14. Dislike the most ? Why ?
15. How many hours do you study at home everyday on an average. Is that enough ? If not how many more hours can you find for personal study.
16. Has somebody got to be after you to study or you are responsible for your own study.
17. Are you satisfied with your school academic performance ?
18. What are your educational goal for this year ?
19. What are some of the personal benefits you had from attending this group ?

Interview Schedule for Parents

1. How do you think your son/daughter is doing at school ?

2. What is your ambition regarding your son/daughter ?

3. What is his/her educational goal ?

4. Did your son/daughter share details of the educational programme with you ?

5. Did he/she share what he/she learned personally from it ?

6. Did you notice any change in his/her behaviour after the experiment ?

      i) in studies
     ii) in relationship with you and others.
   iii) in taking responsibility.
    iv) any other

Effective Study Behaviour

I. General Study Behaviour :

A   Proper setting :

1. Place - has a location which is conducive to concentra-
    tion, which is free from auditory and visual distraction
    and which provides optimal comfort (that is proper ligh-
    ting, ventilation and temperature but not so relaxing
    that drowsiness results).

2. Time - schedules himself - so that class time + study times
    totals not more than 10 hours a day. Works efficiently -
    tries for 60-90 minutes of concentrated study at a time,
    then takes a short break. Tries to predict the amount of
    time he should be taking for certain tasks (this probably
    will vary for his different subjects) and tries to do his
    work in the predicated time. Studies early in the day
    rather than late at night.

B. Proper strategy :

1. Uses a study schedule.
2. Assignment procedure -
    a) Records assignments in a book. Has a clear concep-
        tion of what is required and for when it must be
        completed. If he is not sure he asks questions of
        his teachers.

    b) Gathers necessary materials use all available
        resources. Asks teachers for assistance in locating
        the most appropriate materials.

c) Does his most difficult assignments during his best concentration periods. Saves his rewriting tasks for periods when his concentration is not as good. Tries simpley assignments first, therefore building up his confidence.

d) For essay writing, makes a rough outline tirs uses large blocks of time when he begins to write. Writes quickly for the rough draft puts it aside for 24 hours, then rewrites it. Has someone else read his essay and discusses their comments. Leaves essay for another 48 hours, then prepare final draft.

e) Hands in his assignments on time, every time.

3. Study procedure :

a. Schedules definite times and outlines specific goals for his study time. Allows at least two hours for every subjects each week for a review of notes and text content.

b. Question - Asks questions about what should be learned during that study time.

c. Read - Reads the material Notes important items of information. Looks for answers to the question he posed. Realizes that scanning is sufficient in certain areas while in other places he may need to read more analytically.

d. Recite - Goes over the content which he wants to remember prepares notes on it in order to help his memory.

e. Review - Asks further questions and then resurveys the material.

II. Specialized study Behaviour :

A. Interactive participation in class :

1) Asks the teacher questions when clarification of lecture points is needed.
2) Volunteers answers to questions posed by the teacher in the class.
3) Participates in class discussions.

B. Interactive participation out of clss.

1) Engages in formal or informal discussion with class-mates on topic relevant to his courses. Clarifies points which had not been clear during lectures. Reviews course content with other students.

2) Interacts with other resource persons on the school campus or in the community.

C. Note taking behaviour :

1) Perviews the lecture topic before he goes to class (that is uses the text).
2) Rereads last few day's notes before the class begins.
3) Listens first, writes second.
4) Uses the margins of his paper for headings, writes lecture content in the body of the page.
5) Writes neatly.
6) Makes special notes of content which the instructor stresser.

D. Examination behaviour :

1. Starts preparation early follows "study procedures" mentioned above.

2. Makes notes of instructor's hints concerning exam content or format.

3. Discusses with classmates the areas of course which they think are most relevant for the exam.

4. Prepares sample test questions while he studies Administer there to himself the day before the exam and corrects his responces.

