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## Administering Situational Analysis

### PART I

#### Situational Analysis: Elicitation Phase Exercises

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The chronically depressed patient's interpersonal behavior imposes a severe behavioral restriction on psychotherapists:

*Therapists must avoid assuming a dominant and take-charge interpersonal role with patients.*

Dominant therapist behavior is destructive and precludes change with chronically depressed patients. In the text, *Treatment for Chronic Depression*, I describe the dominant, take-charge style as therapeutically lethal. Chronic patients, because of their helpless and hopeless demeanor, interpersonally “pull,” “evoke”—and, yes, “demand”—that clinicians do their work for them. It is also easy for therapists to expect very little from these patients, and consequently patients usually initiate very little activity; instead, they wait for therapists to tell them what to do.

The pull for dominance also comes from the chronic patient's interpersonal submissiveness. The reason that dominance is so destructive with this type of patient is because it reinforces and maintains the patient's submissiveness, compliance, and feelings of helplessness.

Significant portions of Part II of the text discuss several strategies to help therapists curtail the dominant style. In particular, Chapters Six and Seven describe the administration of Situational Analysis (SA) within a framework of “Therapist Rules” and “Patient Performance Goals.” The rules for SA dictate that the patient, not the clinician, must do the work. The therapist must follow the patient's lead rather than pull or push him/her through the steps of SA. The ultimate performance goals for SA are made explicit to each patient: “*You must learn to do each of the SA steps by yourself and without assistance from the clinician.*”

Interestingly, your training role at this point is similar to that of the beginning psychotherapy patient: You, too, must undertake learning SA from the beginning. Rather than just tell you what to do, I am going to follow you gently with my answers (like I want you to do with your patients), until you learn the SA steps and become more confident in your ability to do

the steps by yourself. Another major goal of this chapter is to teach you to discriminate criterion SA performance from substandard performance.

Feedback will be provided after you have completed each exercise. In instances where my feedback is unclear and you still remain confused, please refer to the text (Chapters Six and Seven). The evaluative decisions you will make in the exercises about the patient's performance will be similar to the ones you will have to make when you see actual patients. Chronically depressed patients throw us "difficult SA pitches to hit." The more skilled you become at *recognizing* and *managing* the various difficult pitches you are thrown in the manual, the more likely you will be able to identify your patients' errors and respond effectively.

The SA technique is administered using the Coping Style Questionnaire (CSQ). The patient is given several CSQs at the end of session 2 and instructed to complete one CSQ prior to each therapy session. SA will then be conducted using the homework CSQ. Each step in SA is based on the CSQ format, and during situational analysis, the patient refers frequently to his/her CSQ notes. An example CSQ form is shown in Figure 4.

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Patient: \_\_\_\_\_ Therapist: \_\_\_\_\_  
 Date of Situational Event: \_\_\_\_\_ Date of Therapy Session: \_\_\_\_\_

*Instructions:* Select one interpersonal problematic or successful event that has happened to you during the past week and describe it using the format below. Please try to fill out all parts of the questionnaire. Your therapist will assist you in situational analysis during your next therapy session.

Situational Area: Spouse/Partner \_\_\_\_ Children \_\_\_\_ Extended Family \_\_\_\_  
 Work/School \_\_\_\_ Social \_\_\_\_

Step 1. Describe what happened.

Step 2. Describe your interpretation of what happened. (How did you "read" the situation?)

- 1.
- 2.
- 3.

Step 3. Describe what you did during the situation (what you said/how you said it).

Step 4. Describe how the event came out for you (actual outcome).

Step 5. Describe how you wanted the event to come out for you (desired outcome).

Step 6. Was the desired outcome achieved? Yes\_\_\_\_ No\_\_\_\_

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**FIGURE 4.** Coping Survey Questionnaire (CSQ).

As stated above, the goal in this chapter is to teach you to discriminate criterion-level SA performance from substandard performance. The elicitation phase includes 6 steps; parallel learning exercises comprise Part I of this chapter. Each exercise provides opportunities to make criterion evaluations about the adequacy of the patient's performance and, in some instances, the adequacy of your own performance. The exercises start with simple problems and become progressively more difficult.

As in Chapter Three, after completing each exercise, turn to the indicated page for the answers. Again, refer to Chapters Six and Seven in the text whenever you do not understand my feedback.

## STEP 1: SITUATIONAL DESCRIPTION

### Review

Review the "Therapist Rules for Administering Step 1" in the text (pp. 110–113) and summarized here:

1. Provide a rationale to the patient for Step 1 (text, p. 110).
2. Teach the patient to describe one situational event that has a beginning, an exit or endpoint, and a story in between.
3. Tell the patient that the situation may be either a problematical or a successful event.
4. Teach the patient to describe the event from an "observer" perspective (discourage editorializing or attributing motives [mind reading] to the other person in the situation).
5. At the end, summarize the situational description, using the patient's language (avoid paraphrasing or using your own pet phrases).

