

## TITLE

### Integrating Choice Theory/Reality Therapy into Psychiatric Mental Health Nursing Course Nano Farabaugh RN MS RTC

I was awarded a yearlong sabbatical leave for 2008-2009. I am writing to apply for the Faculty Development Teaching Grant to partial fund my study during this leave. I propose to continue my study of Dr. William Glasser's Choice Theory/Reality Therapy in order to integrate it into N407 Psychiatric Mental Health Nursing classroom and clinical course. I also intend to write an article for publication describing the integration.

I will begin my grant request by quoting from my sabbatical proposal that provides background information regarding nursing, Choice Theory/Reality Therapy and my interest in this field of study. I will then detail my plans and the method and the significance of the project.

In my sabbatical proposal I stated, "Nursing is a profession that involves both theory and practice. Perhaps more than other nursing specialties, psychiatric nursing practice is based on ever-developing theories. A pioneer in the development of nursing theory was Hildegard Peplau, a psychiatric nurse who some regard as the mother of psychiatric nursing. She developed a model for psychiatric nursing care that emphasizes the nurse-client *relationship* as the foundation of nursing practice. Her interpersonal model stresses the need for an active partnership between nurse and client rather than a passive relationship in which the client is merely the recipient of treatment carried out by the nurse on doctor's orders. Peplau indicated that her theory of interpersonal relations was particularly appropriate for psychiatric nursing practice because psychiatric patients often have problems with communication and with relating to others. (Peplau, 1992) I have utilized Peplau's theory throughout my tenure as a professor. It has been fundamental to my teaching of psychiatric nursing theory and to my direction of students as they

care for psychiatric clients in the clinical setting.

During the last several years, I have been studying Choice Theory and Reality Therapy (CT/RT). This is a very interesting theory of psychology put forth by Dr. William Glasser in his publications. (Glasser W. , Reality Therapy, 1965), (Glasser W. , Control theory manager, 1994) (Choice theory: a new psychology of personal freedom,1998) (Glasser, Counseling with choice theory: the new reality therapy, 2001) There are additional references at The Glasser Institute web page (<http://www.wglasser.com/>). After an 18-month period of training, I obtained certification as a Reality Therapist from the Glasser Institute in February 2007. As I did the reading and went through the training process, I did so as a nurse and as a professor of nursing. I discovered that CT/RT built on and enhanced Peplau's nursing theory. At the heart of CT/RT is the belief that personal connections with other people are central to an individual's happiness and healthy mental state. CT/RT takes the idea of the importance of the interpersonal relationship between patient and nurse much further than Peplau did. CT/RT posits that the source of almost all human problems, including mental health problems, is unsatisfactory or non-existent connections with the people we need. The goal of Reality Therapy is to help people reconnect. Reality therapy is a practical method of helping people take better control of their lives. It assists people in identifying what they want and what they need and then in evaluating whether they can realistically attain what they want. It helps them examine their own behaviors with clear criteria. I think the potential for helping psychiatric patients by teaching nurses to use these practices is enormous. My student nurses learn to medically manage clients who are withdrawing from alcohol and drugs; they learn to administer medication to noncompliant psychotic clients; they learn to assess for suicidal ideation and they learn to protect them and to care for them in emergency situations. But most of their time as psychiatric nurses is spent *relating* to the clients.

I believe that if I can equip student nurses with principles from CT/RT, they will know how to communicate and connect with their clients in a much more effective, productive way. They will learn how to help them evaluate the attainability of their wants and the appropriateness and effectiveness of their behavior.” (Wubbolding, Reality Therapy for the 21st century, 2000)

This year I have begun to introduce basic concepts of CT/RT in class. My efforts have been mildly successful and random. I would profit from further training on how to train others in this theory and practice skill. I would profit from having an extended period of time to give consideration to incorporating this material. I would benefit from networking with other certified Reality Therapists who are educators and expert in teaching CT/RT and discussing ways they have incorporated CT/RT into their classes.

To meet my objective to equip students with additional skills in CT/RT I propose a three-prong approach. First I will seek training from the Glasser Institute to become a practicum supervisor. Second, I will network with other faculties who have developed courses on CT/RT. Third; I carefully revise N407 Psychiatric Mental Health Nursing to include this theory and practice.

The Glasser Institute offers a four phase training to become a practicum supervisor of CT/RT. According to the program syllabus the training results in an endorsement by the Glasser Institute as a basic and advance practicum supervisor. Two of the field phases of the training require 24 hours of training over 6 months with an Institute faculty member. The other two phases require 24 hours of field experience over 6 months on my own. The latter two phases also require eight days of training at a regional and national center for CT/RT. The cost of this program is over \$3,000, not including travel and housing expenses. I realize that even if I were awarded the full amount of the Faculty Development Grant my expenses for the training would

not be fully funded. I have set aside personal monies to pay for the additional fees and travel. The training can be completed within one year. I intend to begin my training summer 2008 and be endorsed as a practicum supervisor in the summer 2009.

I believe that additional expertise in Choice Theory/Reality Therapy (CT/RT) will not only increase my knowledge base of the theory and practice of CT/RT, but will also provide me with a different pedagogy of teaching namely role-play; a pedagogy that will enhance student learning and my effectiveness as a teacher. Nurse educators in other specialties of nursing teach nursing skills in the nursing lab on manikins or advanced computerized models such as SimMAN. For example, students practice and learn to insert a naso-gastric tube, assess for arrhythmias and perform CPR. Unfortunately, manikins and even the most advanced SimMAN cannot be programmed for human emotions and relationship problems that respond to nursing interventions. The Glasser Institute's guidelines for teaching Choice Theory states that role-play is the main vehicle for instruction. (Roth, 2006) I am a novice in instructing through the role-play. According to Dr. Robert Wubbolding, the Director of Training for the Glasser Institute role-play enables students to work with simulated clients and feel comfortable with new communication skills. Role-plays teach the process of reality therapy and the concepts of choice theory. Students learn how to apply the techniques, build relationships and gain self-confidence and gain a sense of spontaneity. Students in role-plays can often demonstrate more ideas, skills, and techniques in a 10 minutes role-play than in 30-40 minutes with a "real" person. (Wubbolding, 2004). Role-play is a central part of the practicum experience. Through the practicum I would enhance my skills in this pedagogy.

In addition to the practicum training I will continue my efforts to network with other college faculties who have incorporated CT/RT into their courses. Recently I contacted Dr.

Emerson Capps, a member of the Advisory Board of Director of the Glasser Institute. He kindly shared his syllabus from Introduction to Reality Therapy, a Counseling course at Midwestern State University in Texas. He was familiar with only a few other faculties who offer courses in CT/RT. He knew of no nurse educator who had integrated this theory and practice into their courses. I believe that additional contact with others trainers and faculty in the Glasser Institute will assist my efforts to develop a solid course with this content.

In addition I will be to revise my 5 credit psychiatric mental health nursing course to include CT/RT. New goals and behavioral objectives will be added to the course. Lectures will be revised and different teaching methods such as role play will be included. Finally, I will write an article for publication reflecting my integration of Choice Theory/Reality Therapy in a Psychiatric Mental Health course.

I believe that the outcome of this project could be evaluated by reviewing my course syllabus and the submission of a scholarly article to a professional journal. I also will ask a faculty peer to evaluate my use of role-play in my course as a new pedagogy.

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