Relational-Cultural Theory and Reality Therapy: A Culturally Responsive Integrative Framework

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The authors propose an integration of relational-cultural theory and reality therapy. The authors contend that the traditional assumptions of reality therapy are consistent with the relational aspects of relational-cultural theory and together provide a culturally responsive approach for diverse clients. The authors also include an overview of the 2 theories as well as highlight the convergences and divergences. In addition, the authors present a case illustration depicting the integration method in practice.

Keywords: reality theory, relational-cultural theory, multiculturalism, theoretical integration

Over the past 50 years, scholars have consistently identified approaches that focus on the relationship within and outside of the therapeutic environment as having a significant effect on culturally diverse clients' well-being (May & Yalom, 2000; Rogers, 1967). Although these scholars make claims to address the needs of diverse clients (Clark, 2010; Tanaka-Matsumi, Higginbotham, & Chang, 2002; van Deurzen, 2002), few have theoretically attended to the cultural and diversity needs of clients; instead, they have relied on ethical codes and multicultural or advocacy competencies to address the deficiency (Arciniega & Newlon, 2003; Spiegler & Guevremont, 2010). However, relational-cultural theorists have filled this gap by specifically operationalizing how counselors can use the therapeutic alliance to examine and enhance current relational interactions with culturally diverse clients (Ball, 2005; Jordan, 2009). We classify culturally diverse clients as individuals that self-identify with culturally marginalized populations (e.g., lesbian, gay, bisexual, transgender, and questioning [LGBTQ] individuals; racial and ethnic minorities; low-income individuals; individuals with disabilities; American Counseling Association [ACA], 2014).

As counseling professionals embrace the needs of culturally diverse clients through multicultural competencies, ethics codes, and accreditations standards (ACA, 2014; Arredondo et al., 1996; Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2015), counselors may not only identify cultural considerations or limitations within counseling approaches but also use these as a means to develop new, more integrative approaches. Many scholars using cognitive and behavioral approaches, such as reality therapy, chose to alter or adapt their therapeutic process to meet the needs of diverse clients (Bedoya & Safren, 2009; Hays & Iwamasa, 2006). However, literature related to the integration of more culturally responsive and sensitive approaches is scant. Consequently, we examine relational-cultural theory (RCT) and reality therapy as integrative approaches that combine behavioral, psychoanalytic, and postmodern paradigms.

Counseling with a traditional approach such as reality therapy through the lens of RCT provides an appropriate framework for counselors to address systemic issues of power, privilege, marginalization, and the ways these issues influence the choices their clients make (Frey, 2013). In the following sections, we (a) provide an overview of RCT and reality therapy; (b) discuss the theoretical rationale for integration; (c) present a case illustration depicting the application of RCT and reality therapy with a biracial, adolescent client; (d) offer evaluation procedures; and (e) provide implications for research and practice.

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RCT

Scholars originally developed RCT in an attempt to understand the relational interactions in the lives of women (Jordan, 2009; Jordan, Kaplan, Miller, Stiver, & Surrey, 1991; Miller, 1986) and to emphasize the role that caretakers and cultural contexts have in these interactions (Miller, 1986). RCT scholars have suggested that traditional theories of human development and psychodynamics mistakenly and harmfully perpetuate the oppressive cycle of inaccurately pathologizing clients by disregarding the historical and systemic injustices experienced by marginalized groups (Comstock et al., 2008; Jordan, 2001; Trepal, Boie, & Kress, 2012). Consequently, RCT facilitates social justice, decreases emotional and physical separation, and increases relational connections (Jordan, 2009). Furthermore, RCT emphasizes the role of power dynamics on well-being and the role these dynamics have on perpetuating shame and feelings of unworthiness (Jordan, 2009). In this regard, RCT scholars have identified the seven fundamental concepts for the theory (Jordan, 2009; Miller, 1986), which include relational characteristics and growth-fostering interactions.

Relational Characteristics

The first concept of RCT specifies that individuals grow through and toward relationships during the course of their lives, which embraces the notion that relational aspects of the life span are inevitable and an integral part of life. The second concept, mature functioning, is characterized as movement toward mutual empathy rather than separation. In this movement, the individuals are able to see the impact they have on others as well as how others affect them and begin to change. The third fundamental concept of RCT is that relationship differentiation and elaboration characterize growth. This concept is described as an individual's openness to exploring various relational images (i.e., past relational experiences that now guide an individual's beliefs and expectations regarding current relationships) and differentiating between negative relational images and discrepant relational images (i.e., those that are more positive or create a different expectation). The fourth concept is that mutual empathy and mutual empowerment are at the core of growth-fostering relationships; exploring and identifying relational interactions that are more empowering can foster emotional and relational growth.

Growth-Fostering Interactions

The fifth concept of RCT specifies that authenticity is necessary for real engagement and that individuals must feel as if they can be wholly themselves without judgment or critique. The sixth concept is that, in growth-fostering relationships, all people contribute and grow or benefit. This concept denotes that all individuals involved in the relational interactions experience positive outcomes as result of being in the relationship. The last concept is that relational competence and capacities are enhanced over the life span. Distinctively, individuals improve their capacity to be productive in life as well as increase their opportunities for constructive connections (Miller & Stiver, 1997).

