

PHASES OF CONTROL THERAPY

PHASE ONE: ASSESSMENT AND GOAL SETTING

ASSESSMENT. The material below provides an overview of the Assessment, Phase One of Control Therapy. There are four ways in which a client's control profile and dynamics are assessed: listening to control speech, the SCI (Shapiro Control Inventory); exploring client control stories, and self-observation. We begin by examining the four aspects of a person's Control Profile: sense of control; modes of control; motivation (desire for control); and agency of control: self and other/Other.

SENSE OF CONTROL

- Do you feel you have too little control in your life? In which "domain(s)"? e.g., physically, cognitively, emotionally, interpersonally; at work?
- Do you sometimes feel you are seeking, desiring, or actually have and are exerting too much control? Again, in which domain(s)?

Dominant schools of psychotherapy share one basic assumption: the emotionally disturbed person is victimized by ... forces over which <s/he feels s/he> has no control."

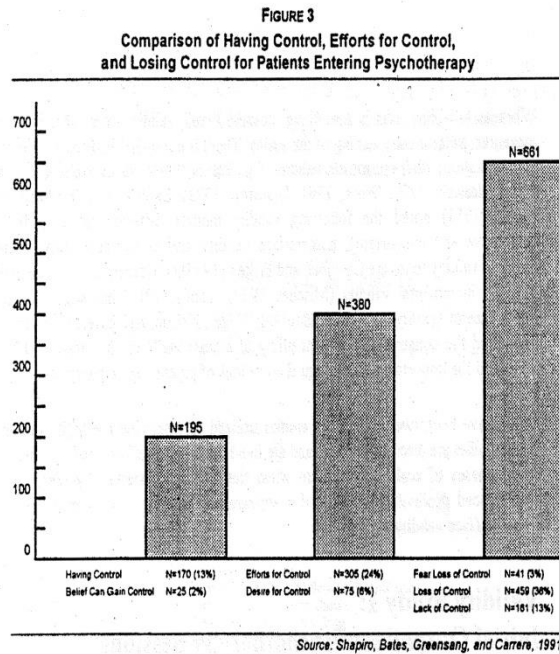
--Aaron Beck (one of the founders of Cognitive Therapy)

Content Analysis of Speech Samples: Comparison of Having Control, Efforts for Control and Losing Control in Patients Entering Psychotherapy. (Validity Study One).

If you were to do a content analysis of a patient's speech who is entering therapy when asked the question "So what brings you here?" what do you believe you would find? Would the patient make more statements about being out of control and fearing loss of control, or more statements about having and being in control? As you might imagine, when a study was done through a systematic content analysis method of coding speech samples of patients' initial psychotherapy sessions in terms of how they responded to the neutral prompt "What brings you here today" the results were as follows:

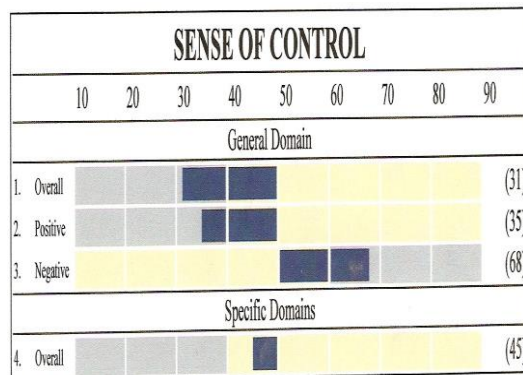
As can be seen from the Figure below of patients entering psychotherapy including affective disorders (major depression, bipolar disorder, dysthmic disorder); anxiety disorders (generalized anxiety disorder and adjustment reactions); psychosexual disorder (exhibitionism); and substance abuse disorder, psychopathology is associated with loss of control. Among these subjects, there were significantly more statements reflecting *fear of, loss and lack of control* (e.g., I'm afraid I might lose control of my emotions; I fear being enfeebled; I'm losing my power base at work; I can not perform as well as I once did, I have no choice, no options) than there were statements of *positive sense of control and belief one could gain a positive sense of control*.(e.g., I am learning to control my anger much better; I have a lot of choice over how I structure my day). *Efforts for control* included statements such as, I've started a daily exercise program; I'm trying to get more

influence at work. Subjects made *desire for control* statements such as I wish I could control my temper, I want to be more of a decision maker in our family.



Sense of control on the SCI. One major area of a person’s control profile is their sense of control. There are four scales on the SCI (scales 1-4) that measure an individual’s current sense of control status, both positive (to what extent they believe they have the skills and competencies to gain and maintain a sense of control) and negative (losing control, feeling others have too much control). The scales cover sense of control both in the general domain, and in domain-specific areas (e.g., mind, body, relationships, work, self).

Below is an example of a patient’s Sense of Control profile.



Here is a simple way to read the above figure. The numbers at the top (10-90) represent standardized scores, with a mean of 50 and a standard deviation of 10. A client’s score is compared to a healthy normal comparison group that was psychiatrically screened to provide an empirical reference standard against which to interpret the subject’s scores.

Light gray shaded portions on the graph indicate score ranges that are considered to be of potential clinical concern. Thus, it is important to note when the dark bar (dark blue for those who have a color copy) enters those gray areas. (The light yellow area, for those who have a color copy is a “healthier” direction). For this client, a fifty four year old male, overall sense of control (general domain) is low (Scales 1-3).

