Maintaining Treatment Integrity

Throughout the study, measures were taken to ensure that the therapy was delivered appropriately according to the approach outlined in the book by Shapiro and Astin (1998). The clinic director and I provided several weeks of initial training, as explained above, during which time the clinicians took the SCI themselves and worked to interpret their scores and use the instrument to launch productive therapeutic conversations in role-play situations. As data collection got underway, the clinic supervisor/director provided weekly supervision to the clinicians on their overall skill development. The director and I met with the therapists weekly for group and individual supervision to hear therapist reports on the client's processes and their own processes in delivering the therapy. The group shared feedback on recent videotaped sessions and practiced role-play interventions appropriate to early, middle, and later phases of the treatment process. The clinic supervisor and I monitored the quality of therapy sessions live using remote camera viewing and delayed using videotape recordings. We gave the clinicians feedback after most sessions and worked to ensure treatment integrity. None of the clinicians provided substandard treatment. Some were more skilled than others in

delivering the treatment. All made improvements over time. Refer again to Appendix D for the checklist used in evaluating clinician adherence to the model.

Monitoring Participant Attendance

Participant attendance and treatment completion were monitored throughout. For the one client who dropped out after three sessions, her therapist called to encourage her to return, but she stated she was not interested. When one client stopped attending after seven sessions, her therapist made several calls. This client said she wanted to continue but was busy with an upcoming deadline and would return afterwards. Even though she was notified that the program was ending, she did not return in the remaining time. She did, however, call requesting an appointment after the program closed, apparently having forgotten that the clinic could no longer provide services. She was referred to several appropriate clinics in the area.

At the end of the treatment phase, some participating clients achieved less than the goal of 12 sessions because they had a number of absences during the treatment phase. Even so, most of them were able to participate in the assessment measures at the scheduled time intervals, including pre-post measures. Past research on Control Therapy suggests that changes in sense of control are detectable as early as seven sessions, though for some clients several more weeks of treatment may be necessary (Shapiro & Astin, 1998). Therefore, those who achieved as few as six or seven sessions have been retained in the final data set, though of course interpretation of results should take into account that some did not receive as full, or as steady, a course of Control Therapy as did others. As the clinic neared its closing date, all clients were given referrals to other counseling providers in the area.

Participant Incentives

I provided an incentive to participants for taking part in the study. This took the form of a $30 department store gift certificate awarded after treatment was completed. Eight clients participated in post-treatment interviews and thus received gift certificates. In retrospect, it appears that the gift certificate was not a motivating factor in client attendance; however, it did become a meaningful token of appreciation as the study came to a close.