Using these concepts, RCT scholars aim to renegotiate relational disconnections, promote self-empathy, deconstruct relational images, examine power within the social context, and improve relational resilience (Jordan, 2009; Miller, 1986). RCT focuses on creating a supportive relational context, which entails the counselor displaying authenticity and presence even when disconnection arises. RCT also maintains a focus on mutual empathy and mutual change. Therefore, RCT depends more on an attitude and quality of mutual engagement than on any specific techniques or interventions (Jordan, 2009). This focus on mutual empathy creates an environment of safety, which allows the client to move from a location of protective disconnection toward a relational growing process (Miller, 1986).

RCT and Diverse Clients

Although research regarding the effectiveness of RCT is sparse in comparison with more widely used counseling approaches (e.g., reality therapy, cognitive behavior therapy, behavior therapy), researchers have determined that this approach is clinically effective with students of color and various clinical issues (Lenz, Speciale, & Aguilar, 2012; Morray & Liang, 2005; Sparks, 2004; Tantillo & Sanftner, 2003). For example, Morray and Liang (2005) used an RCT intervention to enhance cross-cultural relations between Arab and Israeli youth. As a result of this intervention, the participants' displays of mutual empathy increased and dysfunctional interactions decreased. Additional researchers have indicated that RCT is effective with African American and Latino adolescent girls who are experiencing behavioral challenges in nontraditional residential settings, such as juvenile detention and residential treatment facilities (Lenz et al., 2012; Sparks, 2004). The findings from these studies reveal that RCT also fosters African American and Latino participants' personal strength and individual authenticity and motivates them to initiate change in their relationships.

Furthermore, researchers have indicated that this approach allows counselors to address relational concerns, take a *we* perspective, and help clients of color address issues related to systemic marginalization (Comstock et al., 2008; Jordan, 2009; Walker & Rosen, 2004). Other scholars have used RCT tenets to help practitioners understand how to address the relational needs of middle school girls (Cannon, Hammer,

Reicherzer, & Gilliam, 2012; Sassen, Spencer, & Curtin, 2005; Tucker, Smith-Adcock, & Trepal, 2011) and children exposed to trauma and self-injury (Vicario, Tucker, Smith-Adcock, & Hudgins-Mitchell, 2013).

Reality Therapy

Reality therapy is a therapeutic approach based on the theoretical foundation of choice theory, which posits that all living things control the perceived environment by means of their behaviors (Powers, 1973) and that all human beings need to connect with others; therefore, they seek to receive and give love to be happy (Glasser, 1965, 1998). Furthermore, choice theory articulates that individuals are unhappy because of their inability to satisfy one or more of their five basic needs (Glasser, 1998; Powers, 1973; Wubbolding, 2000).

Reality counselors believe that human suffering exists when individuals are unable to connect or have a satisfying relationship with at least one other individual (Glasser, 1998). Glasser (1998) contended that in all their actions, regardless of culture or race, human beings have a need for love and belonging, power or achievement, fun, freedom, and survival. Consequently, people spend their lifetime trying to satisfy these five needs, which vary in strength depending on the individual's personality and personal needs (Glasser, 1965, 1998, 2000a). Behavior, either effective or ineffective, is a client's way of having his or her needs met (Glasser, 1965, 1998). In regard to this behavior, reality counselors posit that, as humans, we are responsible for how we choose to behave (Glasser, 1965, 1998; Wubbolding, 2000). Therefore, clients are accountable for changing their own behaviors (Glasser, 2000a, 2001). Ultimately, reality counselors seek to answer the question, "How can one learn to live a free and authentic life, while also getting along with people whom they need?" (Glasser, 1998).

Clients engaged in reality therapy focus on learning and practicing choice theory. Through the therapeutic process, they learn how to choose effective behaviors to express their relational needs and how to get along well with people they need and want in their lives (Glasser, 1998). The emphasis in choice theory is to help clients concentrate on the things they can control in their relationships and realize that focusing on what they cannot control is ineffective and unproductive to counseling (Glasser, 1998, 2000a). Reality counselors do not focus on self-defeating behaviors, such as faultfinding, complaining, blaming, or criticizing (Glasser, 1998, 2000a). Instead, these counselors choose to embrace five key characteristics to assist clients in understanding their own needs, which include emphasizing choice and responsibility, rejecting transference, keeping therapy in the present, avoiding focusing on symptoms, and challenging traditional views of

mental illness (Glasser, 1998, 2000a). In an attempt to do this, the counselor keeps the focus on the aforementioned concepts, which helps clients to accept responsibility and recognize their role in creating change (Halbur & Halbur, 2011). Furthermore, the counselor works to determine if the clients' future actions will bring them closer to the significant people in their lives.

