APPENDIX ONE:

ADHERENCE CHECKLIST TO DETERMINE THERAPIST
COMPETENCY AND SKILL DEVELOPMENT IN CONTROL THERAPY[*]

This adherence checklist is divided into phases, reflecting the progression in the Manual and the ten behavioral objectives established in the Introduction to the Manual (pp. 5-7).

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.

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".

This checklist has several uses. 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. 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.

Note on the "flow" of the Adherence Checklist: In each section, as appropriate, we begin with the concrete and specific, and then end with the larger overview. For

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[*] As we note in Module Four (and Appendix 6.3), the trainer/ researcher should make sure the trainees have basic "therapeutic skills and competencies: e.g., develop initial rapport and trust with the client through active listening" etc. This adherence competency checklist assumes those competencies (and does not asses them) and is only control focused.

[**] 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 the therapy.

example, in assessment, we begin with a) questions involving competence in assessing sense of control, modes, desire, agency of the SCI (items 2-8); b) next we ask about "overall" SCI competence (item 9); c) then come several questions about how well the learner explores with clients their control stories and dynamics (items 10-17) and d) finally overall competence in doing a control related history (item 18).

Completion time: The entire Adherence Checklist takes about 10-12 minutes to complete.
        As noted above, we suggest completing it at least twice in its entire form. It may also be completed in sections to assess specific aspects of learner's skill and progress as they use different phases of Control Therapy with a client.   For example, the Assessment section, phase 1.1 might be completed in the early sessions; then as appropriate, followed by the goal setting section, 1.2. Phase Two, Interventions, still later. .
        Short form . Further, a short form may also be used as a quick check assessment, which takes less than five minutes. This version involves only the 10 "overall" competence" questions (in ***italics and bolded***): Assessment: (8, 18); Goal Setting (28); Interventions: (35, 42-44);Evaluation of Progress (49); Termination and Follow-up (53); and Additional Control Related Skills and Knowledge (64).
        If scores in the above questions are 3 or less, than additional specific questions related to that area should be administered to pinpoint where the difficulties lie.

1. PHASE ONE
1.1 ASSESSMENT: Where is the client?
Helping individuals learn about their control profile
        The Shapiro Control Inventory (SCI):   1-9
        Explores with clients their control stories and dynamics   10-18
1.2 GOAL SETTING: Where does the client want to go?   19-28

2. PHASE TWO:
INTERVENTIONS: How does the client reach his/her goals?
2.1 Five steps for the yielding, accepting mode of control.   29-35
2.2 Five steps for the assertive, change mode of control.   36-42
2.3 Overall intervention competence.   43-44

3. EVALUATION OF PROGRESS
3.1 Is able to use the systems model of Control Therapy to
        evaluate and problem solve if client does not achieve success. 45-54
3.2 Ending therapy and follow up   55-58

4. ADDITIONAL CONTROL-RELATED SKILLS/KNOWLEDGE
4.1 Knowledge (external)   59-60
4.2 Knowledge (self)   61-63
4.3 Skills (therapist/client relation)   64-69

PHASE ONE

ASSESSMENT: "WHERE IS THE CLIENT?"

Does the therapist demonstrate competence in the following?

Never	*Rarely*	*Sometimes*	*Frequently*	*Nearly Always*
1	*2*	*3*	*4*	*5*

HELPS INDIVIDUALS LEARN ABOUT THEIR CONTROL PROFILE

THE SHAPIRO CONTROL INVENTORY (SCI):

1. Capably facilitates the client's taking of the SCI, including
     answering, as needed any questions or concerns,   1   2   3   4   5

2. Identifies client's overall sense of control (Scales 1-3)   1   2   3   4   5

3. Pinpoints specific areas of concern where the client feels
                         "out of control" (Scale 4)   1   2   3   4   5

4. Explains to the client their overall "desire for control"
                     including fear of loss of control (scale 9)   1   2   3   4   5

5. Explains and discusses with the client his/her scores on the
                     four Modes of Control (Scales 5-8)   1   2   3   4   5

6. Identifies agency/locus of control (self/others/spiritual Other)
                         (items 13,14, Figure One)   1   2   3   4   5

7. Works with the client to review his/her understanding of the
                 SCI results and clarifies misconceptions   1   2   3   4   5

8. Works with the client to address emotional reactions to
                         receiving the SCI results.   1   2   3   4   5

