Reality Therapy in Supporting a Female Adolescent After an Abusive Dating Relationship: A Qualitative Case Study

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Abstract

Adolescent dating abuse may disrupt emotional security, interpersonal trust, and school participation. This qualitative case study describes counseling experiences involving a female senior high school student who reported psychological distress following an unhealthy romantic relationship. The original case account identified interviews, counseling observations, and records as information sources; however, complete transcripts, session dates, and standardized outcome measures were unavailable for verification. The case narrative was organized descriptively around presenting difficulties, counseling activities, immediate responses, and limits of the evidence. Reported difficulties included social anxiety, fluctuating mood, disturbed sleep and appetite, and avoidance of situations associated with the relationship. The counseling account described empathic engagement, discussion of personal choices and boundaries, breathing exercises, and role-play. The student reportedly became more comfortable expressing feelings and experienced temporary relief during breathing practice. These observations suggest possible short-term engagement and coping gains, but they do not establish symptom remission or the causal effectiveness of Reality Therapy. School counseling should combine agency-supportive goal setting with safety assessment, trauma-informed care, and appropriate referral. Further documentation and ethical verification are required before stronger outcome claims can be made.

Keywords: *Adolescent Dating Abuse; Case Study; Reality Therapy; School Counseling; Trauma-Informed Care*

Abstrak

Kekerasan dalam hubungan pacaran pada remaja dapat mengganggu rasa aman emosional, kepercayaan interpersonal, dan keterlibatan di sekolah. Studi kasus kualitatif ini mendeskripsikan pengalaman konseling seorang siswi SMA yang melaporkan tekanan psikologis setelah menjalani hubungan romantis tidak sehat. Naskah kasus awal menyebut wawancara, observasi konseling, dan dokumentasi sebagai sumber informasi, tetapi transkrip lengkap, tanggal sesi, serta pengukuran hasil terstandar belum tersedia untuk diverifikasi. Narasi kasus ditata secara deskriptif berdasarkan keluhan awal, kegiatan konseling, respons segera, dan keterbatasan bukti. Kesulitan yang dilaporkan meliputi kecemasan sosial, perubahan suasana hati, gangguan tidur dan makan, serta penghindaran situasi yang mengingatkan pada hubungan tersebut. Uraian konseling mencatat pembentukan hubungan empatik, pembahasan pilihan dan batasan pribadi, latihan pernapasan, serta bermain peran. Siswi dilaporkan semakin nyaman

mengungkapkan perasaan dan merasakan ketenangan sementara setelah latihan pernapasan. Temuan ini mengindikasikan kemungkinan perubahan awal pada keterlibatan konseling dan keterampilan menghadapi tekanan, tetapi belum membuktikan remisi gejala atau efektivitas kausal Terapi Realitas. Layanan sekolah perlu menggabungkan penguatan agensi, penilaian keselamatan, pendekatan peka trauma, serta rujukan yang sesuai. Kelengkapan dokumentasi dan verifikasi etik diperlukan sebelum menyampaikan klaim hasil yang lebih kuat.

Kata Kunci: *Kekerasan Dalam Pacaran; Konseling Sekolah; Remaja; Studi Kasus; Terapi Realitas*

INTRODUCTION

Adolescent romantic relationships are part of social development, yet some involve intimidation, humiliation, coercive control, psychological aggression, or physical and sexual violence. Rather than treating all interpersonal conflict as abuse, a careful analysis distinguishes ordinary disagreements from conduct that undermines a young person's autonomy or safety. The Centers for Disease Control and Prevention (CDC, 2025) identifies psychological aggression as one form of teen dating violence. International estimates likewise indicate that violence in adolescent partnerships constitutes a substantial public-health concern (Sardinha et al., 2024).

The psychological consequences of harmful dating experiences extend beyond immediate distress. Reviews of prospective studies have linked adolescent dating violence victimization with subsequent internalizing symptoms, impaired well-being, repeated victimization, and other adverse outcomes, although pathways and effect sizes vary across studies (Campo-Tena et al., 2024; Piolanti et al., 2023). These associations establish the importance of early school-based responses but do not justify diagnosing a particular student with post-traumatic stress disorder on the basis of narrative descriptions alone. The terms distress and trauma-related symptoms are therefore used descriptively unless a diagnostic assessment is documented.

