APPENDIX 6:

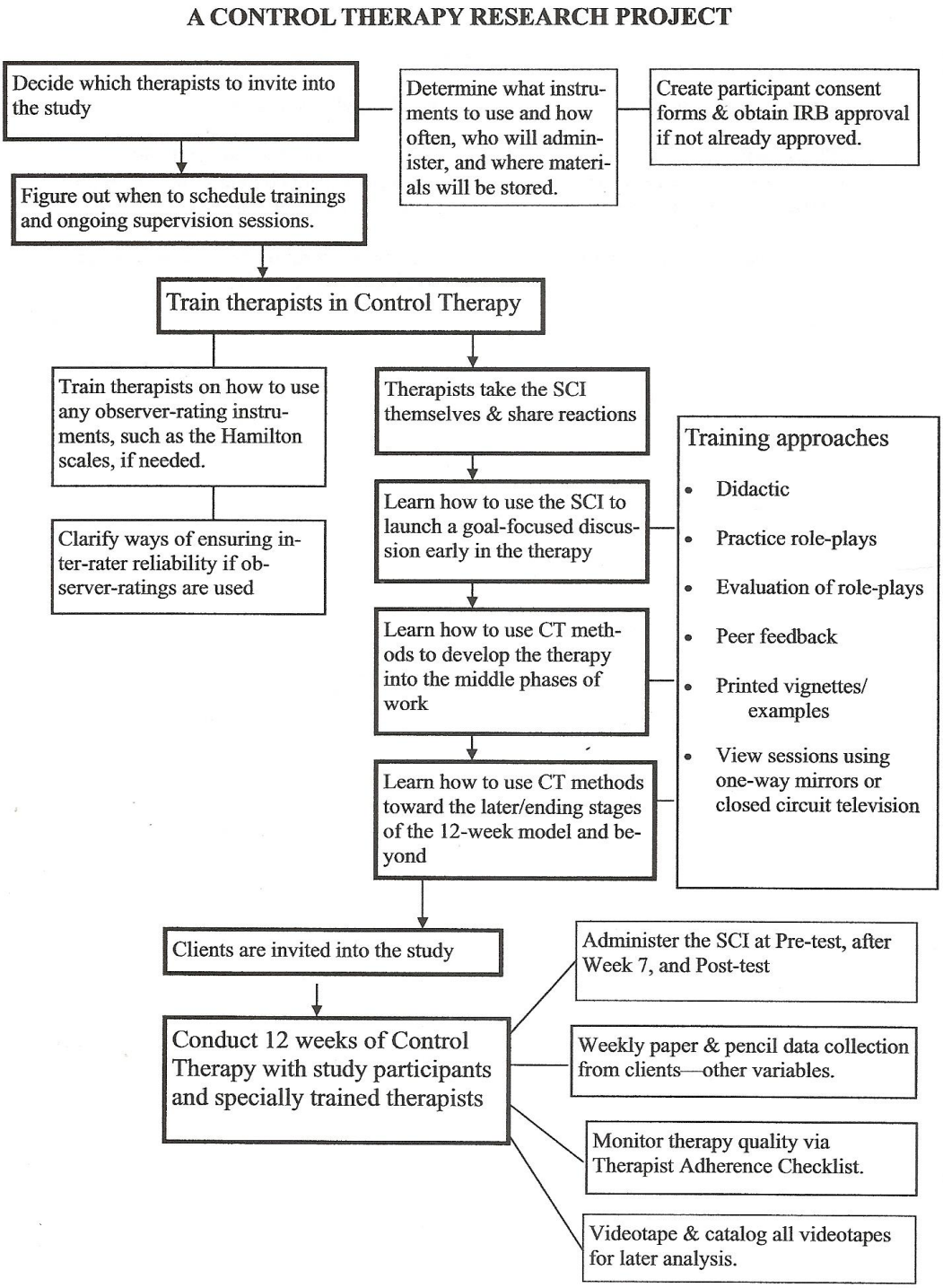
RESEARCH

The Control Foundation provides seed grants for those interested in doing research on Control Therapy. This section includes a link to the current application (6.1); a flow chart of doing a Control Therapy Research Project (6.2); and additional material that may be helpful to the researcher.

6.1 A small grant application from the Control Research Foundation Fund Research Projects

Seed money of $1,000 to $10,000 per project/investigator to support research efforts related to Control Therapy is available to outstanding graduate students, postdoctoral students, and junior faculty at nationally or internationally accredited universities in the fields of psychology and/or related health and healing disciplines. Applications are due March 1st and September 1st with award notices issued June 1st and November 1st. Refer to the Grant Guidelines for further information.

