

# CONTROL THERAPY: TWO PHASES.

(Overview)

The first phase is assessment and goal setting. The second phase is intervention: Matching the control enhancing techniques to a person's Control Profile and clinical concern.

## FIRST PHASE OF CT: ASSESSMENT AND GOAL SETTING.

*Slide*



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**Assessment:** Through careful listening to a client's speech (including "control speech" such as in the above slide!) areas of concern and assaults to a person's sense of control are identified. The client also completes the Shapiro Control Inventory (SCI) to develop a personalized Control Profile. The SCI is a reliable and valid standardized multidimensional psychological assessment tool that provides a "**Control Profile**" showing *sense of control* in the general domain, in specific life areas; , preferred style for gaining control: i.e., assertive/change mode of control; yielding/accepting mode of control; and agency of control (self and/or other). as well as desire for control (the motivational vector).

Clients are also helped to explore their control stories (the ways individuals frame, explain, and understand events in our world—why things happen; and what our role and responsibility is). Through assessment by the SCI, self-observation, listening to control speech, and examining their control stories, clients are helped to recognize their control profiles, assaults to their sense of control, and what forces are shaping their lives, including personal (i.e., behavioral, cognitive, and emotional), interpersonal, and environmental.

**Goal setting.** Based on the area of concern, the client and therapist work to develop goals for those areas that would help the client best achieve a more positive sense of control. These goals may include learning to alter and change a situation, (and ourselves) (the positive assertive change mode); and/or to learn to accept and live with more serenity with what is (the yielding/accepting mode of control). Each of these ways to gain a sense of control can be accomplished by the use of self efforts (self as agent) and/or by help from others (others as agent,) including, depending upon a person's beliefs system about the nature of the universe) a belief in a higher power, Other (capital O as agent).

### ***SECOND PHASE OF CONTROL THERAPY: MATCHING INTERVENTIONS TO PERSON AND TO CONCERN.***

Based on the client's concerns, the goal, and a person's unique Control Profile, Phase Two matches, tailors, and teaches control enhancing strategies and techniques most suitable to help individuals reach their goals. This can involve teaching clients to gain more positive assertive control over those areas which are amenable to some degree of change; and to learn skills helpful to accepting those aspects of life which they either cannot or should not try to change. This phase also involves skillful matching of the client's control profile to agency of control as well as mode of control, and to "teaching" strategies in a way that honors and respects the client's style of learning.

Throughout each phase, there is a system's model to help evaluate progress toward client goals and seek to ensure that these concerns are addressed in a way that optimizes the chances for the client's regaining and maintaining a positive sense of control.

**Thus, in summary, Control Therapy** helps individuals learn to gain or regain a psychological "sense of control" in their lives. This short term, two phase approach provides a systematic way to determine when to use which types of control strategies with a specific client given that person's unique control profile and consistent with that person's particular counseling goals. Research has shown that there are individual differences in people's Control Profiles in terms of their preferred modes for facing this central issue of gaining and maintaining a sense of control; and that for a specific clinical problem, matching clinical control-enhancing interventions to the individual's Control Profile maximizes the opportunity for therapeutic success.