

Josh, This is from The control Therapy Training Manua, part 4, pp 247-249

[https://controlresearch.net/support-files/ct\\_manual7.pdf](https://controlresearch.net/support-files/ct_manual7.pdf)

## AN OVERVIEW OF THE PHASES OF CONTROL THERAPY AND AN 8-12 WEEK SESSION BY SESSION BREAKDOWN

We have now completed a basic overview of Control Therapy. Below is a summary of CT based on a “typical” 12-session format. Of course, therapists should use their clinical judgment in pacing the therapy for each client. The breakdown into sessions described below is meant to illustrate just one possible time-frame, **NOT** to dictate a rigid format. Further refinement and details (including weekly “homework”) is available in the Control Therapy Training Manual (Module 4) and the book Control Therapy (Chapter 12, which also includes case studies including mental health and CT (a case of stress and anxiety as the present problem); and physical health and CT: A case of lifestyle modification. Chapter 13 of CT presents a case of Couples Therapy and CT).

### PHASE ONE: ASSESSMENT AND GOAL SETTING:

*Where the client is, where the client would like to be*

- gaining client trust,
- assessing the client’s control profile, giving feedback from the SCI
- listening to and understanding the control issues that are of concern to the client,
- exploring and discussing client control stories and dynamics
- helping the client formulate goals.

**Session 1. (Trust, rapport, exploring areas of concern, control profile)** The therapist starts by giving the client an opportunity to share why s/he has come for therapy. The therapist works to develop rapport and build therapeutic trust, and while listening empathically, seeks to gain information that helps the client identify areas of concern (i.e., where there may be assault’s to the client’s sense of control). The therapist listens for key words and phrases from the control content analysis scales, including control-related aspects of the client’s personal history, and begins to get a feeling for the client’s control stories and dynamics. The therapist might summarize by saying something such as “I can see you are feeling (somewhat) out of control in your life in general, and in certain areas in particular. I can tell from what you’ve said that this is distressing to you, and I look forward to working with you to help address your concerns. This week it would be helpful if you could observe an area of concern (work this out with the client) which seems most important to you. This is an opportunity for us to gain more information from actual situations in your daily life where your concern shows up. Would you be willing to do that this week?”

**Session 2. (Self-observation, evaluation, goal setting control stories, and dynamics)** This session can begin with an exploration of what the client learned from the self-observation experience. If the client seems ready, then self-evaluation and goal setting can be addressed. For example, the therapist could say, “Based on your responses, it appears that you would like to

address your area of concern by...(e.g., an assertive/ change mode; learning to better accept with serenity). Let's work together now to refine how you can go about doing this. First, in order for us to reach our goal, we have to make sure we know what the goal is. Let's see if we can agree on the specifics of what you're hoping for." Depending upon client interest and goals, the practice of diaphragmatic breathing may be taught, as well as the mind scan (*mindfulness* meditation), and body scan. These can be explained both as relaxation techniques in and of themselves, and also as ways to help observe more carefully one's own body and mind as part of the self-observation work.

**Sessions 3-5 (The final aspects of Phase One).** The third session contains a number of tasks, which for some clients need to be spread over several sessions. The therapist helps the client explore the self-monitoring information (homework) including the client's rights in a situation and/or responsibility for his/her own actions/choices. Any questions about the mind-body relaxation techniques can also be discussed. The session can then further clarify goals and goal-setting. Several techniques are available, as noted in the previous Training Module, including (a) envisioning which mode to choose, (b) client handout for decision-making, (c) use of a written self-management contract.

Sessions 3-5 are also an appropriate time for the therapist to go over the Five Steps for Positive Assertive Change and Positive Yielding (Appropriate handouts can be given to the client, as helpful. The therapist can also have the client work with the breath cycle as a way of grounding the four modes in the body, as discussed earlier in this lecture: i.e., voluntary in breath (positive assertive); continuing to take an in breath (negative assertive); letting go of breath for the out breath (positive yielding); continuing to let go of breath (leads to negative yielding).

## **PHASE TWO: INTERVENTIONS**

- matching techniques to clinical concern to control profile and goal.
- teaching techniques in a way that is congruent with the client's style
- evaluating the therapy process at each stage to ensure progress is being made.