6.2 Flow Chart Model for Doing a Control Therapy Research Project (From Soucar)[3]



6.3 THERAPIST /TRAINEE SELECTION AND ORIENTATION

As discussed in Training Module Four, we believe there are certain basic skills, essential qualities, and baseline competencies required for any therapist no matter what the specific therapeutic approach.

These include active listening to others, empathy and ability to form a therapeutic relationship, awareness of general transference and countertransference issues; awareness of one's own thoughts, bodily cues, and feelings; knowledge of theories of personality and systems of psychotherapy; multicultural skills such as knowledge of one's own culture, of others' cultures, and the ways race and culture impact worldview. These skills also include working with the client to evaluate progress and address challenges; helping the client address resistances and self-sabotage; addressing discouragement about lack of progress, and helping to foster motivation; aiding the client in revising goal(s) or considering newly emerging goals; introducing other techniques and concepts as the need arises or goals change; and knowing how to initiate appropriate termination and follow-up.

Any therapist participating in a research protocol should be able to demonstrate these skills and competencies.

In conducting research comparing Control Therapy with other treatment options, therefore, the following are essential:

- Make sure there is a baseline assessment of competencies of all therapists/trainees (e.g., listening skills, etc., as suggested in the section on therapist competencies [Module Four]) and noted above.

- Make sure there is equivalent quantity of training between Control Therapy intervention trainees and other treatment trainees.

- Assess that trainees reach a competency threshold in Control Therapy (cf. Appendix 1) and in the other treatment options being compared.

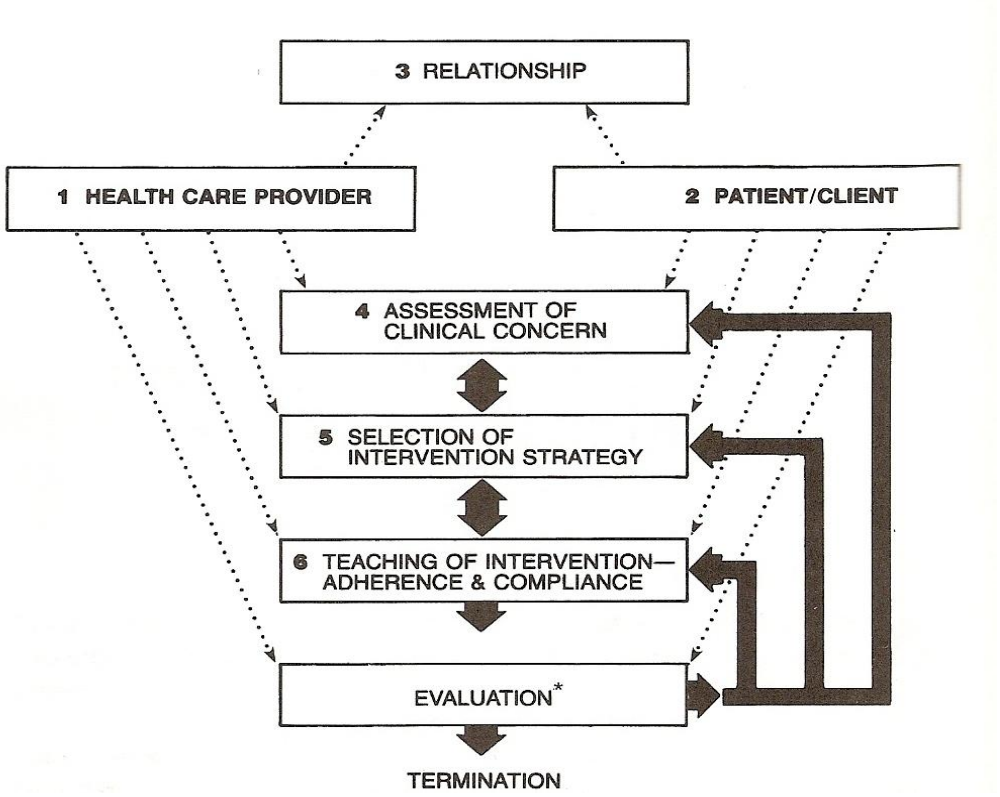
- Make sure there is standardization of treatment for Control Therapy and other treatment during the study's intervention phase.

In explaining Control Therapy to prospective and/or potentially interested trainees, before they have had the opportunity to take a training course using the Control Therapy Training Manual, it may be helpful to share material from FAQ 1 (pp. 13-14) from the manual, which provides an overview of "What is Control Therapy?"