Some Important books articles & studies on Reality Therapy
and brief discussion about them :

Wubbolding (1988) in "Professional issues consultation and
thics" identifies the ethical pitfalls of consultation for
Reality Therapists.

These include -

1) Misidentifying the client or client system.

2) Being unware of the trainee's responsibilities and
   limitations.

3) Failing to account for cultural differences in
   trainees.

4) Creating a job for oneself (i.e.) seeking to use the
   training opportunity to obtain a full time position
   with or to creat an overdependence on the skills of
   the consultant. Questions and topics to be
   discussed with prospective clients, are elaborated
   and ethical and professional principles for
   consultants are presented.

Fried (1990) in "Reality and Self-control - Applying Reality
Therapy to student personal" discusses.

William Glasser's (1984) description of behviour as the
attempt to reduce the difference between desires and reality
in two context of out of control college students. Procedures
described by Glasser (1986) are presented to help student p
personnel workers to rebuild a trusting humane relationship
with students. These procedures include -

1) becoming friends with students.

2) helping students to analyze their own behaviour in
   detail.

3)   teaching students to identify and set priorities &

4)   being unwilling to accept execuses.

Parish (1989) in "Taking effective control via Telenet"
(an interactive voice communication system) introduced the
concepts of Reality Therapy to 12 graduate and 1 undergraduate
student located at 12 different receiving stations via Telenet.
completed the Personal Attribute Inventory and a love-hate
scale developed by T. Parish. These instruments were used to
detect changes in college students who had been taught similar
concept of Reality Therapy. The study replicates findings in
a study by T. Parish and suggests that the introduction of
Reality Therapy over radio types of economication systems may
help many individuals in the audience to take control of their
lives.

Perkins (1988) in "P.A. and running - A report and
replication study" survey reports by 99 adult runners repli-
cated the meditative creative state called positive addiction
(P.A.) by W. Glasser (1976) drawn from the principles of
Reality Therapy. All Ss reported feeling euphoric while run-
ning and 981 reported feeling irritable, depressed, sluggish,
guilty or anxious if they had missed their planned run.

Evans (1982) in "What are you doing" - An interview with
William Glasser discusses the origin and principles of
Reality Therapy (RT) as described in an interview with its
founder. The influence of G.L. Harington on the development
of R.T. is acknowledged. The differences between tradition
therapy and R.T. are presented and the 8 steps of RT are out-
lined. The use of RT in the schools is discussed at length
especially how it improve discipline and how and why it uses

classroom meetings. Glasser feels Reality Therapists develop
an optimistic attitude. An important part of his current
thinking is learning more about how the human brain functions.

Geronilla (1985) in "Handling patient non-compliance using
Reality Therapy" argues that the steps of Reality Therapy can
be an effective model for improving patient compliance and out-
lines ' 8 steps. In step 1 establishing good raport and free
communication in the provider-patient relationship, showing
sincere concern and sympathy and determining the patient's
concerns beliefs and knowledge about the particular illness and
its treatment are emphasized. The patient is asked to describe
his/her current health behaviours in step 2 and in step 3. The
patient is asked to evaluate his/her health behaviour criti-
cally. Step 4 involves making a plan for the patient to do
better, guidlines for developing a plan are presented, that
include keeping plans simple making them realistic and devising
a specific plan for each patient. In step 5 the provider
obtains a commitment from the client such as a health contract.
Step 6 urges providers to avoid accepting execuses for non-
compliance and to develop a new plan or seek recommitment to
an existing plan. Step 5 stresses the elimination of punishment
and criticism when a patient fails to carry out a plan &
cautions providers not to interfere with reasonable health
consequences that may help clients perceive the need to follow
the plan. Step 8 advocates continuous follow up.