9. *Effectively interprets the SCI (overall competence)*   **1   2   3   4   5**

EXPLORES WITH CLIENTS THEIR CONTROL STORIES AND DYNAMICS

10. Listens for and identifies control-related material in client's
     speech (client's feeling out of control, fears losing control,
     domains in which the client has problems with control)   1   2   3   4   5

11. Is able to teach client how to listen to his/her own (and
         others) control-related speech.   1   2   3   4   5

13. 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)   1   2   3   4   5

14. Identifies key themes in the client's story   1   2   3   4   5

15. Works with the client to explore past ways of gaining control 1   2   3   4   5

16. Helps client discuss which control modes the client believes
s/he has used successfully/ unsuccessfully in the past   1   2   3   4   5

17. Takes control-related history (personal, interpersonal, familial, 1   2   3   4   5
daily functioning.

18. ***Conducts a control-focused interview (overall competence)*** ***1   2   3   4   5***

GOAL SETTING: WHERE DOES THE CLIENT WANT TO GO?

19. Helps the client identify and prioritize control-related concerns
<from SCI, Scale 4, Part Two, listening to control speech,
control story, and control-focused interview>.   1   2   3   4   5

20. Teaches the client learn how to self-observe a problem
behavior/concern: <internal or external: frequency, intensity,
duration, latency; antecedents and consequences> .   1   2   3   4   5

21. Assists the client in learning how to self-evaluate with
gentleness and kindness <rather than judgmentalness
and self-criticalness/self-blame>.   1   2   3   4   5

22. Helps the client to assess whether his/her desire for active
control is too high or too low, depending on the issue.   1   2   3   4   5

23. Helps the client set a goal e.g., assertive/change; or
yielding/acceptance (using baseline data plus information
from SCI results—Scale 4, Part Two, desire for control
Scale 9; preferred mode , item 13, Fig.1)   1   2   3   4   5

24. If the client has difficulty or manifests resistance in setting
a mode goal, therapist shows the ability to use the "Control
Mode Dialogue" to assist client in addressing issues and
clarifying goals.   1   2   3   4   5

25. Is 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   1   2   3   4   5

26. Explains to the client the purpose and rationale of a countable
    goal: what behavior (internal or external), to what extent,
    under what conditions?   1   2   3   4   5

27. Helps the client establish and agree to a self-management
    contract or action plan, including expectations, goals
    (a means of measuring success) and rewards/consequences   1   2   3   4   5

**28. Shows effectiveness in helping the client self-observe, self-
    evaluate, and goal-set (overall competence)**   **1   2   3   4   5**

PHASE TWO:

INTERVENTIONS: *"HOW DOES THE CLIENT REACH HIS/HER GOALS?"*
Does the therapist demonstrate competence in the following?

Never	*Rarely*	*Sometimes*	*Frequently*	*Nearly Always*
1.	*2.*	*3.*	*4.*	*5.*

FIVE STEPS FOR THE YIELDING, ACCEPTING MODE OF CONTROL.

29. Explains Step 1 – Desire for control: Works with the client to
    determine where and why (motivation) he/she wants more
    yielding, accepting mode of control.   1   2   3   4   5

30. Explores with client issues of whether client feels s/he has the
    right to be more self-accepting in the area of concern   1   2   3   4   5

31. Examines with client ability to take personal responsibility for
    become more self-accepting, including willingness, as
    appropriate, to choose to let go of inappropriate, excessive,
    or unrealistic responsibility   1   2   3   4   5

32. Discusses and if needed works with client's self-efficacy belief in
    his/her ability to learn to practice and succeed in the yielding,
    accepting mode of control.   1   2   3   4   5

33. Is able to effectively teach client the building block techniques
    for the yielding/accepting mode, individually and integrated,
    (e.g., Control Mode Rehearsal), as appropriate   1   2   3   4   5

34. Works with client to maintain commitment and adherence
    to the goal, and the practice of the yielding, accepting mode   1   2   3   4   5

35. Overall competence in working with and teaching the client
   the yielding, accepting mode of control.   *1   2   3   4   5*

FIVE STEPS FOR THE ASSERTIVE, CHANGE MODE OF CONTROL.

