A TEMPLATE MODEL FOR A SEMINAR

C O N T R O L
T H E R A P Y

THEORY, RESEARCH, PRACTICE

Helping individuals gain a positive sense of control in their lives

This template provides a model for teaching a class on Control Therapy. Topics covered include:

- background and history of the construct of control in psychology, personality theories, and systems of psychotherapy;
- theory, postulates, and definitions of human control which undergird Control Therapy; including assertive/change and yielding/accepting modes of control agency (locus) of control; (self and other/Other); desire for control; fear of loss of control;
- the two phases of Control Therapy 1(Assessment and goals); 2 Interventions.
- therapist competencies in Control Therapy
- an exploration of the role of self-control, self-regulation, self-management, in mental well-being and physical health (wellness/self-care)
- Frequently asked questions and future directions in theory, research, practice

NOTE: The Control Research Foundation provides seed grants for research, and funds for lectures and classes on Control Therapy. Please go to controlresearch.net for more information

Note to Instructor, Teacher, Professor

This "template" for a seminar on Control Therapy is outlined as a one page short form overview (p. 3), and in a more detailed long form providing suggested class outline, possible topics, core readings, homework starting on p. 11. Of course, the syllabus is only a suggested model, to be adapted as needed, with more or less weight given to a particular thread depending on the intended audience. Further, although the material is outlined as a ten week quarter-system class, it can be modified to be a semester class, a workshop, etc. As can be seen from the outline below, the few pages between the long and short form may be considered "suggested ideas for the instructor" to give context, rationale, and purpose for the class, including the background and purpose of this seminar template as well as its four goals. Thank you for your consideration.

TABLE OF CONTENTS

A PERSONAL NOTE/RATIONALE.

Jung has said that the personality theories/systems of psychotherapy that individuals gravitate to are not independent of their own personality/experiences/life beliefs. Buddha, upon leaving the castle, met life "messengers" of aging, illness, and death. Clearly our human quest for control (collectively, and for me –and all of us—as individuals) involves addressing Buddha's life messengers, and reflecting on Jung's assertion. That self-reflection has served as a rich mine of exploration for me regarding my interest in "control." And now, approaching Buddhist's messengers, I envision this syllabus as an outline for a "last class" that I am no longer able to teach personally. It is a summary outline of several past classes taught, with different emphases, all rolled into one (hence the different threads that make up the "weaving" of each week). This syllabus--"tapestry" -- is my "positive assertive" effort to toss a bottle into the ocean of knowledge (a bottle I hope is filled with additional knowledge, and with wisdom and healing as well). I also hope those who find it will feel it helpful, and desire to further share it with others. At this point, that's all I can offer. I leave the rest with a deep bow of positive yielding gratitude for however the ocean and currents flow, and to whomever may receive this. Thank you.

CONTROL THERAPY SEMINAR: THEORY, RESEARCH, PRACTICE

One page outline: Weeks One-Ten

Week One **INTRODUCTION……..10-13**

Importance of control in psychology: *Personality Theories/Systems of Psychotherapy*

An overview of Control Therapy: *Theory, Postulates, Definitions, Phases*

Week Two **ASSESSMENT …..…..……..…….14-19**

--Helping individuals learn about their unique control profile: *agency; assertive/change and yielding/acceptance modes; desire for control*

--Listening for control speech.

Week Three **(ASSESSMENT (cont.)…….20-24**

--Control stories

--Self-observation; a) monitoring area of concern b)mindfulness

Week Four **GOALS**……....**25-31**

-Evaluation and goal setting in Control Therapy

Dealing with Resistances: Control Mode Dialogue; CT and Decision Making

-The role of control in positive psychological health

Suboptimal, Normal, and Optimal Control

--Control and views of the nature of the universe

Week Five **INTERVENTIONS: PHASE 2 OF CT**…….…....**32-35**

Control enhancing techniques

Matching strategy to Control Profile, clinical concern, and goal

Assertive/change and yielding/ acceptance modes of control (Five Steps)

Week Six **INTERVENTIONS (cont.)……..36-39**

Dealing with setbacks, adversity; *Help the client maintain adherence/compliance.*

Integrating: modes, agency, control stories

Week Seven **INTERVENTIONS (cont.)……40-43**

Building blocks: *body, cognitions, attention, emotions, interpersonal*

Putting it together: Stress; Generalized Anxiety case studies

Week Eight **A SYSTEMS MODEL OF CONTROL THERAPY**……**44-52**

Control and the therapeutic encounter

Control Therapy session by session weekly breakdown

Therapist competences (cont.) ***evaluation of progress; feedback loops***

Week Nine **CONTROL AND PHYSICAL HEALTH, RELATIONAL HEALTH**

Research. Case studies using Control Therapy ……...53-59

Week Ten **SELF-CARE, CT THEORY AND RESEARCH, NEXT STEPS……60-69**

Larger implications—bridge building

Therapist competencies in Control Therapy; FAQs; Final comments

BACKGROUND AND PURPOSE

Psychology, and its parent philosophy, have had a long and stormy relationship with issues of free will, self-control and personal agency, and related concepts of choice, willpower, self-regulation, and personal autonomy. However, because of the research showing the importance of the psychological construct of control in emotional wellbeing and behavioral health concerns,. as well as advances in the cognitive and brain sciences and biotechnology which can more precisely measure and empirically verify these effects, there has been a renewed, and even a dramatic increase in research directed toward human control and self-control. There have been efforts to develop, explore, and refine non-pharmacological self-control strategies—both from Western psychology and Eastern meditative traditions-- to provide patients increased control over their affect, behavior, and cognitions.

Several control related constructs have been identified and (e.g., learned helplessness, self-efficacy. reactance, delay of gratification) and there are several clinical areas where an impairment of control has been suggested as one of the central features. In addition to the study of normative and clinical populations, research has also begun to explore transformative examples of exceptional psychological health and wellbeing, as well as the extent of human possibilities for self regulation of both mind and body.

This seminar shows how the principles and practices of Control Therapy evolved out of this context—seeking to integrate different control constructs, compare and contrast different self-control strategies, and consider diverse ways in which individuals gain a sense of control, as well as the costs and benefits of these different approaches..

According to control theory, one of our greatest human fears is losing control, and one of our strongest motivations is to have a degree of control over our lives. Therefore, we seek to gain or regain a sense of control by our actions, thoughts, emotions, and awareness. Sometimes we try to accomplish this by changing and altering a situation (and ourselves); sometimes by learning to accept, yield, and develop a peace and harmony with "what is." 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 our beliefs about the nature of the universe). What is important is that we match and tailor techniques and interventions to clients' clinical concerns, goals, and individual control profiles. This seminar is designed to provide the graduate student/trainee an opportunity to gain competence in the principles and practice of Control Therapy, both in helping others, and in their own lives. In addition, the seminar provides learners with the opportunity to reflect on their own view of personality theory, system of psychotherapy, and the role the construct of control may play in them

SPECIFIC GOALS OF THE CLASS

1. **To teach the principles and practice of Control Therapy** so that the student/trainee has a basic understanding of and ability to utilize CT with others. To facilitate this learning goal, one thread of the seminar is arranged around ten learning objectives related to the practice of Control Therapy: Assessment (where a person is—-including a Control Profile, exploring control stories, control dynamics, assault(s) to sense of control); Goal Setting (where a person wants to go, the focus of control efforts); Intervention (control enhancing techniques

matched to client control profile, clinical concerns, and goal to address their concerns and develop a positive sense of control in their lives); and Evaluation (a systems model to determine whether the goal(s)of the client have been met. Specific competences for each phase are detailed.

2. To develop student understanding of **foundational and important constructs and theories of control in psychology, personality theories and systems of psychotherapy** so that learners have **a basic knowledge of different psychological constructs and how they are related to, and where appropriate, integrated into Control Therapy.** An historical and contemporary overview of different psychological constructs related to control is provided, and the strengths and potential limitations of each examined. Further, the role of control in major personality theories and systems of psychotherapy is explored. Comparison and contrasts between these therapeutic systems and Control Therapy are outlined.

3. **To expose students to research on control and mental health (and control and physical health).**

3a. Familiarization with research on control and mental health issues; physical health; relationship; control profiles of different clinical and at risk populations. methodological, empirical, and theoretical problems hampering research in control and self-control and promising future directions.

3b. ***Basic knowledge of assessment and measuring control:*** including test construction (reliability and validity studies (e.g, discriminate, divergent, incremental; neurobiological Pet scan studies).

3c. Exploring what might be profitable ***future research*** directions with Control Therapy in relation to mental and physical health. Utilization of an ***adherence competency check*** list to assess and ensure competency when Control Therapy is utilized as part of a clinical therapeutic intervention in a research project; to ensure uniform application of Control Therapy in a research setting.

3d**.. *Exploring psychology's understanding of control and psychological health*** Examining research and theory regarding how psychology views suboptimal control and mental health; control and normal mental health; advantages and problems with current formulations.

4. ***To facilitate students' self-exploration regarding issues of control and sense of control***:

4a. ***Personal exploration of the principles of Control Therapy*** **in an N=1** format. To utilize self-exploration as a learning tool by inviting the student/ trainee to practice the principles of Control Therapy on him or herself: e.g., self as client, self as therapist.

4b. ***Self exploration of each student's view of personality theory, system of therapy, and role of control:*** an experiential/personal component to their learning. To provide each student the opportunity to explore, develop, and/or further examine his /her own view of personality, ideal system of psychotherapy, and to reflect on what extent "control" variables are an aspect of those formulations. .

4c. **Examining one's own goal of psychological health:** Providing an opportunity for students to formulate and express their own "vision" of what would optimal control

look like -- for our bodies and physical health; mind and mental health (e.g., cognitive and attentional control); emotional self-regulation; relational dynamics. This also includes exploring one's view of the nature of the universe and the role of personal self-agency that may be involved.

TARGETING THE CLASS FOR A SPECIFIC AUDIENCE. This syllabus is written primarily for a graduate student audience. The class in different forms has been taught to freshman undergraduates, junior/senior undergraduates (more emphasis on reading research literature, theories of control, applications of Control Therapy principles to their life); graduate students; medical students, psychiatric residents (as well as health care professionals--Continuing Education for nurses, physicians, psychologists, social workers). As noted, different styles and contents and adjustments can be tailored for each. **It is up to the instructor to determine what "prerequisites" are important for the class: e.g., a communication skills class, a course in personality theory and systems of psychotherapy.** Clearly, for different types and lengths of presentations (i.e., Grand Rounds, single lectures), different levels of classes, and different audiences, there will be different emphases in tone, focus, and style. Therefore, the suggestions below are only to offer some ideas. They will obviously be adjusted or changed, depending on the nature of the class: e.g., more emphasis on clinical interventions, assessment, treatment for an advanced graduate class; more research focus for a graduate research seminar, etc.

A NOTE ON AN EXPERIENTIAL ASPECT TO THE TEACHING. The topic of how to help others gain and maintain a positive sense of control in their lives is the main thrust of the seminar. However, the principles and practice of Control Therapy can also be applied to oneself—understanding how each of us seeks to gain and maintain a sense of control in our lives; and how we can learn to do so in the most skilful ways.. One important aspect of any educational experience, therefore, can be the opportunity to self-reflect and enjoy the process of self-exploration---what may be called *psychology from the inside out.* Hopefully this self-exploration can be personally relevant, help make the material more relevant and applicable, and that this experiential self awareness and practice involving knowing ourselves may also facilitate a deeper understanding of CT to better use it to help others.

The "seminar" model below attempts to incorporate academic and theoretical knowledge, clinical interventions, and self-exploration. Again, each instructor may adjust the emphasis depending upon their comfort level, the students' comfort level, and the intended goal of the class If the seminar is going to involve an experiential component, some suggested points on privacy and confidentiality regarding what is said in the class follow:.

A COMMENT ON PRIVACY, CONFIDENTIALITY (These are comments that an instructor might make speaking directly to the class):

This class is intended to be "educational"-- the goal in class is to learn certain concepts, practice them on "small" areas of yourself , and achieve self-knowledge on multiple domains regarding how to gain a positive sense of control. Part of the class will involve self-exploration, "psychology from inside out," to enhance and facilitate your learning experience. To create trust in our class, I'd like to ask each of you to

a) Agree to respect the privacy of what is said here by your fellow students. That means you should not repeat, reference, or in any way share anything that is said by another student in class. Does that make sense? Any questions? Is there anyone unwilling to do that?

b) When others are speaking, please give them your full attention and respect. Therefore, cell phones off, no texting, reading texts, etc This is a chance to practice your self-control "focus" involving focused attention and listening skills!

c) Take responsibility for what you share about yourself. . Don't share more than what is comfortable for you in the seminar format. When asked to pick a project to explore, choose something you're comfortable sharing with others, not something that is too personal. What we're looking for is practice in learning on a small level. Any questions here?

Finally, if you find that some of the topics and areas that we discuss need more attention than can be offered in this class, there are helpful resources on campus—e.g., the counseling center Once again, please take responsibility for only doing those experiential exercises that seem comfortable to you; and for sharing only what seems comfortable in class.

<Note to Instructor: If you are comfortable, and to help address discomfort students might have regarding personal sharing, a general , comment such as "As you know, all of us, being human, have areas that we're "exploring" to find ways to improve ourselves and gain a more positive sense of control." Again, if comfortable, you the instructor might consider indicating a small personal example of an area you are or have worked on as a way to model this process of self-disclosure.

THE VOICE OF THIS SYLLABUS TEMPLATE. This "template" has a couple of different voices. It is intended to "speak" to prospective instructors, suggesting ways the class might be structured, different readings, exercises, "Experiential Activities" and "Dyadic Practice." Of course, these are intended merely as suggestions and "choice points," It is up to each teacher to adapt this material in whatever way they feel it can best be conveyed to their students.

Within the above context, a second voice speaking directly to the "student/trainee/" is often used (as above: in the section *A comment on privacy, confidentiality* sometimes).

Finally sometimes in this syllabus there will be suggestions of language that a student might use with a client. This voice is used to show how a therapist might frame or discuss an issue with a client (e.g., Client FAQs)

Sometimes the voice is "ambiguous": eg. the material at the start is written as background for potential instructors, but could also be adapted, edited, etc, as appropriate and warranted, as part of the class syllabus for students, as noted in Week One.

SUGGESTED MAJOR PAPERS/PROJECTS. There are several different types of projects than can be successfully incorporated into a seminar of this nature. Here are four suggestions 1) An N=1 Self Exploration (A-B research design) Project; 2) a Control self-exploration journal; 3) A case study e.g., from a clinical/practicum setting utilizing the principles and practices of Control Therapy where applicable; 4) a research proposal

with an annotated literature review of a clinical area. Further details of the above are described in the material following Week Ten.

FREQUENTLY ASKED QUESTIONS. At the end of the syllabus, there is a list of Frequently Asked Questions, and where some possible responses to them are found. These FAQ and the responses can be used as possible handouts during the appropriate weeks of the class where they may be asked (or covered). If not, this list might be helpful in the class if there are any the instructor or students feel are important to share during class.

CLINICAL COMPETENCY CHECKLIST

Throughout different weeks of the seminar clinical competencies of different phases of Control Therapy are detailed. (Week 4: Phase One competences for assessment and goal setting; Week 5: interventions; Week 6 Adherence, compliance; Week 8: evaluation, termination, and other therapist qualities). The complete checklist can be found in (Appendix 1, CT-TM). This checklist has several uses. In a beginning seminar, a practicum class, an intern training class, trainees may complete it as a self-assessment, and trainers may use it to rate trainees' progress. It may be used early in training, one or more times during training, and after training is finished. Administering it at least twice (pre-post) will allow trainees and trainers to gauge progress. (When using the checklist as a self-assessment instrument for the trainees, keep in mind that lower self-assessment scores *after* training do not necessarily mean declining performance; in fact, they may indicate the trainee has developed a sharper understanding of his/her strengths and weaknesses and of the nuances of Control Therapy) In addition to its didactic function, the checklist can also be useful for ensuring accurate and uniform application of Control Therapy in a research setting.

HOMEWORK, each week there is homework, both readings and experiential practices. Each instructor may have a preference whether readings should come before or after a class discussion. There are advantages to each. If the topic is discussed in class before readings, it provides the students an opportunity to explore their own experiences and thoughts; and allows the instructor can then give guideposts for the student's subsequent reading of that material. Then in the following session, any questions generated by the reading can be discussed. Others may wish to have the readings come first so that the class discussion might be more robust on the topic with the students already prepared.

READINGS:

The four core readings are

1. **CONTROL THERAPY: AN INTEGRATED APPROACH TO PSYCHOTHERAPY, HEALTH & HEALING,** Shapiro**,** DH & Austin, JA New York: John Wiley. The book provides theoretical and conceptual background, overview of control related constructs in psychology (and philosophy); empirical foundations; assessment procedures; chapters on control and mental heatlh, physical health, and control and relationships; detailed instructions for the assertive/change mode of control; and the yielding/accepting mode of control; case examples of Control Therapy and mental health (generalized anxiety disorder); Control Therapy and Physical Health (preventive health care: a case of lifestyle modification); ,

and Control Therapy and Relational Health (A case of couples therapy); practical exercises, over a thousand references, (*Abbreviated in syllabus as CT-B (Control Therapy the Book)*☺

2. **CONTROL THERAPY TRAINING MANUAL** (Shapiro, DH, Soucar, B., Shapiro, S.L, Astin, J.A., controlresearch.net) The primary purposes of this manual are to provide 1) a clear and accessible guide for training clinicians in the use of Control Therapy.; and 2) standardized procedures necessary for treatment research to be replicated. *Abbreviated from in the syllabus: CT-TM Control Therapy--Training Manual)*

3. **THE SCI (SHAPIRO CONTROL INVENTORY) MANUAL.** Shapiro, DH. Beahviordata, . This manual summarizes reliability and validity studies of a third generation control inventory, including divergent, discriminant and incremental validity with Rotter's Internal/External Locus of Control, and Wallston's Health Locus of Control; as well as neurobiological correlates of control with the Pet Scan, and Control Profiles of multiple clinical, at risk, and normative groups. *Abbreviated form in the syllabus: SCI-M (SCI—Manual)*

4. **CONTROL THERAPY: LAST LECTURE (2014).** This template for a lecture attempts to integrate aspects of the above three readings into one place, with some additional material, refinements in certain places. It provides an introductory complement to the above three. More depth on theory, case studies, and client/therapist dialogue is found in 1; more on actual skill training in 2, and more in depth presentation of research in 3. *(Abbreviated in the syllabus as CT-LL)*

All four may be downloaded, read, at no charge at controlresearch.net

Other readings are suggested throughout the seminar, and of course, it is expected that the instructor will complement these core readings with additional materials. In addition, as noted, the students may complete annotated literature reviews as part of their main class project. Even if only a short time is available to discuss CT (e.g., a single lecture in an ongoing class), depending upon the "audience" for the class, learners may be referred to ***controlresearch.net*** where they can download and explore the above at no charge,. At that site they may also take the SCI and receive a print-out of their own "control profile." Depending on the intended audience, the instructor can have students download appropriate materials from the website and then highlight certain pages that s/he wants them to read as an overview, as well as to determine the main points s/he wants to make about each topic.

A COMMENT ON "HUMOR" At various places in the Control Therapy Book, The Control Therapy Manual, the syllabus outline, and the Control Therapy last lecture, an "effort" is made to be humorous .through anecdotes, a cartoon, etc. This is often done to make a serious point in a "light" way, to, but is in no way intended to be disrespectful to or detract from the seriousness of the topic or the pain and suffering which CT was created to help heal.

WEEK ONE.
--IMPORTANCE OF CONTROL IN PSYCHOLOGY
Personality Theories and Systems of Psychotherapy
--AN OVERVIEW OF CONTROL THERAPY
Theory, Postulates, Definitions, Phases

This first week is an opportunity to give an overview of the specific goals of the class itself (e.g., see pp 2-3 of this syllabus template), and discuss contextual issues of confidentiality, personal responsibility for classroom sharing, and the idea of self-exploration of the themes of the class (i.e., psychology from the inside out).

One way to start the class is to provide students with an initial experiential feeling for the topic: (e.g.

- *Think of times when you have had a positive sense of control in your life.*
- *What does a positive sense of control feel like? How do you "know it"? In your body? Your thoughts? Your feelings? Relationally? At work?*
- *What are* ways in which you gain a positive sense of control in your life? *(see additional suggested questions from Control Therapy Training Manual CT-TM, activity 11, p. 9).*

The first class can also be an opportunity for introductions, (e.g., why are you taking this class, a bit of information about their background). This "sharing" can be an opportunity to discuss issues of personal responsibility at the level of sharing (e.g., Lazarus' archery target inner circle—see reading CT-TM), group confidentiality; and also allow the students to begin the process of self-reflection.

For example, after this exercise, you can ask the students to consider what went through their mind when they heard there was going to be a personal sharing exercise. 1.1 Did they want to go first, second, in the middle, last, 13th?) 1.2 Why? 1.3 How did you feel if when you wanted to share (e.g., positive assertive) was taken by a classmate (i.e., positive yielding); what is your plan b and how did you make it?)☺ 1.4. Note your level of self-disclosure (archery target e-d--c-b-a).5 Also, make a note about how self-reflective you feel/think you are (1 never, 2 rarely, 3 occasionally, 4 sometimes, 5 often, 6 very often, and 7 always).

Overview of Importance of the Role of Control in Psychology, Personality Theories, and Psychotherapy Systems:

Exploring student's views of the role of control in personality theory, systems of psychotherapy.

A Native American granddaughter/grandson says to his/her grandfather/grandmother:
"I feel like I have two wolves inside me.
One is a good wolf (kind, gentle, caring) and one is a bad wolf (greedy, mean, angry).
Both are battling within me. Which one wins?"
To which the grandparent replies: "The one you feed." ☺

This Native American story of the "wolves" can be an interesting way to explore which different personality theories, systems of therapy may be embedded there? What school of psychotherapy (e.g., Freudian, Client Centered/Humanistic, existential, cognitive behavioral does the grandparent's answer best represent? What "control story" is the grandmother telling? How does the grandparent's answer fit with your own view? Questions to explore: Do you believe we have good within us (i.e., the good wolf?; (If so, is this good innate? learned? i.e., nature/nurture); what about "bad"/unskillful qualities (the bad wolf?) Again, are these innate, learned? Which theories/systems of therapy do these views about the nature of goodness/badness represent? In each of these views, what would be the role of "personal control"? What about the role of learned skills, existential choice? "ie., the one you feed." Note the dimensions of self-control mentioned or implied in this story: *"awareness"* of the two aspects of self; "responsibility" for "choice"; *motivation* to choose the *goal* of the good wolf, and skills and determination to follow through. How much free will do you believe we humans have to "control ourselves?" and make personal choices regarding our cognitive, emotional, behavioral habits? (further questions are detailed in Control Therapy-Last Lecture, pp. 19-20) e.g., Do you agree with Einstein's and Darwin's statement cited there regarding the importance of developing a theory?

Different Therapeutic Schools and Theories/constructs of control. Note the control component involved in different schools of therapy e.g., Classical Freudian: id: we are governed by unknown and uncontrolled forces; Ego Psychology/ Humanistic (Client Centered): /existential focus on right and responsibility of individuals to be in control of their own life: focus on personal choice, individual freedom, and self-determination; Cognitive-behavioral: emphasis on self-control, learning cognitive "traps" and skills; Transpersonal: mastering emotions, controlling the mind, and seeing limits of egoic "controlling" self.