School counseling offers an accessible setting for recognizing changes in students' functioning, validating their experiences, identifying ongoing threats, and arranging further support. Prevention reviews suggest that structured initiatives addressing healthy relationships and dating violence may improve relevant outcomes, but the evidence for prevention cannot be directly equated with evidence for the treatment of trauma in an individual case (McNaughton Reyes et al., 2021; Russell et al., 2021; Piolanti & Foran,

2022). Likewise, the school environment is not automatically safe merely because a student has access to a counselor: confidentiality boundaries, possible contact with a former partner, and safeguarding obligations must be considered.

Reality Therapy, drawing on Glasser's choice theory, emphasizes present behavior, needs, self-evaluation, and plans for constructive action (Glasser, 1998; Wubbolding et al., 2004). Wubbolding et al. (2017) describe the WDEP system—wants, doing, evaluation, and planning as a collaborative framework for developing client-centered goals. Its relevance to adolescent dating abuse lies in helping a student identify preferred future relationships, assess controllable responses, and create feasible plans. This orientation requires an explicit qualification: responsibility for abusive conduct remains with the person who perpetrated it. A survivor's decisions about safety and recovery must never be confused with responsibility for the violence experienced.

The source case manuscript describes a female senior high school student with anxiety, interpersonal distrust, emotional instability, disturbed sleep, and avoidance following an unhealthy romantic relationship. It also describes counseling conversations, breathing exercises, and role-play. Yet the original report alternates between a single focal case and claims about many female students, and it labels changes statistically significant without presenting quantitative data. Such discrepancies create a reporting problem rather than a basis for assuming that an intervention is ineffective. Transparent case reporting requires a bounded case, traceable observations, and conclusions proportional to the available evidence (Baxter & Jack, 2008; Gagnier et al., 2013).

Accordingly, this article addresses three questions: What difficulties were described for the focal student? Which counseling activities and responses were documented? What conclusions about Reality Therapy and trauma-informed school counseling can legitimately be drawn from this qualitative account? Its contribution is a carefully delimited description of an adolescent counseling process, rather than an experimental estimate of therapeutic effectiveness.

THEORETICAL FRAMEWORK

Adolescent Dating Abuse and Psychological Distress

Adolescent dating abuse is more precise than the colloquial label "toxic relationship" when the record involves humiliation, intimidation, fear, or coercive dynamics. The latter expression may still be retained when it reflects the student's everyday language, but it should not substitute for behavioral descriptions. In the case under review, the account mentions emotional aggression and related distress; it does not provide sufficient detail to verify a legal classification of violence or to establish a psychiatric diagnosis. Longitudinal evidence supports assessing symptoms and functioning without presuming a uniform clinical trajectory (Exner-Cortens et al., 2013; Campo-Tena et al., 2024).

Adolescents may respond to threats by becoming vigilant, avoiding social situations, experiencing intrusive memories, or struggling with sleep. Such reactions may be understandable responses to a perceived lack of safety rather than signs of weak character. Trauma-informed practice prioritizes physical and psychological safety, trustworthiness, choice, collaboration, and empowerment (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). Referral to qualified mental-health or protection services is indicated when risk or symptom severity exceeds the school counselor's competence.

Reality Therapy, Basic Needs, and WDEP

Choice theory identifies needs for survival, love and belonging, power or achievement, freedom, and enjoyment (Glasser, 1998; Wubbolding et al., 2004). In counseling, these domains can help explore why belonging, approval, and independence matter to a young person. They do not explain away perpetrator behavior or imply that exposure to abuse results from a survivor's failure to meet needs. Daud (2019) situates reality counseling within the wider counseling literature, while Wubbolding et al. (2017) describe a structured approach to person-centered planning.

The WDEP sequence can be translated into case-focused questions. Wants concerns the student's preferred conditions of safety, personal dignity, and social participation. Doing examines present coping, avoidance, help-seeking, and communication without

moral judgment. Evaluation invites reflection on whether current actions protect well-being and support realistic goals. Planning identifies specific, feasible, and safe next steps, such as approaching a trusted adult or rehearsing boundary-setting language. A plan that requires confronting an abusive partner would be inappropriate without an individualized risk assessment. The source manuscript names WDEP but does not provide enough session-level records to confirm implementation of every element; therefore, this article treats it as the stated conceptual orientation rather than a fully verified treatment protocol.