A primary goal of reality therapy is to help clients connect or reconnect with people in their quality world (Glasser, 1998). One way reality counselors assist clients with this process is by helping them learn to make responsible choices while fulfilling all of their basic needs (Corey, 2013; Glasser, 1998, 2000a). The reality counselor functions as a teacher or mentor and challenges clients to examine their choices and current behaviors (Glasser, 2000a). Through questioning, reality counselors engage clients in a self-evaluation process so that they can evaluate their behaviors, perceptions, wants, needs, and action plans (Wubbolding, 2000). A major role of the reality counselor is to instill a sense of hope so that clients feel that change is possible. In this manner, the counselor is functioning as an advocate working with their clients throughout the counseling process (Wubbolding, 2000). Advocacy helps to create a therapeutic alliance between counselor and client in which the counselor establishes a trusting, understanding, and supportive environment (Wubbolding & Brickell, 2009); this alliance is crucial to establishing involvement between the counselor and client in reality therapy (Corey, 2013; Wubbolding, 2000). According to reality therapy, the creation of a therapeutic alliance allows the clients to feel free to try new behaviors and express themselves authentically in a challenging and supportive environment (Glasser, 1998; Wubbolding, 2000).

Reality Therapy and Diverse Clients

Although research regarding the use of reality therapy with diverse clients is limited, several researchers have found positive results with this therapeutic approach (Jong-Un, 2006; Jusoh & Ahmad, 2009; Peterson, Chang, & Collins, 1998). Culturally competent counselors use multicultural competencies as a framework to determine the appropriateness of their counseling approach and to modify and adjust as necessary to meet the needs of their diverse clients (Arredondo et al., 1996; Frey, 2013; Wubbolding, 2000; Wubbolding et al., 1998). For example, in a research study completed in Taiwan, choice theory was effective in helping Taiwanese college students learn how to meet their basic needs (Peterson et al., 1998). A more recent study depicted the applicability of using reality therapy in Malaysia with the Islamic population (Jusoh & Ahmad, 2009).

Other researchers have suggested positive outcomes when using reality therapy to empower survivors of domestic violence to find self-forgiveness (Turnage, Jacinto, & Kirven, 2003), to help victimized Korean children (Jong-Un, 2006), and to increase the self-determination of individuals with developmental disabilities (Lawrence, 2004). Admittedly, reality therapy needs a more diversified framework to be considered completely inclusive; however, conceptualizing clients using the modality of choice theory but through the lens of RCT integrates themes of multiculturalism and social justice while remaining focused on the relational aspects of both theories.

Rationale for the Integration of RCT and Reality Therapy

Although there are identifiable differences between RCT and reality therapy and the foundational aspects of these theories, we contend that by integrating them a stronger, more comprehensive approach emerges. RCT gives voice to the systemic concerns, such as issues of power, marginalization, meritocracy, oppression, and privilege, that plague many diverse clients (Trepal et al., 2012). Consequently, reconsidering reality therapy from a postmodernist RCT paradigm increases the generalizability and utility of reality therapy (Hansen, 2006). In addition, integrating concepts of RCT into reality therapy provides an appropriate framework for counselors to address systemic issues of power, privilege, and marginalization and the manner in which these issues influence the choices clients make (Frey, 2013). Furthermore, the lens of RCT provides a multicultural and social justice advocacy component to reality therapy that many scholars believe is deficient (Adelman & Taylor, 2002; Jordan, 2001; Linnenberg, 2006; Pedersen, 1991).

RCT, with its focus on multiple identities (Walker & Rosen, 2004) and relational development across the life span, is a lens through which reality counselors can expand their understanding of their client's behavior within the context of relationships (Comstock et al., 2008; Tucker et al., 2011). According to RCT, individuals seek counseling because of their intense desire for connection (Tucker et al., 2011). Similarly, a primary objective of reality therapy is to help clients learn to reconnect with people in their quality world (Corey, 2013; Glasser, 1965). Through the lens of RCT, clients of reality therapy can extend their examination of their disconnections on both a personal (within their quality world) and societal level (Jordan, 2001). Moreover, incorporating the postmodern epistemology of RCT into the framework of reality therapy takes clients from receivers of information to active participants, thus increasing both their personal and societal advocacy. RCT also complements the concept of

hope espoused in reality therapy (Glasser, 1998; Trepal et al., 2012). Reality therapy within a RCT paradigm encourages marginalized people to find hope and empowers them to discover the control they have over their behaviors and the choices they make when they may be experiencing systemic marginalization and oppression (Ball, 2005; Belgrave, 2002; Shillingford & Edwards, 2008; Tatum, 1997).

Although some aspects of reality therapy are limiting in regard to its application with culturally diverse clientele and mirror traditional Western principles and values (Linnenberg, 2006), the primary theoretical underpinnings of reality therapy are consistent with the relational aspects of RCT. In contrast to other traditional theories, choice theory does not ignore environmental context but rather acknowledges that although individuals have the freedom to make their own choices, their external world imposes both natural and circumstantial limits on these choices (Wubbolding, 2011). Subsequently, the reality counselor empowers clients to effectively deal with their responses to environmental realities and circumstances (Wubbolding, 2000). Likewise, in reality therapy, the quality world concept embraces each individual's own unique perception of reality (Glasser, 1965, 1998). Specifically, reality counselors embrace differences and intentionally display nonjudgmental understanding and acceptance of the clients' perceived reality (Wubbolding & Brickell, 2009).