Silverberg (1984) in "Enhancing life" Reality Therapy and
Terminal care" contends that the aim of reality therapy in
terminal care is to help the patient and/or family members
determine and manage their own adaptive response. Advantages
include the emphasis on active rather than passive helping and
instructing within a therapeutic relationship. Strategies for

increasing the patient's responsibility and self-control and for allowing the patient to live realistically and practically with terminal illness are discussed.

Mattimore (1984) in "Using Therapy in a social service agency as an assessment tool to determine couple adoption suitablities" - suggests that Reality Therapy (RT) can help the adoption worker quickly assess whether or not a couple be should be recommended for approval to adopt because RT is direct and confronting, yet nurturing, practical and easy to understand. RT focuses on the couple's life situation and permits the interviewer to obtain information and suggest alternative ways, by which they can meet their needs. An example is given of the practical application of RT in the adoption process.

Haines (1983) in "Reality Therapy for self help" indicates that Reality Therapy provides the means for personal and professional growth when used as a continual program of self development. A plan for improvement that is being used by individuals who want to improve the quality of their living is presented.

Wubbolding (1979) in "Reality Therapy as an antidote to burn out" suggests what to do about burn out through using Reality Therapy. A specific process for dealing with burn out is presented. Observes and interprets current behaviour decides what is more effective and makes a specific plan to take remedial and developmental action to fulfill human needs.

Wubbolding (1982) in "Understanding Reality Therapy" shows an unusually helpful way to understand control Theory and Reality Therapy. Drawing on his own therapeutic practice with patients in his workshop and on examples from everyday life, Wubbolding explains how metaphors, analogies and similes can illuminate, how we look at the world and our unspoken attitudes about life.

Edward (1984) in "Freedom from Stress" demonstrates the use of Reality Therapy to reduce stress by evaluating values, priorities and standards. Most people deal with symptoms. This book is based on cybernetic Reality Therapy and deals with causes.

Wubbolding (1983) in "Paradoxical techniques in Reality Therapy" describes 2 general types of paradox that are central to the effective use of Reality Therapy i.e. reframing/ relabeling/redefinition and prescriptions. Reframing is defined as helping clients change the ways they perceive & think about a topic, perhaps by relabeling a negative symptom or by redefining a problem. In the prescription technique the client is instructed to choose the symptom e.g. having a relapse or scheduling the symptoms. A principal of Reality Therapy is that most behaviours are chosen. It is suggested that paradoxical procedures worked by changing the purpose of the symptom thus reframing it. Contradictions and caveats for the use of paradox are described. It is concluded that the paradoxical techniques of reframing and prescribing can be used within the context of control theory and Reality Therapy.

Gerald (1985) in "The use of imagery in Reality Therapy" presents an example of the use of imagery in the counseling process of Reality Therapy. It is indicated that imagery assists the client to clarify and alter perceptual errors and helps to make all steps of the counselling process more concrete.

Peterson (1983) in "Pathogram A visual aid to obtain focus and commitment" presents the pathogram - a visual aid designed for use in Reality Therapy to provide clients with a graphic illustration of the energy they are presently exerting in meeting their basic needs. The pathogram present 5 categories to students - love/belonging/achievement worth/fun/freedom and variety and Ss are instructed to draw lines within each category to illustrate the amount of time and energy they are experting in each. Sample pathograms of a workaholic and a problem student are illustrated.

Not only in school/colleges or in the educational fields Reality Therapy has been used successfully, the following discussion will make one aware of the various uses of Reality Therapy. It seems that there is not a single field where the Reality Therapists have not stretched their helping hand to help the victims. Such as in the cases of : Battered Woman, Behaviour problems of Adolescents, criminal offenders (Juvenile) Cross-cultural Population, Gifted students, Hearing and visually impaired, Learning disabled, Mentally and Emotionally ill, Mentally Retarded, Physically disabled, older patients, substance Abusers, and last put not the least even in the case of suicidal patients.