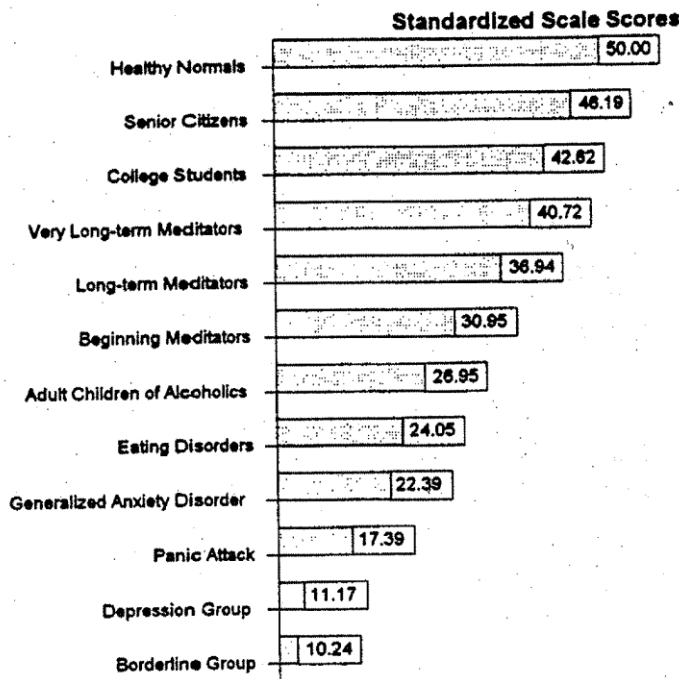
The **positive sense of control scale** consists of 11 items, including self-efficacy beliefs about one’s ability to change what s/he wants; whether the person can calmly accept what cannot be changed; whether s/he is able to set goals; take appropriate responsibility for meeting those goals; has the self-control to achieve the goals.

The **negative sense of control scale** consists of five items, measuring whether the client feels s/he is losing or has lost control in spheres of life where s/he once had control; lacks control of his/her environment; and feels s/he is controlled too much by others. These combine to form an overall “sense of control scale).

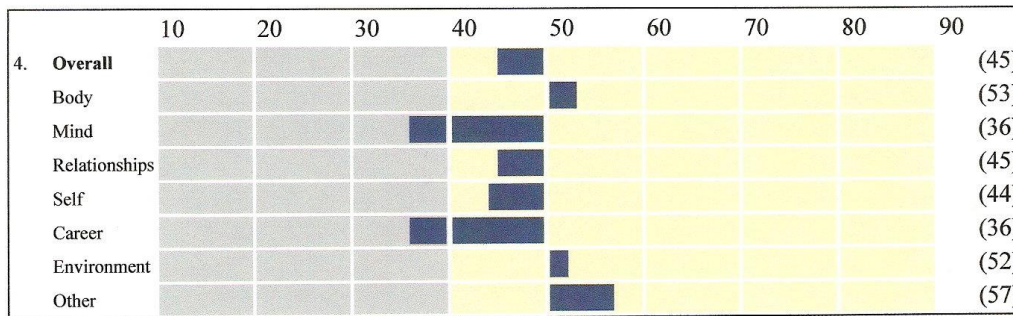
Below is a chart showing the overall sense of control profiles (standardized scores) for some of the different groups for which data has been collected including healthy normals, senior citizens, meditators (beginning, long term, very long term); adult children of alcoholics, eating disorders, generalized anxiety disorder, panic attack, depression, and, borderline personality disorder.

Control profiles of Different Clinical and Normative populations. Data from these groups allow comparisons of different control profiles for clinical and normative populations, as well as comparisons between different control profiles of clinical populations. For example, the depression group has the lowest positive sense of control (compared to the anxiety, panic attack and borderline groups, including the lowest score on the following items: perceived self efficacy, ability to set clear realistic and meaningful goals, ability to take appropriate responsibility for that over which I have control, and “I make appropriate effort and have sufficient discipline to reach my goals.” Interestingly, the depression group didn’t have much fear of losing control (perhaps because they felt they had so little) and the panic attack and generalized anxiety groups had the highest fear of losing control. (We will shortly discuss differences in modes of control between these two groups, and more detailed summaries are provided in the readings). The important point to recognize here is that by being able to develop control profiles for different populations in a nuanced manner, it is then possible to develop and individually tailor control enhancing strategies to address client concerns.

Figure 6
Overall Sense of Control, General Domain, Scale 1,
Standardized Scale Scores and Raw Scores



Domain specific sense of control In addition to the overall sense of control scales, the SCI has a domain specific sense of control scale comprised of twenty-five life parameters. On a clinical level, the SCI shows which “domains” may be of concern.



As can be seen from the above, the mind and career areas are in the gray area suggesting these are areas where the person feels less in control, and therefore worthy of further clinical investigation. Further information on the domain specific sense of control scale looks at overall feelings of control in each domain, whether that area is a concern, and if so, how the client might wish to address it: e.g., change the situation, or learn to better accept it. This leads us directly into a discussion of the different modes of control (topic 3) after a brief discussion of the neurobiological correlates of sense of control (topic 3). (This could be a choice point in the lecture, in which the presenter may decide to go directly to 3, or to spend a few minutes discussing topic 2.5