Reality counselors, much like RCT scholars, have suggested that the origin of all underlying problems of clients relates to their lack of a satisfying relationship (Glasser, 1998; Wubbolding, 1988). Therefore, reality counselors and RCT counselors understand that clients' current behaviors and relational interactions are an attempt to deal with negative feelings (e.g., social exclusion, marginalization, hurt) and frustration caused by the unsatisfying relationship (Comstock et al., 2008; Glasser, 1998; Jordan, 2001; Wubbolding, 1988). The constancy of these behaviors prevents them from having the relationship they desire (Tucker et al., 2011). As a result, an overarching goal of reality therapy is teaching clients to make choices that are more effective in their relationships, which will assist them in connecting or reconnecting with the people in their quality world (Glasser, 1998).

RCT and Reality Therapy Integration Process

The counseling process is composed of four components: explore the problem, develop a relationship, identify counseling goals, and move to action. In Table 1, we identify the components of the integrative counseling process; we specifically highlight the counseling steps, the description of the RCT and reality therapy integration, and how RCT and reality therapy are reflected in each component of the counseling

TABLE 1

Relational-Cultural Theory (RCT) and Reality Therapy Integration Framework

Counseling Aspect	RCT/Reality Therapy Integration Description	RCT Component	Reality Therapy Component
Explore the problem (Sessions 1–2)	Identify the needs for belonging within current relationships	Point out patterns of disconnection related to the needs of the client Examine relational images and explore how these affect the client's needs in relationships	Identify individuals who are included in the client's quality world Investigate how the client's current behaviors are meeting his or her needs for love and belonging
Develop a relationship (Sessions 1–4)	Create a relationship that empowers the client toward growth-fostering relationships	Allow enough time to develop the counseling relationship Demonstrate relational methods that the client can model Recognize and discuss the social context	Engage the client using warmth, empathy, positive regard, acceptance, and congruence Acknowledge the cultural context and the client's unique qualities
Identify counseling goals (Sessions 1–4)	Empower the client by having him or her be an active participant in the goal-setting process	Create a space for the client to use his or her voice Assist the client in maintaining positive interpersonal relations Recognize the patterns of connection Help the client identify the strategies for disconnection	Help the client identify and understand his or her needs Help the client make effective choices to meet those needs Help the client accept responsibility for his or her role in creating the change
Move to action (Sessions 1–8)	The change process focuses on changing the client's attitude as well as behavior in terms of current relationships	Sessions 1–3: Listen to the client's story and display and model empathy Sessions 3–5: Examine relational images and cultural moderators Sessions 6–7: Help the client effectively bring new relational expectations into the world Sessions 6–7: Build relational resilience	Sessions 2–3: Identify and define the client's wants Session 3: Inquire about problematic choices in the client's relationships Sessions 4–6: Use the WDEP system to assist the client in evaluating wants, needs, and perceptions Sessions 6–7: Develop an action plan regarding behavior change

Note. WDEP = wants, doing, evaluation, and planning.

process. As indicated by the table, the counseling aspects are not necessarily sequential; explore the problem, develop a relationship, and identify counseling goals can happen during the same session or any time during the counseling process, depending on the client's needs and experiences during the counseling process.

Explore the Problem

Initially, it is important for the counselor to determine what caused the client to seek counseling. Focusing on the construct of belonging from reality therapy, clients explore their needs for belonging and how these needs relate to their current life challenges (Glasser, 2000a; Wubbolding, 2007). Using RCT's patterns of disconnection construct, the counselor, from a place of curiosity, explores how the lack of belonging and the desire to belong creates disconnections in the client's current relationships (Jordan, 2009; Lawler, 2004). The identification patterns of disconnection (i.e., when the client is seeking to belong but the need is not met) is another primary focus of RCT; consequently, as the counselor helps clients identify their problems, the counselor will examine these disconnections to determine how these patterns relate to the clients' inability to meet their need to belong (Walker & Rosen, 2004).

Clients will also explore cultural and personal relational images, a key concept in RCT, as they relate to their needs for belonging. The counselor helps clients identify images they have created about relationships based on pervious experiences and belief systems as well as cultural and social images that they felt powerless to ignore. Connected to relational images is reality therapy's concept of quality world. The client's quality world is associated with important individuals, beliefs, or expectations the client holds as relational images. Counselors examine how these images and current quality world entities are creating challenges in the client's daily life (Lawler, 2004; Walker & Rosen, 2004). Expressly, to help clients identify their issues, the counselor asks questions such as "Who is in the quality world?" "Does keeping these individuals in their quality world assist in upholding the relational image or relational expectation?" and "Are there disconnections with the individuals in the quality world?"

Develop a Relationship

The therapeutic relationship is the cornerstone for both RCT and reality therapy and is central to the efficacy of the counseling process. The integration of both approaches requires that counselors create an environment in which

they dedicate time to developing the relationship. Counselors engage clients with what is considered by reality therapy and RCT counselors as the foundation of the relationship: warmth, empathy, positive regard, acceptance, and congruence (Duffey & Somody, 2011; Glasser, 1997; Rosen, 2004; Wubbolding, 1988). While engaged with these foundational strategies, counselors also use the relationship as a way to model healthy relational interactions. This idea originates from both RCT (relational modeling and mutual empathy) and reality therapy (therapeutic alliance and mentoring relationship); the result of this integration reflects an appreciation for the development and use of the relationship.