Trauma-Informed School Counseling and Islamic Counseling Relevance

A survivor-centered response begins with listening, validating experiences, assessing safety, and connecting the person to appropriate support. World Health Organization (WHO, 2013, 2014) guidance emphasizes these principles for women experiencing intimate partner or sexual violence, while noting that age-appropriate adaptations are necessary when the client is under 18. For a student, parental involvement should be evaluated in light of confidentiality, legal duties, and the young person's safety; automatic disclosure is not necessarily appropriate in every situation.

For an Islamic guidance and counseling audience, values such as compassion (rahmah), dignity (karamah), mutual assistance (ta'awun), and responsible action can frame non-stigmatizing support when consistent with the student's beliefs and preferences. These values are presented here as practice implications, not as components empirically tested in the case. The counselor should not use moral or religious language to pressure the adolescent to forgive, reconcile with, or remain in an unsafe relationship. A collaborative and respectful approach is compatible with the person-centered orientation discussed by Wubbolding et al. (2017).

METHOD

Design and Case Boundary

The manuscript is presented as a descriptive qualitative single-case study of school counseling following a harmful adolescent romantic relationship. Case-study methodology is appropriate for examining a bounded process in its

institutional and interpersonal context, but it does not itself estimate causal effectiveness (Creswell et al., 2007; Baxter & Jack, 2008). To preserve consistency, the unit of analysis is the single focal female student described most fully in the source account. References to "many students" are not treated as sample-level results because neither the number nor selection of additional participants is reported.

Setting, Data Sources, and Reporting Boundaries

The original account identifies a public senior high school in East Java and names semi-structured interviews, counseling observation, student notes, WDEP worksheets, and psychological records as data sources. However, no participant age, sampling protocol, date range, session log, transcript excerpts, de-identified worksheet, or assessment instrument is supplied in the available manuscript. Descriptions of experiences and counseling responses in the Results section are therefore confined to statements available in that account. The institution is not named in the revised report to reduce the risk of identifying a minor in a sensitive case. This limitation is especially important because the source sometimes uses singular and plural participant descriptions interchangeably.

Descriptive Analytic Procedure

To make the report analytically transparent without pretending that raw materials were reanalyzed, the existing case narrative is organized into four descriptive domains: presenting concerns, therapeutic engagement, strategies discussed or practiced, and immediate responses. This presentation resembles an evidence matrix or analytic display described by Miles et al. (2019), with an interpretive separation between reported observation and proposed explanation. It is not represented as a fresh independent thematic analysis of verbatim transcripts. A rigorous thematic analysis would require access to original records,

systematic coding, and an auditable comparison of candidate interpretations (Braun & Clarke, 2006).

Ethical and Quality Considerations

The case concerns a likely minor and potentially abusive experiences. The source manuscript states that interviews, observations, and member checking were used but does not provide documentation of adolescent assent, parent or guardian authorization where applicable, institutional permission, ethics review, limits of confidentiality, or informed consent for publication. These cannot be assumed from the narrative and require author verification before journal submission. Reporting transparency is assessed against relevant case-report and qualitative interview guidance, including the CARE framework and COREQ, without claiming formal compliance with either checklist (Gagnier et al., 2013; Tong et al., 2007). No diagnostic scores, statistical comparisons, or independent follow-up are available.

RESULTS

Presenting Difficulties

The focal student was described as anxious when encountering peers or participating in classroom discussion, sometimes experiencing a rapid heartbeat and fears of negative evaluation. The narrative also reported fluctuating mood, difficulty sleeping, changes in appetite, fatigue, and avoidance of social encounters associated with the earlier relationship. She reportedly expressed distrust or apprehension toward interactions with male peers after experiencing emotional aggression from a former partner. These are self-reported or narratively described difficulties. Their duration, frequency, baseline severity, and diagnostic status were not documented in the supplied article.

Counseling Engagement and Reported Activities

The report describes an initial counseling encounter focused on rapport, empathic listening, and creating a setting where the student could share distressing experiences. Later narration refers specifically to a second session in which the counselor explored earlier emotional mistreatment and validated the student's fear and confusion. The manuscript also mentions discussing safer relationships, personal boundaries, and present-day choices. No full session-by-session sequence, duration, therapist qualifications, or documentation of WDEP worksheet products is provided. Accordingly, the evidence is insufficient to describe the intervention as a completed manualized WDEP protocol.