*Overview of psychological constructs of control***:** Bandura's self-efficacy; Seligman's learned helplessness and optimism; White's concept of competence; Menninger's psychodynamic dyscontrol; Brehm's reactance; Frankl's will to meaning; Adler's will to superiority; Rotter and Wallston's internal and external locus of control; Schwartz's cybernetic feedback models and disregulation; Mischel's self-control/delay of gratification; Taylor's self-control and control by a benevolent other; Langer's illusion of control; Glass and Singer's perceived and actual control.

Uni, reciprocal, and omni biospychosocial models of control: environmental/society/culture viewpoints; biological/genetic, control upward from micro level viewpoints; existential, "control" downward; free choice viewpoints; reciprocal determinism; omnideterminism.

Control Therapy: An Overview-- Theory, Postulates, Definitions, Phases

This aspect of the first class is an opportunity to explore in overview form a) the theory and postulates, and biopsychosocial model, undergirding Control Therapy; the two phases of Control Therapy: 1)Assessment and Goal setting and 2) Interventions: Matching model. One way to do this is through utilizing the first few pages of the last lecture (including the Chinese painting CT-LL, p. 15-18); exploring the Client Frequently

Asked Question (What is Control Therapy);CT-TM, P. 3; the therapist/student Frequently Asked Question "What is Control Therapy."

CT believes that although there is individual variation, each of us has the ability to

- *learn to pause, reflect, consider and reconsider our thoughts, actions, and behavior,*
- *learn to choose, if we so wish, to interrupt and override reflexive cognitive, emotional, and behavioral impulses and sequences*
- *learn to create alternative ways of responding-—behaviorally, emotionally ,and/or cognitively -- that we feel are more in our (and others') best interest.*

HOMEWORK:

1. Taking the SCI. Before the next class, please take the SCI.

Note to instructors: To set up a free account so each student in your class can take the SCI (it takes about seven minutes), go to controlresearch.net. You will note there that you can select who receives the results of the test (e.g., account holder, you, and/or the test taker (e.g., student/client.). As noted in the Control Therapy Training Manual, we recommend for a class that ONLY the student have access to the student's test results (so choose selected test taker only). (In clinical practice, we recommend that only the account holder have access to the client's test results initially, so the therapist can share and go over the results with the client in the therapeutic setting).

Note to students. Please take the SCI (Shapiro Control Inventory)**.** Go to controlresearch.net. It takes about two minutes (maximum) to log in, then approximately 20 minutes to complete the inventory. The results of your test will only be available to you. After you take the test, you will instantly receive the results: Your Control Profile, including a Comprehensive Clinical Report. Before week two, please review your control profile, note any questions or points you would like to discuss in the next class.

2. READINGS.

Regarding what is Control Therapy: Control theory and postulates and how they undergird Control Therapy: assessment: The SCI

Core:

*CT-LL pp 15-30 theory, postulates, definitions, phases.

* CT-TM, Introduction and Module One (pp/ 1- 16). (after taking the SCI): CT-TM, Module One, pp. 17-29

*CT-B Chapters One-Three: 1-54 (1:A Historical and Contemporary Overview of Control Theories; 2: Toward a unifying theory of human control; 3. Assessing the Theory, Developing a Control Profile.

*SCI-M Chapters 1-2 (1-29)

Recommended:

*Shapiro, DH, Schwartz, CE, Astin, JA (1996) Controlling Ourselves, Controlling Our World, *American Psychologist*,51(12) 1213-1230

*Shapiro, DH, Astin, JA, Shapiro, SL, Soucar, E, Santerre C. (2010) Control Therapy. In *The Corsini Encyclopedia of Psychology* 4th Edition, Vol 1 I. Weiner & W. E. Craighead Eds.) pp.404-406.

3. *CONTROL JOURNAL.* As you do the reading for next week, please start thinking and making some notes in a "control journal" (you may come up with any creative title for it you like). One topic in the journal can explore your views of the role of control in who humans "are" (the personality theory), who they can become (goal of therapy), and how (if) they can reach their goals: techniques. At this point in your studies, what system of therapy are you're most "attracted to" and why. This is just a beginning snapshot that may evolve over the course. his would be a place to discuss any comments you had on week one's homework question regarding do you agree with Darwin's statement about the importance of developing a theory?

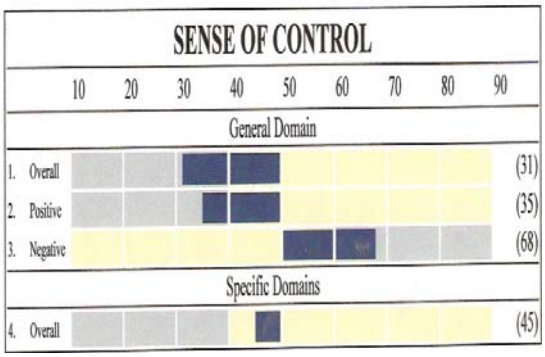
Also, in your journal, please jot down any thoughts, reactions, questions to your SCI profile. Finally, please make some notes on the questions raised in the manual *(*see CT-TM, p. 12 and with which we started the class (e.g., when you have had a positive sense of control, etc.) . Also, please take some time to reflect (from CT-LL, p. 20) what approach to theory development you are most comfortable with: e.g., *inductive (from facts to theory) /deductive* (from big picture first then see how "facts do or don't fit." **Bench/naturalistic.* Do you feel our understanding of ourselves can best be developed by naturalistic research in the field? More "bench" research without as many confounding variables? Internal self-reflection? Some combination?

4. *SHARE AND TELL.* As a way to begin to notice how and where the principles and ideas of control discussed in this class might "occur" in daily life, it would be appreciated if as you go through your day, you note a statement you (or someone else said), a cartoon, a news story, etc. that you feel has an interesting "control" aspect related to what is being discussed in the class, please make a note of it to share at the beginning of the next class. Thanks!

WEEK TWO:
ASSESSMENT
HELPING INDIVIDUALS LEARN ABOUT THEIR UNIQUE CONTROL PROFILE; LISTENING TO CONTROL SPEECH

This week is devoted to Assessment through helping a client learn about their individual control profile, and the four parts of that control profile; and learning to pay particular attention to "control speech". Further, reliability and validity studies addressing assessment are also discussed.

Share and Tell. *The beginning of the class can also be a time for student's to offer any "share and tell" they have collected, as well as discuss any questions that have arisen from week one readings and discussions. An example of a* "Share and Tell" is provided here—



Discussion idea. In the cartoon at left, what might have been the client/therapist dialogue preceding this statement? How would you respond to the client's statement?

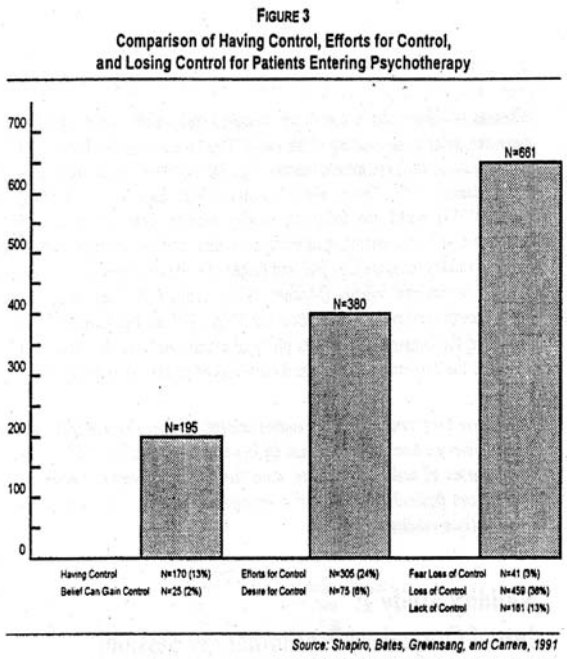
ASSESSMENT: ***Helping individuals learn about their unique control profile.***

Therapist, client, relationship. The first phase of Control Therapy (similar to almost any therapeutic approach) is to help create a trusting relationship and build *rapport* while working to hear, understand, and assess the client's concern from what the client shares. Particular aspects of Control Therapy in assessing a client's concern, within this context of trust and empathy, involve exploring the client's "Control Profile"; listening to the client's speech, including "control" speech (such as in the above slide), examining the client's control stories, control dynamics, to help identify areas of concern and assaults to a person's sense of control. and helping the client to self-reflect on and self-monitor the area of concern(s).

Content Analysis of Control Speech. Note to instructor. This might be a good time to discuss the content analysis of speech from initial psychotherapy sessions

A question to students: 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:



Patients entering psychotherapy included affective disorders (major depression, bipolar disorder, dysthmic disorder); anxiety disorders (generalized anxiety disorder and adjustment reactions); psychosexual disorder (exhibitionism); and substance abuse disorder. Further details can be found in the last lecture (see pp. 30-31) and SCI-M (Validity Study one). The research showed that the issue of "control" in some form came up in client speech.

When it does, the therapist may probe further for information and specificity within an empathic context) For example, as a "share and tell" cartoon above, what might have been the question the therapist asked to which the client responded: "All circumstances are out of my control." Why might the therapist have asked that question? (e.g., the client may have initially said: "I'm feeling things are not quite in control in my life." To which the therapist might say, "Can you give me some specific examples of areas where you feel things aren't in control.").

SCI: The Four Components of a Control Profile:

A basic premise of Control Therapy is that awareness is a necessary component of the therapeutic process--"knowing where you are". In order for a person to address a problem/concern, the issue has to be brought into awareness and explored. Thus, the first task of Control Therapy is to help individuals recognize what forces are shaping their lives including personal (i.e., behavioral, cognitive, and emotional), interpersonal, and environmental. One way this is achieved is by having the client

become familiar with their Control Profile--their overall sense of control, normal modes of control, agency of control, desire for control, domain-specific areas of concern, and assaults to their sense of control. It also includes having the therapist listen to client's speech related to each component. The goal of the following is to help the students empirically ground the theory of control discussed in week one, through learning how to use and interpret the Shapiro Control Inventory

Questions about your control profile. One aspect of the first week's homework was to take the SCI and review your Control Profile. Do you have any questions before we discuss the aspects of the Control Profile in more depth?

SENSE OF CONTROL:

General Domain Sense of Control. In the SCI, the general domain scale (1) is comprised of a positive sense of control scale (2) involving questions about a person's belief that they have a positive sense of control in their life, the efficacy to make changes they wish, the two positive modes of control (assertive change, positive acceptance of what they cannot change; the six dimensions of self-control (choice, awareness, motivation, responsibility, commitment, skill; and a negative sense of control scale (3) including feelings of losing control over oneself and one's environment, the two negative modes (too passive and helpless; too aggressive and over controlling).

The Domain Specific Sense of Control Scale (4) examines sense of control in areas related to specific domains of mind, body, relationship, work, and other areas (e.g., smoking, gambling, alcohol, time management) and whether for those areas that are a concern, the person wishes to learn to accept, or change.

Listening for control speech: In both general and specific domains, listen for how the client talks about their concerns personally and interpersonally: e.g., "I feel like I'm losing control in areas where I once had it"; "I don't feel I have the ability to control my life." "My thoughts are racing, and I can't stop them." "I don't trust my anger, it's way out of control." "I feel too passive and helpless."

MODES OF CONTROL.

Four modes of control (Scales 5-8). and "speech examples"

Positive assertive change mode.(Scale 5) involves efforts toward changing the world and oneself to reach one's goals; includes language such as self-starter, goal oriented.

Positive yielding, accepting mode of control; (Scale 6): the ability to calmly accept what one can't (or perhaps should not try to) change. e.g., "I have learned to accept and come to peace with realizing that there are aspects of my spouse that I am never going to be able to change." "I want to learn to be happy with myself as I am "

FAQ 3. Client / Trainee: Isn't positive yielding really fatalism? see- CT-TM pp.21-22. Discusses the need to distinguish positive yielding from negative yielding (see Scale 8 below)

Note: a positive sense of control can come from e positive assertive (e.g. Robert White, the concept of competence: the "joy in being a cause"); and from positive yielding (e.g., all is at peace, the mind like a still clear lake— "No drives, no compulsions, no needs, no attractions: Then your affairs are under control. You are a free man." (Chuang-

tzu) “Breathing in, I relax body and mind; breathing out, I smile what a wonderful moment ”Thich Nhat Hanh)

Negative Assertive: (Scale 7): Over control. micromanaging, e.g., “S/he is an overprotective parent”; “I am not able to delegate and end up trying to control everything.” “People sometimes tell me I’m too controlling and demanding.”

Negative Yielding: (Scale 8) too passive, helpless; e.g., “All circumstances are beyond my control.” “I don’t feel I’m effective at accomplishing anything.”.

MOTIVATION (DESIRE) FOR CONTROL. This includes scale 9 of the SCI (Desire for control) : fear of loss of control, desire to appear in control. There are also refinements in the SCI in Scale 4 in terms of whether a person who has a concern about an area not being in control wants to learn to change, or accept. Also here the freedom reflex (cf Pavlov) can be explored: e.g., the desire not to be told what to do. Additional refinements include over control issues and desire for less control;

De*sire for control* statements; e.g.,” I’m trying to keep my emotions more under control”;: I wish I could lose these extra pounds (positive assertive desire) “I’d like to be less controlling, and more accepting.” (positive yielding desire)

Class discussion: when is desire for control good? when too high? too low? in what domains?

AGENCY OF CONTROL. In terms of control speech, it is critically important to listen to what is being said about the agent and object of control. (e.g., “my mom rules my life”; “my boss is a tyrant”; “things happen to me without my control”; “I try to achieve my goals in life”. (The joke: “Some people make things happen, some people watch things happen; some people say “What happened?” may be appropriate here:) In the SCI there are five questions—agency and refinements (#’s 19-23) -- regarding how does a person gain their sense of control -from self; from others; from Other (higher power), and combinations thereof.

(*Brief background note re these questions:* Rotter’s forced choice internal/external locus of control scale looked at “self” or “other” as a generalized control expectancy; more here! give an example: (cf Bandura). Wallstons’s health locus of control looked at self (I can help keep myself healthy), other (the Doctor is in control of my healthy; what Shelley Taylor’s research refined as a *powerful benevolent* other), and chance (e.g. accident) as the variables that gave one a sense of control. Wallston’s work hints at one potential aspect of the “nature of the universe” – i.e., random events which might be construed as fate. But what is missing in Rotter’s, Wallstons’, and Taylor’s formulations are additional views that clients may have about sense of control and the nature of the universe. (to be discussed further in Week 4

Helping client understand their control profile. After the initial therapeutic session, and before the second therapeutic session is often a good time to give the SCI. (See CT-TM, Module 4, regarding timing). The therapist/trainee has an opportunity to discuss the SCI Control Profile with the client, and to explore the following potential areas (which the students can also do with their own profile in the class): Exploring the overall sense of control scales (1-3); pinpointing specific areas of concern where the client feels “out of control” (Scale 4); discussing with the client their overall “desire for control” including fear of loss of control (scale 9); explaining and discussing with the client

his/her scores on the four Modes of Control (Scales 5-8); Identifying and discussing agency/locus of control (self/others/spiritual Other) (items 20-23)/; working with the client to review his/her understanding of the SCI results and clarifying misconceptions; and addressing client's emotional reactions to receiving the SCI results.

Control profiles obtained from different groups (discussed in SCI-Manual)

It may be helpful to briefly summarize with a chart or two the different control profiles that have been obtained: e.g., psychiatric clinical populations: depression, generalized anxiety disorder, panic attacks, eating disorders (anorexia nervosa and bulimia, borderline personality disorder; at risk populations: adult children of alcoholics, prisoners; medical populations Type A behavior with one myocardial infarction; women with breast cancer; normal, including psychiatrically screened normals, ; unscreened: college students, senior citizens, business managers; mental health and other professionals, normals.

BONUS QUESTIONS (IN CLASS, IF TIME ALLOWS:

here are two "extra credit" questions ☺*which may be done in class if time allows—e.g., perhaps have students break into dyads to discuss, giving students practice listening and paraphrasing back the dyad partner's response.*

Control story bonus question 1::

WHO (OR WHAT) CONTROLS YOUR LIFE?

Free associate to the question, and write down whatever comes to mind. Then, if you wish, you may refer back to the table on agent and objects of control, and refine your answer a bit more. Note, if you said "I do"; please spend some time thinking about who is the "I"; What is the "self" (global) and its relationship to the "parts" of the self: e.g., mind, body, emotions, etc. How do they work together for you? When are they in harmony and congruent, when not?

Control story bonus question 2:

IF ONLY I COULD GAIN MORE CONTROL…..
(fill in your greatest desire for one of the domains of your life: e.g., body, relationship, financial, etc.),
THEN I WOULD BE…….
(fill in the emotional feeling).
This question can be helpful in exploring the aspect of your control story that connects a desire for control in some area, and the belief, whether conscious or unconscious, between gaining a sense of control in that area, and your emotional well-being and happiness

HOMEWORK

READINGS:

Complete Module One (CT-TM) pp. 29-39 (Control Stories, listening to control speech, self-monitoring); ***Note*** Figure 1.6: Seven groupings of agent and object

of control p. 35

CT-LL, PP 31-75 (That practical training material integrated with reliability and validity studies

SCI-M Chapter 4 (30-55) More detail on the reliability and validity studies. including outpatient content analysis, neurobiological correlates, contrasted groups, longitudinal studies, factor analytic studies, discriminant, divergent and incremental validity studies between the SCI and Rotter's and Wallston's Health Locus of control scales.

CT-TM Module 4 . 270-275 (on *SCI: Timing, presentation, skill level (Trust, rapport, exploring areas of concern, and control profile)*

Optional reading: (for those interested in control content analysis of speech in more detail

Shapiro, D.H., and Bates, DE. Ways to Measure Control and Self-Control: Background, Rationale, and Description of a Control Content Analysis Scale. Psychologia, An International Journal of Psychological Sciences, 1990, 33 (3), 147-162.

Shapiro, DH, Bates, DE, Greenzang, T, and Carrere, S. A Control Content Analysis Scale Applied to Verbal Samples of Psychiatric Patients: Correlation with Anxiety and Hostility Scales. Psychologia, An International Journal of Psychological Sciences, Psychologia l991, 34(3) 86-97

SELF-EXPLORATION. Please complete homework assignments, ***1.B.—1.D*** in the CT-TM.

1.B. Select at least one area to self-monitor and begin to do so between now and the next session, again noting any thoughts or questions.. Please note how you selected your area to monitor: e.g., a refinement from domain scale 4 of the SCI; from another aspect of your SCI profile? Listening to your control speech? Other reasons? Further, please do the homework described in the manual under self-observation of monitoring (CT-TM 30-33) positive sense of control; negative sense of control; relevant domain specific areas; modes of control; desire for control, and agency of control ; b) any problems with the process of self-observation.

1.C. Listen to and write down examples of "control speech" that you hear in yourself and that others use (discussed in detail in detail in Section 1.2 of the Training Manual (pp33-35 in CT-TM).

1.D. Continue exploring your own control stories in your journal including the two bonus questions above. As you continue listening to your control speech, notice any "control stories" and "control dynamics" that arise for you. This is an opportunity both for personal discovery about the background and roots of these stories and dynamics. It is also a chance to see how your personal experiences contribute to (and may be influenced by) your theoretical orientation, specifically that part of your theoretic orientation that involves your control story about human nature and its ability to change and to self-regulate emotions, thoughts, and behavior.

WEEK THREE; ASSESSMENET: (CON'T)

SELF OBSERVATION, CONTROL STORIES

This week continues the discussion of assessment in Control Therapy. Last week involved the SCI and listening to control speech. This week involves "control stories" and self-observation (of two types, one precise behavioral self-observation, another type, mindfulness meditation).

slide

Most of us don't take the time or expend the energy to monitor our lives, so we remain puzzled by occurrences that seem haphazard. If we monitor our actions and feelings carefully, we will notice patterns. They may be complex patterns, but patterns nonetheless.. -- L. Barbach

--*We don't see things as **they are**, we see them as **we are***
Anais Nin

--*Scholars consider a comment in Charles Darwin's Notebook C to be one of his first insights into human nature. As Darwin noted, our mental machinery distinguishes us and makes us different from other animals. For instance, it allows us to ask about ourselves, about what it means to be human.*

end slide

SHARE AND TELL: *Self-awareness and self-reflection.* How true do you believe Barbach's, Anais Nin's comments are ? How important to you believe self-reflection (Darwin's "mental machinery") is?

On a seven point scale (1 not at all, 7, extremely) how would you answer
Are you a self-reflective person?

After you have picked a number, please spend a few moments exploring whether you feel self-reflection is a good quality (and you want more of it); or a problematic quality (and you want less).

(***Note to instructor:*** There are several interesting related questions that could be used for a dyadic exploration[1]/ sharing of the pluses and minuses of awareness. What are different types and styles of reflection/awareness (e.g., behavioral self-observation, meditative mindfulness)? What are different views of the importance of awareness (insight, outsight, current, historical) in different therapeutic systems?? What is your view of the role of consciousness in human existence - is it causal, an epiphenomenon? Do we have blind spots? Do we engage in self-deception (consciously, non-consciously)? How do we know what we don't know? How do we learn to know what we don't know? How do we "know" ourselves? How carefully do we listen to what we say (Including our "Control Stories" and control speech? (All of these questions, of course, can be grist for comments in one's Control Journal).

****SELF-OBSERVATION: Increasing Awareness: Insight and Outsight of control related variables.*** This part of the class can be devoted to a discussion of methods of observation. One is behavioral self-observation, and examples from the previous week's reading of different examples of observation from the students can be discussed (e.g., CT-TM, pp. 28-33). What was noticed about observing different areas (e.g., desire for control, modes)? Problems, insights, observations (This may be done as a dyadic exercise). Was it hard to remember to do? To be "precise enough" to "capture the experience"; what did you notice about antecedents? Consequences?

A second type of "observation" is mindfulness meditation, which, at its simplest, is a type of self-observation which involves "just noticing" "bare" awareness of what is happening in the here and now. The meditator is told that as thoughts, feelings, sensations arise, not to judge them—there is to be no evaluation-- not to further explore them, but merely to notice and let them go. The goal is the paradoxical "goal of no goal"—to stay in the present moment, nothing to achieve, no place to go. One way to share this is to have students close their eyes, with no instructions, other than to just count the number of breaths they take in one minute. They may write that down, and then you can have them do a brief several minute mindfulness meditation using the instructions provided (cf CT-LL, pp.68-69. Then perhaps have them do a one minute counting breaths and see if there is any difference from the first time.

A discussion of comparison and contrast of both approaches can be discussed, and students views of when each might be helpful.

ASSESSING CLIENT "CONCERNS": CONTROL STORIES

The class discussion here can explore the reading from the previous week on Control Stories. After discussing "what is a control story", it may be helpful to have them break into dyads and review the exercise (pp. 37-38 CT-TM) they did on an example of their own personal control story and from 59-66 in CT-LL including a) Recognizing problematic control stories; exploring control stories re: desire for control; preferred mode of control (assertive/change; Yielding/accepting?; agency of control (self/other/Other?)

[1] One idea for dyads is to also explore the process by which dyads are formed: does one "choose" a partner; wait to be chosen. How does that relate to their control profile "modes"? their personal style? comfort level? What type of person are they most comfortable "sharing" with?

