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SELF-CONTROL SKILLS TRAINING

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Definition: Training in goal-directed skills to accept and change one's immediate experiences - feelings, thoughts, and behaviors.

Elements: Self-control skills training involves learning to:

1. Monitor and *accept* one's immediate experiences openly and non-judgmentally through concentration and relaxation exercises.
2. *Change* one's immediate experiences through four modules: a. cognitive restructuring (reframing thoughts e.g. "*You're not a bad mother; you came here to learn how to stop hitting your child, which means you're a good person who wants to learn to act differently*"); b. problem analysis (planning e.g. "*Let's draw a road map showing what you plan to do this week*"; evaluating alternatives e.g. "*Let's look at each of your options to see which is best for you to take*"; anticipating consequences e.g. "*Imagine 10 years have passed and you reflect on changes in your life - what were they?*"); c. increasing awareness of internal stimuli and behavior e.g. "*Close your eyes and imagine touring inside your own body and meeting your sensations during your emotions and actions: see what you meet inside when you start feeling depressed*"; and d. practising self-control exercises such as delaying gratification e.g. "*If I stood in front of you holding the remote-controlled toy car you're dying to buy and I promised to give it to you once you stopped hitting your friends, could you resist your temptation to hit?*"

Related procedures: Affect regulation, delay of gratification, cognitive restructuring, problem solving, redefinition, reframing, meditation, relaxation, self-evaluation, self-observation, self-reward, self-talk, skills acquisition.

Application: Help to cope with emotional and behavioral problems and stressful situations, and to enhance academic and interpersonal skills and well-being.

1st Use? Meichenbaum D (1985)

References:

1. Meichenbaum D (1985). *Stress Inoculation Training*. New York: Pergamon Press
2. Ronen T, Rosenbaum M (2001). Helping children to help themselves: A case study of enuresis and nail biting. *Research in Social Work Practice*, 11: 338-356
3. Rosenbaum M (1990). The role of learned resourcefulness in self-control of health behavior. In Rosenbaum M (Ed) *Learned resourcefulness: On Coping Skills, Self-Control and Adaptive Behavior* (p3-30), New York: Springer
4. Rosenbaum M (1998). Opening versus closing strategies in controlling one's responses to experience. In Kofta M, Weary G, Sedek G (Eds) *Personal Control in Action: Cognitive and Motivational Mechanisms* (p61- 84), New York: Plenum Press

Case illustration: (Ronen & Rosenbaum, 2001)

Daniel, aged 10, was referred for nightly bedwetting. His parents attended Daniel's self-control skills training sessions mainly to praise his progress. Daniel did charting, practising, and reporting. The therapist began with cognitive restructuring,

saying Daniel could start to control his bedwetting by identifying and reframing maladaptive thoughts e.g. from *"I can't stop wetting, I feel nothing at night"* to *"I'll try now to control things in my sleep"*; from *"It's a sickness"* to *"I can learn how to stop wetting my bed"*.

In stage 2, problem analysis, Daniel observed links between thoughts, feelings, and behaviors (*"It's not under my control"* → *"I don't notice when my bladder is full at night"* → *"pressure in my bladder makes me wee in bed"*), and was asked *"Every day this week write down an automatic thought you had and what you then felt and did."* Daniel wrote *"I wanted an ice-cream, took one out of the refrigerator, then thought I can practise delaying temptation, and put it back"*).

In stage 3, Daniel was trained to raise awareness of relevant internal stimuli and behavior e.g. *"Try not to urinate immediately your urge comes - instead hold it in for a while and notice what you feel, where you feel it, how much longer you can hold it in"*, aided by relaxation and self-monitoring e.g. *"Close your eyes, focus on yourself, check if you feel any pressure in your body"*.

In stage 4, Daniel was trained to do daily self-control exercises e.g. *"Every day rate how well you resisted temptations"*), to practise: changing helpless to confident thoughts (*"Write down every time you find yourself saying 'I won't be able to' and immediately tell yourself 'Why I think I can do it'"*); delaying gratification (*"When you want to empty your bladder, try to delay weeing for 5 more minutes"*); using self-talk (*"Praise yourself immediately after you've delayed urinating"*); problem solving (*"I fear I'll wet the bed on my school trip, so I drink nothing before going to sleep"*); and having positive imagery (*"Imagine how your life will improve once you stop wetting the bed"*).

By the end of 11 weekly sessions (including intake & assessment) Daniel had stopped bedwetting. In week 12, he was asked to generalize his new skills to manage another problem with only minimal therapist guidance. He chose nailbiting and overcame this by applying techniques resembling those he'd used with bedwetting. He asked for help only on how to measure biting and used a 1-10 scale to rate his effort to refrain from biting. Within 6 weeks he'd stopped biting his nails. At 1-month follow-up he'd wet the bed only twice. At 5-month follow-up he was completely dry and had not bitten his nails.