Two activities receive comparatively concrete description: a breathing exercise and role-play of challenging social interactions. The student reportedly felt calmer following the breathing practice and more prepared to consider social interactions after role-play. These techniques may provide immediate coping rehearsal but are not specific to Reality Therapy, and the available report does not show which component accounted for the response. Neither autonomic measures nor standardized anxiety ratings were collected or presented.

Immediate Responses and Evidence Limits

The account portrays a gradual increase in comfort when discussing personal experiences with the counselor, together with initial efforts to articulate emotional reactions and interpersonal boundaries. Such observations suggest developing therapeutic engagement and perceived coping options. The report does not document a repeated symptom scale, a clear pre/post comparison, graded ratings by independent observers, academic performance data, or long-term monitoring. It is therefore not possible to quantify improvement, diagnose recovery, or infer that the observed changes resulted uniquely from Reality Therapy.

Table 1. Evidence matrix for the focal case

Domain	Described evidence	What cannot be concluded
Initial functioning	Anxiety during social interactions, disturbed sleep and appetite, avoidance and distrust after an unhealthy relationship.	No verified clinical diagnosis, symptom prevalence, or baseline score.
Counseling process	Empathic listening; exploration of emotional mistreatment; discussion of boundaries and choices.	No verified session dosage or full WDEP implementation record.
Coping rehearsal	Breathing exercise reportedly brought temporary calm; role-play was used for social situations.	No evidence that one component caused lasting change.
Immediate engagement	Student reportedly became more willing to express feelings and discuss the relationship.	No quantitative significance, sustained remission, or generalizable effectiveness.

Note. The matrix summarizes the available manuscript narrative; it does not add new observations or unreported measurements.

DISCUSSION

What the Case Can and Cannot Demonstrate

The primary contribution is a bounded account of counseling engagement following distress associated with an adolescent romantic relationship. Increased willingness to speak and brief calm after breathing practice are potentially meaningful proximal observations. Yet these changes cannot be equated with statistically significant reductions in trauma symptoms. The distinction matters because earlier reports of "proven effectiveness" imply measurement and causal attribution that the source narrative does not support. Case studies can clarify processes and generate hypotheses, but well-specified outcome evidence is necessary to evaluate effectiveness across clients (Baxter & Jack, 2008; Gagnier et al., 2013).

A further limitation is the shift between singular and plural descriptions. The introduction refers to schoolgirls as a wider population, whereas the clearest evidence concerns one focal student. This does not justify extrapolating symptoms or treatment

outcomes to every student at the school. Moreover, the case combines counselor interpretation, student responses, and general psychological assertions without a reproducible audit trail. COREQ and case-report guidance suggest specifying who collected data, the researcher-client relationship, interview setting, data analysis, and participant validation if those activities were genuinely undertaken (Tong et al., 2007; Gagnier et al., 2013).

A Cautious Interpretation of Reality Therapy

Reality Therapy may offer a language for collaboratively exploring needs and practicable choices after relationship-related distress. The student's growing ability to discuss boundaries is conceptually consistent with the WDEP focus on wants, evaluation, and planning (Glasser, 1998; Wubbolding et al., 2017). However, the manuscript provides no auditable mapping between specific WDEP stages, participant statements, written plans, or subsequent actions. The association between counseling and a more confident narrative should therefore be described as congruent with the approach rather than evidence of protocol fidelity or a unique treatment effect.

The reported breathing exercise and role-play must also be distinguished from the core WDEP model. Breathing can serve as a grounding or arousal-management strategy; role-play can support rehearsal of help-seeking and assertive communication. Their inclusion may be clinically sensible, but the combined approach is not equivalent to a test of Reality Therapy alone. If future reports evaluate an integrative intervention, its components, sequencing, provider training, and measurable outcomes should be stated explicitly (Wubbolding, 2017; Wubbolding et al., 2017).

Safety, Agency, and Avoiding Victim-Blaming

The concept of personal responsibility must be applied with particular care in cases involving coercion or abuse. An adolescent may be able to choose whom to

contact, what boundaries to communicate, and when to seek assistance; she is not responsible for another person's humiliation, manipulation, threats, or violence. In practice, supportive counseling should place the student's account and perception of safety at the center of decision-making, avoiding confrontational self-evaluation or pressure to re-engage with the former partner. SAMHSA (2014) and WHO (2013, 2014) stress safety, validation, choice, and appropriate assistance as fundamental principles.