Thatcher (1985) in "Spuse violence: Survivors applies Reality Therapy to understand the behaviour of battered wives, remaining in an abusive relationship arguing that such women

stay as a way to meet survival or other needs. It is suggested that the counselor needs to be nonjudgemental about the situation and needs to remain as a need fulfilling person to the absued woman.

Czudner (1979) "The rational reality based approach for treating the criminal child abuser" describes the rational reality based approaches incorporate the philosophies of rational behaviour training & reality therapy into a therapeutic strategy that helps clients to learn skills in making rational decisions that can aid them in living harmoniously within the family structure.

It seems that this approach to counseling the parental child abuser is a strategy that allows the parent figure to understand and perceive positively the personal benefits that accrue from not abusing the child. Results of its use with 35 clients are discussed.

Rachin (1973) in "Reality Therapy - helping people helps themselves" - suggests that efforts to redirect the behaviour of persons who violete laws, custom and morals are often unsuccessful, because deviant behaviour is viewed as evidence of mental illness of some kind or degree. It is argued that the mental illness model has compartmentalized, isolated and stigmatized those who for one reason or another act unconventionally. Reality Therapy is presented as a more humanistic, economic and socially productive alternative for changing behaviour. Its application and availability to offender are discussed.

Mickel (1985) in "Integrating the African Centered Persp-ective with Reality Therapy control theory" argues that the traditional Eurocentric approach to counseling contains several barriers to the treatment of persons with diverse cultural and ethnic back grounds such as ignoring ethnicity as a significant as a significant factor using methods that deny the need to account for diversity in the problem solving process and practice of the deficit hypothesis. Alternatives to the conventional perspectives are synthesized through Reality Therapy and control theory. The African cultured approach joins traditional cultural values with Reality Therapy and is grounded is 5 basic philosophical principles of traditional African beliefs.

Edward (1983) in "Applying control theory and Reality Therapy in a Gifted and talented classroom" presents a holistic design for providing an integration of cognitive and basic needs for gifted programs in schools. The proposed curriculum attempts to challenge the gifted students through content, complexity, process and a structure based on cooperative lear-ning designed to meet the needs posited by Reality Therapy and control theory.

Mcdowell (1989) in "Coping with Social and emotional factors through various strategies - Help for the gifted students - cites literature indicating that a problem of social and emotional maladjustment exists in a significant portion of the gifted population - The areas of identification & assess-ment are discussed and the various techniques and startegies such as Reality Therapy and control theory are used for working with the socially and emotionally handicapped child are outlined.

Renna (1992) in "The use of control theory and Reality Therapy in the education of students with sensory cognitive and physical challenges discusses ways of integrating special education into the educational mainstream and the community at large based on the concept of Reality Therapy and the concept of quality school developed by William Glasser (1990) There are significant parallel between the successful community integration of these students and the concepts of control theory in the practice of Reality Therapy. These concepts form the basis of ways in which special educators must alter the way they teach and interact with their students to focus on what is possible rather than on what the students cannot do.

Mccrone (1989) in "Reality Therapy with deaf rehabilitation clients" discusses the application of Reality Therapy techniques to the vocational rehabilitation & job placement of deaf patients. Reality Therapy is unique in its focus on real counselor involvement with present client behaviour instead of past feelings and psychohistory. Reality Therapy works through establishing friendly relationship with the client analyzing current client activities and planning to achieve future goals. Such a program is an effective complement to traditional rehabilitation counseling approaches.

Coen (1990) in "Effect of modified Reality Orientation therapy in Patients with severe cognitive diorders" describes a modified form of Reality orientation therapy for use with patients who have severe cognitive disorders. Samples who have completed Reality Therapy have demonstrated lower levels of passivity, the skill of researching cognitive and nemonic strategies to compensate for mental shorateges and increase in the effort and ability to concentrate and improvement in mood.