WHAT IS A CONTROL STORY? Control stories are an additional way in which a person's Control Profile can be assessed. These stories are formed by the units of control speech, and coalesce and evolve into a narrative—consciously or unconsciously— by which individuals create stories to *frame, explain, and understand events in our world—why things happen; *seek to explain chaos and disorder—internally and externally; *reflect attitudes and views about the amount of influence we believe we (and others) can and should have over events in our lives. *explain our level of motivation and commitment, as well as our ability to develop self-regulation of our thoughts, emotions, and behavior.

Further topics could include: *Exploring Client Control Stories: Parental messages (about control); control and parenting style; past ways of gaining control; discuss which control modes the client believes s/he has used successfully/unsuccessfully in the past. difficulties recognizing control stories; resistances to examining control stories;*

PRACTICE: Raising awareness of control stories: Modes, Desire, Agency

MODES. One control story is whether a positive assertive mode is better or worse than a positive yielding mode. Which one do you feel and think is better? Why? If you had to choose between being considered by others as a passive wimp (quadrant four) or an over controlling tyrant (quadrant three), which would seem better and which worse to you? Why? In answering this question, try to remember what you have learned in your past (e.g., from your parents—either directly or through modeling) involving these modes. What does your culture say about which mode is preferable? Your religious, spiritual beliefs?

DESIRE FOR CONTROL: Where do you think your desire for control (high or low) comes from? Are there certain areas where you desire control more than others? If so, why might that be? What is the story that you tell about your desire for control?

SENSE OF CONTROL AND AGENCY. In general, how much do you feel you can rely on others for help and guidance; how much on yourself? Do you have some sense of the source from which these aspects of your control story were developed? Parents? Culture? Religion?

Can "self" control come from self *and* other? A topic of discussion Exploring your control story on agency further. Here is an opportunity to share the story of Odysseus and the bewitching sirens who lull sailors to crash onto the shores (from CT-TM, Module 2.2, pp.84-85). Odysseus asks his men to tie him to the mast so he won't be able to respond to their lure. Discussion: Is this evidence of "self" control? (dyad discussion).

Further exploration AFTER initial class discussion of Odysseus story. As discussed, there are six dimensions of control (awareness, choice, responsibility, goal, effort, and skill) involved in all human control strategies. Although all six are needed, they do not all necessarily have to come through self-agency. Odysseus has four of them (awareness, responsibility, choice, goal). He is aware of what he lacks—skill and effort—and therefore asks others for help (control by benevolent other).

A NODAL EVENT IN YOUR CONTROL STORY: (From CT-TM, p. 37) Looking back at a nodal event: (in dyads) *What happened was ____; *I remember

feeling_____,*I concluded that life is/can be_____; *Therefore, to gain a sense of control , I _____.

BONUS CONTROL STORY QUESTIONS: 1) If you had unlimited power to make changes in the world, what would you do, and why? 2) If, in your personal life, you had certain magical powers to affect a change, what would that be, and why?

READINGS.

--Further readings on Control Stories: **CT-B, Chapter 9 pp, 153-165**

--On goals: **(CT-TM). Module Two, Goals. 41-87**

CT-LL (76-102)

*On resistance to goal setting (***CT-B Chapter 11, 208-214)**

--On Suboptimal and Normal Control Profiles: Relationship to Mental Health

Chapter 4, CT-B. 57-72;

--*Beyond "normal": toward optimal control and psychological well-being***.**

Chapter 5, CT-B, 73-89

--Comparison of different clinical and normative populations' Control Profiles:

SCI- M; (57-122): Groups investigated (pp. 57-63); data on Sense of Control Scales: General Domain, (64-75) and Domain Specific (76-85). or modes (Scales 5-8): 86-97; motivation for control (98-117); Agency of control (117-122).

SELF-EXPLORATION.

***Regarding Your N=1 self-exploration project*:** Please continue to monitor your N=1 self-exploration area this week; then review this data for the past two weeks, evaluate it, and based on your evaluation, try to formulate *a goal. (The* first section (of CT-TM, module 2, pp. 45-54) discusses how to select a goal based on your self-monitoring.) For the purposes of this exercise, and for the purpose of leaning the two modes and interventions directed at those goals, please consider for your N=1 project whether it would be possible (and fair) to choose, on balance, rather you would prefer to change the situation, or accept it, and how that could be framed as a goal. Try to create a goal that is "measurable": what behavior (including cognitions), under what conditions, to what extent. Again, this project is just for practice, so please pick something that you are comfortable working with, and would be willing to share in class. See also CT-TM, Appendix 3.2-3.3) pp. 9-11 regarding goal setting (including short and long term goals) and (decision making process, (App 3.9 p. 20). Please bring your self-monitoring sheets and goal(s) for Class 4. Thanks! Again, though an actual case may be more complicated and the goal need not be either assertive/change or yielding/accept (as discussed this week), for the purpose of leaning the two modes and interventions directed at those goals, please consider for your N=1 project choosing either to change the situation or accept it, and how that could be framed as a goal.

Your view of the nature of the universe and your place in it. The second section of CT-TM (55-67) involves exploring your goals in a 'macro' context (including your views of the nature of the universe and your place in it!).

Please do the homework at the end (pp. 82-87). This includes writing in your journal about your control stories (section 2.2), including further refinement of your

views of the role of human control in how you understand personality theory, the goal of therapy, and the nature of the universe. Also write in your journal regarding your mode dialogue (2.3) (pp. 68-76) see also Appendix 3, p 19; and, as you are willing and interested, please look at the extra credit discussion of the Rumi poem!

Control journal. "**Self".** For your journal: A small question Who is your "self"!? See content analysis FIGURE 2.4 "SELF" CATEGORIES, p. 86, CT-TM. Listen carefully to speech in which you refer to your "self" or aspects of yourself!

****Awareness practice***. This past week you have practiced the precision awareness of behavioral self-observation, and have been asked to continue that monitoring this coming week. There are, as discussed in this class, other types of awareness practices, such as mindfulness meditation, (CT-TM, pp. 51-54). If you are comfortable, you may wish to practice mindfulness meditation (CT-TM, Appendix 3, p. 20); as well as the diaphragmatic breathing exercise (CT-TM, App 3, p. 21)

****Final Term paper topic.*** Please start thinking of a topic for final term paper (see Project 3 at end of syllabus. For a further list of topics that may be of interest, please go to controlresearch.net. Click SCI homepage. Click the box "Clinicians, Researchers, Educators"; click on the left column "Interests, pubs"; click interests document, and you will find an alphabetical list of topics of interest. Please pick a topic by Week 5.

Week Four.

--EVALUATION AND GOAL SETTING IN CONTROL THERAPY

Dealing with resistances: Control Mode Dialogue; CT and Decision Making

--THE ROLE OF CONTROL IN POSITIVE PSYCHOLOGICAL HEALTH

Suboptimal, normal, and optimal control

--CONTROL AND VIEWS OF THE NATURE OF THE UNIVERSE

slide

"One reason things aren't going according to plan is that there never was a plan"

-- Ashleigh Brilliant

"In order to hit the target, shoot first, and whatever you hit, call it the target."

-- Ashleigh Brilliant

"God grant me self-control…just not yet"
Saint Augustine

I'm about to lose control and think I like it…
*--Le Tigre (*an American electroclash band) I'm So excited….

The goal of this week is goals! Of which there are three. One involves how to work with clients to set realistic and appropriate goals related to assertive/change and yielding/ acceptance modes of control based on evaluating their concerns. This topic also includes addressing any challenges/resistances to goal setting, including the exercise of the Control Mode Dialogue. The second aspect of the class involves exploring the role of control in psychology's view of health and healing—suboptimal, normal, and optimal. Finally, there is a discussion of one's views of the nature of the universe and the role of self/Other agency.

SHARE AND TELL—Discussion of the quotes above. Look at the first two by Ashleigh Brilliant---the first suggests the importance and benefits of goal setting (having a plan); the second, the joy and "success" of goallessness. Similarly, St. Augustine's quote suggests there may be ambivalence toward goal setting; and "Le Tigre's" lyrics, suggests maybe sometimes ambivalence toward "having control." Which views are you most attracted to? Pros, cons of each? This would be a time to discuss any problems, ambivalences, learnings noted in trying to set a goal this week.

DISCUSSION. Class can break into dyads to explore the self-monitoring for the week. This can include a) learnings from the self-observation of a specific area monitored, as well as the homework of monitoring (CT-TM 30-33) positive sense of control; negative sense of control; relevant domain specific areas; modes of control; desire for control; and agency of control b) any problems with the process of self-observation: e.g. was it hard to remember to monitor? hard to narrow down precisely enough what it was you wanted to monitor so you could "count" and observe it? What did you learn about "antecedents" to what you were monitoring (what happened just before)? Consequences (what happened after)?

SELF-EVALUATION AND GOAL SETTING: TWO DIFFERENT MODELS. HOW CT SEEKS TO INTEGRATE THEM.

The first part of the class can be devoted to a discussion of the readings from CT-LL (76-81) and CT-TM (Module 2: 44-54) on the approaches of mindfulness meditation and behavioral self-observation regarding evaluation and goal setting, and how CT seeks to integrate them. Time can be spent (perhaps in dyads) discussing the student's personal learnings regarding self-observation, self-evaluation, and goal setting.

Further, this personal learning can be understood as helping develop the following therapist competencies in working with a client in self-observation, self-evaluation and goal setting of their control related concern.

THERAPIST COMPETENCIES IN PHASE ONE: ASSESSMENT AND GOAL SETTING.

The therapist is able to

* Help individuals learn about their unique control profile: including overall sense of control, assaults to their sense of control, desire for control, fear of loss of control, and the ways they seek to gain and maintain a sense of control through both *modes of control* (positive assertive, positive yielding, negative assertive, and negative yielding); and *agency of control* (do they get a sense of control from self and/or others.:

* through listening to client control-related speech, and exploring the items from Scale 4, the Domain Specific Sense of Control, the therapist will help the client identify the life domains (e.g., exercise, relationships, feelings about one's self) where they feel a lack of control, and which they believe are a concern. Helps the client identify and prioritize control-related concerns <from SCI, Scale 4) and listening to client's concerns.

*listens for and identifies control-related material in client's speech (client feels out of control, fears losing control; domains in which the client has problems with control); teaches client how to listen to his/her own (and others') control-related speech

*teach clients self-observation: Through identifying and then monitoring the clients areas of concern, the therapist can help clients see how they are affected by personal style (cognitive, affective, behavioral), interpersonal interactions, and physical environments. This includes both precise self-observation and general observations (as in a control journal). Teaches the client learn how to self-observe a problem behavior/concern: <internal or external: frequency, intensity, duration, latency; antecedents and consequences> .

*is able to help the client evaluate the self-observation information--assists the client in learning how to self-evaluate with gentleness and kindness rather than judgmentalness and self-criticalness/self-blame.

* explore with clients their control stories and dynamics, including assumptions and beliefs, ranging from the micro to the macro, as appropriate: from how they understand who they are in the world, to where and how they feel they have a right and responsibility to act. The therapist should be able to do this while maintaining a sensitivity to cultural, ethnic, and gender issues regarding modes, desire for control, and agency of control; explains to the client how to reflect on his/her own control stories and dynamics, including the use of a personal control journal (where appropriate); identifies key themes in the client's story; works with the client to explore past ways of gaining

control; helps client discuss which control modes the client believes s/he has used successfully/unsuccessfully in the past.

*assess whether his/her desire for active control is too high or too low, depending on the issue (cf desire for control (Scale 9). Explores with the client his/her preferred mode of control (information found in the second part of Scale 4 of the SCI), ideal modes of control (Refinement 10 of the SCI, and item 12, Change as preferred mode) and control stories.

* set a goal e.g., assertive/change; or yielding/acceptance that is realistic and congruent with the client's overall life plan and values. These goals will involve whether the client wishes to gain a sense of control through change or acceptance aspects of personal (cognitive, behavioral, affective), interpersonal, or physical environments.

* the therapist is able to explain to the client the purpose and rationale of a countable goal: what behavior (internal or external), to what extent, under what conditions? ---i.e., a way to learn more precise and nuanced information, a way to see "where we are" so we can measure progress.

* explores with client how short term goals mesh with long term goals; making sure the goals that are selected are congruent with one's vision of one's self and who the client want to be (form 3.2, Appendix 3, CT-TM, p. 9) (Discussed in Module 2.2: Obtaining a Larger Perspective: From the Micro to the Macro pp 55-67). If necessary, the therapist will help clients prioritize their concerns.

DEALING WITH CLIENT RESISTANCES TO SETTING A GOAL.

As discussed in the readings, there can be a number of resistances to goal setting, and CT has some specific exercises and worksheets to help address these.

CONTROL MODE DIALOGUE. One challenge a client may have is how to decide whether the s/he wants to accept or change the situation. In order to help clients who have difficulty or can't decide whether they want to address an area of concern by being assertive and making changes, or by yielding and acceptance, the therapist can use the "Control Mode Dialogue." It can be helpful to go through this experiential exercise in class to help learn about one's control story regarding the four modes. (see CT-LL, 82-88)pp. CT-TM, Module 2, 68-76; and in CT-TM: (Appendix 3.6, p 17-- Questions to Facilitate Discussion of Mode Control Stories

This exercise is an opportunity to explore in more depth views, beliefs, and preferences about the different control modes based on prior control stories and dynamics. Further, the exercise can help clarify goals, based on the client's student's control profile and the current situation and concern. The process also helps pinpoint any resistances the client/student might have to positing different positive modes as aspects of the goal, as well as helping to relinquish negative modes; and explore and integrate positive modes.

For specific dialogue and examples of each step, see the above readings. Here are seven steps outlining the process of CMD :1) create a representation of the negative modes (e.g., color, sound, animate, inanimate object); 2) choose a preference regarding the negative assertive or negative yielding mode, and explore why; 3) have the two "representations" of the negative modes engage in a "dialogue;" 4) work toward choosing a positive goal; 5) create representations for the two positive modes: explore initial

resistances and preferred mode; 6) further explore resistances: dialogues between negative yielding and positive assertive; negative assertive and positive yielding; 7) move toward reconciliation, appreciation, and say good bye to the negative modes; explore the positive modes, alone and integrated>

Therapist competence re control mode dialogue: Identifying Areas of Concern and Clarifying Goals: Awareness of client mode style and preference; reactions to negative quadrants; recognizing resistances to choosing positive modes; exploring willingness to change; examining control stories based on prior experience; exploring mode of control options;

PRIORITIZING GOALS. To help clients who have difficulties clarifying a goal, prioritizing among many goals; dealing with multiple, conflicting goals, or unrealistic goals; or who have trouble formulating and setting goals, handouts/ worksheets to discuss in class include CT-TM (Form 3.9, Appendix 3, *client handout for decision-making : prioritizing domains and choosing modes p. 2*0; Appendix 3.7, and 3.8 , pp 18-19) It may be helpful to have the students go through these regarding their own projects.

***DECISION MAKING*:** This is a good place to discuss Control Therapy and Decision Making (cf CT-LL pp. 89-94) *C*ritical to the development of self-control and the use of self-control strategies is the concept of choice, or decisional control..

CT believes that we make better choices by being aware of our decision-making process, and the factors that influence that decision-making.

One of the principles of Control Therapy is that it is always a skillful strategy and attitude to believe that there is a way to gain a positive sense of control in any circumstance and situation. <This principle is itself a "choice" in the existential sense.>

Also, per that reading, this is a good opportunity for the students/therapist trainees to self-reflect on their own decision making style.

PSYCHOLOGICAL VIEWS OF SUBOPTIMAL, NORMAL, AND OPTIMAL CONTROL: The goal of therapy. (based on this week's readings).

These readings are designed to help students, trainees, therapists 1) understand the research literature in psychology on different control profiles and psychological health 2) recognize (and develop, formulate) their own views on positive psychological health and the role of control; as well as be aware of different theories/systems of psychotherapy's views of positive psychological health; and 3) utilize this information as a context for understanding their view of the goal(s) the client selects..

Thus, in addition to exploring goal setting for the client, this week is also an opportunity to explore psychology's (and each student's) view of psychological health. Topics from the reading could include: **Comparison and Contrast of Five Schools of Therapy*: *Goal of Therapy*; ** A control-based view of psychological health: Suboptimal, normal, and optimal, including *Problems with Normal Control; and each student's view of optimal control.*

Each of these theories has a view of the extent and limits to which control is useful. For example, a biomedical model argues that there is no such thing as self-control; a psycho-dynamic (id) model argues that the ego needs to gain progressive control of the id impulses; a cognitive-behavioral orientation emphasizes the learning of appropriate (self)- control skills; etc.

Discussion: Based on your theory, what role, if any, does control play in the attainment of psychological health? For example, in a strictly biological model, human agency plays no role. In an existential framework, "existence (how we act) determines essence" and therefore it plays an extraordinarily large role.

When you "assess" your client's concerns, and your client's goal(s), how does your view **of human nature** relate to your understanding and evaluation of their concerns and goals: *How much choice and free will do you believe individuals (e.g., your client) (or you as an individual) have over thoughts, feelings, and behavior? What is your belief about your client's ability to reach his/her goal(s)? Our views (and our client's views) of these topics may be influenced both by scientific theory and research, as well as by our own experiences and resultant control stories. Try to pinpoint your beliefs (and the reasons for them) as carefully as you can. Take a few moments to reflect on where you think these views came from. How much are they based on prior life experiences? How much on research data? How much on a theory of human nature that you feel congruent with?

The next part of our discussion looks at the research on control profiles and psychological health.

*suboptimal control profile: DSM and Dyscontrol, lack of control, fear of losing control; see psychotherapy patient control content analysis speech samples.

* "normal control"; regaining sense of control

* problems with "normal control" in psychology; Issues of denial, resistance, blind spots, external blame, illusion of control; inappropriate/unskillful control downward (e.g., in racism, sexism, etc.).,

*Exploration and discussion: what would optimal control profile mean? (in general, in a specific situation, for a specific person): e.g., balance and integration among modes; agency (sense of control from self and other); amount and type of desire for control and toward what goals? This can be an opportunity in class to discuss your theoretical orientation specifically with respect to control and views of human nature; your control-based vision of mental health physical health, and relational health: ie., what would optimal control be like in terms of thoughts, emotions, body, relationship?

NATURE OF THE UNIVERSE: BELIEFS REGARDING CONTROL

As discussed in this week's readings, (*CT-TM, module 2 pp 59-65). CT-LL. Pp 49-51)* all of us, (including our clients) have views (sometimes more thought out, sometimes less) about the issue of how much control we have in the universe. For some clients this will be more salient, for others less. However, it is an area to which the therapist should at least be open (and also aware of his/her own beliefs). There is a continuum of beliefs regarding self and other/Other power in both theistic and non-theistic traditions. These views also involve how suffering is understood, and the nature of the "self".

There are several reasons why this topic is important and why this week might be a good time to examine it: a) each view of the nature of the universe posits a "goal" embedded within it, reflecting how much the achievement of that goal depends on self-agency, and how much on "Other-agency"; b) assessing these views and make them explicit in the client may provide an important context for interventions (depending upon the strength of these views); c) these views may also serve, as discussed in the coming weeks, as one building block in creating a therapeutic intervention and d) understanding the therapist views of the universe might affect his or her approach to the client, including how the therapist's view might interact with the client's views

Discussion: : *Do you have a theistic or non-theistic view of the nature of the universe. b) From a control perspective, given your belief above , please discuss/write a few comments about what is the role of control for humans in your belief system. (**From Appendix 3.6, CT-TM. P. 17)***

HOMEWORK:
READINGS.
CT-LL pp 102-150
CT-TM, Module 3.1 Interventions: The Five Steps for the Modes, pp 89-140
CT-B Chapter 11, Techniques for Developing the Assertive/change and yielding/accepting modes of control (pp. 170-203); CT-B, Chapter 11, 214-227. Technique refinements for addressing client resistances.

SCI-M Integrating the Data group profiles for different clinical populations, pp. 124-140

SELF EXPLORATION:
Please create a self-management contract and start your intervention. Review the intervention material and select one or more interventions relevant to your self-exploration project. Write down in your journal why you selected the particular intervention(s) you did in terms of how it matches and is tailored to your Control Profile and goal. Begin your intervention while continuing to monitor your self-management area.

- Select interventions matched to your Control Profile and goal.
- Review and update your self-management contract.
- Begin practicing intervention(s); continue monitoring.
- Continue listening to control speech, exploring control stories/dynamics

In your journal, create a "bank" of positive assertive experiences, images, memories; and positive yielding experiences, images, and memories. Also keep a look out for pictures or brief stories of what, to you, would represent someone acting in a positive assertive or positive yielding way that you would like to emulate, and that could

serve as a model for you. This "memory" and "model" bank can then be there for you to draw from as needed for your self-management project.

SUGGESTED PAPERS/FINAL ASSIGNMENT (see pages

There are three suggested papers/projects discussed at the end of this syllabus, but now in week 4 might be a good time to review them, and set up presentations for weeks 7,8,9, as appropriate. Depending upon the class and its goals, it may be helpful to ask students to do one and two, and then choose either 3a or 3b. For further details, see pp.71-83).

1. N=1 Self-Exploration paper;
2. Control Journal;
3 Choose one: Class Presentation (weeks 7,8,9) and a final paper on
   a) specific topic/clinical area related to control; For your class presentation please prepare a two page overview/outline and 5-10 annotated references to be shared with the class.
   b) Case study utilizing the principles and practices of Control Therapy.

WEEK FIVE.

INTERVENTIONS: PHASE 2 OF CT.
CONTROL ENHANCING TECHNIQUES

--Matching Strategy to Control Profile, Clinical Concern, and Goal.
*--Five Steps for the **Assertive/change and yielding/acceptance modes of control***

***Control Therapy** attempts to provide the client an experience grounded in the client's motivation, encouraging their self-exploration, honoring their unique cultural positions and world view, refining and addressing their self-stated goals,, and tailoring interventions to help them meet those goals. In so doing, it helps clients learn how to focus on their own thoughts, behaviors, and feelings within the context of their lives and then learn how to positively influence the world and themselves in healthy and healing ways, whether through positive assertive, positive yielding, or an integration.*

Based on individual variations in Control Profiles, techniques can be matched to a client's needs, the clinical concern, and the therapeutic goal. One of the competencies of a therapist doing Control Therapy is the ability to learn to select an intervention that is the best match for the client's control profile and goals. The intervention should be the best blend and balance between positive assertive change and positive yielding acceptance, self and other agency, thereby most effectively addressing and reducing the assault to the client's sense of control.

This week we explore the five steps for the assertive/change mode of control, and the five steps for the yielding/accepting mode of control. As we go through these, see how they apply to your own self-exploration project.

SHOW AND TELL.
Turning a negative into a positive. An adorable humorous video can be shown called "the best hitter ever!" It suggests there is always a way to gain a sense of control, in any situation, even in seeming defeat! What strategy is used…?