36. Explains Step 1 – Desire for control: Works with the client to
   determine where and why (motivation) he/she wants to gain
   more of the assertive change mode of control.   1   2   3   4   5

37. Explores with client issues of whether client feels s/he has the
   right to gain more assertive control in the area of concern.   1   2   3   4   5

38. Examines with the client any issues around taking appropriate
   personal responsibility for becoming more assertive and
   making changes in the area of concern.   1   2   3   4   5

39. Discusses and works with client's self-efficacy belief in his/her
   ability to learn to practice and succeed in gaining more
   active control through the assertive/change mode.   1   2   3   4   5

40. Is able to effectively teach client the building block techniques
   for the assertive, change mode of control, individually and
   integrated, (e.g., Control Mode Rehearsal), as appropriate.   1   2   3   4   5

41. Works with client to maintain commitment and adherence
   to the goal, and the practice of the assertive, change mode   1   2   3   4   5

42. Overall competence in working with and teaching the client
   the assertive, change mode of control.   *1   2   3   4   5*

 OVERALL INTERVENTION COMPETENCE.

43. Is knowledgeable about techniques that integrate the assertive/
   change, and yielding/accepting modes (overall competence)
                                                          1   2   3   4   5

44. *Is able to present and teach control-enhancing intervention*
   technique(s) to the client in a way that best fits 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.   *1   2   3   4   5*

EVALUATION OF PROGRESS

IS ABLE TO USE THE SYSTEMS MODEL OF CONTROL THERAPY TO
EVALUATE AND PROBLEM SOLVE ADDITIONAL TARGETED THERAPEUTIC
INTERVENTIONS IF CLIENT DOES NOT ACHIEVE SUCCESS.

45. Works with the client to address challenges, resistances,
self-sabotage, or discouragement about lack of progress
(e.g., things getting worse before getting better).   1 2 3 4 5

46 Helps client clarify and enhance motivation for change/acceptance
process   1 2 3 4 5

47. Helps client enhance self-efficacy beliefs and commitment to
"change/acceptance"   1 2 3 4 5

48. Initiates with the client additional exploration and discussion
of control stories and dynamics, including helping client to reedit,
and rewrite, control stories as appropriate.   1 2 3 4 5

49. Helps client revise the goal(s) or consider newly emerging
control-related goals.   1 2 3 4 5

50. Introduces other control-related techniques and concepts as the
need arises or goals change.   1 2 3 4 5

51. Explores with the client, as appropriate, how the assertive/ change
mode and the yielding/accepting mode can be used in balance and
integrated as a combined goal.   1 2 3 4 5

52 Utilize metaphors and teaching methods (e.g., auditory,
kinesthetic, visual) that match the client's preferred learning
style   1 2 3 4 5

53. Has the skill to work with the client's preferred style and mode
when appropriate , but also to share with the client when the
therapist feels additional skills (e.g, the other positive mode;
additional "agency" style; other "building blocks") might
also be useful.   1 2 3 4 5

54. *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 techniques
are taught, adherence/compliance, further exploration of control
stories/dynamics> and initiate changes in the course of therapy
as needed to maximize treatment success (overall competence).* *1 2 3 4 5*

ENDING THERAPY AND FOLLOW UP

55. 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.   1   2   3   4   5

56. 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).   1   2   3   4   5

57. 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 .   1   2   3   4   5

**58. *Show overall competence in termination and follow-up related to
    Control Therapy.*   1   2   3   4   5**

ADDITIONAL CONTROL-RELATED SKILLS/KNOWLEDGE

KNOWLEDGE (EXTERNAL)

59. Is knowledgeable about control research and clinical literature
    related to mental and physical health.   1   2   3   4   5

60. Is able to identify treatment populations and clients appropriate
    for CT.   1   2   3   4   5

KNOWLEDGE (SELF)

61. Is aware of his/her own control-related dynamics and
    stories.   1   2   3   4   5

62. Is aware of when s/he is upset ("off center") during the
    therapy session when s/he is being assertive.   1   2   3   4   5

63. Is aware of when s/he is upset ("off center") during the
    therapy session when s/he is being yielding/accepting.   1   2   3   4   5

SKILLS (THERAPIST/CLIENT RELATION)

64. Is able to explain control-related concepts and issues effectively
    in terms understandable to the client.   1   2   3   4   5

65. Effectively uses positive assertive (Q1) skills in structuring,
    focusing, and guiding the session.   1 2 3 4 5

66. Is able to follow the client's lead (Q2) when appropriate.   1 2 3 4 5

67. 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.   1 2 3 4 5

68. Is able to address areas of therapist/client
    disagreement, "power struggles" (transference or counter-
    transference" with awareness and skill.   1 2 3 4 5

***69. Taking into consideration all aspects of learner's knowledge,
    skill, and process, the learner meets the competencies of a
    competent and skilled control therapist (overall competence). 1   2   3   4   5***