6.4 REFINING THE RESEARCH QUESTIONS WHILE KEEPING A LARGER (HOLISTIC) PERSPECTIVE.

In an often quoted statement about psychotherapy effectiveness, Gordon Paul* asserted that the most important question is: *What* specific treatment, by *whom*, is most effective for *this* individual with *that* specific problem and under *which* set of circumstances? What is helpful about this question in terms of research is both its specificity, and the fact that it allows us to keep a broad, holistic perspective regarding the specific hypotheses we are investigating.

In Module 4 a Systems Model of Control Therapy was presented (Figure 4.2), including six components--client, therapist, relationship, assessing clinical concern, selection of intervention, and teaching of intervention. As discussed in that section, clinically, it is important to note how all the variables interconnect, and, if there is a problem in therapy, to explore in the system's model where it might be occurring.



From a research standpoint, each of these six components can be used to help refine and explore Paul's question. For "*this individual*," the client variables (component 2) can be explored, including each client's control profile obtained through the SCI. For "*by whom,*" therapist variables (component 1), including orientation, beliefs (demand characteristics), and experience can be addressed. For "*that specific problem,"* it is important to explore the nature of the clinical issue (component 4, assessment), the client goals, and the desired outcome. "*Specific treatment*" can address all the "control-

* Paul, GL, (l967) Strategy of outcome research in psychotherapy, *Journal of Counseling Psychology*, 31, 109-118)

enhancing" techniques used as part of the intervention (component 5), and how they are tailored and matched to the client. *Which set of circumstances* can include relationship variables (component 3) and "teaching" (component 6)-- "matching" therapist style of teaching the techniques to the client's preferred learning style, as well as issues of adherence and compliance.

Specifying these components in a research project allows us to address and refine the first order empirical question of therapeutic effectiveness regarding Control Therapy: matching specific control-enhancing techniques to a particular individual with a specific control profile, clinical concern, and goal.

Then, specific second order questions can be addressed. For example, in terms of researching a self-control technique, such as meditation, implicated in both positive yielding, and and sometimes positive assertive strategies, the following expansion and refinement of Paul's question was developed as shown in Figure 6.4.1 below

Figure 6.4.1

What *effects* [1] does the *teaching*[2] of a self-control technique *(e.g., meditation)*[3] have on an *individual* [4] who *practices* [5], and *why*[6]*?*

1. Effects	*2. Teaching*	*3. Meditation*
1.1 Self-regulation 1.1a Toward a working definition 1.1b Stress 1.1c Addictions 1.1d Hypertension 1.2 Comparison with other self-regulation strategies 1.3 Altered state 1.3a Toward a working definition 1.3b Subjective experiences 1.3c Concurrent validity 1.4 Comments on adverse effects	2.1 Clinician/psychotherapist/teacher 2.1a Orientation 2.1b Demand characteristics: beliefs, hopes 2.1c Experience 2.1d How it is taught 2.2 Relationship 2.2a Trust, confidentiality 2.2b Resistance 2.2c Non-technical transference/ counter-transference 2.2d Length of contact 2.3 Other "teaching" factors 2.3a Modeling 2.3b Style—e.g., successive approx-imation, reinforcement, etc.	3.1 What is meditation? 3.1a Toward a working definition 3.1b Types of meditation 3.1c Levels of meditation 3.1d Cultic vs. non-cultic 3.2 What are the components of meditation? 3.2a Antecedent/preparatory 3.2b The behavior Posture Attention Cognitions 3.2c Post-meditation components
4. Individual	*5. Practice*	*6. Why*
4.1 Individual profile 4.1a Initial expectation/motivation/beliefs 4.1b Commitment 4.2 Who is attracted to it 4.3 Who drops out 4.4 Who continues 4.5 Who continues and has positive experience	5.1 Adherence/compliance 5.2 Depth of experience 5.3 Length of practice	6.1 Mediating mechanisms 6.2 Physiological 6.2a General: trophotropic response, hypometabolic state 6.2b Specific: muscular, oxygen 6.3 Attentional 6.4 Cognitions 6.5 Non-specific discussion of uni-, reciprocal, and omni-determinism models

From reference[10] *Meditation*, pp. 10-11; JHP, p. 105

Figure 6.4.1 allows us to see in overview fashion the multiplicity of variables that may be involved in using a self-control technique, such as those utilized in CT, and to explore both first order questions: does it work, and for whom; and second order questions, seeking to differentiate active from inert variables of the intervention.