Ingram - Julick (1990) describes the use of Reality Therapy in the treatment of graduating female college student who displayed depressive behaviour including attempted suicide because of her fear of job hunting. Treatment consisted of 8 weekly sessions and involved monitoring the number of times the sample initeracted with friends and the number of information interviews conducted by the sample during the previous week. The sample depressive behaviour was also monitored. Pre to post treatment scores on the Beck Depression Inventory indicated that the sample chose depressing behaviour less often and was becoming more responsible for her behaviour.

Honeyman (1990) assessed perceptual changes in 24 chemically dependent clients of a residential treatment program. Reality Therapy formed the basis of group treatment of the social psychological and behavioural concomitants of addiction in both the samples and their families. Samples completed the personal questionnaire Rapid Scaling Technique (PQRST) on 4 separate occasions that coincided with particular Treatment exercises. Results support the use of Reality Therapy in treating addiction and support the sensitivity of the PQRST as an instrument for detecting changes in intensity of perceptions with significance for treatment outcome.

Drummond Robert J. (1984) discussed the impact of Reality Therapy over time on the Maine Youth Centre and staff perceptions of Reality Therapy in this evaluative report. The distribution of staff members participating in the evaluation by job category, age range, length of employment, educational level and sex is given. The Reality Therapy attitudes Scale and open-ended questionnaire was used for four times at intervals between January 1980 and January 1982. The survey results are reported in six areas attitude toward Reality Therapy over time,

utilization of Reality Therapy, current utilization and success attitudes toward Reality Therapy by job classification, personal evaluation of Reality Therapy and perceived impact of Reality Therapy on the Maine Youth centre. Positive and Negative features of Reality Therapy as perceived by the staff are presented and the unexpected impact of Reality Therapy is discussed. Thirteen recommendations are listed concerning professional development in Reality Therapy techniques in service training and assessment procedures.

Schriner (1988) wrote on one program which is based on Glasser's Reality Therapy and control theory techniques. The program consists of a trainer's guide, a participant's work book, tape/slide presentations diskete which transform aptitude and interest score into a list of occupation appropriate for that individual. The 26 lessons are grouped into four unit –

   a)   Understanding occupational choice strategy.
   b)   Understanding myself.
   c)   Knowing the world of work.
   d)   Making a vocational choice plan.

Hanna (1984) proposes a Reality Therapy method of career counseling based on a model for comprehensive career counseling developed by J.O. Crites (1969, 1981). Four counseling steps are described including involvement (during which problems are identified and trust established)
awareness (which strengthens client's recognition of feelings/ circumstances.
Analysis (during which client evaluate their behaviour)
and
Planning better behaviour.

Career counseling is viewed as a vehicle for life adjustment. Counseling for clients thus becomes means for satisfying broader wants and needs and for living a more fulfilled total life.

Pickering (1983) recommends Reality Therapy as a method of cognitive behavioural career counselling. Reality Therapy is designed to help people meet the needs of belonging and being loved, gaining power and recognition, having fun and being free. Satisfaction of these 4 needs are the patchway to success which for many means success in a career. Eight components are outlined for using Reality Therapy with career counseling. The counselor and client must establish a relationship and learn the client's concerns. The client must be established with emphasis on self-responsibility for present behaviour and career planning.

Next client must evaluate their present behaviour so that the dissonance between what is now and what is wanted will lead to a commitment to decide what to try next. Planning must be developed in increments, a verbal commitment to the plan must be obtained. If a commitment is not being met the plan may have to renegotiated or revised. Reasonable expectations must be established including the client's responsibility for taking the necessary action to resolve career development difficulties. It is suggested that this model will assist counselors in more consistent and thorough career counseling.

Kitchen (1991) elaborates on the three stages of crisis reactions experienced by sexual assault victins as they move toward recovering. Reality Therapy is described as an useful method of counseling for rape victims.

Ososakie (1985) discusses William Glasser's (1965) Reality Therapy approach and discusses eight principles contained within it, that are appropriate in a wide variety of rehabilitation settings and applicable to individuals with diverse disabilities. Applications of Reality Therapy and continued Reality Therapy research are discussed.