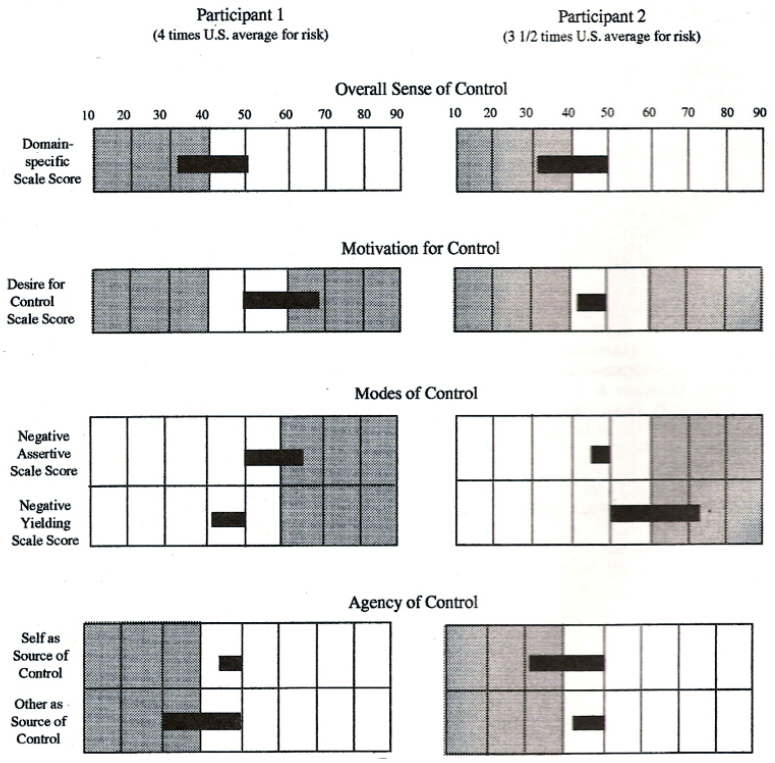
http://www.values.com/inspirational-stories-tv-spots/99-The-Greatest

Matching the intervention(s) to the control profile and goals.

Example: If you look at the two different control profiles of the patients at high cardiovascular risk (below), though each of these individuals feels a low sense of control, there are differences in desire for control, modes, agency. This would be a valuable place in class to emphasize the point that there is no one-size-fits-all approach to people feeling a low sense of control. Rather, it is important to have a multi-dimensional approach to understanding a client's (or one's own) control profile, and it is clear that it is necessary to tailor and match different control enhancing interventions to each. Participant one has the following gray areas: a high desire for control, high negative assertive, and low belief in others as a source of control. Participant one needs to learn to have less desire for control, reduce his/her negative assertive mode style, develop positive yielding skills, and learn to trust others more. Participant two, on the other hand, is high in negative yielding; has a low self as a source of control. Participant two needs to learn to rely on him/herself more, and develop more positive assertive control skills. Given

these profiles, what might be the best way to "teach" each person the skills needed to best address their control deficits and build more optimal control.

CONTROL PROFILE OF TWO PATIENTS AT HIGH CARDIOVASCULAR RISK



TEACHING THE YIELDING/ACCEPTING AND ASSERTIVE/CHANGE MODES A FIVE STEP PROCESS.

Building blocks of an intervention.

All therapeutic approaches draw from a common "alphabet" of building blocks that can be used to construct an intervention: the body, the mind (attention, choices, images, cognitions, beliefs), emotions, behavior, and other people. CT draws from these building blocks, this alphabet, and puts them together into "words," "phrases," and "sentences" matched and tailored to create an intervention specifically designed to best address a person's control profile, area of concern, and goal. As detailed in the reading, these five steps, drawn from the building blocks, include the following (here they are framed as "therapist competencies):

1) **DESIRE FOR CONTROL**: Therapist works with the client's initial motivation and goal to gain a sense of control through either positive mode. Therapist helps the client to determine where and why (motivation) he/she wants to gain more of the assertive change mode of control/the yielding accepting mode of control. Helping the client assess intention (level of commitment/motivation) to change/accept (See CT-TM Appendix 3, pp. 10-11)

2) **RIGHT AND RESPONSIBILITY:** Therapist works with clients to assess whether s/he feels s/he has the right to gain a sense of control through either mode; and examines with the client any issues around taking appropriate personal responsibility for becoming more assertive (more accepting) in the area of concern.
3) **SELF-EFFICACY BELIEFS:** Therapist discusses and if needed works with client's self-efficacy belief in his/her ability to learn to practice and succeed using either mode of control. (see CT-TM, App 3.4, pp 12-14 Assessment of self-efficacy beliefs).
4) **COMMITMENT AND SKILL:** Therapist is able to effectively teach client the building block techniques for each mode of control, including integrating them (e.g., Control Mode Rehearsal) and to help the client maintain commitment (adherence and compliance) in practicing the techniques.
5) **SUCCESS:** Therapist works with client to evaluate and ensure that the clinical goals set in Phase One are reached.

As you will have seen from your readings for this week, if the goal is to yield/accept, this is covered in Module 3.1, 101-126 ; if to change, then see Module 3.1, pp. 127-138; see also App 3, 3.14, 25-29); and for Control Mode Rehearsal, App 3.15, pp. 30-34); also for CMR (Control Mode Rehearsal, pp. 141-147 in CT-LL); . See also CT-B, 172-203, for clinical dialogue regarding these modes. Further, in the CT-LL, 125-140) for discussion of the "building blocks of an intervention.

Self-management Contract: The therapist helps the client establish and agree to a self-management contract or action plan, including expectations and goals (a means of measuring success); identifying means to reach the goals (noting specific strategies, skills and plans developed to achieve the goals); anticipating difficulties in attempting to achieve the identified goal; plans to address these difficulties by… (noting specific strategies, skills, and plans developed to counteract each difficulty); identifying specific rewards/positive consequences for successful completion of the goal (e.g., if I keep this contract I will…)

This may be an opportunity I class to break into dyads and have the students work with each other to develop and refine their self-management contract (e.g., CT-LL, pp. 149-150; CT-TM, Module 2.1; 3.2 Appendix 3.7) including an outline of the intervention they have created (using the five steps, building blocks, etc., for their intervention.

HOMEWORK

SELF-EXPLORATION

- Review and update your self-management contract (as needed)
- Continue to review and select interventions matched to your Control Profile and goal.
- Continue practicing intervention(s); continue monitoring.

- Five steps: Make sure you write about each step: what is my desire to gain more control (of which type); do I have a right in this area; do I have a responsibility; what are my self-efficacy beliefs, etc. Feel free to cut and paste specific affirmations from Module 3.1 that you might feel helpful in each of the five steps.
- Continue listening to control speech, exploring control stories/dynamics

*Write down any issues, questions, concerns, and/or insights that arise about the practice of your intervention(s) to discuss in the next class.

*As you are willing and interested, keep practicing the "breath cycle" (presented at the start of this Module 3.1) and see if you can feel/experience its relation to modes and agency.

READING.

CT-TM 141-191 INTEGRATION: goals, wisdom, mode interventions, dealing with setbacks and adversity**.** Appendix 3.15 pp. 35-37. Seeking the best integration of assertive and yielding for a given situation:; 3.16 cognitive affirmation examples of integrating the two positive modes.38

CT-LL 150-170: Integration of modes (as goal) and as techniques

CT-B Chapter 9, pp 165-169 editing and rewriting control stories; adding new chapters);

Optional:

Shapiro, D. H. and Zifferblatt, S. Zen meditation and behavioral self-control: Similarities, differences, clinical applications. *American Psychologist,* 1976, 31: 519-532.

WEEK SIX
DEALING WITH SETBACKS, ADVERSITY.
INTEGRATING MODES, AGENCY

We all fall off the path 1000 times. The trick is to get back on it 1001 times.
Ram Das

Show and tell: Discussion—This past week was a self-exploration-- interventions. Some time may be taken at the start of the class to discuss any "awarenesses?" any problems, setbacks, challenges?

Challenges in learning a new skill; "reactive effect of observation. " One way to demonstrate this is to ask students in the next ten seconds, to "swallow three times." 1…2…..3… At ten seconds, ask them what they experienced. Often there will be a tightness in the throat, difficulty swallowing. Yet, you may point out, until they began to observe swallowing, they were doing it quite well!

Similarly, when a client begins to observe their behavior, such as how many negative statements I make about myself, it may "create" more negative statements initially. When a client, (or anyone) first tries to focus on breathing during meditation, there may similarly be challenges "catching one's breath."

This week deals with two topics. The first is initial setbacks . This can be helpful in one's own self-exploration project and (empathically) helping the client deal with any frustration s/he may be having The second part deals with integrating modes, agency.

DEALING WITH SETBACKS and other concerns—e.g. Improvement, meeting goal, but still dissatisfaction

Client, Trainee Question: Why do things seems to get worse? I feel like I'm going backwards. Will they get better? Module 3.2 pp 144ff

Noticing small signs of success and keeping motivated

Learning from mistakes.

Exploring control stories in more depth. Learnings that may occur during the process of practicing a control enhancing intervention to meet one's goal.

Modifying control stories in the direction of greater self-trust, self-efficacy.

editing and rewriting control stories; adding new chapters; using both modes

(From CT-B, pp165-169) < Part of the intervention may then be to work with the client to explore their control stories—to help them realize when these stories are helpful, and when they are less skillful. Less helpful control stories can then be "rewritten" in a collaborative process between therapist and client, as part of the clinical intervention

REEXPLORING GOALS ……148-152.

Feeling trapped by one's goals?

Noticing resistances: To self-monitoring; to change; to the goal. Exploring again: what if no change is made; what does one get out of the current situation change takes risk; status quo may not be positive, but may be known,

and comfortable in its predictability. How to work on translating "I want" (initial desire) to" commitment; also exploring when/if one is not ready to "change"

Reexamining "Control Mode Rehearsal" and views of different modes.

WHAT IF MEET ONE'S GOALS AND STILL FEEL "DISSATISFIED"?

On Celebrating "Success."

Meeting goals, and now wanting to achieve additional goals…

When to focus more on acceptance (Quadrant Two).

Focusing on the wrong goal:

Content "versus" underlying issues

Examining "beneath" the content area.

When root issues affect content.

Exploring whether an "underlying" issue exists, of which the identified problem is merely a symptom; (pp 144-152)

Keeping a larger perspective and a sense of humor

THERAPIST COMPETENCIES:

*****Help the client maintain compliance.*** This involves therapist efforts to help enhance the clients' effort, determination, commitment, perseverance, and motivation to accomplish their goals, including addressing potential client self-sabotage and ambivalence. This objective also involves constant monitoring and evaluation of the therapeutic process.

* ***Works with the client to address challenges, resistances,*** self-sabotage, or discouragement about lack of progress (e.g., things getting worse before getting better).

*****Helps client clarify and enhance motivation for change/acceptance process;*** exploring barriers, resistance to gaining control; exploring motivation through visualizing success; therapist encouragement: for positive assertive; for seeing limits of active control; for positive yielding; cognitions to enhance change efforts; reaffirming commitment to change;

****Helps client enhancing self-efficacy beliefs and commitment to "change" / accept;*** examining past successes to enhance self-efficacy beliefs.

* ***Rewrite control stories:*** Initiates with the client additional exploration and discussion of control stories and dynamics, including helping client to reedit, and rewrite, control stories as appropriate;

* ***Revise goals.*** Helps client revise the goal(s) or consider newly emerging control-related goals.

* ***Additional techniques.*** Introduces other control-related techniques and concepts as the need arises or goals change;

*Therapist competency: is the therapist able to explore with client, as appropriate, how the assertive/ change mode and the yielding/accepting mode can be used in balance and integrated as a combined goal.

INTEGRATING MODES, AGENCY, AND CONTROL STORIES

Effort revisited.; range of effort, (effortless effort); finding right level.

Acceptance revisited

positive yielding and acceptance is very different from denial, inappropriate minimization, or indifference.

Wisdom revisited: knowing the difference

Integration of the positive assertive/change and yielding/accepting modes;

Finding the best response for a given situation: *Dongjing*

Integrative Cognitive affirmation examples: e.g.

- **I will do my best (positive assertive) within my limits and abilities……and that's all I can ask of myself (positive yielding).**
- I fall off the path a thousand times, the trick is to get back on the thousand and first time. (This affirmation emphasizes non-defensive acceptance of limits—both in developing the assertive and the yielding modes—and willingness to keep trying--positive assertive).

Integrative body example*:* Hatha Yoga

Interpersonal examples of integrating modes 161-164

Yoga dyad exercise**.**

Tai Chi dance.

Interpersonal four mode dialogue: addressing "control battles"

Integrating Agency: Who is the agent/object of an intervention? 165-168

CT posits that interventions for both change and acceptance can involve others and self as agent. Interventions can also focus on others and self as the "object" of the intervention. However, even when an intervention involves "other" as the object of control, we may also need to work on ourselves as additional "objects" (i.e., self-control of our mind, body, emotions).

Self and other as agents in meeting goals. *(either assertive/change) or yielding/acceptance,*

Working on both/and.

Learning from others, learning from self

Praise and criticism: Self and other.

Global positive /specific positive.

Specific criticism, not global criticism.

Dealing with adversity: Integrating modes, agency, and control stories

Positive yielding and acceptance of "what is"; Looking for positive assertive actions and attitudes.

Example of cognitive affirmation

I am learning to do for myself as best as I am able (positive assertive), and am learning to accept help and guidance from others (positive yielding). No one can do it for you, you cannot do it alone.

Control stories and adversity.

Positive assertive stories.

When a positive assertive control story is not enough.

Acknowledging and accepting loss: Stories that create meaning.

Exercise: Practice in Control Therapy: Integrating what you've learned

An external "Rorschach vignette" role play: (in dyads?) (from Module 3.2.4 pp. 175-191 ***You and another person (roommate, significant other, spouse) have***

agreed that he/she will water the plants in your home. You notice that the plants are beginning to wilt. What do you do?

We might think of this example as an "external Rorschach vignette" in that each of us, based on our control profile and dynamics, may have different responses to the same situation. How would you be feeling? Angry, helpless, frustrated, sad? Are there any "root" issues that would be accessed (e.g., not able to rely on someone else for help? Feelings of loss—mortality at seeing something "ill"?). This might be a good exercise to do in dyads.

* ***Comparing "control-enhancing" strategies*** Content analysis, comparison and contrast of meditation and behavioral self-control strategies on dimensions of environmental building block (environmental planning and strategies (e.g., where the intervention occurs, stimulus cues); the physical body building block (type of breath regulation nature of physical posture; and behavioral practices).; the mental building block (nature of cognitive statements and instructions, nature and type of attentional focusing and observation; content of what is observed; nature and type of self-evaluation and goal setting; images used; how thoughts are viewed, and, if appropriate stopped or changed; decisional choices (e.g., the use of preprogrammed punishments and reinforcers.

HOMEWORK:

SELF-EXPLORATION:

Continue interventions, self-monitoring, writing in control journal re: progress, setbacks, progress, comments on self-learning.

* Even if you're not using a technique we've discussed as part of your self-exploration project, are there any you'd like to learn more about? Which ones "match" you best? Which ones involve a "stretch" for you, but you think might be helpful for you to explore further.

PAPER(S)/Class presentation

Work on preparing class presentations,

READING:

CT-TM, Module 3.3, a reflective pause: a deepening exploration of domain priorities, and building block preferences 193-242

CT-LL pp 170-187 Building blocks, troublesome, trustworthy

CT-B Chapter 12, read pp. 231-242: Control Therapy and a Case of Generalized Anxiety.

WEEK SEVEN:
INTERVENTIONS, (CONTINUED)BUILDING BLOCKS
Putting it Together: Stress; Generalized Anxiety

This week explores two topics: a) A deepening exploration of building block preferences of an intervention (body, cognitions, attention, emotions, interpersonal); b) stress as an example: putting it all together; plus a case study of Control Therapy and Generalized Anxiety.

SHOW AND TELL: Student Contributions.

When I feel like there is nothing I can control, I remember I can still breathe…there is something I can control.

The Basho Haiku poem.(from CT-LL) (179-181)

Over the darkened sea,
Only the shrill voice of a flying duck is visible,
In soft white.

It might be interesting in class to take a few moments in dyads to discuss the reactions to the Bahso poem (and the three teaching stories to change perspective).

To instructor, it may be helpful to read the poem once, then invite the audience to close their eyes and to just see what they experience when they hear the poem? After so doing, you may ask:

What were your feelings as you heard it? Any thoughts? Does the poem make sense? Although there is no "right or wrong" here is one way of looking at the poem.

The darkened sea in the first line may be understood as the individual seeing and feeling his/her aloneness in the dark, confusing world we live in, where suffering is so prevalent, we are separated from others, and we need to rely on ourselves to survive. With these feelings, alone by the darkened sea, the voice that is heard is "shrill" and frightening. It is "other" and we need to be careful of those who are "other."

But then the poem shifts. From the perspective of ordinary awareness it doesn't make any sense: how can a voice be visible? But in this poem Basho has shifted to a meditative "altered state" of consciousness, an experience of synesthesia, where all the senses are open (like seeing colors while listening to music). When this shift occurs within Basho, the world that he "sees" changes for him. The shrill voice becomes a kinesthetic feeling (soft) and the darkness at the start of the poem shifts to "white" in the last line. We could liken this "soft white" to an inner "purr."

What this poem elegantly conveys is that there are different "states" of consciousness: an ordinary awareness where we see with our eyes and hear with our ears; and an altered state experience in which those boundaries are more porous. Basho is conveying an "awakening" experience. By a shift in consciousness, there is a transformation in his attitude, the very nature of perception in how he sees and experiences. Basho becomes connected to the world, not afraid of it; fear and shrill becomes soft; darkness becomes "light." Noting has changed "outside" but the inner changes allows him to feel and see the world in a different light, with a different attitude.

DISCUSSION: This class can be an opportunity to explore how the intervention is progressing. Particular attention may be focused on:

Exploring when a domain is trustworthy, when troublesome. As noted in the reading material for this week (CT-TM (198-234; CT-LL, 170-184), each person may have one or more primary building blocks that s/he trusts to help navigate through life, to make decisions etc. . It may be helpful to break the class into dyads to discuss what each has learned so far in their intervention phase, (as well as their life!) about when a domain is trustworthy, when troublesome/challenging? e.g., when do you trust your heart/emotions? When do you trust your mind (thoughts, attentional focus)? When do you trust your body? When do you put primary trust in yourself? In others These distinctions are important in your self-exploration project, and when working with your client.

Individual variation? Note in class if there are individual variations in terms of which building blocks different individuals trust. e.g., do you believe emotions are wiser than cognitions? cognitions wiser than emotions; the body wiser than the mind; the individual wiser than other's advice? How do you learn and recognize your own "truth" about which building blocks are most trustworthy? Under different conditions? For different concerns? When is it helpful to go with your primary building block, and build from that strength? When is your primary building block (your default mode) not helpful? When is it useful to add new building blocks to help gain an optimal sense of control? (The story of good choices, bad choices and "experience" and the wise seeker would fit well here!)CT-TM., p. 191:)

As you explore these questions, please try to distinguish between YOUR own views for yourself; and how or whether you think these can (do? should?) apply to others in an ideal world? (i.e., a discussion of individual variation regarding which domains individual students trust; currently? ideally?; and whether their beliefs about which domains are most trustworthy for themselves extend to others)

How building blocks can affect and support each other in an intervention. See the above pages (198-234) for specific illustrations of how each building block can support the other: e.g. tai chi example: Body building block supporting cognitions (still mind); Mind building block supporting body (positive self-statements); Witnessing (attentional) mind (watching thoughts, feelings, body); Decisional control: Shifting attention outside the self; Interpersonal building block's benefits; Contextual beliefs: Other as building block; Nature of the universe. Note in your own intervention how different building blocks can help each other. .

PUTTING THE BUILDING BLOCKS TOGETHER IN THE PROCESS OF CONTROL THERAPY:

STRESS AS AN EXAMPLE. This material may be covered in two ways: The first is an overview model of CT in general in terms of how stress may be addressed using the material covered. (CT-TM, 231-235). The second way is by going through an actual case of generalized anxiety (CT-B, chapter 12, pp. 231-242

General model of stress and Control Therapy

In and through. *Control Therapy argues that, in general, concerns are most skillfully addressed through awareness and being faced(i.e., "in") rather than through*

avoidance, distraction, or denial. Going "through" can involve trying to address the concern through change, acceptance, or some combination.

Awareness of internal feelings and external stressors. What is the specific nature of the client's stress: e.g., where, how does the client feel stress - cognitive, imagery, body/kinesthetic? When is stress too high; when too low?

Self-evaluation and goal-setting.

Interventions Once client preferences are identified, control enhancing interventions can be "targeted," tailored, and "matched" to the client.

Choice: Decisional control.

Looking Inside: Developing centeredness:

Nature of stress: e.g., cognitive, somatic, visual/imagery

Discussion of different building blocks and how they are applied to each type of stress

Matching: strategy and intervention to person

Looking Outside: Deciding how to respond to a stressor

Self/ other as agent.

Evaluation.

A CASE OF GENERALIZED ANXIETY DISORDER: ***CT-B: Chapter 12, 231-242:***

Presenting Problem

Control Profile

Self-observation

Client Goal

Motivation to change dynamics

Self-efficacy beliefs

Control story and control dynamics

Control-based interventions

formal general relaxation

contingent relaxation

pinpointing the content and root issue of concern

positive assertive/change mode of control interventions

positive yielding/acceptance mode of control interventions

some comments about meditation

Therapy relationship

Termination and follow up.

HOMEWORK

READINGS.

CT-B, Chapter 8, Knowing Thyself: Therapist Control Dynamics and Orientation, pp. 131-150 Topics: therapist control issues in the Therapeutic Encounter; personal responsibility (therapist's perspectives); control based ethical considerations ; knowing our own control related motivations as therapists

Chapter 11 228-229 freedom reflex, teaching

Chapter 12, 230-234; session by session breakdown

CT-TM: Control and the Therapeutic Encounter, Module 4, pp. 243-280

Systems Model, therapist/client/relationship, and views of assessment,

intervention, teaching of technique
A Table and Figure listing all the techniques p. 271 ff ; and Figure 4.3 278-279
CT-LL: pp. 188-206 (System's Model, When Therapist and Client Disagree,
207-212: Weekly Overview of CT, Including Techniques for Assessment,
Goal setting, Intervention
213-219 therapist competences for CT

SELF-EXPLORATION/PAPERS

Continue with your N=1 self-exploration project, your control journal, and working on your final class papers/presentations.

WEEK 8:
A SYSTEMS MODEL OF CONTROL THERAPY
CONTROL AND THE THERAPEUTIC ENCOUNTER
CONTROL THERAPY SESSION BY SESSION WEEKLY BREAKDOWN

As can be seen from this week's readings about the System's Model of Control Therapy, both the therapist and the client, in the context of relationship, explore assessment, goal setting, interventions, how the interventions are taught, and evaluation. This week we explore two topics: The first is "control and the therapeutic encounter" including student views of the role of relationship in therapy, issues of transference and countertransference, and when client and therapist disagree. The second topic is a weekly session by session overview of Control Therapy.

SHOW AND TELL

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CLASS SHARING OF "CONTROL INSIGHT" For week eight, each student in the class can be invited to share one important control-related insight, learning, that you've gained over the course of the seminar about yourself. Please also 1.1 Decide when you would like to share (e.g., do you want to go first, second, in the middle, last, 13th?) 1.2 Why? 1.3 How does that preference compare with when you shared in the first class; 1.4 How did you feel if when you wanted to share (e.g., positive assertive) was taken by a classmate (i.e., positive yielding); what is your plan b and how did you make it?)☺ 1.5. Note your level of self-disclosure (archery target e-d--c-b-a) and how that compares with the first session. If there is a difference, how do you explain this? 1.5 Also, make a note about how self-reflective you feel/think you are (1 never, 2 rarely, 3 occasionally, 4 sometimes, 5 often, 6 very often, and 7 always). Again, note the shift, in any, from class 1.