Counselors also consider and acknowledge the context in which the client lives during the development of the relationship. RCT and reality therapy indicate that this acknowledgment can increase trust, openness, and acceptance (Jusoh & Ahmad, 2009; Lenz et al., 2012; Morray & Liang, 2005; Peterson et al., 1998). RCT acknowledges the social and cultural context, whereas reality therapy primarily recognizes the behavioral influences; consequently, together, the counselor is able to address the social, cultural, and behavioral factors that affect the client's relational experiences and need to belong (Adams, 2004; Duffey & Somody, 2011; Miller, 1986). Therefore, this model empowers clients to work through issues of racism, oppression, and discrimination related to social and cultural practices that disempowers them relationally, thereby shifting them from a deficit perspective to a strengths viewpoint that focuses on the unique qualities that they bring to the relationship.

Identify Counseling Goals

During the goal-identification process, clients vocalize their relational needs based on current relational disconnections. RCT and reality counselors are open to the unique perspectives of the clients and aspire for them to have an active role in the goal-setting process (Glasser, 1998; Jordan, 2009). In this regard, the goals of this model are agreed upon and focus on RCT's relational disconnections and reality therapy's lack of belonging constructs. With the combined goal focus, the counselor can explore the relational disconnections and identify how these disconnections contribute to not having the clients' relational needs met. In addition, reality counselors' stance on accountability allows the counselor to work collaboratively to determine the clients' responsibility in their relational goal achievement. We assert that the goals of this integration model are primarily designed for clients to create new ways of belonging as well as empower them to challenge racism and marginalization within their relational interactions.

Move to Action

The move to action includes four steps: model empathy, define clients' choices, work through the WDEP (wants, doing, evaluation, and planning) system (Wubbolding, 2000), and develop an action plan. During the initial sessions, the counselor models empathy and listens to the client's story with openness and understanding. RCT and reality therapy specify that the counselor should show the client how to communicate with others and how to develop healthy relationships that involve mutual support and trust (Jordan, 2009; Wubbolding, 2000).

Simultaneously, the counselor helps clients identify and define their choices, needs, and wants in preparation for goal setting. Relational images and individuals from the quality world often have a role in the choices, needs, and wants of clients; consequently, the counselor explores these RCT and reality therapy constructs. This exploration involves RCT and reality therapy because both approaches allow counselors to explore what the client needs to move into relationships that empower the client. Although the theoretical perspectives on choice and needs come from different origins (e.g., RCT, postmodern therapy, psychoanalytical therapy, reality therapy, cognitive behavior therapy), the integration of RCT and reality therapy reveals a comprehensive view of the importance of addressing clients' needs and wants as well as their ability to make healthy relational choices.

Next, counselors apply the WDEP system from reality therapy. This approach encompasses several RCT concepts. For example, the wanting, doing, and planning aspects of the WDEP system support clients as they examine what they are doing concerning relational disconnections and help them identify ways to build relational resilience for future relationships. We suggest that counselors' use of the WDEP system in this integrative framework will help clients move toward relationships and understand that they are valuable to others and that they have something to offer. Finally, the counselor helps the client develop and implement an action plan that involves behavioral and relational changes. Although the term *action plan* is not readily used in RCT, scholars have explained that counselors should help clients develop relational strategies and support them in the application process (Jordan, 2009; Miller, 1986). Consequently, an action plan is a behavioral strategy that is also supported by RCT relational processes. The action plan allows clients to develop new relational expectations, which they can apply to confront oppressions within their daily relationships.

The following case illustrates the effectiveness of integrating RCT with reality therapy. In the case illustration, we present ways in which counselors can integrate many of the foundational tenets of reality therapy from the lens of

RCT. Specifically, this integration addresses the process of relational transformation in adolescent girls as they move from a state of disconnection toward mutuality, growth, and connection or reconnection.

Case Illustration

Aiyana (a pseudonym given to protect the confidentiality of the participant) is a 12-year-old, biracial (Native American and African American) girl. She is currently repeating the sixth grade because, during the past school year, she did not meet the sixth-grade promotion criteria set forth by her school district. Although she is currently passing all of her classes, Aiyana's grades continue to be below average. The assistant principal referred Aiyana to the sixth-grade counselor after she suspended Aiyana for fighting on the school bus. According to the assistant principal, Aiyana is exhibiting anger issues and is displaying inappropriate behaviors at school toward peers and teachers. A review of Aiyana's permanent records shows that she had no previous discipline record before this school year and that she has the academic ability to be successful. However, her teachers have indicated that she is more withdrawn than other students. She is also experiencing familial dysfunction with both parents struggling with maintaining employment.

Interpersonal relationships and connections are essential to the development of adolescent girls (Belgrave, 2002). RCT posits that a girl's self-esteem and self-concept are intricately linked to her relationships with her peers and family members (Belgrave, 2002). Similarly, reality therapy postulates that all individuals, regardless of age, long to feel connected to people in their quality world (Glasser, 1998). The notion of self in relation to others resonates throughout the tenets of both reality therapy and RCT, thereby making the integration of the two theories useful when developing interventions for relational transformation among adolescents. We explore the following aspects of the integrative counseling process: the problem, the client–counselor relationship, counseling goals, use of techniques, and the therapeutic process.