Maloney (1990) presents guidelines and suggestions for the mental health professional in crisis intervention counseling, based on William Glasser's (1981, 1984) Reality Therapy and control theory. The counselor's two fold goal at resolving the client's crisis and promoting problem solving techniques are discussed.

Trudy (1982) discusses the use of William Glasser's (1965) reality therapy in crisis intervention. The target population includes individuals who have been displaced from their homes - economic refugees. This approach quickly directs attention to the crisis event and the patient's reaction to it. Focus is on the present and concrete plans for coping are discussed using a strategy that is acceptable to the patient. Use of the technique with a 67 year old man is described.

Smadi (1991) develops a theoretical framework of the dynamics of the marriage relationship in terms of control theory/reality therapy (Glasser 1981) Marriage involves 2 unique controlling system entering an intimate relationship by free choice and individual responsibility to satisfy personal needs.

The engagement and marriage, stages of marriage development are outlined and characteristics of successful marriages and reasons for dysfunctional marriages are derived from control Theroy/Reality Therapy Recommendations for Reality therapist dealing with trouble couples are provided.

Hallock (1988) discusses the use of Reality Therapy/
control theory concepts in couples counseling. A/c him the
procedures of Reality Therapy is useful for the counselor to
help a couple to identify conflict resolution behaviours
they are presently using and to expand their behavioural
repertory to include the collaborative model, which best
assures couples of power equity.

Conner (1988) describes the use of the concept of
permanent love which was put forth by E.E. Ford and S.England
(1974) in a four months counseling contract based on Reality
Therapy. Eight sessions address such issues as the counse-
lling contract what a couple can do together what individuals
can do on their own possible assignments and compromising.
The author used permanent love technique with 14 couples
over a 21/22 months period. Outcome for the couples are
discussed.

Elijah (1990) discusses Family Therapy under the age is
of control theory and Reality Therapy. Reality Therapy based
Family Therapy focuses on the relationship system and works
to modify the processes detracting from the need fulfilling
quality processes. The therapeutic process consists of 3
phases preparation, integration and the transfer of change.
It was suggested that Family Therapist must k weave together
the environment and the procedures that lead to change.

Edward (1983) discusses the application of Reality Therapy
to family therapy and suggests that in Family relationship it
is important to build a relational confidence a belief between
two people so that they can rationally and calmly handle the
problems that arise from time to time. Here in the family
relationship Reality Therapy plays a very important role, if
ever any problem arises.

Clagett (1992) discusses Reality Therapy and therapeutic treatment program developed by Hope Center Wilderness camp. The author presents evidence to suggest that group - integrated reality therapy constitutes a process that helps in reformation of juvenile delinquents treated in small residential groups.

Geronila (1986) described 'Speak Easy' a reality therapy based helping function which counselors, clergymen, social workers, personnel managers and other helping professionals can use to promote wellness in single people.

Dalbech (1981) describes the use of Reality Therapy in groups of 4 students of junior high school. This group counselling program has worked well in the school environment.

Carver (1989) describes an evaluation instrument by William Glasser (1980) to measure the effective management of problem employees and the impact of training in Reality Performance Management (RPM) significant differences in pre and post test scores indicated a movement toward identifying with and adopting R.P.M. Methods.

Bruce (1986) reports on the result of a computer model designed to explore the possibility that Reality Therapy will be an effective management intervention for dealing with a problems employee.

Barlow (1991) provides a brief overview of the Main Workers' Compensation System (WCS) and shows how William Glasser's (1965) Reality Therapy (RET) can be applied to the rehabilitation process (RP) in ways that benefit the injured workers and at the same time contribute to the overall effectiveness of the Worker's Compensation System (WCS).