Further, as noted in Module 3 (3.1--3.3), it is important to specify the "building blocks" (cognitive, emotional, attentional, etc.) comprising each technique. In so doing, nuanced distinctions of comparisons of techniques along multiple dimensions can be explored (see App 8) and additional second order questions can further refine active variables by percent of contribution through path analysis, as well as look at mediating mechanisms and moderating variables.

Clearly, not all these questions can be addressed in any one research study. However, in developing a body of research, it is important to have an overview of the variables involved. This approach has three advantages. First, it allows us to have a comprehensive map within which to review and examine a multiplicity of studies examining a range of seemingly unrelated variables involving control. These studies can involve different variables: e.g., research looking at control as a personality variable (i.e., internal/external locus of control); control as a motivational variable (e.g., desire for control); and control as a belief system (e.g., self-efficacy). And these studies can be across physical and mental health areas: e.g., a study on control and anorexia and too high a desire for control; a study comparing CT to another intervention with breast cancer patients on styles (modes) of coping; studies examining feelings of lack of control in depression; or fear of loss of control in anxiety disorders.

Secondly, having an overview model allows us to ask first order questions about CT and its effectiveness, as discussed above; and then to develop a detailed fine tuning and refinement of individual questions that help to further address and fill in information with more specificity regarding the above variables. Finally, it helps us keep the forest in mind (the broad overview) even as in a particular research project, we may be focusing on a specific (albeit important) tree.

6.5 Human Subjects Consent Form Involving Control Therapy

Obviously each human subject's consent form for a study using Control Therapy will be unique to the research project being undertaken: e.g., clinical concern, nature of comparison therapy, placebo group, etc. Four general issues might be helpful to consider: 1) how you explain Control Therapy to the client/patient; 2) procedures; 3) possible risks; 4) possible benefits.

What is Control Therapy?

In explaining Control Therapy in theIRB human subject's consent form, it may be helpful to share information from Client FAQ 1: "What is Control Therapy?" (pp 2-3, intro).

Procedures

If I agree to participate in this study, I will be asked to: 1) sign a consent form, 2) complete some questionnaires about my mood and sense of personal control, 3) and participate in a 12-week course of psychotherapy. The therapy involves weekly 50-minute therapy sessions, plus additional time spent filling out some short (5- to 10-minute) weekly questionnaires. I will also fill out a longer (25- to 35-minute) form on three separate occasions, and participate in an end-of-treatment interview (about an hour long) after my 12 weeks of therapy. All the details of my treatment, including electronic records and paperwork, will be kept confidential.

Possible Risks

The possible risks from participation in this study are minimal; however, there is a small chance that I may experience some emotional discomfort during my participation. Thinking about and exploring the experiences I have had related to issues of control may pose some risk of potential discomfort. Although no physical or psychological harm is anticipated with my participation, should I experience any emotional discomfort, I may withdraw at any time without any negative consequences. I may request another therapy approach or ask for referral to another clinic. I may also contact my local mental health center or the 24-hour crisis and referral hotline to find other treatment options.

Benefits

If I choose to participate in this research, I will develop greater awareness of my personal Control Profile, and the role that control plays in my life. Further, as a result of the therapy, I may gain a stronger sense of positive personal control and empowerment. I will also gain new coping skills and learn how to practice them daily. By participating in the study I will potentially be helping others as well--the results will be useful in furthering our understanding of control as it relates to my particular clinical concern. Results will also be useful in the future design of clinical programs to improve psychological treatment and refine and improve control-enhancing therapy techniques, thereby aiding clinicians in their understanding of my clinical concern

6.6 Permission to Videotape

I give permission to videotape me. This videotape will be used only for the following purpose(s):

> This videotape will be used as part of a treatment research project at The Psychology Clinic at Big City University. I have already given written consent for my participation in this research project. My videotapes will be viewed by members of the research team. They will not be shown to anyone else.

WHEN WILL I BE VIDEOTAPED?
I agree to be videotaped during the time period _____ to _____.

HOW LONG WITH THE TAPES BE USED?
I give my permission for these tapes to be used from _____ to _____.

Videotapes will be stored for three years after the completion of the study.

WHAT IF I CHANGE MY MIND?
I understand that I can withdraw my permission at any time. Upon my request, the videotape(s) will no longer be used. This will not affect my care or relationship with _____ in any way.

OTHER
I understand that I will not be paid for being videotaped or for the use of the videotapes.

This form will be placed in my records and a copy will be kept by the person named above. A copy will be given to me.

Please print
Participant's Name: _____

Participant's Signature: (or legally responsible person if subject is incompetent to sign):

_____

Relationship to Participant: _____

Participant cannot sign because: _____
but consents orally to be videotaped under the conditions described above.

_____
Witness Signature Date