Aiyana's case encompasses three presenting problems. First, Aiyana's family is dealing with a host of challenges collectively and individually, which may be affecting Aiyana's ability to function relationally and academically at school. A school counselor practicing within the framework of reality therapy and RCT focuses on the attitudes, behaviors, and relationships that are problematic to Aiyana (Wubbolding, 2000). A reality therapy and RCT counselor working with Aiyana would extend his or her focus to include an examination of Aiyana's desire for connection with members of her family and the role of culture in the family's current relational interactions (Miller, 1986).

The second problem for the counselor to address is Aiyana's misbehavior at school. Reality therapy and RCT suggest that Aiyana's need for belonging and connecting with people in her quality world may be affecting her behavior (Glasser, 1998; Jordan, 2009). According to reality therapy and RCT, Aiyana is choosing to fight because she believes that fighting will help her satisfy her most basic needs of love and belonging (Wubbolding, 2008). Reality therapy and RCT assert that Aiyana cannot grow and change unless she recognizes that displaying her need for connection through her misbehavior is a strategy for disconnection (Tucker et al., 2011). Behavioral issues could be a function of discrimination or oppression, which the counselor may explore as he or she examines the role of systemic issues (e.g., sexism, racism, discrimination) in Aiyana's interactions.

Finally, the counselor must address Aiyana's academic achievement. Although she is currently passing all of her classes, Aiyana's grades are below average, and she is repeating the sixth grade. RCT theorizes that Aiyana's academic struggles may be due to the systemic issues she is experiencing both individually and in the context of her family structure. Reality therapy posits that Aiyana's problematic behavior may be her unsuccessful attempt to manage her inability to cope academically (Glasser, 1997).

While the client identifies the problem, the counselor facilitates the development of the relationship. Building relationships is an essential component of this integrative approach (Glasser, 1997; Tucker et al., 2011; Wubbolding, 1988). Therefore, within an RCT framework, the counselor should allot sufficient time to develop a relationship with Aiyana (Belgrave, 2002; Miller, 1986). Furthermore, the counselor should model relational methods in each session and in all his or her interactions with the client (Belgrave, 2002; Miller, 1986).

Clients are active participants in the goal-setting process in reality therapy and RCT (Glasser, 1998, 2000b; Jordan, 2009; Wubbolding, 2000). Giving Aiyana the opportunity to feel power and control by allowing her to identify the behaviors she wants to change, set goals for more effective behavior, and develop a plan of action for meeting her goals is a shared empowerment and strength-based component of both reality therapy and RCT (Duffey & Somody, 2011; Glasser, 2000b). Therefore, the formulation of goals will take place within the context of the counseling process. However, for the purposes of this case example, we identify several potential goals that would be appropriate for a counselor's work with Aiyana within the theoretical integration.

The first and main goal of RCT and reality therapy is for the counselor to create a connection with the client (Duffey & Somody, 2011). Through this connection, clients will learn how to reconnect with other individuals in their quality

world or, in the language of RCT, learn how to "move out of isolation" (Jordan, 2001, p. 101). The counselor develops the connection by creating a space for Aiyana to use her voice. Once the counselor makes a connection with Aiyana, he or she can focus on the goal of teaching Aiyana how to create other satisfying relationships (Corey, 2013; Glasser, 1997). The essential goals from the perspective of RCT are for adolescent girls to establish and maintain positive connections and interpersonal relationships and explore potential systemic challenges (Belgrave, 2002; Jordan, 2009). Through the lens of RCT, the clients recognize their patterns of connection and strategies for disconnection and explore the role of systemic norms and barriers in this disconnection (Duffey & Somody, 2011). In the case of Aiyana, it is imperative that she identify her need to form a satisfying relationship with someone in school. This will allow Aiyana to feel reconnected to school, which may foster behavioral and academic change as well as support her in learning relational strategies that can empower her and help her challenge the status quo (Glasser, 1997). Other significant goals are to help Aiyana identify and understand her needs, make effective choices to meet those needs, and accept responsibility for her role in creating change (Glasser, 1997; Halbur & Halbur, 2011; Wubbolding, 2000).

To address the identified goals, the counselor will use the counseling relationship and specific techniques (e.g., the WDEP system) to change Aiyana's attitude and understanding regarding her needs and her current relationships (Jordan, 2001; Wubbolding, 2000). Given Aiyana's family structure and challenges and her anger and misbehavior at school, reality therapy, with its emphasis on choice, responsibility for self, and the strength-based approach of instilling hope and control, seems to be the ideal theoretical lens to conceptualize Aiyana's case and develop effective therapeutic techniques (Shillingford & Edwards, 2008).