Çroll (1992) in his article "The individualist roots of Reality Therapy - a textual analysis of Emerson's Self reliance and Glasser's Reality Therapy" argues that William Glasser's (1965) Reality Therapy fits in with the broader mainstream of American philosophy as exemplified by Ralph Waldo Emerson.

Glasser's 6 points of departure from traditional psychiatry are juntaposed with comparable selection from Emerson's self-Reliance. Central to all of Glasser's points is his notion of the underlying dignity of the Individual and belief in the potential and necessity of that individual to choose his own direction.

Kris (1990) in 'Comparing Psychodynamic and Behaviouristic Approaches in the Management of Aggression in Children" presented a literature based comparison of psychdynamic and behavioural approaches in the management of aggression in children. The section on psychodynamic approaches discusses the work of August Aichhorn, Fritz Redl, Nicholas long and William Glasser. Special attention has been drawn to Glasser's model and its difference both with psychodynamic and Behaviouristic approaches.

Palmatier (1990) in "Reality Therapy and brief strategie interactional therapy" summarizes the reality approach to therapy of William Glasser (1965) and the brief strategie therapy of R.Fisch et al (1982) emphasizing the links between the two counseling models. Examples are given of

1) reframing inner picture so that the client can perceive problem at a different level and view it as solvable.

2) giving the client a suitable rationale.
3) directing new actions by which clients can
    refocus their lives.

Case examples show how reframing can be woven into
Glasser's counseling process.

Geronilla (1989) in 'Neuro - Linguistic programing comp-
ared to Reality Therapy' compares the ways in which neuro -
linguistic programmeing (NLP) and Reality Therapy (RT) view
the person's input system, internal processing and behaviour.
The uses of NLP and RT are also compared in the establishment
of client rapport and in the process of bringing about
therapeutic change. The NLP focus on therapeutic techniques
that achieve a state of excellence is compared with RT plann-
ing procedures that lead to change. Factor's in NLP theory
success are discussed and an eclectic approach that includes
both RT and NLP is suggested.

Johnson (1989) in "The theories of B.F. Skinner and
William Glasser Relevance to Reality Therapy" describes the
concepts of positive and Negative reinforcement, punishment
and extinction in the Behaviourism theory of B.F. Skinner
(1948, 1971, 1978) and compares it with the control theory of
William Glasser (1981, 1984) Glasser holds that human
behaviour can't be explained in terms of animal behaviour that
humans are born genetically coded with powerful internal
forces and that behaviour is an attempt to satisfy these
forces and this to control one's life. Elements of Skinner's
theory within the reality therapy processes are identified
and the relationship of Skinner's theory to Reality Therapy
are discussed.

Ballou (1984) in "Thoughts on Reality Therapy from feminist" proposes that aspects of Reality Therapy (RT) are inconsistent with a feminist's orientation to therapy. In focusing on the individual, RT does not acknowledge differences in gender, class race and ethnicity. In assuming individual control of the external things, RT contradicts the belief of feminist therapy (FT) that senism, racism classism and ethnocentrism are responsible for many problems of women and oppressed groups. It is argued that a more adequate world view would allow for the complexity of external forces interacting with the individual and for social change. RT and FT are viewed as being in concert with regard to the concepts of the therapeutic relationship and the acceptance of the client's values.

Elaine (1984) in 'Adlerin antecedents to Reality Therapy and control theory' argues that William Glasser's Reality Therapy (RT) has its roots in the Individual Psychology (IP) of A.Adler and compared points of convergence between the two. Although Glasser eventually adapted a theory to explain the effectiveness of RT, called control theory, it suggested that RT could be viewed as a method of applying IP even though it was not intended as such. Like Adler Glasser has stressed the importance of a person's assuming responsibility for his/her life and he defines responsibility as the ability to fulfill one's needs. Both IP and RT view the therapist as an educator — what about therapy than ?

Major dissimilarities between IP and RT are highlighted e.g. IP places more emphasis on the client's past than RT.

