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| 1. Positive Assertive (effective action) | 2. Positive Yielding (acceptance) |
| 3. Negative Assertive (over-controlling) | 4. Negative Yielding (passivity) |

The Modes of Control refer to four related strategies an individual may use to gain a sense of control over a particular life domain, event, or situation. In the results for the SCI, the Positive Assertive scale measures “an individual’s self-description in terms of ability to use an active, altering mode of control to change the environment, others, and oneself. It includes descriptive words and phrases such as ‘decisive,’ ‘communicating needs,’ and ‘leading’” (Shapiro, 1994). Likewise, Positive Yielding “involves knowing when a sense of control needs to come from letting go of active control. Its descriptive words include ‘patient,’ ‘trusting,’ and ‘accepting’” (Shapiro, 1994). Negative Assertive is sometimes referred to as “overcontrolling” (Shapiro & Astin, 1998). It involves active efforts at change, often in an aggressive or hypervigilant manner, based on irrational assumptions, such as the notion that just trying harder will eventually lead to the desired conclusion even when so far such efforts have only failed or made things worse. It can include obsessive-compulsive behaviors such as repeatedly checking the locks on the front door in an effort to assuage anxiety regarding a recent assault. An extreme example is repeatedly drinking alcohol despite lost time at work, alienation from one’s family, and financial disaster. The fourth mode of control, Negative Yielding, includes thoughts and behaviors that promote a sense of helplessness and lack of control where in fact control might realistically be asserted. It tends to be associated with depressive thinking and succumbing to pessimism.

Practical exercise for working with the 4 modes: Mode Dialogue

Depending on the sophistication of the client and their ability to handle abstraction, the giving of the Control Profile page and the interpretation of the results can go smoothly and be very enlightening for the client or it may be that some clients find the profile page overwhelming and hard to grasp. Therefore, we have found it helpful to explain the 9 subscales and 5 additional scores in small chunks over several sessions, woven into the therapy in a contextualized and “grounded” fashion. One of the best ways to start is by giving only a brief explanation of the first four scales (Overall Sense of Control, Positive Sense of Control, Negative Sense of Control, and Domain Specific Sense of Control) or skipping them altogether, and then focusing the client on the next set of scales: Scales 5, 6, 7, and 8, which address the Four Modes of Control.

In preparation for learning to share the SCI results with clients, it is often helpful for the trainees to spend some time interpreting and working with their own SCI Profiles (test results) prior to helping clients understand theirs. They should also review the Manual for the SCI, paying close attention to what all the scales measure and what high and low scores mean. There is a mock SCI answer sheet with its corresponding Control Profile and a full interpretive explanation in the back of the manual. Trainees may want

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to have a group discussion something like the one they had with the SCI answer sheet, sharing impressions and reactions to their own profiles. This can be followed by a time for practice interviewing one another using a partner's control profile. One way to start this practice experience is to structure it using an activity called mode dialogue.

Mode dialogue, provides a good way for trainees to accomplish two related goals:

- a) to integrate the didactic material regarding the four modes and
- b) to learn how to discuss the SCI test results (Control Profiles) with clients.

Mode dialogue is a technique whereby the client thinks about the four modes of control and then talks about how each manifests itself in his/her life. To prepare for this activity, the trainee brings into the session (or practice session with his/her fellow trainee) three things:

- 1) The table showing the Four Modes and the adjectives that comprise each one (see handout below).
- 2) The "client's" SCI answer sheet, turned to Page 4, and
- 3) The "client's" test results, a.k.a., their Control Profile sheet

Having a table available or an empty chair for laying out these pages can be helpful in the session, so that both people can point to different parts and circle certain areas or make notations in the margins.

Explain to the client that these adjectives are from Page 4 of the SCI and should be familiar. The table groups them according to what "mode" they fall into. Take a look at the client's Control Profile to see what mode(s) the client sees him/herself as using most often and least often. Depending on the client's scores, the therapist has discretion in helping the client discuss his/her use of the 4 modes.

From here, it can be helpful to point to one of the quadrants and say, "Tell me what you make of the adjectives in this box." Then, as the client points out which ones describe them well or not so well, you can circle them and make notes in the margin. Ask this same question for the remaining three quadrants, pointing out that we all use each one at least some of the time, and each mode has value. Often it is helpful to "ground" clients by asking them what situations and issues they think of when looking at some of the adjectives they either endorse or reject. All of these things are preparation leading to the next stage of the activity. Here, the therapist asks the client to look at one quadrant at a time and come up with an image or character that those adjectives suggest.

For example, a woman overwhelmed by handling too many tasks at work and at home, might describe her Negative Assertive (Scale 7) side as a drill sergeant, her Negative Yielding (Scale 8) side as a rag doll, Positive Assertive (Scale 5) side as a fair and humane judge, and her Positive Yielding (Scale 6) side as a playful puppy dog (example in Shapiro & Astin, 1998, pp. 207-208). In the exercise, the therapist helps the client to give voice to each mode. The therapist can guide the client to have the drill