

APPENDIX 5:

LIST OF FREQUENTLY ASKED QUESTIONS

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- Client FAQ #1 What is Control Therapy?.....Intro, p 3
- Therapist/Trainee FAQ#1 What is Control Therapy?.....Module 1, pp 13-14
2. Client / Trainee FAQ#2: Isn't control sometimes bad?.....Module 1, p 21
3. Client / Trainee FAQ#3: Isn't positive yielding really fatalism? M 1, pp.21-22
4. On the SCI, what does refinement mean (vs) a scale?.....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?"..M 2, pp 51-54
6. Does Control Therapy Have a Bias Toward the
Assertive/Change Mode? The Yielding/Accepting Mode?.. Module 2, pp 76-77
- 7 You make a strong either/or distinction between the assertive and yielding modes. Then you say they can be integrated. I understand that. But I'm still confused. If a person normally is someone who wants to make things happen, and prefers the positive assertive mode (and is even sometimes a hot reactor), if that person 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?Module 2, pp 77-82
- 8 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
- 9 You've given us a lot of interesting techniques, but how do we know what to use for a specific client? When should we use mindfulness or body scan or control mode rehearsal, or yoga or tai chi. Is there any psychotherapeutic technique that is not compatible with CT? Is there any technique unique to CT?Module 3.2 pp 172-175
- 9a *How to know which technique to choose*
- 9b *Is there any psychotherapeutic technique that is not compatible with CT?*
- 9c *Is there any intervention technique unique to CT?*
10. How can we personally practice all techniques?.....Module 3.3,pp239-240
- 11: Does Control Therapy require that every client's presenting problem must be fit into a box in which control is the most salient issue? ...Module 4, pp265-266
- 12 Trainee Question: Even if control issues exist, is it always necessary to discuss the issue in control terms with the client?.....Module 4 pp.266-267

* Client FAQ's (1,2,3,8) are attached here as possible handouts, where appropriate (cf Appendix 3).

WHAT IS CONTROL THERAPY?

(FAQ #1)

Control Therapy is based on the belief that all of us want to have a positive sense of control about our lives and feel happier and healthier when we do. Therefore, the reason individuals seek counseling is often because there are one or more areas of concern in their life where they feel things are not in as much control as they would like, or where they feel they (or others) are too controlling. And, despite their best efforts, those areas are causing them pain and suffering. These areas could include physical health, work, relationships, and personal issues, such as our habits, our feelings, and our thoughts.

The goal of Control Therapy is to help people gain or regain a more positive sense of control about their lives. Over the course of eight to twelve sessions, we work together to find out what are your areas of concern, and what are your goals for those areas that would help you achieve a more positive sense of control. For example, are you seeking to alter and change a situation, or to learn to accept and live with more serenity with what is? Based on your concerns, your goal, and your unique Control Profile, we then match and tailor the strategies and techniques most suitable to help you reach your goals. Together we'll evaluate your progress toward your goals and seek to ensure that your concerns are addressed.

FAQ #2. “Isn’t control sometimes bad?” To answer this question, it is helpful to ask what the person means by control. This question often assumes an “assertive/aggressive” view of the term control. Based on an explanation of quadrants one and three, (see handout 3.0) the answer is, “Sometimes, and that’s why we need to take a careful, thoughtful, nuanced view, noting when control can be helpful, such as positive assertive, and when it can be counterproductive or harmful (e.g., negative assertive).

FAQ #3: Isn’t positive yielding and acceptance, even though you call it positive, really passivity or fatalism, a kind of giving up? To answer this question, it can be helpful to make a distinction between negative yielding (quadrant four) and positive yielding (quadrant two). For example, in the philosophy of Lao-Tzu, the highest form of control is symbolized by water, which, when confronted by an immovable rock, does not try to bulldoze through the rock, but accepts the rock’s position, and yields and goes around. Lao-tzu points out that this “way of water” is actually very powerful—witness the way water eventually wears away rocks. Another example is the Chinese story of the origins of the philosophy of Judo, which is purported to have been discovered while watching snow fall on two different trees. A larger tree stood solid, strong, and unyielding while the snow piled upon its branches. After a while the snow became so heavy on each branch that they cracked under the weight. Meanwhile, the smaller tree also grew heavy with snow, but its branches were limber and merely bowed and yielded to the greater weight, gradually bending to the ground, casting off the snow, and returning to their original position. The smaller, more flexible branches survived the winter; the tree that yielded proved the stronger in the end. Sometimes, to yield in a situation can show great wisdom, and decrease our pain and suffering, and is not at all related to fatalism or giving up in a negative sense.

FAQ 8; *Why do things seem to get worse? I feel like I'm going backwards. Will it get better?*

You may have noticed that the area you are monitoring seems to be deteriorating, rather than improving. That may feel discouraging and you wonder why. Is the act of self-observation and the subsequent intervention making things worse?

Sometimes the very act of self-observation with no intervention can make things better in the short term (e.g., observing how often you reinforce your child may cause you to reinforce your child more). Sometimes, however, there is a negative reactive effect to observation. This can occur because what was formerly being only vaguely attended to (or even denied) is now being carefully observed. This increased focus on a problem area can cause us to feel that things are worse. Further, sometimes the very act of observing can cause a self-conscious awkwardness.

In terms of intervention, the same thing can happen. For example, when teaching someone diaphragmatic breathing, some people initially feel uncomfortable, and even have trouble catching their breath.

Similarly, think of a child trying to learn a new behavior: e.g., going from crawling to walking. There will be a lot of falls in the process, and the act of walking may seem like it's "worse" than the old behavior of crawling. For those of you who play sports, you probably know that when you try to change something about your game, it often gets worse before it gets better. You also may realize how many different building blocks are involved in learning a sport that, ideally, eventually all work together: e.g., body, emotional, cognitive, visual, attentional. Some specific habits need to be unlearned, then relearned. For example, when trying to improve net volleys in tennis, at first it's necessary to observe any poor habits that may be occurring, so you know what must be changed. Next, you must break down the new motion into its component parts. Finally, each part can be analyzed and placed back into the volley in a better way—and the goal is to seek to integrate those parts back into a seamless whole. However, often before your volley improves, it deteriorates. Whatever fluidity existed in the stroke—even an incorrect stroke-- disappears; and the stroke feels awkward.

But with practice, progress occurs, and you see that the disorientation phase where things get worse (and seem *more* out of control) is simply a part of the learning process which needs to be expected and addressed with patience and as much equanimity as possible.