The first session with Aiyana will focus on creating a safe counseling environment structured to develop a connection between the counselor and client (Glasser, 1998; Jordan, 2009). The counselor will establish rapport with Aiyana and begin to elicit her story and her feelings on being in counseling (Jordan, 2009; Wubbolding, 2000). The initial focus in the counseling process is to allow Aiyana to state her expectations for the counseling process. The counselor will then inquire about her relationships and the impact her relationship choices have on her experiences at school (Corey, 2013). During this part of the process, Aiyana will have the freedom to explore her negative behaviors and the reasons she believes that she is choosing such ineffective behaviors. She will also explore her relational images to help her identify how her expectations and beliefs about current relationships are based on past relational experiences (Walker & Rosen, 2004). Consequently, in the initial sessions, the counselor will determine what Aiyana desires from her relationships at school and

home. For example, the counselor will identify and define Aiyana's wants and help her see how relational disconnections and an unsatisfying relationship in her life are at the root of her problems (Glasser, 1998; Jordan, 2009).

During the next few sessions, the counselor will teach the axioms of reality therapy to Aiyana using the WDEP system (Wubbolding, 2000). The WDEP system describes the basic method of reality therapy, and through implementation of skillful questioning by the counselor, it assists students in understanding and accepting responsibility in how they meet their needs (Corey, 2013; Wubbolding, 2000). Subsequent sessions will focus on identifying Aiyana's basic needs, discovering and exploring her quality world, and helping her to understand that she is choosing the negative behaviors that are getting her in trouble (Corey, 2013; Wubbolding, 2000).

The counselor can also use the WDEP system to address Aiyana's academic needs. Applying the WDEP system, the counselor and Aiyana can evaluate her wants, needs, and perceptions related to her academic achievement (Mason & Duba, 2009) and determine if her present academic behavior is meeting her needs. Once Aiyana determines what she wants to change, the counselor and Aiyana will create an action plan to help her make positive relational and academic choices (Shillingford & Edwards, 2008). The purpose of the action plan is to empower Aiyana to continue to evaluate her own behavior and gain control over the change she wants to make in her relationships (Halbur & Halbur, 2011).

During each session, the counselor and Aiyana will focus on positive behaviors and effective choices that will help her improve her relationships with her peers, teachers, and family and her academic achievement. The counselor will also help Aiyana develop prosocial skills and encourage mutually empathic connections in her relationships with family and friends (Belgrave, 2002). RCT theorists posit that the counseling process should include a component aimed at strengthening adolescents' protective or resiliency factors, such as ethnic identity, self-esteem, and positive peer and family support (Belgrave, 2002; Cannon et al., 2012; Tucker et al., 2011). Part of the counseling process should include a review of Aiyana's persistent school underachievement, which may necessitate intervention from the student support team to address any underlying academic concerns.

Evaluation Procedure

The implementation of the action plan and the client's support team will determine the effectiveness of the counseling process and techniques. Throughout the counseling process, the counselor will assess the action plan to determine whether Aiyana is meeting her goals. The action plan provides consistent data and feedback because it is a structured component of the counseling process that is reviewed at every session (Wubbolding, 2000). The client support team will also develop interventions

to monitor Aiyana's grades and achievement and determine if there are any underlying academic concerns reflected in the data indicating a need for further psychological testing. Limited information is available regarding evaluation procedures with adolescents within an RCT framework. However, the counselor will use the Connection–Disconnection Scale (CDS; Tantillo & Sanftner, 2010), which was precisely developed to assess the RCT concept of perceived mutuality in women. Initially developed for women with eating disorders, the CDS is reliable and valid for use with women and adolescent girls.

Implications for Research and Practice

Aiyana's case depicts that using RCT and reality therapy together can effectively cultivate a strong therapeutic alliance, improve the client's needs related to belonging, and examine systemic factors. We illustrated this through Aiyana's story: She revised her relational expectations, took some responsibility in changing her interactions, and placed particular responsibility on the systemic factors affecting her life (e.g., family position, potential racism or discrimination). The examination of systemic factors allowed Aiyana to explore the impact of social and cultural factors on her need for belonging.

This framework and other integration models that endeavor to meet the needs of culturally diverse clients in this manner are needed. Furthermore, to comply with school counseling program accountability mandates (American School Counselor Association [ASCA], 2012) and community counseling insurance stipulations (Cohen, Marecek, & Gillham, 2006; Wright, Simpson-Young, & Lennings, 2012), new approaches that allow for behavioral objectivity but also infuse the subjective reality are critical. This shift can reposition counselors' theoretical orientation, allowing them to embrace their counseling theory and multicultural and advocacy competencies without using a nonempirical unsystematic eclectic approach (Anghel & Lupu, 2013; Gone, 2010; Moore-Thomas & Day-Vines, 2008).

Through our integrated model, we, along with current counseling scholars (Hanna, 2011; MacCluskie, 2011; Marquis, Hudson, & Tursi, 2010), call practitioners to examine current counseling practice and encourage them to consider converging theories and creating new approaches that embrace inclusivity. Our model can provide practitioners with a guide to methodically advance and expand traditional models of counseling. Specifically, counselors can use this model's process and rationale to systematically integrate theories from different paradigms and to ensure that their integrations are consistent and empirically sound.