Review the "Patient Performance Goal for Step 1" in the text (p. 113) and summarized here:

1. Describe a situational event in an objective and succinct manner.

### ***Sample Criterion Situational Description***

"I had an argument with my wife last night over who would pay the bills this month. We started counting back to see how many times she and I had done it this year. Then she said I didn't carry my weight with the chores around the house. I answered her in kind with a comment like, 'Who earns the most money?' With that remark, both of us looked at each other and laughed. Then I shifted the focus to whose schedule would allow the most time to pay the bills. We decided that mine was the most flexible, so I said I would pay the bills. We resolved a difficult argument and solved the problem. The situation ended when we decided that I would pay the bills."

*Comment:* The description has a clear beginning point, clear exit/endpoint, a continuous story in between, and the description is told in "observer terminology" that gives the therapist a good understanding of the interaction between the patient and his wife.

## Exercises

1. Answer the questions found at the end of each exercise. Try to identify the patient performance errors or the lack thereof.
2. If errors exist in the situational description, describe each error in the space provided.
3. After completing each exercise, *check your evaluation of the patient's performance with the criterion answers on pp. 60–64.*

### ***Situational Description 1***

“I get rejected by people all the time. Nothing ever works out for me.”

Answer each question below:

1. Does the description have a clear beginning point? (Yes/No)
2. Does the description have a clear exit or endpoint? (Yes/No)
3. Does the description have a continuous story in between the beginning and exit or endpoint? (Yes/No)
4. Is the description told from an observer (behavioral language) perspective? (Yes/No)
5. List briefly what problem(s) are contained in the above situational description (refer to the Therapist Rules and Patient Performance Goal in text, pp. 110–113): \_\_\_\_\_

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*Check your work with the criterion answers on p. 60.*

### ***Situational Description 2***

“I’ve had a really boring week and nothing has gone the way I wanted it to.”

Answer each question below:

1. Does the description have a clear beginning point? (Yes/No)
2. Does the description have a clear exit or endpoint? (Yes/No)
3. Does the description have a continuous story in between the beginning and exit or endpoint? (Yes/No)
4. Is the description told from an observer (behavioral language) perspective? (Yes/No)
5. List briefly what problem(s) are contained in the above situational description: \_\_\_\_\_

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*Check your work with the criterion answers on p. 60.*

**Situational Description 3**

“My girlfriend and I went out on Monday evening, had dinner together on Tuesday, and she stayed over at my house Wednesday night. It’s been a great week.”

Answer each question below:

1. Does the description have a clear beginning point? (Yes/No)
2. Does the description have a clear exit or endpoint? (Yes/No)
3. Does the description have a continuous story in between the beginning and exit or endpoint? (Yes/No)
4. Is the description told from an observer (behavioral language) perspective? (Yes/No)
5. List briefly what problem(s) are contained in the above situational description: \_\_\_\_\_

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Check your work with the criterion answers on p. 60.

**Situational Description 4**

“My situation happened last week. I met friends at a restaurant and the dinner was enjoyable. Everyone ate a lot and felt good.”

Answer each question below:

1. Does the description have a clear beginning point? (Yes/No)
2. Does the description have a clear exit or endpoint? (Yes/No)
3. Does the description have a continuous story in between the beginning and exit or endpoint? (Yes/No)
4. Is the description told from an observer (behavioral language) perspective? (Yes/No)
5. List briefly what problem(s) are contained in the above situational description: \_\_\_\_\_

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Check your work with the criterion answers on p. 60.

**Situational Description 5**

“I went to the grocery store to buy a pound of sugar. Bought it and returned home.”

Answer each question below:

1. Does the description have a clear beginning point? (Yes/No)
2. Does the description have a clear exit or endpoint? (Yes/No)
3. Does the description have a continuous story in between the beginning and exit or endpoint? (Yes/No)
4. Is the description told from an observer (behavioral language) perspective? (Yes/No)
5. List briefly what problem(s) are contained in the above situational description: \_\_\_\_\_

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Check your work with the criterion answers on pp. 60–61.

### ***Situational Description 6***

“Phoned my son at college last Sunday and we talked for about 15 minutes. Neither one of us said very much to each other. Then I told him goodbye and hung up.”

Answer each question below:

1. Does the description have a clear beginning point? (Yes/No)
2. Does the description have a clear exit or endpoint? (Yes/No)
3. Does the description have a continuous story in between the beginning and exit or endpoint? (Yes/No)
4. Is the description told from an observer (behavioral language) perspective? (Yes/No)
5. List briefly what problem(s) are contained in the above situational description: \_\_\_\_\_

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Check your work with the criterion answers on p. 61.

### ***Situational Description 7***

“Last night I finally told my roommate how I felt about his leaving his clothes all over our apartment. Said to him that I didn’t like it and that I wanted him to start picking up his stuff. He said he would and then he apologized for his sloppiness. God, did that feel really good.”

Answer each question below:

1. Does the description have a clear beginning point? (Yes/No)
2. Does the description have a clear exit or endpoint? (Yes/No)

- 3. Does the description have a continuous story in between the beginning and exit or endpoint? (Yes/No)
- 4. Is the description told from an observer (behavioral language) perspective? (Yes/No)
- 5. List briefly what problem(s) are contained in the above situational description: \_\_\_\_\_

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Check your work with the criterion answers on p. 61.