A school counselor should also assess immediate safety, potential digital harassment, threats, coercion, and the student's access to trusted adults. Written safety and referral plans can be more important than generic exhortations to be resilient. Because WHO's adult clinical handbook does not directly establish a pediatric protocol, any adaptation for minors must follow child-protection law, institutional safeguarding procedures, and competent clinical supervision (WHO, 2014). These requirements cannot be assumed to have been fulfilled in the case as originally reported.

Relationship to the Wider Evidence Base

Longitudinal studies and systematic reviews connect adolescent dating violence exposure with later risks of psychological distress and recurring harmful relationships, but population-level associations do not identify the cause of this student's symptoms (Exner-Cortens et al., 2013; Campo-Tena et al., 2024; Piolanti et al., 2023). Similarly, prevention program evaluations provide a basis for developing relationship education in schools while differing fundamentally from individualized therapeutic outcome studies (McNaughton Reyes et al., 2021; Russell et al., 2021; Piolanti & Foran, 2022). Sardinha et al. (2024) underscore the scale of the adolescent problem without implying that every distressing relationship meets the same definition of violence.

The source manuscript contrasts Reality Therapy with cognitive behavioral therapy and eye movement desensitization and reprocessing as though the latter only address the past. This is an inaccurate dichotomy and is removed here. Comparative claims require direct head-to-head evidence. Moreover, meta-analytic evidence for trauma-focused cognitive behavioral therapy in children and adolescents has a substantially different evidentiary foundation from a qualitative account of counseling engagement (Thielemann et al., 2022). None of these comparisons establishes a hierarchy of treatment efficacy for the student described in this report.

Implications for Islamic Guidance and Counseling

The relevance of this case to Islamic guidance and counseling lies primarily in the ethical quality of the helping relationship. Compassionate listening, preservation of dignity, nonjudgmental understanding, and collaborative planning can be framed consistently with Islamic counseling values without presenting unobserved religious interventions as empirical findings. Daud (2019) offers a relevant counseling discussion of present-oriented reality approaches; however, the original case does not report specific religious counseling techniques or measures of spiritual change. Any proposed integration should therefore be clearly labeled a practice recommendation, not a tested outcome.

An applicable school protocol would begin with confidential reception and safeguarding assessment, followed by student-led goals, supportive emotional regulation, attention to classroom functioning, and a qualified referral pathway when indicated. Healthy-relationship education can be offered as a preventive service at school level, but group counseling must not be used to expose an individual survivor's private history without consent. The case suggests a potential role for strengthening communication and boundary-setting, while its single-person evidence base limits broader effectiveness claims (CDC, 2025; SAMHSA, 2014).

Limitations and Priorities for Further Research

This study is limited by incomplete demographic and session details; absence of interview transcripts, direct quotations, WDEP worksheets, and a complete chronology; lack of verified ethical documentation; and absence of validated before–after measures and sustained follow-up. The case account also includes activities that may influence coping independently of Reality Therapy. A future prospective case study should predefine the case boundary, collect consistent distress and functioning indicators with consent, document the WDEP sequence, specify the therapist's qualifications, conduct a planned follow-up, and make de-identified evidence available for editorial audit where ethically permissible (Creswell et al., 2007; Miles et al., 2019). Such steps would improve interpretability without substituting measurement for the student's subjective experience.

CONCLUSION

This qualitative case account describes a female adolescent who experienced distress, social avoidance, sleep-related difficulties, and reduced interpersonal trust after a harmful dating relationship. Counseling was described as including empathic dialogue, reflection on present choices and boundaries, breathing practice, and role-play. The student reportedly became more comfortable expressing her feelings and experienced brief calming responses. These observations indicate possible early counseling engagement and coping benefits, but do not establish clinical recovery or the causal effectiveness of Reality Therapy. The most defensible contribution is to illustrate how a present-oriented counseling framework might be integrated with trauma-informed, survivor-centered school support. Before publication or further effectiveness claims, the original researcher must substantiate ethical authorization, case chronology, intervention fidelity, and outcome evidence.

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