A SYSTEMS MODEL OF CONTROL THERAPY

The systems model of Control Therapy provides a framework for discussing several important topics. The first three components are the 1. therapist, 2. the client, and 3. the relationship between them. The client and therapist each bring their own emphasis, perspective and worldview to the therapeutic encounter, and these views in turn exert influences on 4. assessment, 5. Intervention selection; , and . 6ow the interventions are

taught. Finally, there is evaluation, and . termination. This system's model helps learners understand these various components, their interactions, the two phases of Control Therapy (assessment/goal setting and intervention). The systems model also provides feedback loops for evaluating when progress is not going as smoothly as the therapist and client would like. including setbacks, compliance issues, client resistances; when client and therapist disagree, as well as to evaluate the process and ending of therapy. Class could focus on issues regarding client and therapist views of 4. "assessment"; 5. Intervention selection; and 6. Teaching of the intervention (see CT-TM, pp. 259-269).

For example, if a client doesn't reach their goals, is the issue one of assessment and goal setting? Were the goals too high? Does the client, upon further reflection, feel it was the "wrong" goal? Was the problem primarily a deficiency in one or more of the five steps of the intervention: e.g., desire, right, responsibility, self-efficacy beliefs, commitment? Is the issue lack of effort? (adherence and compliance?) Lack of skill, or discomfort with learning a new skill (i.e., a nonpreferred mode of control or agency)? Are there better ways to nuance and refine the techniques and better match then to this client? Are there better ways to "teach" these techniques to the client? Is the client doing the best they are capable of? If so, how can the therapist help the client work on accepting the limits of their ability?

Teaching interventions congruent with the client's control profile, dynamics and mode of learning. Regarding teaching, metaphors that speak to a client's representational system can be helpful. For those whose belief system allows it, the serenity prayer, from a theistic From a non-theistic perspective, the Chinese philosophy of coming from a centered calm place --"xujing"—and then finding the best combination—"dongjing" of assertive (yin) and acceptance yang for a given situation may be helpful.

Further, as noted in CT-TM, Module 3.2, it is best to present the idea of techniques to the client in a way most congruent with the client's representational system (i.e., kinesthetic, visual, linear and verbal) (E.g., the example of "dongjing" for those who are kinesthetic, the idea of blending hot and cold water; for those who are visual, the idea of blending colors (e.g., red and blue to get the right shade of purple), and for those who are more linear, verbal, going through the different yin (-- --) and yang (------) combinations to find the best gradated response for a given situation.]

In addition to matching intervention to assessment, it is also important to match teaching style to client's preferred sense of agency and freedom reflex. For example, someone with a high "other" agency as source of control does much better with hetero-hypnosis ("Your eyes are feeling heavy. You now want to close them."). If a client has a high desire for control and a high "self-agency," then self-hypnosis is the preferred style of presenting this technique ("You are in control of this technique, and can stop at any time. Notice if your eyes are feeling heavy, and if you want to, you may allow them to gently shut"). You're in control of this process at all times. I'm just here as a support, and, if you wish at times, a guide and facilitator."

Similarly, those with a high freedom reflex (cf Appendix 3), no matter what the technique, will need to feel included in the process: e.g., " I think it may be helpful for you to consider… but it's got to be your choice." To someone with a low freedom reflex, the therapist might say, "I believe if you follow this plan regularly, it will really help you."]

Therapist competency: The systems model is used to monitor the course of therapy for evaluation and feedback at each stage of the therapeutic process to determine efficacy of treatment. CT therapist competencies include the following:

Is able to present and teach control-enhancing intervention techniques to the client in a way that best fit the client's control profile (e.g., preferred agency) and learning style (e.g., cognitive, visual, kinesthetic); and are tailored, targeted ,and matched to the client's concern and goal.

Where there are concerns, resistance, or problems with adherence, the therapist will work with the client to make adjustments (in goals, interventions, how the techniques are taught, further exploration of control stories) to maximize treatment success.

If client does not achieve success, therapist is able to evaluate using the systems model of CT to determine where the problem lies: e.g.,<assessment, intervention selection, how the therapist is "teaching" the techniques (most suited and matched to this client?) addressing issues of adherence/compliance, further exploration of control stories/dynamics> and initiate changes in the course of therapy as needed to maximize treatment success

CONTROL AND THE THERAPEUTIC ENCOUNTER

It also may be helpful to spend time in this session on control and the therapeutic encounter, providing an opportunity for students to reflect on and discuss in dyads and then share in the larger group their beliefs about the role of relationship in therapy, where control issues may be relevant to that relationship, and how to address times when client and therapist disagree.

What are students' views of the role and nature of relationship in therapy?
Each therapist has to evolve his/her own view of the therapeutic relationship, based on personal style, theoretical orientation, view of human nature and the role of human control. Have students discuss the following: What is your theoretical orientation's view of human nature (i.e., personality theory) and the limits and importance of human control? What have you learned, or what do you know about yourself and your own personal style that might have influenced your choice of theoretical orientation and system of therapy? How might those views affect your ideas and expectations about the role of the therapist and the therapist-client relationship? (Discussed on pp CT-TM, Module 4.2; 252, 257-258)[E.g. Do you see individuals as innately self-actualizing and therefore see your role primarily as offering non-judgmental accurate empathy, and allow their true self to emerge in a safe environment? Do you feel it important to assess what skills a client may need to learn, or is not using skillfully, and therefore see yourself as an educator, a coach? Do you believe the client may use defensiveness, denial, rationalization, and other avoidant techniques that are not in the client's interest, and that you have a responsibility to help bring those to awareness?)]

Importance of sensitivity to culture, gender, developmental issues re: mode and agency. In assessing the client and setting a goal, the therapist should be aware of potential cultural, gender, ethnic/racial and developmental issues related to control,[(e.g., the squeaky wheel gets the grease (America); the nail that stands out gets hammered (Japan). Gender issues: e.g., while times have changed somewhat, traditional sex role stereotypes have tended to see yielding/acceptance on the part of a man not as positive

yielding, but as negative yielding (i.e., weakness or passivity). See also the African American example presented. Similarly, traditional sex role stereotypes have tended to characterize what would be seen as positive assertive control in a man, as negative assertive in a woman. Though such views are changing, these are still dynamics about which therapists should be aware. Finally, therapists should be aware of their own views regarding what is "appropriate" regarding control for different developmental psychology phases –e.g., child, adolescent, young adult, middle aged, older--in terms of modes, and agency]. CT-TM 256-257. This is an opportunity in class to focus on and discuss these issues.

When therapist and client disagree.

Don't tell me to relax.
It's only my stress that is holding me together.
--Ashleigh Brilliant

As therapeutic context, CT believes in respecting and honoring the client, "staying open" to the client's concern, recognizing complexity, not forcing the client into any preconceived schemata, and being culturally sensitive to a client's concerns. However, within that context, when is it appropriate for a therapist to be more assertive or challenging? This is an opportunity in class to focus on the content areas where there may be disagreement (e.g., see Systems Model of therapist/client views of "assessment" techniques, teaching of techniques, and evaluation. Topics to discuss (see *CT-TM Module 4,Assessment: pp. 259-268; CT-LL, pp. 196-200). Below are a couple of examples, more in the reading could be used for class discussion:*

***Disagreement in mode goals:*.** For example, the therapist may realize that by temperament and/or upbringing, the client feels that control can only be effectively exercised through assertiveness and change, and therefore may want to address every area of concern through that mode, and what the therapist would see as "positive yielding" the client believes is "negative yielding." If in some area the therapist feels the client is being too perfectionistic, and that a "yielding accepting mode" is more appropriate, time will need to be devoted to exploring the client's beliefs before initially teaching the strategy.

Disagreement in self-efficacy beliefs: e.g. disagreement on a person's ability to change thoughts, emotions, and behaviors. The therapist can empathically hear the client's belief, while noting "It seems you feel you can't control your thoughts at all. I agree that they are hard to control. Would you be willing to try an experiment to see if we can't affect control of thoughts by one or two degrees? As a wise person once said, it's very difficult to keep the birds of thought from flying through our mind; we just want to try to ensure that they don't make a nest there." The therapist can also point] out that a substantial literature t shows that with practice, individuals can learn to increase their skill in learning self-regulation techniques.

Disagreement regarding the nature of interventions: e.g., disagreement over whether self-regulations strategies are "superior" to medication; if research shows for a given clinical concern, you can achieve the same results c through medication or a self-regulation strategy, which would you prefer? Do you have a bias regarding which your clients "should" prefer? Does your client have a bias; how would you explore that with

your client? What would be the different variables you would consider? What if client wants medication, not self-control? What are your views on this?;

Disagreements about relying on certain building blocks (i.e., emotions vs. intellect) in constructing an intervention. **.** What if you think the client is too much "in her head" and would be served by "feeling" more: e.g., she wants to *talk about* feelings, but not feel. Or conversely, if s/he seems too driven by "gut" reactions and feelings, without being willing to step back and evaluate the stories that are fueled by those feelings.]

Control issues in therapy. ,Consider exploring two additional topics related to the therapeutic relationship discussed in the readings for this week:

a) issues of control (transference and countertransference) that may arise in the therapeutic relationship; here the therapist (in addition to self-reflection on his or her own control dynamics) may want to discuss with the client his/her willingness to receive guidance from and learn from another; how resistant and defensive s/he might be to "being taught" new skills; how able and willing to admit to others that s/he needs help--the Freedom Reflex Scale (see CT-TM App 3.5, pp 15-16, Freedom reflex scale)

b) having a series of gradated responses to help deal with times when therapist and client disagree.

In these situations, the therapist might want to encourage the client toward greater cognitive self-questioning. empathically understanding and hearing how the client sees and feels the world and her experiences. This would be a good time to review the ***Four general principles of the Control Therapy approach regarding helping the client learn a new, less comfortable skill.(see CT-LL, p. 197)***

1 Hold the client in safety—metaphorically. Let the client know you understand that learning a new skill can be challenging; "try to have them feel your empathy and trustworthiness.

2. Review with the client that even though their current preferred (mode, building block, agency) is a strength and style in certain situations, , it can be problematic, in other situations,

3) Try to use the client's preferred style as a foundation to teach the new skill

4) Be honest with the client that sometimes in learning a new skill, it gets worse before it gets better, but that it will get better.; e.g., "To successfully go from crawling to walking (learning a new skill) it may feel uncomfortable at first, we may "fall" a lot; but with practice a new skill becomes more comfortable, and you can see its positive effects." Ensuring that this sharing is done in as respectful and honoring a style as possible].

It might be helpful to come up with some specific dyad role playing situations, providing an opportunity for utilizing a range of gradated responses (see CT-LL, pp.200 ff for discussion and examples; also CT-TM, pp. 252-255).

CONTROL THERAPY SESSION BY SESSION WEEKLY BREAKDOWN/ THERAPIST COMPETENCIES

This topic can be an opportunity to review the Two Phases of Control Therapy, using a week by week breakdown, including the therapist competencies needed for each phase. Phase One, **Assessment:** how the therapist and client view and assess the "concern" (weeks one and two); **Goal setting:** how to engage the client in baseline evaluation of the presenting concern and "goal" setting (weeks three and four).; Phase Two: **Interventions**: how interventions are chosen and taught (matched to the client) (weeks five through seven). ***Evaluation*** *of Control Therapy*. How to evaluate the effectiveness of Control Therapy (systems model) in terms of outcome for the client; as well as where challenges occurred, and how improvements can be made.

Below are the competences/areas for each phase

PHASE ONE: ASSESSMENT AND GOAL SETTING:

Assessment, Control Profile, Personality Theory: Where the client is, (Weeks 1-3)

- gaining client trust, relational rapport building
- identifying areas of concern, assault to sense of control
- assessing the client's control profile, giving feedback from the SCI
- listening to control speech.
- listening to and understanding the control issues that are of concern to the client
- exploring and discussing client control stories and dynamics, including views (where appropriate) of nature of the universe;
- overcoming illusion of control, denial, rationalization, freedom reflex;
- Self-observation both precision monitoring (behavioral self-observation: antecedent, behavior, consequence) and mindfulness meditation (i.e., looking within compassionately and non-defensively)
- helping client increase awareness: insight and outsight of control related variables affecting his/her life

Goal Setting: Where does the client wish to go: (Weeks 3-5 Control Therapy)

The vision, goal, understanding of positive psychological health: who we can become: optimal control and health in each domain : body, mind, relationship:

- helping the client clarify, formulate and choose goals: Where the client would like to be: the vision of control efforts.
- understanding the decision making process. how to pause and evaluate with centeredness
- control mode dialogue exercise; envisioning which mode to choose exercise
- decision making: prioritizing domains and modes.

PHASE TWO: INTERVENTION SELECTION, ADHERENCE, MONITORING PROGRESS: How to help clients reach their goals, (Weeks 5-7)

- helping the client choose techniques matched to their clinical concern, control profile and goals.
- Teaching techniques in a way that is congruent with client's style
- 5 steps for assertive mode; for accepting mode
- integrating modes;

- understanding and utilizing "building blocks" for an intervention.
- control mode rehearsal;
- clarifying and enhancing motivation
- enhancing self-efficacy beliefs and commitment to "change" / accept

Evaluation of Progress.

How to evaluate effectiveness of Control Therapy's outcomes (systems model)—seeing where challenges exist and where improvements can be made; ability to monitor progress and make adjustments during the course of therapy;

Weeks Seven/Eight: Evaluating intervention progress

Weeks Nine-Twelve: Intervention practice, feedback, evaluation

Therapist competencies: is able to use the systems model of control therapy to evaluate and problem solve if client does not achieve success. * Works with the client to address challenges, resistances, self-sabotage, or discouragement about lack of progress (e.g., things getting worse before getting better). *Initiates with the client additional exploration and discussion of control stories and dynamics, including helping client to reedit, and rewrite, control stories as appropriate. * Helps client revise their goal(s) or consider newly emerging control-related goals. *Introduces other control-related techniques and concepts as the need arises or goals change

Commitment to follow-up including written post-tests as part of a single case study design, as well as phone contact, and/or additional "booster" sessions as needed.

Therapist competencies: * Has a systematic way to assess treatment success, (e.g., SCI, positive changes in self-monitoring of target behavior) to ensure client's gaining and maintaining a positive of sense of control both at the end of therapy and at appropriate follow-up.* Helps the client consider how control-related concepts and skills applied to the presenting problem may be helpful with other (future) problems (i.e., self-management).* Makes plans with the client for follow-up contact to determine if treatment gains have been maintained and initiates CT "booster" session(s) as appropriate

Evaluating therapist competency in Control Therapy: Appendix One: therapist competency checklist (www.controlresearch.net) CT-TM,

Final therapist competencies:

These are some final therapist competencies to assess:

KNOWLEDGE (EXTERNAL):*knowledgeable about control research and clinical literature related to mental and physical health; *able to identify treatment populations and clients appropriate

CT.; KNOWLEDGE (SELF) aware of his/her own control-related dynamics and stories; aware of when s/he is upset ("off center") during the therapy session when s/he is being assertive; *aware of when s/he is upset ("off center") during the therapy session when s/he is being yielding/accepting;

SKILLS (THERAPIST/CLIENT RELATION)

Is able to explain control-related concepts and issues effectively in terms understandable to the client; effectively uses positive assertive (Q1) skills in structuring, focusing, and guiding the session; is able to follow the client's lead (Q2) when appropriate ; *has a range of interpersonal verbal skills, from very yielding

to very assertive, and can skillfully choose the most effective style for a given circumstance.; is able to address areas of therapist/client disagreement, "power struggles" (transference or counter- transference) with awareness and skill.

A summary handout, where appropriate, at termination Below is a generic template of a model handout that can be given to clients who have successfully used Control Therapy at termination, to summarize for them the process they went through and how it can be used after therapy as other challenging arise. Of course, it can be adapted to the particular needs of the particular client.

"Control Therapy in a 'Cliff Notes Form"

Here is a handout that summarizes in brief form some salient points we have covered. It may be helpful as a reminder and model just on the off chance "life" throws additional "control challenges" at you in the future.

1. Centering Oneself.

Take a breath.
Body Scan-- Ready position physically
Mind scan/mindfulness
Gratefulness: Creating a context for the interaction/situation.

2. *Assessment/ Exploration*

--**Situation/concern.** What is the nature and *content* of the situation of concern? How severe, acute, important?

--**Other**. If another is involved, what do you know about the other person's interactional style, trust level, and openness to honest feedback?

-**Self.** What do you know about yourself and your control dynamics, profile, and story that is relevant to the situation?

3. Goal Setting: Intention.

If everything goes perfectly, what would be the best possible outcome for this situation? i.e., What is your goal for addressing this situation or concern?

4. Intervention:

Creating options for the response (dongjing) that best matches your goal. Once you have completed your exploration/assessment, and have your goal, what is the best combination of assertive and yielding modes (dongjing) that you can create to help you achieve your goal? (Create a few options from most assertive/ change (yang) to most yielding/accepting (yin) with gradated options for blending and integrating the two modes.

(Use your preferred sense style: e.g., feel blend of hot and cold water; visualize yin/yang or colors of paint blended; linearly/cognitively note the gradations of yang ____ and yin ---).

Select what you feel is the best option. (no more "yang" than needed.)

Take some time to practice your intervention: e.g., the five steps for the assertive mode; the yielding mode; and/or their integration including the Control Mode Rehearsal as practice.

Implement your choice using right speech and right action. The principle of right speech and right action is to make sure that what you say and how you behave are as clear and fair as possible. This means using speech and action that are no more "yang" than necessary to

achieve your goals and intentions, and that seek to minimize hurt and harm to the other person—and to yourself.

5. Evaluation. Did you achieve your goal? If so, how does that feel to you? If not, what did you learn: e.g., about the other person, yourself, the strategy you used? What changes might you make for next time, or for the next phase of the process.

You now have all the basic material for doing Control Therapy!

READING

Control and Physical Health

CT-B, Chapter 6, Control and Physical Health: Coping, prevention, and wellness, pp. 90-109;

Chapter 12, pp, 242-257 Control Therapy and Preventive Health Care: A Case of Lifestyle Modification.

Control and Relational Health

CT-B, Chapter 7, Control and Healthy Relationships, 110-128;

Chapter 12, A Case of Couples Therapy: A Control-Based Approach, pp. 229-257

Review in CT-TM, Module 3.3 pp. 207-213 Optimal interpersonal control; the two modes and love; and Module 3.2, integrative techniques: Tai Chi dance. Interpersonal four mode dialogue.

Optional:

Astin, JA, Shapiro, JF, Shapiro, DH (2013),Psychological Control and Breast Cancer Morbidity and Mortality A Twenty-Year Follow-Up Study , *Journal of Behavioral Medicine*, 39, 7-10

Shapiro, J. and Shapiro, D. H. The psychology of responsibility: Some second thoughts on holistic medicine. *New England Journal of Medicine*, 1979, 301: 211-212.

SELF-EXPLORATION

Continue with N=1 project, control journal.

Also, before next week, please gather the following information about your walking stride! (which we will discuss next week)

a) time your "normal" comfortable walking pace for ten seconds. How many strides to you take at your natural pace.
b) What is a "comfortable" fast pace, one you might walk and still be comfortable (strides per ten seconds)
c) What is a comfortable "slow" pace you could walk and still be ok with it (strides per second)

Finally, please keep your eyes open for a situation you are in this week which calls for an assertive/yielding blended "dongjing" response. What was the situation? What options did you brainstorm as possibilities? Which did you choose? How did you feel about your choice?

RETAKE THE SCI CONTROL PROFILE.

WEEK NINE:
CONTROL AND HEALTH: (PHYSICAL AND RELATIONAL)
CASE STUDIES IN EACH

Show and Tell.
A man looking at a sculpture of the Venus de Milo, saying "The one thing I really want from you is a hug."

This week is devoted to exploring the role in physical and emotional health, and examples of case studies using Control Therapy in each. This is an opportunity for students to continue to explore their views of "optimal health", as well as see ways to discuss and explore ways of putting together what has been learned "from beginning to end" in CT..

From Homework: Discuss some examples of "dongjing" (best blend of assertive and acceptance) that may have occurred during the past week. Any learnings? Insights?

PHYSICAL HEALTH AND CONTROL. This topic can be explored in several different ways: a) research related to the role of control in physical health; b) a case study of Control Therapy and preventive health care/lifestyle modification; and c) self-exploration

A) ***Examining the role of control in physical health.***
(from reading: CT-B)Chapter 6, 90-109

Suboptimal Control and health
Lack of control and physiological function
Lack of control and health behaviors
Control and coping with illness
Stress and health: sense of control as a mediator
Control and healthy lifestyles
Control and longevity

The limits of personal (active, assertive/change mode of) control over health.
Overcontrol and health behaviors
Overcontrol and health behaviors
Control and physical health: Mismatches

Optimal Control: Effects on physical health and functioning
Flexible coping: balancing positive assertive/change and positive yielding/accepting control strategies
Control from self and others: Effects on health
The further reaches of control and the body: intriguing research

Control and the body: areas where clinicians can intervene

B) ***Control and Preventive Health Care: A case study of lifestyle modification.***
(*from CT-B, 242-257)*

Presenting Problem: family history of cardiovascular risk; BP 162/103; Triglycerides 335; cholesterol 265, smoker, no exercise except occasional very hard fought game of racquetball.

Goal: One week to five year plan
Control Profile
Motivation, self-efficacy beliefs
Self-observation and first four weeks of intervention: smoking, exercise, eating habits
Control issues in other domains (work, family): weeks five and six.
Motivation
Goal setting
Interventions
Control Stories and Dynamics (Weeks Seven and Eight)
Therapeutic relationship: control dynamics
Back pain arising during these weeks: body mind scan
Trying again: sessions 8 through 17
Negative cognitions regarding the assertive/change and yielding/accepting modes of control, and ways to correct them (Table 12.4)
Saying good-bye at termination
Termination and follow up.

C). Self-exploration:

Based on the SCI domain-specific scale, and what you have learned through self-observation, are there aspects of your body that are of concern: e.g., weight, eating behavior, physical appearance, exercise, sexuality? For those areas that are of concern, would optimal control involve increased acceptance in certain areas? Increased assertive change in others? Some combination? How much does optimal control involve an assertive/change mode (quadrant one)—exercise, healthy diet, stress management, flexibility, strength, balance; how much a yielding accepting mode (quadrant two?)—acceptance of the body and its limits and imperfections, including the aging process, illness? <This may be a time to do some "experiential exercise: e.g, hatha yoga (see CT-TM, Module 3.2) or some other of the classes' suggestion).

CONTROL AND HEALHTY RELATIONSHIPS

This section of the class can explore theory, research, and practice on control and interpersonal issues, including ways for skillfully addressing interpersonal control dynamics. The first part can discuss A) an overview of Control and Healthy Relationships; the second part B) a case study of CT in Couples Therapy; and the third C) part specific experiential exercises which may be done in class to illustrate some of these principle (first mentioned in week 6, (from CT-TM, Module 3.2; and D) a discussion of optimal control in relationships—re-discussed after A-B-C).