Sewall (1982) in "Comparing and contrasting of Reality Therapy and Rational Emotive Therapy" compares the philosophical and methodological base of A. Ellis's (1973) Rational Emotive Therapy and W. Glasser's (1965) Reality Therapy. A major similarity is the emphasis on client's responsibility for their behaviour. Glasser (1965, 1975) views involvement as crucial to developing a relationship, however Ellis (1973) does not consider this an essential need.

Orten (1981) in 'Conceptions of individual freedom and responsibility - Their impact on theraputic practice' contrast the views of traditional theory (the psychoanalytic conception of personality structure and development) on individual freedom and responsibility, with the views advocated by adherrents of transactional analysis, rational emotive therapy, logotherapy, Reality therapy, Gestalt therapy and client centered therapy. It is argued in this book that unlike traditional therapy and most of the recent therapies, Reality Therapy use confrontive and directive techniques to change perceptions held by the individual's conscious thinking. Clients in this therapy are not allowed to place responsibility for this problems anywhere but on themselves.

Wheeler (1981) in 'Reality Therapy and Alcoholics Anonymous - A comparison of two approaches to behaviour change' compared the 12 steps formulated by Alcoholics Anonymous (1953) with W. Glasser's Reality Therapy (1965). Many similarities are shown between the 2 approaches. The key component in both is the involvement of the helping person whereas the more traditional psychotheapies stress the noninvolvement and detachment of the helper. Such noninvolvement has proved more often than not to be ineffective in helping people implement

positive changes. It is concluded that it is time for
professionals to have the courage commitment and conviction
to become involved and to reconsider the therapeutic alliance
of Reality Therapy.

Rozsnafszky (1974) in 'The impact of Alfred Adler on three
'free will' therapies of the 1960's argues that Adler is the
unrecognized father of atleast 2 important trends in current
therapeutic thinking, the emphasis is on appropriate realistic
behaviour rather than insight as the criterion of mental health
and a renewed belief in the patient's responsibility for his
or her own actions. A comparison of 3 popular therapies of
the 1960's rational emotive Therapy (RET) Transactional
Analysis (TA) and Reality Therapy (RT) is presented to illu-
strate that each contains components emphasizing patient's
responsibilities, free will and appropriate social behaviours
as criteria for mental health. It is concluded that proponents
for TA, RET and RT should identify themselves as Adlerian and
then note their extensions and modifications of his basic
theory instead of ignoring their historical roots. A unifi-
cation of popular therapies under the Adlerian banner would
allow his theories to have a greater influence on current
psychological thinking and would bring the issues into thera-
peutic practice into historical perspective.

Hintnaus (1973) in "Pedagogic System of Makarenko as
psychotherapeutic community" finds some common features in
Makarenko's pedagogic system and Reality Therapy which stress
the value of group approach.

Crowley (1974) in 'Reality versus client centered group
therapy with adolescent males" discusses the similarities
between Reality Therapy and client centered Therapy by Carl
Rogers.

Banmen (1983) in 'Reality Therapy revisited - what
Stations of the mind' Discusses William Glasser's (1981)
explanation of human nature which is based on his Reality
Therapy model and which suggests that the brain works as a
complex control system operating through a feedback mechanism.
Four major components of brain functioning are presented by
Glasser, the internal world, the comparing station and the
behavioural (output) system. The model suggests new
direction for Reality Therapy.

Robert (1979) in 'Can Reality Therapy be subsumed under
humanistic psychology" discusses various similarities of
Glasser's Reality Therapy with humanistic psychology.

Lundrigan (1991) in 'Reality Therapy and Method acting'
asserts that C.Stanislavski's (1936, 1949, 1961) theoretical
foundation has many echoes in control theory and Reality
Therapy (RT) and the RET processes can be easily applied to
Stanislavski - based play directing. The author maintains
that there are parallels between R.T. and the Stanislavski
method because both are based in reality and both are
commited to finding the truth.