**Intervention Phase (Sessions 6/7)** The Intervention Phase, which we will call Session Six but which can really occur as early as Session 3 (in the simple model), can begin with a review of the self-observation material, and, once the goal has been agreed upon, can move to an exploration of the Five Steps for Gaining Control. The therapist can focus on which pathway best matches the client's goal and control profile. Specific building blocks -- cognitive, attentional, behavioral, and emotional -- can be selected, tailored, and taught toward achieving a positive assertive mode, a positive yielding mode or toward an integration.

A self-management contract can be drawn up, and the client's homework for the coming week clarified. Any questions about techniques can be further explored. The therapist should ensure that s/he is teaching the techniques in a way most congruent with the client's style (e.g., preference for self or other agency, learning style, etc).

**Session 7/8: Evaluating intervention progress.** Again, we are following a "typical" progression, which will need adapting to each client's pace and dynamics. This session can begin with a discussion of the client's practice of control-based techniques during the past week.

As needed, the therapist helps the client enhance self-efficacy beliefs and commitment to change. This may be done through examining past successes, generating thoughts to enhance change, and/or reaffirming commitment to change. It also may mean reviewing control stories and beginning to “rewrite” them through exploring alternative scenarios, chapters, and outcomes. The homework involves continued self-observation and practice of control-based techniques.

**Sessions 9-12.** Depending upon when the intervention phase began, these sessions can be used to review progress from both the therapist’s and client’s perspectives, with a focus upon client self-observation data. Research shows that Control Therapy can be effective within four to eight sessions, but for some clients four additional sessions may be necessary to continue the work already outlined and to gain more practice with the various self-control techniques. When there are problems and issues, a system’s feedback loop, discussed below, can be used to evaluate \* assessment of clinical concern; \* selection of the intervention; and \*teaching of the intervention, including issues of adherence and compliance.

Once the goals with which the client began therapy have been successfully met, issues of termination can be discussed. The SCI can be re-administered to further evaluate progress. The final session is typically used to reflect on the process of self-change, validate progress, and consider ways that new behaviors may be generalized to address new problems as they arise. The final session can also be used as a way to “consciously” say good-bye as part of the ending of the therapeutic relationship, The therapist and client can also discuss any future booster sessions or follow-up as needed.

The Figure below summarizes in an overview the technique material

***Relevance of Control in Different Therapeutic Approaches***

The Figure below outlines the different session groupings in Control Therapy and shows where Control Therapy is “in line” with various schools of psychotherapy that are familiar to most therapists.

**CONTROL THERAPY: SESSION BREAKDOWN BY PHASES**

Aspects in common with Other Therapeutic Approaches

CONTROL THERAPY	OTHER THERAPETUIC APPROACHES
<b>THERAPEUTIC PROCESSES</b>	
<b>PHASE ONE</b>	
<p><b><u>ASSESS CONTROL PROFILE</u></b>  Engagement in relationship  Problem exploration &amp; selection  Take SCI in or before session 1  Discuss answer sheet, Scale 4, Page 3  Share SCI test results / control profile  Psycho-education on control concepts  Control Stories, Control Dynamics</p> <p><b><i>SELECT GOALS</i></b>  Self-evaluation: options relative to what was found via SCI and self-</p>	<p>Client-centered (contextual/relational)  Experiential (use of imagery)  Psychodynamic (listen for developmental control stories)  Gestalt (experiential, e.g., mode dialogue)  Adlerian (social connectedness)  Cognitive (irrational thoughts)  Constructivist; narrative therapies (rewrite stories)</p>

<p>observation Self-observation in session and as homework (Session 1 onward)</p>	
<p><b><i>PHASE TWO</i></b></p>	
<p><b>INTERVENTIONS</b></p> <p>Preparation for change (address belief in ability, right, responsibility, etc.) Homework to prepare for change (Session 2 onward) Client makes commitment to change Match techniques with Goals &amp; Control Profile: Assertive Mode, Yielding Mode, Integration Teach relevant self-control skills Address any remaining obstacles to change Continue self-monitoring homework Homework using self-control techniques aimed at effecting the desired change.</p>	<p>Motivational Interviewing (The 5 Steps for Positive Assertive/Yielding Change) Behavioral assessment Skills assessment &amp; training Dialectical Behavior Therapy A.C.T. Acceptance and Commitment Therapy Mindfulness-based Cognitive Therapy</p>
<p>Practice new skills Reinforce small successes Change process continues     (Modulate goals)     (Continue planning)     (Continue/modify action) Evaluate (post-test) Terminate Follow-ups as needed</p>	<p>Behavioral/cognitive/affective</p>