A) **Control and Healthy Relationships:** (CT-B, chapter 7: 110-127)

This chapter explores four issues: 1) The four modes of control, including efforts to change or accept one's partner; the risk of surrender (q2 or q4?); avoiding misplaced efforts at control (q1 or q3?) 2) control related motivations in relationships, including desire for control and fear of loss of control; 3) agency of control in relationships, encompassing power issues of how and by whom decisions are made, and how the balance between self (time, autonomy) and other (relational intimacy time) is addressed;

4) sense of control including how modes, desire and agency may differ in men and women and affect their sense of control.

Power and control: the traditional relationship
Gender based models of control in transition: modes, agency
Control battles.
Self needs (versus?) partner needs
Getting someone to change?
Integrating change and acceptance
Who's in control: self and other agency
Control motivation
Control, intimacy, and sexuality

B) **A CASE OF COUPLES THERAPY: A CONTROL BASED APPROACH;**

CT-B Chapter 13 258- Presenting Problem:
Control Profiles
Control stories and dynamics—view of husband, wife
Self-observation: husband's view; wife's view
Goal Setting
Motivation to change and self-efficacy beliefs
Individual control-based therapeutic interventions
Husband: stress and anger management: reducing negative assertive mode (Attila the Hun) and negative yielding mode (his dark funk); practicing positive assertive and accepting strategies; a husband's dream…
Wife: assertive mastery experiences; recognizing what she wanted; increasing activities; her modes of control; positive assertiveness;
Relational control based interventions
Modes of control from a dyadic perspective
The two positive modes of control in conflict management and communication
sex and affection: addressing thematic control issues
Relationship as teacher of control issues
Follow up

C) EXPERIENTIAL EXERCISES: RELATIONSHIP

The greatest single issue to be worked out in an intimate relationship is power (issues about children, money, sex are all content expressions of this). Who is going to control whom, who is going to decide what, who will get whose way and who will have to compromise? …Almost every relationship must negotiate the power struggle stage…
Lonnie Barbach (For Each Other: Sharing Sexual Intimacy, p.47) .

Class discussion: is there "a" truth in Barbach's comment above? If so, some exercises, strategies, to help address the above issue:

-- EXERCISE ON WALKING PACE.
Additional Discussion (in dyads): Review your walking pace (slow comfort level; fast comfort level). Compare these with those of your dyad partner. If you were to take a walk

together, at what pace would you walk? Realize there is "no right answer"; only right for the individual, and for the "dyad." Roleplay "negotiating, compromise" as it pertains to this simple issue. Note unhelpful (negative assertive, negative yielding) statements: e.g., "you're too slow" ; "you're too fast"; win lose ("my pace or yours"); power struggle/control battle ("you're too passive"; "you're too controlling and aggressive"; "you're walking too fast"; "you are inconsiderate for walking too fast"; vs. I statements: "I'm feeling uncomfortable at this pace"; "I'm feeling left behind"; "I feel sad/upset when I don't feel like we're sharing a walk/ when you make decisions that affect both of us without consulting me,

--YOGA DYAD EXERCISE (Module 3.2, 162-163.). This would be a good time in class to practice this exercise in dyads. It is an opportunity to explore experientially the idea of giving and receiving energy (to self, to another). How do we learn to take care ourselves, as well as give to others?

--TAI CHI DANCE. (Module 3.2 163-164). This process teaches trust and communication in a physical way. It allows us to see what it's like to work with another, to be the leader (positive assertive), who is attentive and listening to the receiver; and to be the follower (positive yielding), who accepts direction while knowing that at any time s/he can become the leader.

--INTERPERSONAL FOUR MODE DIALOGUE (Module 3.2, p. 164). This might also be a good exercise to practice in class, using role play vignettes. It can be helpful to address interpersonal conflict issues ("control battles") by helping each person hear more clearly each other's perspective through engaging in a dialogue (modeled after the control mode dialogue) where there are four chairs, each representing one of the quadrants. Each takes turn "seeing and hearing" the other's perspective (from a negative assertive then negative yielding chair); then the couple works together to evolve positive assertive and positive yielding strategies from those two chairs.

D .) OPTIMAL INTERPERSONAL RELATIONSHIPS AND CONTROL ISSUES—A discussion (From Module 3.3, pp. 207-213. These can be issues discussed by students, as well as pointing out that these questions might be asked of clients during relational therapy.

Issue of Assertive/change and Yielding/acceptance. It might be helpful in dyads to have a discussion (with subsequent writing in one's control journal) about what are each person's views of change/acceptance in a loving interpersonal relationship. Does an optimal relationship involve unconditional love and acceptance (positive yielding, quadrant two) of the other as he/she is? Does an optimal relationship also involve helping each other grow and change to be the best person s/he can? (positive assertive). Some balance between the two?

What are your views about when and to what extent it is appropriate to just allow and accept what one's partner is like, even if the partner has unskillful habits

that cause you (and others) unnecessary suffering? When is accepting the other wise, and when is it colluding, enabling? When might a partner's desire for total acceptance be sometimes misused as a defensive strategy: e.g., never criticize me, that makes you a judgmental person (stated as negative assertive); tell me I'm totally perfect, never give me feedback, no matter how constructive. Otherwise, that is not unconditional love.

Exploring change. Can giving feedback to one's beloved be helpful to encourage them to grow, to help them change in healthy ways? When does it feel important to express your concerns and desires to have the other person change? What might be the most skillful way to give that feedback so that it doesn't feel to the partner like "nagging", overcontrolling, "forcing" (thereby accessing the partner's "freedom reflex").

If you believe in change, what changes are you willing to make in yourself on behalf of the relationship? To what extent do you believe it's possible to help (influence) another to engage in change? What are the best ways that you have found to influence change in another? How might you share feedback to help someone know themselves better in a way that they can hear (or that increases the likelihood that they can hear) about habits they have that may be unskillful? What are the best ways that you have been "influenced" by your significant other to become willing to change?

Wisely addressing interpersonal control issues.(209-213)

Specific steps, affirmations and reminders are discussed here, and can be used as a way to further explore these issues: e.g.

Look for personal and interpersonal root issues

Using both positive modes, keeping the context of love, caring *(Before making a criticism or suggestion, provide a safe context of love and recognition of one's partner as a beloved, and note his/her strengths and contributions.*

Be willing to make clear statements of personal feelings: "It would mean a lot to me if…." "I would feel less vulnerable if you could help me understand…."
Pause and center if you feel yourself becoming frustrated, tense, wanting to escalate. Interrupting, hurried speech , and eagerness to make a point are cues to take a breath.

Before countering, pause and paraphrase, making sure you've heard what your partner is trying to say.

Try to acknowledge your own limitations without guilt or defensiveness, being non-defensive; at the least, even if you feel your partner is wrong, it suggests there is a problem somewhere about which dialogue is important..

By discussing these issues within a loving context, the two people are able to keep the content from being seen too narrowly, as the only "star in the night sky," overwhelming the core context and becoming the only thing that matters (e.g., thoughts such as "this isn't working"; "the relationship is collapsing;" "I'm not lovable; "you're too rigid").

This balanced process transforms the "battle" from a hierarchical, one-up power struggle into a respectful, loving team effort, honoring the context and minimizing an adversarial view of the partner. [A lovely metaphor for creating this

context suggested by Dr. Robert Kantor is two roller skaters connected by a rope. One is ahead and one is behind, so it looks as though there is one leader and one follower. But as the person ahead pulls the person behind, the centrifugal force propels the second person into the lead. Now this person is leading and in turn pulling the person behind, who again will soon take the lead. By working together, in an interconnected way, each is both leader and follower, and their combined effort creates a momentum that neither alone could achieve].

The two positive modes and love. It does seem that love is a mystery, and probably involves both modes at one time or another. Just as you can't *make* a flower bloom —e.g., try to open the bud prematurely – so it is with love. What you can do is water it, nurture it, provide the proper soil, and make sure there is appropriate sunlight. There is a certain "magic" that happens, with flowers and with love. You can't "force" love to bloom, or to stay. All we can actively control is setting the best possible conditions—nurturance, appropriate watering, shining light on it—then to have trust and patience and allow for its budding and continued flowering. And be grateful when it does.

HOMEWORK:

READING

Therapist clinical competences

CT-LL, 213-219:

CT-TM, Appendix 1 Adherence Checklist to Determine Therapist Competency and Skill Development in Control Therapy, pp. 1-8

Research in Control Therapy

CT-LL, 219-224 Further research directions for control therapy principles and practice

CT-TM, Appendix 6, pp 1-9, A small grant application from the Control Research Foundation Fund; Human Subjects Consent Form involving Control Therapy; An Example of a Permission to Videotape form

SCI-M, 141-148

Overview Summary/FAQ

CT-B Final Considerations: 279-290

CT-TM Concluding Remarks: An Evolving Process 281-292

CT-LL Frequently Asked Questions (225-239)

Concluding Remarks (240-244)

Final readings of articles you choose for your research project, N=1 project.

Therapist Competencies: Please spend some time looking at the ***Adherence Checklist in Appendix One***, CT-TM and evaluate at this point which areas you feel are your strengths, and which areas need further development and attention.

Control journal: this might be a good time to add a bit to what you believe is optimal control in the body; as well as any additional refinements you feel might be helpful about the role of control in relationship and love. What is your view of the two modes and love?

Also, as you read the CT-TM concluding remarks, (p. 286) you may wish to comment more about your views of control and free will. What is your reaction to this seemingly paradoxical statement

"*We don't have as much control as we believe we do; and we have the potential to develop even more positive control than we believe possible."*

Working on completion of N=1 projects, Control Journal, final papers

***Gift of a day:** . As discussed, and you have written in your journal there are different domains in life, and you have explored what optimal control would mean in different domains: Body, Mind, Self-agency, Interpersonal, Work, Community, Cosmos. Now, spend some time reflecting (this should be a fun exercise!) that if you were give a day just for you, an ideal day, how would you create it for yourself. What would be the different threads of each domain you might put in that day to create an ideal weaving? Would you want to do something physical? social? creative with the mind? (see Module 3.2, p 200). Create an ideal day for yourself.

Bonus: Keep your eyes and ears open this week to notice how "control themes" (related to the postulates: e.g., desire for control, self and other agency, freedom reflex, etc.) are used in advertisements. Why might advertisers, who want to sell a product, utilize control themes? How are they trying to "influence" us with these messages. Here are a few "historical" examples as models of what to look for. Try to see if you can find some current ones and note the control these discussed in the class related to the ad.

State Farm we're putting you in the driver's seat… to give you more control over your car insurance; in health (playing to our desire for control).

Tummy take back reduces abdominal bloating with tummy take back. Take control.)

Cigarettes are bullies (try to boss you around), don't let them control you.(FDA);

Match.com: I'm taking charge of my life;

I don't like being sold to; being given a sales pitch (Charles Schwab) (addressing the "freedom reflex");

Schwabb: The guidance you need with the control you want… (self and other agency, desire for control)

you have skills we can add a little bit(self and other control)

Lincoln Financial Services: you're in charge.

Hertz: choose control (control as choice)

Take control of your retirement today (reverse mortgage).

If you are hungry for power, dinners' served. Ford escort;

Experience the ultimate expression of power: control (Lexus)

I believe you have more power to control your eating than you think you have (weight watchers); (Bandura: self-efficacy; of course;

You're more powerful than you think (I phone) Self efficacy

Do it your way (Burger King)

WEEK TEN
SELF-CARE, CT THEORY AND RESEARCH, NEXT STEPS, LARGER IMPLICATIONS; FAQ; FINAL COMMENTS

This seminar has attempted to weaving together several different topics areas:

1. *Importance of Control in personality theory, systems of psychotherapy: Theory and Research.*
2. *Research in test construction and the SCI: Developing a personal control profile, and research related to different profiles of different populations*
3. *How to implement Control Therapy with a client, including identification of the client concern and goal-setting, client assessment, formulation of interventions matched to client's Control Profile, monitoring of progress and obstacles toward progress; and maintenance program*
4. *Experiential self-exploration of Control Therapy: self-awareness, self-evaluation, goal, setting, and matching interventions to one's area of exploration. Self as client, self as therapist*
5. *Finally, one of the goals of this seminar has been providing you, the student/clinician, an opportunity to, in the paraphrase of Socrates , "Know thy….control profile, control dynamics, and control stories." Throughout this class, there has been an opportunity for you to explore and reflect upon your own beliefs—about your view of the nature of the universe, human nature, how much voluntary control we have over our thoughts, feelings, behavior; the goal of psychological health, and the barriers and obstacles that must be addressed in order to help individuals become less distressed, happier, and wiser. As we have shown, these views impact and are intimately interwoven with your theoretical orientation and how you view yourself as a therapist, the therapeutic relationship, and how you understand your clients.*

This final week can be an opportunity to explore several important areas related to control, depending upon the instructor's and class's interests. Suggested topics below include *implications for control in terms of self-care: making sure the student/therapist takes care of oneself; *frequently asked questions (any not covered thus far): e.g., what are unique aspects of Control Therapy; how might it complement other approaches; * future clinical and research directions; * the clinical competency checklist end of class assessment.

This class can also be an opportunity to share covers, and perhaps aspects of their ir control journals, as they are comfortable. It is also an opportunity to push, expand, refine, explore students' views of the relevance of control to their view of the cosmos and human nature; philosophical questions of the nature of "self" and the role of free will, self-determination

Finally, in this last class one of the topics that may be raised is the larger potential applications of the Principles and Practice of Control Therapy to educational, business, and societal issues, healing in a larger sense, including on a religious level, openness to other points of view. Control uses and misuses can be explored, and some final comments are offered.

Show and Tell: Discussion:

a) Advertising: Show and Tell: Students can share an ad they noticed this week related to control, and discuss what control postulate or theme, it represents. Why did the advertiser use this ad…what does it say about their view of human control dynamics?

b) Racial, gender, age, nationalist, or religious bias. Research shows that downward comparison can be a positive way for a person to gain a sense of control: e.g., I complained because I had no shoes until I met someone who had no feet). This may be a reasonable coping strategy in some areas for positive acceptance: —e..g., give individuals a feeling of gratitude for the blessings they have.

However, downward comparison can also be problematic, especially when it involves elevating one's own orientation, beliefs, and life situation and demeaning other groups whether based on religion, ethnicity, nationality, gender, or sexual orientation. Research has shown that individuals can get a sense of control from finding their class, biology, religion, and/or ethnicity better than someone else's. This is an example where downward comparison is not a positive way to gain a sense of control.

First ask students the following: How would you handle a situation in which a client expresses views that you find racially insensitive, gender insensitive, or religiously insensitive? What responsibility do you feel you would have to comment on or challenge these views? Under what circumstances would you confront the client? Would you feel positive assertive or negative assertive in saying something? Positive yielding or negative yielding in remaining silent? How might the client respond to your action (in quadrant terms)? Note where your "xujing" (center) is; then note what you feel would be the wisest (dongjing) response. Then, extending the discussion above, ask the class the following: How do you feel it is wisest to respond when you hear racist, sexist, or agist remarks by others in daily social interaction? How might control theory, control profiles, and the "control mode dialogue" be a way to further extend, deepen and understand conversations about these issues,

TAKE CARE OF YOURSELF! INDIVIDUAL: DAILY CYCLE. Small shifts

Below are some questions that may apply to clients, but as written here apply to student/trainees, therapists in terms of their own self-care.

One of the goals of this seminar has been not only to learn how to teach CT to others, but to see how it might have a positive impact in your own life. Remember, seeing clients, as rewarding as it is, also involves giving out a lot of energy. We like using the metaphor of the heart: Where does the heart first pump blood? Although we might think intuitively the answer is the brain, or lungs, in fact the heart pumps blood to itself first, so that it has energy to give to the rest of the body.

As you give and share your "heart," intelligence, and wisdom with others, we invite you to ensure that you are also paying attention to yourself on each of the domains we have discussed: Body (exercise, healthy eating, a good night's sleep); Mind (relaxing it, quieting it, finding enjoyable ways to focus it); Interpersonal (time with friends); Spiritual (as you define it); and at least doing one fun thing a week!

Here are some reminders:

****Going Forward:*** how you take care of yourself; self-care habits; meditation, exercise, stress management, care in eating; self-nurturance; time for playful activities;

waking up with thankfulness, going to sleep with forgiveness of self and others (See CT-TM, Module 3.3)

*__*New Habits*__. Steps to building new habits; how do you define healthy habits; small shifts matter (2-3 degrees improvement makes a difference—think temperature of the body); how to learn to deal with setbacks.

*__*Reward the self!*__ What are healthy ways you take care of yourself, nurture yourself (life is a long journey!). It is both "be the change you want to see" (Gandhi) Q1, self-improvement, stretching, growing; and taking time to enjoy and value yourself along the way. Example: environmentalists who "save" nature also need to take time to enjoy nature. Look back at your discussion in your journal of a "Gift of a day". How might you incorporate some of those ideas more fully into your life?

A potential personal note to the class (if the instructor is comfortable and agrees):

At this point in our knowledge and wisdom, we believe that to live a good, happy, healthy life (insofar as we have personal control over our bodies, minds, emotions), the tools and principles discussed here are the best currently available to us as humans, regardless of our view of human nature and the view of universe. You, as students, are learning this early. If you keep at it a little bit each day; use each moment, each situation, as an opportunity for practicing awareness, breath, control mode rehearsal, choice, action plan (accept and/or change) pretty soon, 10, 20, 30 years will have gone by, and you will be the masters (ish!) , the teachers of the next generation! Enjoy your practice, and your journey!

FREQUENTLY ASKED QUESTIONS. A list of Frequently Asked Questions, and where some possible responses to them are discussed (in the CT-TM. And in CT-LL 225-229 is provided at the end of the syllabus. These FAQ and the responses can be used as possible handouts during the appropriate weeks of the class where they may be asked (or covered). If not, this list might be helpful to review in this last class to see if there are any the instructor or students feels are important to share during this class (e.g. What is unique about Control Therapy? CT-LL pp. 225-228; . Can Control Therapy complement other therapeutic approaches?...CT-LL, pp. 228-230; Does Control Therapy have a bias toward the assertive/change mode? The yielding/accepting Mode?.. CT-TM m 2, pp 76-77 ; CT-LL, 237-239

THEORY AND RESEARCH NEXT STEPS?

This would be an opportunity to discuss the next phases in Control Theory, Research, and Practice.

*__Research questions__ based on students' final papers. Are there some research questions that arose from the N=1 self-exploration paper? From those who did a final paper on research related to control; by those who did a case study.

* Refining the research questions while keeping a larger (holistic) perspective. e.g., What effects does the teaching of a self-control technique have on an individual who practices, and why? (from reading, CT-LL 219-224)

*Nuance regarding biopsychosocial variance for various clinical and health conditions: i.e., does the research question take into consideration the various biopsychosocial factors that might be implicated in the clinical health condition being studied?

For theory development.

Next questions? Filing in the puzzle? In week one we looked at different theories and constructs of human control, and students explored their views of how research might best inform theory (e.g., inductive/deductive; bench, naturalistic, introspection). During the course of this seminar, we have identified key variables - sense of control, modes of control, desire for control, agency of control – that should be examined in research studies. These, along with the postulates, might be considered, at this point, the "corner" pieces of a puzzle of Control Theory. How might we fill in the rest of the pieces to generate a "unifying theory" of control? What are the open questions; what is missing?

Control: ubiquitousness, Salience; what is the relation of the construct of control to other major constructs important in life? (**discussion, from p. 234 CT-LL).** How important among life "constructs" and major human needs is the issue of control? Discussion of competence, belonging, meaningful order. Freud's' love and will. Maslow's hierarchy. Which do you feel are "most important?" How does control relate to the various constructs? Is control everywhere? Or is it just the glasses through which we're looking in this class? Invite students to continue to listen to their control speech after the class ends. [Actually, it's probably no longer necessary to remind you, is it? It's hard to unlearn a way of seeing the world once you've seen it! If we were to say, paradoxically, please don't listen to control speech anymore, what would happen? The issue of control is pretty tricky! Sorry! ☺]

Revisiting free will. Ask students to what extent they believe they have (can have?) free will? Conversely (or is it?) do they believe human behavior is lawful and predictable? And that with enough information, study, research, eventually it would be possible at some fundamental level to predict human (and our own!) behavior? Or are humans unpredictable at some fundamental level? Or like Dostoevsky's *Underground Man,* even if we could predict how a person would react, would that person then try to act differently just to undermine the prediction?. And if we could predict that response, how would it feel to know that we are all so predictable? ☺ Dostoyevsky concluded that if, indeed, every facet of human behavior could be predicted, well, then life just might not be worth living. We've learned a lot since then about the nuances and complexity of free will and personal control, but it's still a bit of a conundrum, isn't it?.

****Understand, predict, control?*** It has been said that one goal of science follows a continuum: first understanding phenomena, then predicting phenomena, then controlling phenomena (or adapting to what we can't yet control). Think of earthquakes. First we seek to understand causes and consequences; then see if we can predict the causes; and then seeking to "control" them (or have warnings to mitigate their damage). As Francis Bacon said, "Nature to be controlled must be obeyed."

Will ever be possible to fully understand human nature? Ever possible to predict it? Would this capability be good, useful? Interestingly, research seems to suggest that overall we like to find others predictable, but we ourselves don't like to be predictable to

others! What about controlling human behavior? Let's start with self-control. Would that be good? To what extent? Will it ever be possible for us to understand ourselves enough that we can predict our own behavior? To then choose how we want to "control" ourselves? Would this be a good thing? Why? Why not?

What about regarding others? The fear regarding controlling others' behavior is that it will lead to a l984 "Orwellian Big Brother." Clearly in a brainwashing, or coercive way, this type of control over others violates our individual and societal values (and would be q3). Further, none of us likes to be "manipulated" by someone else. Yet, if "control" is defined as causing an influence in the intended direction," don't we all at some level wish we could and try to influence those around us? To do so, we would need to know the other person and understand them. We might even learn to predict how they would generally react in certain situations or to certain things we said. So far so good? But what about the next phase. Is it "fair" to use that information to try to influence them? When would it seem "unfair" i.e., too manipulative or over controlling: (i.e. quadrant three)? When is such influence positive assertive: e.g., trying to create the conditions for positive change in another using better dialogue, communication, "tai chi dancing."?

Just a few small issues to think about?!

CLINICAL COMPETENCY CHECKLIST END OF CLASS ASSESSMENT

Throughout different weeks of the seminar clinical competencies of different phases of Control Therapy have been detailed. (Week 4: Phase One competences for assessment and goal setting; Week 5: interventions; Week 6 Adherence, compliance; Week 8: evaluation, termination, and other therapist qualities). The complete checklist can be found in (Appendix 1, CT-TM). This checklist has several uses. In a beginning seminar, a practicum class, an intern training class, trainees may complete it as a self-assessment, and trainers may use it to rate trainees' progress. It may be used early in training, one or more times during training, and after training is finished. Administering it at least twice (pre-post) will allow trainees and trainers to gauge progress. (When using the checklist as a self-assessment instrument for the trainees, keep in mind that lower self-assessment scores *after* training do not necessarily mean declining performance; in fact, they may indicate the trainee has developed a sharper understanding of his/her strengths and weaknesses and of the nuances of Control Therapy) In addition to its didactic function, the checklist can also be useful for ensuring accurate and uniform application of Control Therapy in a research setting.

BRIDGE-BUILDING: POTENTIAL APPLICATIONS OF CONTROL THEORY AND THERAPY PRINCIPLES TO EDUCATION, BUSINESS, AND SOCIETAL ISSUES.

If appropriate, here are some suggested ideas and questions for discussion for the last class to consider about different additional directions some students may wish to pursue with the principles and practice of CT.