As stated previously, both RCT and reality therapy are theoretical models in which the relationship between counselor and client is essential (Duffey & Somody, 2011). Therefore, the integration of both approaches requires that counselors create an environment in which they dedicate time to developing the relationship (Duffey & Somody, 2011; Glasser, 1998; Jordan, 2009). Moreover, because both professional school counselors and community agency counselors are often limited in the amount of time they can spend with their clients, we recommend that they assess their time limitations before implementing this integrative technique. Limited conceptual and empirical literature exists on the implementation of RCT in a brief individual context (Comstock, 2004; Jordan, 2009). However, as displayed in the case of Aiyana, careful planning for implementation on the part of the counselor in addition to the integration of RCT with a theory that has been used in time-limited settings can yield positive results in a shorter amount of time (Comstock, 2004; Tucker et al., 2011).

In addition to finding the time to use this approach, counselors in agencies and schools must be adequately trained in both approaches and in the integration of multiple counseling approaches. According to the 2016 CACREP Standards (CACREP, 2015), an institution must provide instruction that includes "ethical and culturally relevant strategies" (Standard 2.F.5.d.) and "theories and models of multicultural counseling" (Standard 2.F.2.b.). Counselor programs will need to enhance their focus on training future counselors on integrated models, such as the one proposed in this article. It is imperative to include current theoretical integrations, such as the one outlined here, into counselor education curricula to ensure that students are appropriately trained to effectively implement and manage integration and enhance building counselor competencies; therefore, counselors need to create space and time for training (Hall, Barden, & Conley, 2014).

Although this model has inherent benefits for the client and counselor based on the previous research of each individual theory, additional research is needed to support claims that this integrative approach effectively addresses the gaps of RCT and reality therapy. Therefore, we suggest that researchers conduct both qualitative and quantitative research to evaluate the efficacy of this framework related to clients' sense of belonging and relational effectiveness in comparison with stand-alone reality therapy and RCT. In addition, researchers should consider using rigorous research designs (e.g., randomized controlled studies) to explore how our model's efficacy in terms of these constructs compares with more traditional counseling approaches (e.g., Adlerian therapy, cognitive behavior therapy, person-centered therapy, behavioral therapy, Gestalt therapy). For example, Adlerian therapy endeavors to enhance the social connectedness of clients; consequently, exploring how the relational outcomes of our model differ from this approach, as well as other traditional approaches with relational foci, may shed light on our model's unique relational and cultural outcomes. In addition, this type of research design could be applied to comparing the effectiveness of our approach with particular populations. For example, how does our framework compare with a behavioral approach when used with African American men?

Accordingly, researchers can determine if culturally diverse populations, such as clients of color, clients from low-income families, and clients who identify with LGBTQ populations, have better relational outcomes with our model. Because of the clinical mandates related to providing culturally responsive counseling to diverse populations in schools and community agencies (ACA, 2014; ASCA, 2012; CACREP, 2015), researchers can explore how these marginalized populations in schools and communities may benefit from an approach that is designed to be theoretically culturally responsive to the social justice concerns of marginalized populations. Researchers can also investigate how this approach addresses specific types of oppression that these clients may experience (e.g., racism, classism, sexism, ableism, heterosexism), and they can empirically establish the model's culturally relevant requirements. Once these requisites are verified, researchers can explore how they can be replicated in other theoretical approaches or clinical settings (Hanna, 2011; MacCluskie, 2011).

Moreover, researchers might also examine the effectiveness of this model in promoting cross-cultural competence among counselors. For example, researchers may use quantitative methods to examine how the application of this model increases counselors' multicultural competence and their advocacy and justice efficacy. Furthermore, scholars have indicated that it is vital for practitioners to know when to move between theories within an integration model (Safran, 1990; Thome, 1973). On the basis of the counselors' decisions, researchers could determine when counselors should move between the two divergent approaches and the potential outcomes. Studies that explore when and how counselors implement each aspect of this model may be helpful in solidifying the model's primary constructs and change mechanisms. Moreover, these studies could reveal which situations and populations would benefit most from this model.

Conclusion

We advocate for a relational framework that embraces the ideals of relational scholars as well as the tenets of reality counselors. Although scholars have indicated that there are some inconsistencies between reality therapy and RCT, the integrated model we present creates a stronger, more comprehensive approach to counseling diverse adolescents. We assert that RCT and reality therapy are ideally suited as an integrative approach to meeting the relational and academic needs of diverse children and adolescent populations. According to RCT, relationships function as motivation for action and change as well as serve as a source of self-esteem and self-affirmation for adolescents (Kaplan, Klein, & Gleason, 1991). Although the tenets of reality therapy stipulate that humans are responsible for how they choose to behave, the theory also addresses the concept that

individuals constantly strive to connect and have a satisfying relationship with at least one other person (Glasser, 1998).

Both theoretical approaches offer clinicians a way of understanding their clients' behaviors within the context of relationships. Furthermore, within both theories is the assumption that all clients enter counseling because of an intense desire for connection (Glasser, 1965; Tucker et al., 2011). In addition, this model addresses the cultural and systemic concerns of marginalization and oppression through empowerment and relational support. By integrating the behavioral and cognitive aspects of reality therapy with RCT, counselors are able to embrace the therapeutic alliance while also improving the cognitive images and relational behaviors of clients. This approach allows counselors to be intentional in their theoretical integration, instead of combining these theories in a haphazard and potentially inconsistent manner.

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