EDUCATION. Control therapy principles and practices are educational in nature. This educational model can be applied to ourselves (i.e., psychology from the inside out)—as this seminar itself has shown. It can also be applied to others whom we try to serve as therapists (i.e., clients, in the form of individuals, couples, families). It also has potential to be adapted and used in educational settings. Teaching about control theory

and therapy already has occurred at an undergraduate college level (freshman, juniors, seniors). Could the principles and practices be further adapted for high school, or even younger children? e.g., teaching the principles and practices of Control Therapy---self-management skills, emotional and cognitive self-regulation, mindfulness, learning how one gains a positive sense of control internally, and in relationship to others). Might it be important to teach parents about their own and each other's control profiles, as part of parenting classes and health education classes in primary and secondary schools?

CT can also be helpful for professionals in the healing profession. Again, this seminar is directed primarily at psychologists. But work has also been done with physicians. (eg. Shapiro J, Astin J, Shapiro SL, Robitshek D, Shapiro DH. (2011) Coping with loss of control in the practice of medicine. Family, Systems, and Health, 29(1) 15-28.). Would it be valuable to introduce an understanding of control theory and therapy in pre medical and medical education? Might a similar approach be helpful for health professionals(e.g, nursing, social work, physical and occupational therapy, care givers)?

BUSINESS/Career Counseling

The principles and practice of CT have direct application to the business world in terms of employees and executives engaging in self-care/lifestyle management. Further research could use the SCI to help assess which type of control profile might be best suited for handling business-related stress; and for being an effective leader. Are there certain control profiles that might better predict a person's effectiveness in working in an autonomous versus a collaborative environment? Is a certain profile most associated with success and productivity? The SCI Control Profile (modes, desire, agency) and the matching model can identify "good" matches and "mismatches" for certain tasks and strategies in the work world. Control profiles for effective performance in different types of jobs could be developed. These profiles could then be compared to the control profile of an individual for use in job placement, job effectiveness coaching, or career planning. SCI domains could also be one indicator of when there is an out of balance sense of control between the business and personal domains.

And there could be a discussion of the role of control in advertising, based on the homework for this week. After the class ends, you may wish to continue to keep your ears open, noticing how advertisers seek to influence you with "control themes." This also may have interest for some students in terms of consulting with business schools, advertising agencies, marketing firms.

SOCIETAL LEVEL

Gandhi: Be the change you want to see in society

(swarj (self-rule.) – is Gandhi's belief that personal self-control was important as part of national "self-rule." Discussion: Considering Gandhi's two statements, what do you believe is/can be the connection between individual personal (self) control and societal change transformation?

***** ***** *****

Might control theory be applicable to understanding social ills? Might many of today's global problems—violence, racial and other forms of prejudice, environmental challenges, and larger political issues of seeking domination over resources and

ideology,--be understood as the desire for control gone awry, a misplaced effort to gain control in order to master or reduce feelings of powerlessness? (or from excess desire for control power (q3). Could Control Theory and Therapy be used in some form to constructively address these misuses of control? (e.g., hard and soft power? In current political terms).

Here are some questions that may be worth discussing in the final session:

On a political level

Self/other agency. There are several different potential "fissures" in political ideology. For example, one is the issue of "agency". In terms of social welfare, one view is that there needs to be more individual self-agency and self-determination. Another view is that there needs to be an effort by government (other-agency) to provide tools for people to help themselves. A second agency issue involves the role of society in helping develop an individual's "self-control". Is it a nanny state to want to encourage certain food choices, ban others (e.g., trans fats)? What is the role of personal control, the role of help from others? What is the balance between societal freedoms and societal controls? How much control can (and should) we exercise over our environment; and of what kind?

Control profiles. View of each other. Might it be interesting to assess the control profiles of individuals who identify themselves as "Republican," "Democrat," or "Independent"? What would their "modes of control" look like? Their "agency," desire for control, sense of control? What would be the differences (and similarities) in profiles between those who are "far" left (liberal) and "far" right (conservative)?

Each political party takes differing positions on the balance of personal control and governmental control that is helpful to create and maintain a just society. Sometimes these views can degenerate into a mean-spirited reliance on negative modes toward the other party, and self-righteous positive modes towards one's own views: e.g., Republicans say they are for entrepreneurship, self-reliance, economic risk-taking and a strong defense (q1, positive assertive) and are for trusting (q2, positive yielding) laissez faire free market capitalism. They accuse the Democrats of over regulation and big intrusive government (q3, negative assertive) and being soft on defense (q4, negative yielding). Democrats say they are compassionate and want to help those who are the most vulnerable in society. They value negotiation and diplomacy, as well as appropriate government oversight of unfettered capitalism (q1 and q2); while accusing the Republicans of being war mongers, greedy, and insensitive to the needs of the disadvantaged (q3).

Why these views: Control stories. Dialogue? An interesting question is what is it about our individual personalities, experiences, upbringing, and control stories that causes us to come down on one side of the political divide versus the other? Might understanding different control profiles –with regard to agency, four modes, -- and different control stories, be a way to encourage more civil and bridge building dialogue with different political parties and positions; and lead to more productive and civil dialogue among people and parties representing different emphases and worldviews?

ON A RELIGIOUS LEVEL: OPENNESS TO OTHER POINTS OF VIEW? Might understanding differing control profiles as well as control stories and dynamics help us in

beginning a more sophisticated dialogue—not only in the political realm—but also between faith traditions and those with differing world views? What is the control profile of individuals who believe in different world views?: e.g., theistic, non-theistic (the latter including the distinct philosophies of existentialism and Buddhism for example).

Further, what might be the differences in control profiles between those who believe that there is only one "truth" and that their religious tradition is the only way to reach that truth about God/the universe (i.e., one path up the mountain); and those who hold that there may be many paths up the mountain (even if they personally choose to follow one)? For example, the Dalai Lama says to his followers, "Practice your religion, (your path up the mountain), *AND respect other traditions*." Still others wish to learn from multiple paths up the mountain. And there are those who are able to see and appreciate multiple perspectives. It would be interesting to explore the control profile of different individuals with different views along the above continuum.

Further, what might be the *similarities* among control profiles of fundamentalists (those who believe there is only one path up the mountain—theirs) regardless of their specific tradition? And of those who believe that others with different views (other paths up the mountain) are simply wrong. It is easy to see how this conviction would give that person a sense of control: a) certainty in their rightness; and b) downward comparison (discussed at start of this class) toward others. This view also maintains that others who hold more "open" tolerant views are "wishy washy" (quadrant four): "Those who stand for nothing will fall for anything."

Might these control profiles give some insight and understanding which could help further dialogue? What set of conditions might lead, if not to, agreement, at least to a more respectful dialogue, a more open attitude toward the "other's" (beliefs, and as individuals) and perhaps even appreciation and tai chi dancing— in encounters between individuals and groups representing different religious and political traditions.

CONTROL: USES, MISUSES

The research is clear that control can be a positive factor in both physical and mental health. Some have even posited that the ability to gain control, is essential for human survival. From the micro level—e.g., a toddler learning to walk-- to the macro level-- e.g., human efforts to cure disease and understand our world and our place in it—can be understood as extraordinary, even miraculous aspects of the human quest for control, what Robert White has called the "joy in being a cause."

However, we also know that sometimes efforts for active control have negative consequences, personally (e.g., anorexia, anger and hostility); interpersonally (power struggles, the desire to be right and in control); and globally (wars, political oppression, environmental impact). Clearly we as a species have to learn to harness the healing power of control and rein in its potentially destructive aspects. In this context, learning the yielding mode of control and efforts at internal self-control, and learning how to "control" our desire for control when it is excessive and harmful, are also critical.

Although many of these questions and topics above are beyond the scope of a narrow view of Control Therapy per se, the questions raised here do involve the principles and practice of Control Therapy applied to "healing" on a larger scale. A central task we all face, individually and collectively, may be to help learn (and teach)

where control goals, desires and strategies are limiting, reflexive, and potentially destructive, and to channel our human quest for control into more life affirming and health promoting paths. The quality of our lives, and ultimately the wellbeing of our planet may in large part be determined by where and how we, as individuals, and societies, seek to gain and maintain control

The questions are urgent and critical ones for the sake of reducing pain and suffering on a societal and global levels on our planet, and increasing mutual understanding and dialogue. Perhaps someone finds this "message in a bottle" finds the questions intriguing and decides to explore one or more of them further.

SOME CONCLUDING THOUGHTS FOR THE CLASS

These are comments from the Concluding Remarks of the CT-TM, and CT-LL. They are adapted here if the instructor feels they might be helpful way to end the class.

Therapeutic Optimism and Control Therapy. Control Therapy is basically optimistic about people's ability to gain, regain, and maintain a sense of control. It would be interesting whether most people in the helping and healing professions also endorse, to some degree, a basic optimism about our ability as humans to change and grow in positive ways (positive assertive mode); as well as finding ways to learn to accept and come to a relatively peaceful relationship with that which can't or shouldn't be changed (positive yielding, accepting mode of control. Or else it might be quite challenging to stay in this line of work. As therapists, we seek to affect positive control and reduction of suffering in ourselves and others wherever we can.

From a large, "cosmic" perspective, there is a certain amount of necessary suffering the world, no matter how successful our "control" efforts something the Buddha discovered when, coming out of his palace, he met, the messengers of aging, sickness, and death. We certainly want to minimize unnecessary suffering. We also want to remember that we are all fellow travelers on a temporary journey through the hourglass of life. Compassion and love are needed as a context for our efforts to teach, learn, and practice positive control in our lives.

REMEMBERING THE TOP OF THE HOUR GLASS: your personal vision/motivation.

As we end this class, it may be worthwhile to pause for a moment and remember the vision of yourself at the top of the hour glass….your motivation for why you first chose to go into the field you did, and began your journey down the hour glass. Was/is at least part of your motivation to be a person who could bring kindness, healing, wisdom, and compassion to others?

In learning about the role of control in theories of personality and systems of psychotherapy, in taking classes, filling out paper work, implementing research protocols, writing papers, doing homework, —all parts involving a narrowing of the hour glass-- the larger goal sometimes can be forgotten. Perhaps it can be helpful to sometimes step back and reflect on the qualities that we want to bring with us on our journey down the hour glass.

Carl Jung once said, "Learn your techniques well and be prepared to let them go when you touch the human soul." We might refine these sentiments just

slightly, using the Chinese proverb we've discussed about the finger and the moon. Techniques are just fingers. All therapeutic approaches, including Control Therapy, are just fingers. Our goal and vision—our moon—is to touch human souls, to be that which we teach, to help others in a wise, thoughtful way, to reduce unnecessary suffering in those with whom we come into contact. Theories and techniques may be helpful toward pointing the way. But they are not the way.

We want to make sure that when we reach the bottom of the hour glass-- when the grains of sand of our life have run out-- we have been as true as possible to our vision at the top. Thus, it is incumbent on all of us to remind ourselves and each other of our larger vision, and help light the way, by our thoughts, speech, actions, and deeds. Together, we seek a deepening, evolving wisdom for ourselves and our world.

As we conclude I'd would like to remind you of the context I mentioned at the start: You have begun an experiential journey, both learning Control Therapy through a self-exploration project; and now beginning to teach CT to others seeking your guidance. I hope you find this expedition an insightful, meaningful, worthwhile, and enjoyable learning experience, both for yourself and for your clients and/or the participants in your research .

And, as you serve as a healer for others, may you also take time in your own life for yourself…to taste the strawberry… and to dance.

I wish you-- wherever you are on your journey through the hour glass-- blessings of peace, health, and healing. And, to paraphrase Rumi's poetic words,

May we all, wherever we are,
learn to be the soul of that place.

The seminar ends. The next phase begins. Traveling mercies.

SUGGESTED PAPERS/PROJECTS

There are three suggested papers/projects listed below. Depending upon the class and its goals, it may be helpful to ask students to do one and two, and then choose either 3a or 3b. Each is discussed more fully below.

Note: there is a short form and a long form explanation for the N=1 project and the Control Journal.

TABLE OF CONTENTS

Project 1. ***N=1 SELF-EXPLORATION PAPER***

SHORT FORM INSTRUCTIONS.

During this class you have taken the SCI, seen your Control Profile, picked an area to monitor (for two weeks). This is the "A" phase of the research project. You then evaluated the data and selected a goal. The next phase, the "B" phase of a project is to choose an intervention, "the B" phase (see Module 3.1). For the next several weeks you designed and monitored the effectiveness of your intervention. This project may be considered an N=1, A-B research design. Please format the N=1paper as a research article:

Title.

Introduction (cite a few relevant references).

Methodology. 1)Subject (you!) and Setting;
2) Intervention: Assessment, self-evaluation and goal setting, techniques used. Please note how you selected and matched the intervention to your goal and to your Control Profile.
3) Data analysis: A-B, N=1 design.

Results. Discuss the effects of your intervention, the data you've collected.

Discussion. In this section, include what you've learned about you. Be open about resistance, changes to the intervention, setbacks, challenges, learning. Also consider whether this project had any effect on your view of personality theory (and control); on your views of psychological health (and control); and on your views of the nature of the universe (and control).

References/Bibliography

Appendices (e.g. Chart, graph, figure, worksheets)

Length: a) like Lincoln's legs: long enough to touch the ground; ☺

LONG FORM INSTRUCTIONS: N=1 Self Exploration Paper (providing more detail, examples to the short term instructions).

TITLE: THE CONTROL AREA YOU CHOSE FOR YOUR PROJECT

e.g.,* Seeking to gain a greater sense of control with…..e.g., time management, stress, eating,

*****Educational applications of Control Therapy to….stress management, eating, etc.

A control based approach to….. Use of control strategies to…..

An N=1 design; a single subject design; a case study of; my self-control project ; my domain specific self-exploration/self-change, self-discovery project.

INTRODUCTION.

This introduction should be a couple of paragraphs giving a context and overview of the area. Provide a few relevant references. Note: for self-reflection, whenever we pick an area to research, there is some personal motivation why we are studying a particular subject matter, and what population we pick to study. For your study, there are two motivations (at least): 1) the content of the subject matter has some interest to you; and 2) the subject (i.e., YOU!) has some interest to you!! ☺ Although you wouldn't put this in a journal article submission, please make a note of it in your personal journal.

e.g., if "FLOSSING" is the focus of the project: Research shows that flossing reduces cavities and tooth decay; ref; most people know this (ref); adherence and compliance is the issue (ref); how to go about increasing compliance . What approaches might be effective in increasing compliance…..

E.g.., if "STRESS" is the focus: Stress is an area of concern to many individuals (ref). This can be especially true during college (ref); and in particular to those who are transferring to a new school (ref). There have been many techniques used to help address stress (ref). One promising approach is a matching model utilized in ***Control Therapy*** to determine the most effective strategy for a particular person with this specific concern. (Shapiro, Soucar, Shapiro, and Astin, 2009)**.**

METHOD

SUBJECT AND SETTING. The subject is a (gender) (age) (ethnicity). The setting is e,g, an educational class on Control Therapy.

INTERVENTION. The intervention consisted of three parts: Assessment, Self-Evaluation and Goal Setting, and Techniques.

Assessment. General assessment was made using the SCI (Shapiro Control Inventory) (Shapiro, 1994) to develop a control profile of the subject. (Figure One: SCI CONTROL PROFILE). Then, a specific area was selected by the subject, and baseline self-observation data was taken. (Note here any issues in defining the "behavior": frequency, intensity, duration, latency. (Attach self-observation forms at end of this paper).

Self-evaluation and goal setting. The data was evaluated, and a goal was set.[2] (Put any discussion here about how goal was evaluated, set: e.g., change; accept, any confusion about what wanted. (Also, add if any tools were used such as Control Mode Dialogue).

(You might put a note here about why you picked this area; what was your "score" on it in the SCI specific domains (how in control were you here? Was it the area you felt least in control? Was it most interesting to you? Was it a concern? If so, did you want to "change" or "accept": how you set your goal, what balance of assertive or yielding did you decide on; control mode dialogue if used. State what your goal was: e.g. What behavior, under what conditions, to what extent: e.g., I wanted to make sure I flossed my teeth once a day for one minute.

Put your "game plan" e.g., add at the end of this paper your self-management contract; your intention to change/accept form; your self-efficacy form, etc..

Selection of Techniques: **MATCHING** SCI Control Profile to techniques. You should note what you learned from your SCI report regarding your "control profile" and how you might/did use that to match your "area of concern" your control profile, and your technique interventions. In other words, if you were more "self as agent" or other as agent; and how you tailored your strategies; more assertive, more yielding generally, and again, what strategies you selected.

Techniques. Put all techniques used here relevant to your study e.g., five step process; any problems encountered; new techniques added; in which of five steps was there a problem; with which aspect of "self-control" e.g., awareness, choice, responsibility, goal, effort, and skill) (Note: put a discussion of techniques that you practiced and/or we did in class that you wrote about in your journal that you did not use in your study in a different section of your Appendices. (e.g. Misc. techniques considered, tried…). Also discuss why you chose not to incorporate these techniques in your self-exploration project.

DATA ANALYSIS. An A-B design was utilized, with the A phase being self-observation, and the B phase, the techniques used. Also, a pre and post test SCI was taken at weeks one and eight, and comparisons made between the two.

RESULTS.

Here put the results. This can be a running narrative (qualitative data) as well as specific quantitative date. For example, as can be seen from figure one

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INSERT FIGURE TWO ABOUT HERE

(this is an example from the book Precision Nirvana, p. 230), about "anxiety"; just as a model.

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[2] (Have some fun here if you want! e.g., The therapist and client discussed the area of concern and were able to jointly arrive at a goal. The researcher went along with them. (Since YOU are all three!) !:) how is the relationship between the therapist and client; how do they work it out when they disagree; on assessment, techniques; compliance; how can you work best with this client, etc.?:) Re resistance: (e.g., (joke): re stress:((from Ashleigh Brilliant: Don't tell me to relax, it's only my stress that is holding me together ☺ (both resistance and freedom reflex: don't tell me what to do!

Let's use an example of teeth flossing: the subject was not flossing at all during the baseline period. The goal was to floss daily. The subject went through the five steps (and used the following affirmations) for each phase. (e.g., I really am not that desirous of flossing, though I know I should, So, I said to myself to increase my desire and motivation: You don't have to floss all your teeth, only the ones you want to keep!).

I felt I had the right to floss; and the responsibility. I wasn't sure I would be able to, but I thought really there was no real excuse not to (self-efficacy beliefs, etc.).

The first intervention was xxxx (e.g., self-instructions: floss your teeth; plus buying floss, and deciding when/where I was going to do it)….and the results showed a slight increase, but still variable (3x week). The next intervention was to put a sign on the mirror (did you floss today: environmental planning). The third intervention was to use positive reinforcement (smile and say way to go! after I flossed).

NOTE; results can also include resistance (*resistance: when not ready to change)*, frustration, setbacks, and how those were handled. This is to be an honest account! Did you have to increase your "desire"? Motivation? Skill? Self-efficacy beliefs? etc. How did you feel if you didn't achieve success? if you did?

Also include some findings relevant to your project from the SCI (the rest of the SCI comparisons between weeks one and eight, can go in Appendix 2 of your final class folder).

DISCUSSION

A discussion section is where you write up what you learned from the study, the intervention, the results. Again, we're not seeking perfection, but honesty. What you learned about yourself, the process of self-change; what works best for you, what doesn't work as well, how you dealt with your resistances; what aspects of matching worked; issues with any of the six dimensions of self-control: e.g. awareness, choice, etc.) what you might try next time. (e.g., directions for future research). Limitations of this study, (e.g., N=1, question of generalizability).

REFERENCES

Both references in this study that relate to your specific area (e.g., stress, eating, time management etc). Regarding the use of the SCI and control strategies, below are a few you can include here.

Shapiro, DH, (l994) *The Shapiro Control Inventory Manual (Behaviordata, l994*
The manual may be downloaded for free at the website www.controlresearch.net

Shapiro, DH, Soucar, B., Shapiro, S.L, Astin, J.A., (2009) Control Therapy Training Manual (controlresearch.net)

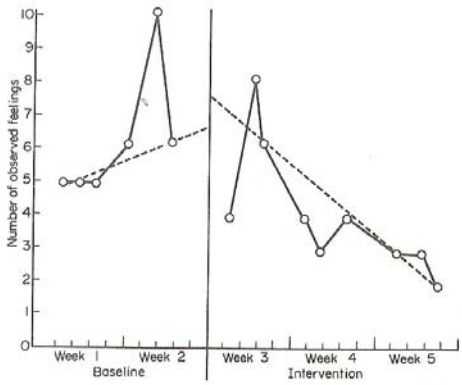
Shapiro,DH, Shapiro,SL, Astin, JA, & Shapiro, JF (2010) Self-Control. in *The Corsini Encyclopedia of Psychology. Fourth Edition,* Vol 4, I. Weiner & W. E. Craighead (Eds.). New York: John Wiley & Sons. 1528-1530

Shapiro, DH, Astin, JA, Shapiro, SL, Soucar, E Santerre, C. (2010) Control Therapy. in *The Corsini Encyclopedia of Psychology* 4th Edition., Vol 1 I. Weiner & W. E. Craighead (Eds.) pp.404-406.

Shapiro, DH; Schwartz, CE; Astin, JA (l996) . Controlling Ourselves, Controlling Our World: Psychology's Role in Understanding Positive and Negative Consequences of Seeking and Gaining Control. *American Psychologist*,

51,(12),1213-1230
Shapiro, DH and Astin, JA, (l998) *Control Therapy,* (New York: Wiley; www.wiley.com)
Shapiro, DH, Control Therapy—-Last Lecture. (2015) Controlresearch.net.

EXAMPLE OF A FIGURE



Daily self-observation of anxious feelings.

ANECDOTAL DATA:

1st Week: ...overpowering feelings of being bounced around by some sort of all powerful forces, themselves neurotic. (sic)

2nd Week: I find the anxious periods can be timed-upon awakening and before English class in the evening. As if I'm conditioned to be anxious at those times. (sic)

3rd Week: By focusing on breathing, I realize the trivia of my anxiety.

4th Week: Self-control is growing as I feel I am starting to beat anxiety. I fall into breathing meditation much more automatically. At first informal meditation involved concentration on my breathing, but I don't even need to do this anymore. Just the recognition that I am anxious is a signal to dismiss my thoughts and worries. It's something like just recognizing that I am becoming anxious is a signal for calm.

5th Week: I can direct myself out of anxiety very well now. Enormous improvement.

(230)

ADDITIONAL INFORMATION THAT CAN BE ATTACHED AS APPENDIX TO THE SELF-EXPLORATION PROJECT (Where these are found in the modules of the CT-TM):

self-observation form (discussed module 1.2; 2.1
SCI Control Profile (weeks one and eight)
intention to change and goal setting (discussed in module 2.1)
assessment of self-efficacy beliefs (discussed in module 2.1, 3.1.2)
self-management contract (discussed in module 2.1; 3.2)
the five step process: affirmations… (discussed in module 3.1)
for the 5 steps for the yielding/accepting mode
for the 5 steps for the assertive/change mode
control mode rehearsal (discussed in module 3.1)
for the yielding/accepting mode; for the assertive/change mode
others as used: here (or later in journal):
control mode dialogue: envisioning which mode to choose (discussed in module 2.3)
the freedom reflex scale (discussed in module 2.1)
goals: one week to five years
questions to facilitate discussion of mode and mode control stories(discussed in module 2.2)
client handout for decision-making : prioritizing domains and choosing modes (discussed in module 2.3; see also 3.3.1, 3.3.4, decision making revisited

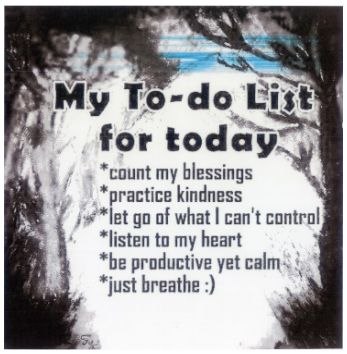
PROJECT 2: CONTROL JOURNAL

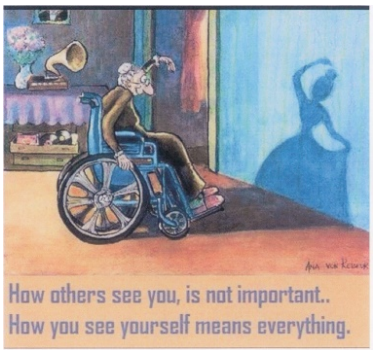
As noted, this journal is a place to discuss in-class exercises and learning, and the specific homework for each week. Please be as honest as you are able in your journal. It is primarily a record for you of where you are, what your goals are, and how you deal with these issues at this time in your life. You will be asked to turn it in during the last week of class. Please note, when you turn it in, if there are parts that you do not wish to share, feel free not to include them. But keep them for yourself as your own personal record.

Below are suggested Appendices divided into three groupings (I. Self-Exploration Learnings regarding control II. Your beliefs, theories, views re: control; and 111. Comments/ideas, re: Theory, Research, Practice (your competences) re: Control Theory and Control Therapy.

These different sections are one way to organize your journal, so that it can serve as a wonderful document of a snapshot record for you to have of "where you were" during this 1O week phase of your life during this seminar. (And, a place to continue to add ideas, thoughts, explorations after the class and as you continue your training).

COVER/TITLE PAGE: BE CREATIVE, HAVE FUN!!! (Some examples)





OVERVIEW 2-3 PAGES, This is a chance to reflect on what were/are the most important things you learned in this class. You may wish to do this last after completing appendices below. <And referring to appropriate appendices. There is a short form of them below, followed by a more detailed long form)>

SELF-EVALUATION (Please include a couple of paragraphs (less than a page) on what grade you believe you deserve in this class and why. With mindfulness and compassion, as well as clarity of strengths and constructive evaluation, please share your criteria based on what was/is in your control, ability, and skill in terms of the class: e.g., arriving on time; attendance record, (and if you missed a class from forces outside your control: e.g. illness, how you made up for what was missed); listening carefully in class; your classroom participation; careful reading of assignments; conscientious effort in doing all homework in modules and self-exploration project; your overall effort, learning, engagement, “wrestling” with the material; hours put in for the class (outside of class; your final paper). And then, how effectively you put it all together. Thank you.

SHORT FORM INSTRUCTIONS: APPENDICES:

"Wisdom page. (Inspirational, sayings re: control that touched your heart."

I. SELF-EXPLORATION LEARNINGS:

1.SELF REFLECTION AND CLASS SHARING: WEEKS ONE AND EIGHT

2. SCI CONTROL PROFILE SUMMARY. (weeks one and eight)

3. ADDITIONAL LEARNINGS ABOUT YOUR CONTROL PROFILE—desire, modes, agency, overall sense of control.

4. MORE ON YOUR CONTROL STORIES.

5. DECISION MAKING PROCESS: how you decide; the "pause"

6. CONTROL SPEECH, OTHER EXERCISES IN CLASS.

7. PUTTING IT ALL TOGETHER: CLIFF NOTES

II. YOUR BELIEFS, THEORIES, VIEWS

8.YOUR THEORY OF PERSONALITY AS IT RELATES TO CONTROL.

9 YOUR VIEW OF PSYCHOLOGICAL HEALTH AS IT RELATES TO CONTROL.

10 YOUR VIEW OF OPTIMAL CONTROL IN EACH DOMAIN AND HOW IT APPLIES TO YOU

11. WHAT ARE YOUR VIEWS OF THE ROLE OF CONTROL FOR YOU IN RELATION TO SOCIETY?

12. WHAT IS YOUR VIEW OF THE NATURE OF UNIVERSE AND CONTROL?

III. RESEARCH ?'S, THERAPIST COMPETENCES, OTHER….

13. RESEARCH. Any notes, questions, ideas sparked by the seminar

14. THEARPIST COMPETENCES.. your strengths, what you may wish to focus on more

15. . .AND MORE: . OTHER…MISC PHEW! Give yourself a gold star) ☺

LONG FORM INSTRUCTIONS
(Appendices for Control Journal)

WISDOM PAGE. Perhaps place a few (up to five) sayings from class-- inspiration, wisdom, "sayings" re" control" that touched your heart—e.g., stories, poems, affirmations of a control related nature that touched you (from the readings and/or the class). If they are long, just cite what the story was and the page number. Please say in a sentence of two why they touched you and what part of "control" they speak to (e.g., positive yielding, positive assertive, choice, awareness, motivation, self-efficacy beliefs, etc). NOTE: This type of page is one you might want to keep and add to throughout your life. It can serve a reminder for you about different "wisdom teachings" that touch your heart, and inspire you.

I. SELF-EXPLORATION LEARNINGS:

1. SELF REFLECTION AND CLASS SHARING: WEEKS ONE AND EIGHT

In both Weeks One and Weeks Eight, there was an opportunity for personal sharing. In week one, it was why are you here, and a few sentences about yourself. In week eight it was one important control-related insight, learning, insight that you've gained from this class about yourself. Please discuss any changes, or differences or thoughts you noted from week one to week eight regarding 1.1 When you would like to share (e.g., did you want to go first, second, in the middle, last, 13th?) 1.2 Why? 1.3 How does that preference compare with when you shared in the first class; 1.4 How did you feel if when you wanted to share (e.g., positive assertive) was taken by a classmate (i.e., positive yielding); what is your plan b and how did you make it?)☺ 1.5. Note your level of self-disclosure (archery target e-d--c-b-a) and how that compares with the first session. If there is a difference, how do you explain this? 1.5 Also, make a note about how self-reflective you feel/think you are (1 never, 2 rarely, 3 occasionally, 4 sometimes, 5 often, 6 very often, and 7 always). Again, note the shift, in any, from class 1.

2. SCI CONTROL PROFILE SUMMARY. Place the color summary figure here (labeled Week One), and add a paragraph or two about what you learned about yourself from taking the SCI (week one). Then, after you take the SCI (week 8), put the Summary colored profile (labeled week 8) add a paragraph or two about what changes you notice in your profile from week one to week eight. (This item, (#3) and the next one (#4) would be an opportunity to include any information that is not included in the N=1 self-exploration project but you feel is helpful for your control journal.)

3. ADDITIONAL LEARNINGS ABOUT CONTROL PROFILE. Place here notes from your journal that describe what you learned from class exercises about your control profile. You may wish to order them (b heads!) as follows: (which most relevant

to you). Please note any shifts in your learning over the course of the class: i.e., how your views changed, deepened, evolved in these areas:

Self and other agency. (Your style, preference. How it felt in yoga dyad to give and receive energy, etc.).

Your modes: Which modes are your preference; the "representation" you developed for each mode (control mode dialogue). What was the tai chi dance like for you in terms of being assertive, being yielding; when you spoke up first week; how you chose someone for the "dyad" exercise; positive times of assertiveness in your life; positive times of yielding; any examples/affirmations of combining the two positive modes.

Your desire for control. This could include anything you learned about when and where you desire control [domains], as well as your control stories e.g., if only I had more control….then; desire for control over self, other, achievement, etc; freedom reflex.

Your overall sense of control (general domain and domain specific). Again, this could involve what you noticed about your overall general domain sense of control (and shifts from week one to week 8); your domain specific sense of control (and again, any shifts).

4. MORE ON YOUR CONTROL STORIES. This is a place to put additional control stories about you, your childhood, your beliefs, as well as small daily stories not covered above (See discussion in week 3 on control stories, a nodal event for you)

5 DECISION MAKING PROCESS: how you decide; the "pause"; This is a place to summarize what you have learned about your decision making process: what do you tune in to emotions, cognitions, advice from others? : Pros and cons? Lists? Intuition? Wobble well? Then getting behind yourself 100% once you've decided, etc.

6 CONTROL SPEECH, OTHER EXERCISES IN CLASS. This is a place to put what you have noticed as you listen to your speech (and others' speech) about how often the issues of control come up (even in advertising). This is also a place to put your notes regarding exercises in class that may not have been part of your project: e.g., diaphragmatic breathing (and note the changes from the first time you tried it: breaths per minute) until now; mindfulness, qi gung; tai chi dyad; yoga dyad; dongjing; body scan; control mode rehearsal; control mode dialogue; Rumi poem; Basho haiku; etc. Communication exercises: e.g., paraphrase and control/pause; I statements vs you statements; ways to reinforce (global, specific, positive feedback, constructive feedback). Sandwich technique!; xujing (centering oneself); gratefulness; context; forgiveness; sharing with the minimum of yang needed (dongjing). Also, you might discuss here your five year plan. *Please note any shifts over the course of the class in any of these areas.*

7 PUTTING IT ALL TOGETHER: CLIFF NOTES. This is from Week 8 (Appendix 3 (3.21, CT-TM). It's putting the process together for quick reference in daily interactions. Please note any examples where you may have tried this process and how it worked for you.

II. YOUR BELIEFS, THEORIES, VIEWS

8. YOUR THEORY OF PERSONALITY AS IT RELATES TO CONTROL. At he start of this class we explored the "grandparent story and the wolves" as a way to help begin an investigation of your view of human nature, your personality theory of human nature (as it is) and your vision of how much potential you believe there is in human nature (vision of psychological health). We also explored how you came up with that view? The self-exploration is an effort to help each person refine and think through his/her theories more critically and precisely and to reflect on the extent to which issues of human control play a part in their view of health and wellbeing. How has your view shifted, if at all, over the course of the seminar? What were the factors that influenced your original view and the shifts, if any?

What is your view of personality theory and control? This is just a couple of paragraphs referencing our discussion of different personality theories and which one(s) you believe Do you believe people "in their natural state" have free agency? Based on this class, our knowledge, beliefs, where does control come from? How much control can we have over our behavior, cognitions, affect "naturally"; with learning:

9 YOUR VIEW OF PSYCHOLOGICAL HEALTH AS IT RELATES TO CONTROL. We discussed in class what current psychology says about psychological health and control. Also, the postulates of Control Theory and Therapy. In a couple of paragraphs, what is your view of Psychological Health as it relates to control?. Your notes on the story of the Native American grandmother, granddaughter, and the wolves could be integrated here. Again, please note what your views on psychological health and control might have been before the class, and how they evolved, nuanced, etc. as a result of the class.

10 YOUR VIEW OF OPTIMAL CONTROL IN EACH DOMAIN AND HOW IT APPLIES TO YOU

Please put material here from your journal on what you specifically believe is optimal control in each domain: body (e.g., exercise, eating, flexibility, strength, body as "sacred space" etc.); , mind, relationship (self/other); How much does this optimal control in each domain involve a balance between the assertive/change and yielding acceptance modes. What is optimal agency (sense of control from self and other) in each domain? Which is your most comfortable domain? The one you trust more (e.g., emotions, rational mind, relations? (e.g., the emotions clouded the mind? Analysis is paralysis, etc.) What have you learned/believe regarding the building blocks you use (e.g., attention, emotions, thoughts, etc.) and when each is trustworthy, when not; and how they interact.

This might also be a good place to talk about how you reinforce/nurture/ take care of yourself in positive ways (and would like to do so in the future). Finally, this may be a good place to put what a "perfect day" would be for you, and which domains you would weave into a "glorious" tapestry.!:)

Do you believe there are universal principles of what optimal control "is" in each domain? How much variation in the "ideal" might there be in different individuals?

11 . WHAT ARE YOUR VIEWS OF THE ROLE OF CONTROL FOR YOU IN RELATION TO SOCIETY? Please put your notes and thoughts here about control the larger society. For example, might there be a connection between personal "self-control efforts" and the larger society (e.g., Gandhi's "self-rule" and Gandhi's dictum: Be the change you want to be." What is your belief about your responsibility to try to exert influence on society around you? What can you do as part of the e societal domain (a cause, issue, concern you are passionate about, concerned about)? What is the balance in terms of societal responsibility and actions between positive assertive and positive yielding for you (e.g., environmental example: litter to conservationism). Finally, in general how do you see control as it relates to the emphasis on self-determination (self-agency, positive assertive mode) and community efforts (e.g. natural disasters, hurricane, earthquakes: other efforts, a "little help from our friends"). What in your control stories (and control profile) might influence your beliefs here . Finally, you may wish to note, do you vote? What are statements that can make us feel more inclined to vote (e.g. positive assertive: each vote makes a difference) and less inclined to vote (e.g. negative yielding, what difference does it make, they're all the same!q4). Did you vote? Discuss why, or why not. (This is something you can look back on years from now.:)

12. WHAT IS YOUR VIEW OF NATURE OF UNIVERSE AND CONTROL? This is a chance to summarize your notes/journal entries, thoughts about your view of the nature of the universe and how control relates to it. (You may attach the handouts from CT-TM. Appendix 3.6, questions 6a and 6b) e.g., what do you see as the role of "human control" and "free agency" in the universe. What was your reaction to the picture of the galaxies and "You are here?" How does control fit? Does this help give a perspective? Other reactions?

III. RESEARCH ?'S, THERAPIST COMPETENCES,

13. RESEARCH QUESTIONS, IDEAS regarding what might be interesting to explore regarding control theory and research. This is a place to jot down "scraps" of ideas, notes that may not be fully formed that occur(ed) to you as your were doing your final paper, from readings. Again, this can be something you add to over time, and a source to refer back to at such time when you may wish to explore and polish these ideas further.

14 THERAPIST COMPETENCES. This is a place to explore and comment on your strengths, what you may wish to focus more on regarding Therapist Competences and the different Phases of Control Therapy. This was covered Week 4: Phase One competences for assessment and goal setting; Week 5: interventions; Week 6 Adherence, compliance; Week 8: evaluation, termination, and other therapist qualities). The complete checklist can be found in (Appendix 1, CT-TM).

15. . .**and more: . Other…misc.** as you have material that might not fit above that you want to find a home for. (optional!) Phew! Give yourself a gold star) ☺

PROJECT 3
CLASS PRESENTATION AND FINAL PAPER

Class Presentations and Term Paper on the Principles and Practice of Control Therapy. (**Theory, Research, Clinical; Case study)** The final research/clinical paper can be 3a) related to your N=1 project (more depth, research, theory); it can be a topic related to control about which you are curious and just wish to learn more or 3b) it can be related to a case you are interested in (you can present how you've approached the case based on reading, class discussions).

3a: Theory, Research Presentation. Please pick an area of interest (clinical areas, relationship, physical health) and do a review of the literature on that topic and its relation to control theory and implications for Control Therapy (e.g., how has or might Control Therapy address this issue?) The topic may be one of the areas discussed so far in class, or another one that is of interest to you; e.g. pain and control; issues of control in child development and across the life cycle (e.g., with the elderly); parent child interaction; aging, death and dying; immune system function; longevity; cardiovascular disease; lifestyle modification; child/spousal abuse; addictive behavior, chemical dependency **.**

For a further list of topics that may be of interest, please go to controlresearch.net. Click SCI homepage. Click the box "Clinicians, Researchers, Educators"; click on the left column "Interests, pubs"; click interests document, and you will find an alphabetical list of topics of interest. Please pick a topic by Week 5.

You may also do a paper that focuses on a particular issue and takes a comparative approach, discussing how control theory might be similar and/or different in its analysis of the issue from other theoretical analyses of the issue; how Control Therapy might be similar and/or different to other psychotherapeutic interventions; and how a research study could be designed that would compare and contrast CT with another psychotherapeutic modality in terms of efficacy of client outcomes..

For your class presentation (to be given in weeks 7,8,9) please prepare a two page overview/outline and 5-10 annotated references to be shared with the class.

The paper should evidence creative thinking as well as the ability to synthesize relevant literature. If your paper is theoretical, ground it in terms of how it might be researched and what might be the practical implications. If you look at a particular research area, also make a few comments of a theoretical nature contexting the research proposal. List the important outstanding questions in that particular research area.

For research project info: As part of this assignment, and for information and discussion regarding doing a Control Therapy Research Project, please read through Appendix 6 of the Control Therapy Training Manual (which includes information on applying for a small grant, as well as 6.2 Flow Chart Model for Doing a Control Therapy Research Project; 6.3 Comments on Therapist/Trainee Selection and Orientation; 6.4 Refining the research questions while keeping a larger (holistic) perspective; 6.5 Human Subjects Consent Form involving Control Therapy; and 6.6 An Example of a Permission to Videotape Form). *(see also CT-LL-219-224)*

3b: CLINICAL CASE PRESENTATION RELATED TO CONTROL THERAPY . This option would involve a client you are currently seeing, presenting how you've approached the case: discussion of issues that were assaults to the client's sense of control; the client's control profile, control issues in the therapeutic relationship (if any); therapist and client views of clinical concern, assessment, goal, intervention selection, monitoring. The project could also discuss how you've integrated other therapeutic tools, strategies, and techniques with CT in working with the client. The project should be not only about the client, but should include an self-assessment regarding your own learning about Control Therapy in the process of doing CT, e.g.,. it could follow your assessment of your clinical competencies as discussed in the class (see also: behavioral objectives of the CT-TM, pp. 5-7) Appendix 1, Clinical Competencies).

As discussed in class, Phase One of the Adherence Checklist addresses Assessment and Goal Setting. This information is found in Training Modules 1, 2, and 4; and stated in behavioral objectives 1-5 (pp 5-7 of the Introduction). Phase Two addresses Interventions—knowledge, selection, and teaching: i.e., matching intervention to control profile and goal. This information is found in Training Modules 3 and 4; and stated in behavioral objectives 6-8. The third part of the checklist looks at Evaluation, both ability to monitor progress and make adjustments during the course of therapy; as well as ending therapy and follow up (covered in Module 4; behavioral objectives 9 and 10,). The final section addresses additional control-related skills/knowledge, including external, self, and therapist/client relationship.

As you will note, regarding the Adherence Competency Checklist: each question includes a 5-point Likert scale.

Never	*Rarely*	*Sometimes*	*Frequently*	*Nearly Always*
1	*2*	*3*	*4*	*5*
Needs Improvement		Making Progress	Very Good	Excellent

Observer ratings of 1 and 2 mean "needs substantial additional training"; 3 means "making progress, but still needs more training"; and 4 (very good) and 5 (excellent) mean "meeting competency criteria". Please use "bare awareness" in evaluating where you are. The purpose of the checklist is to help give you guideposts about your current competency. As noted, lower self-assessment scores *after* training do not necessarily mean declining performance; in fact, they may indicate the trainee has developed a sharper understanding of his/her strengths and weaknesses and of the nuances of the therapy.

Final note on projects 3a and 3b. Depending on the topic, these could also be written upin a journal article format: e.g., Intro, Method, Results, Discussion (for N=1 case); and including as much information and detail as possible as possible for a hypothesized research project.

FREQUENTLY ASKED QUESTIONS

Here is a list of Frequently Asked Questions, and where some possible responses to them are discussed in the CT-TM and in CT-LL 225-229. These FAQs and the responses can be used as possible hand-outs during the appropriate weeks of the class where they might be asked (or covered in the class material). If not, this list might be helpful for the final session if there are any questions the instructor feels are important to discuss with the class.

1. Client FAQ #1 **What is Control Therapy?…….CT-TM** Intro, p 3; CT-LL 26-27

Therapist/Trainee FAQ#1 What is Control Therapy?.. **CT-TM** Module 1, pp 13-14

2. : **Isn't control sometimes bad?... CT-TM m**odule 1, p 21
3. **Isn't positive yielding really fatalism?... CT-TM m**1 pp.21-22

4. **On the SCI, what does refinement mean (vs) a scale?... CT-TM** Module 1, p.24

5. Aren't the **goals** you have selected as examples **narrow and simplistic**, and the process of self-observation you have discussed too reductionistic and overly analytical? Might this approach miss the larger picture? Didn't Einstein say that "Not everything that counts can be counted, and not everything that can be counted, counts?".. **CT-TM** Module 2, pp 51-54

6. **Does Control Therapy have a bias toward the assertive/change mode? The yielding/accepting Mode?.. CT-TM** m 2, pp 76-77 ; **CT-LL**, 237-239

7 **Questions about the two positive modes.** If a person normally is someone who wants to make things happen and prefers the positive assertive mode, and then chooses the goal of being more accepting (quadrant two), isn't that really the goal of changing oneself (quadrant one)--isn't becoming more accepting a type of change? **Is it always easy to tell whether your goal is one mode or the other? Are the modes sometimes goals, sometimes techniques? CT-TM**. Module 2, How the modes can be blended, integrated, balanced as goal pp 77-82; see also in **CT-LL**, 151-157; Each mode can contain an aspect of the other mode: *Yielding can involve change; change can involve letting go;* Each mode can facilitate the other mode; *Change can facilitate yielding; yielding can facilitate subsequent change. ;* Each mode can be used to achieve the other mode; *Yielding can bring change; change can bring letting go;* The two modes can be integrated simultaneously

8 **Why do things seems to get worse in therapy?** I feel like I'm going backwards. Will they get better?…… **CT-TM** Module 3.2 pp 144ff

9 You've given us a lot of interesting techniques, but **how do we know what technique to use for a specific client?** When should we use mindfulness or body scan or control mode rehearsal, or yoga or tai chi? **How to know which technique to choose** Is there any psychotherapeutic technique that is not compatible with CT? Is there any technique unique to CT? …… **CT-TM** Module 3.2 pp 172-175; **CT-LL**: 230-232

10. Didn't you say it was best to teach a technique to the client that we had personally practiced? **How can we as therapists personally practice all techniques**? … **CT-TM**.. Module 3.3,pp239-240; **CT_LL**, pp 235-236

11. **Does Control Therapy require that every client's presenting problem fit into a box in which control is the most salient issue? CT-TM** m4**,** pp265-266; **CT-LL**, 232-233

--*W*hat if the client and therapist see different goals for the client. CT-TM, p. 77, 359-268; ***what is they disagree in other areas?*** CT-LL 196-206

12. **Even if control issues are relevant to the client's presenting concern,, is it always necessary to discuss the concern in control terms with the client? CT-TM** Module 4 pp.266-267; **CT-LL,** 233-234; *What if the client denies or doesn't acknowledge the role of control when it is clearly present? A clinical illustration (Module 4.2, pp 263-264).*

What if the client doesn't "buy into" the control model? CT-LL, p. 234

13 You say that Control Therapy believes in "IN AND THROUGH." Is this necessarily the best approach for everyone? … **CT-TM** ….Module 2, p. 268ff

14. **What is unique about Control Therapy?**……**CT-LL**, pp. 225-228

15. Can Control Therapy complement other therapeutic approaches?...CT-LL, pp. 228-230

16 Is control the most salient issue? what is the relation of the construct of control to other major constructs important in life? *Your view. CT-LL, pp 234-235; 238-239 see also discussion, week 10 in syllabus: Control: ubiquitousness?*