**Situational Description 8**

“I want to feel confident about what I do. Like when I have to make a talk in front of the office staff. I always feel afraid that I will mess up. I just wish I could feel confident. I think about being in front of a group, and I get scared to death.”

Answer each question below:

- 1. Does the description have a clear beginning point? (Yes/No)
- 2. Does the description have a clear exit or endpoint? (Yes/No)
- 3. Does the description have a continuous story in between the beginning and the exit or endpoint? (Yes/No)
- 4. Is the description told from an observer (behavioral language) perspective? (Yes/No)
- 5. List briefly what problem(s) are contained in the above situational description: \_\_\_\_\_

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Check your work with the criterion answers on p. 61.

**Situational Description 9**

“The week has been a bummer. Nothing has worked out for me. Had an argument with my office mate, my boss and I had a run-in, my girlfriend got angry with me. I was glad when Friday rolled around, and it was quitting time. I got out of the office in a hurry and went to a bar.”

Answer each question below:

- 1. Does the description have a clear beginning point? (Yes/No)
- 2. Does the description have a clear exit or endpoint? (Yes/No)
- 3. Does the description have a continuous story in between the beginning and exit or endpoint? (Yes/No)

4. Is the description told from an observer (behavioral language) perspective? (Yes/No)
5. List briefly what problem(s) are contained in the above situational description: \_\_\_\_\_

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Check your work with the criterion answers on pp. 61–62.

### **Situational Description 10**

“Wanted to take my broken lawn mower to the Sears repair shop on Saturday. Bought some gas for the car on the way and delivered the mower to Sears and left it. Got back to the house about an hour later.”

Answer each question below:

1. Does the description have a clear beginning point? (Yes/No)
2. Does the description have a clear exit or endpoint? (Yes/No)
3. Does the description have a continuous story in between the beginning and exit or endpoint? (Yes/No)
4. Is the description told from an observer (behavioral language) perspective? (Yes/No)
5. List briefly what problem(s) are contained in the above situational description: \_\_\_\_\_

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Check your work with the criterion answers on p. 62.

### **Situational Description 11**

“I was going to meet a male friend for lunch at a restaurant, and I wore my best skirt and matching blouse. My hair was fixed just the way I like it. I put on a necklace and earrings that go well with the outfit and walked from my office to the restaurant. I was a little early so I decided to walk down a side street and window shop. Spent about 15 minutes looking at the merchandise. The dresses were bright spring colors, and I really liked the shoes on display, and there was one antique store that had some end tables that are like the ones I have in my apartment. I saw a neighbor, and he and I talked about the latest neighborhood gossip. He told me he’s separated from his wife—he even hinted that he would like to go out with me. I like him but have never found him attractive. If he ever asked me out, I’d have to tell him something. Not sure what I would say. Guess I’d think of something. Told him goodbye and then ran into my rabbi. He and I talked about the synagogue. He inquired where I had been the past few weeks. Wasn’t sure what to say to him, so I made some excuse. I finally got to the restaurant to meet my friend. Long lunch, eh!”



Answer each question below:

1. Does the description have a clear beginning point? (Yes/No)
2. Does the description have a clear exit or endpoint? (Yes/No)
3. Does the description have a continuous story in between the beginning and exit or endpoint? (Yes/No)
4. Is the description told from an observer (behavioral language) perspective? (Yes/No)
5. List briefly what problem(s) are contained in the above situational description: \_\_\_\_\_

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Check your work with the criterion answers on p. 62.

**Situational Description 12**

“Nothing of any significance happened to me this week. I just talked to several people, and they were okay.”

Answer each question below:

1. Does the description have a clear beginning point? (Yes/No)
2. Does the description have a clear exit or endpoint? (Yes/No)
3. Does the description have a continuous story in between the beginning and exit or endpoint? (Yes/No)
4. Is the description told from an observer (behavioral language) perspective? (Yes/No)
5. List briefly what problem(s) are contained in the above situational description: \_\_\_\_\_

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Check your work with the criterion answers on p. 62.

**Situational Description 13**

“I wanted him to ask me out. I’ve waited all day beginning at 8:00 A.M. for him to call me. He never did and I went to bed about 10:00 P.M. Guess he thinks I’m a loser.”

Answer each question below:

1. Does the description have a clear beginning point? (Yes/No)
2. Does the description have a clear exit or endpoint? (Yes/No)
3. Does the description have a continuous story in between the beginning and exit or endpoint? (Yes/No)

4. Is the description told from an observer (behavioral language) perspective? (Yes/No)
5. List briefly what problem(s) are contained in the above situational description: \_\_\_\_\_

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Check your work with the criterion answers on pp. 62–63.

### **Situational Description 14**

“My wife and I were eating supper last night. Our son had gone to a movie. We got into another argument over something our son had done the day before. She told me how she had reacted to him and I called her ‘stupid.’ She got mad, as usual. I don’t know why we fight so much. Everything we talk about ends up in a fight. Both of us walked away from the table not speaking to each other.”

Answer each question below:

1. Does the description have a clear beginning point? (Yes/No)
2. Does the description have a clear exit or endpoint? (Yes/No)
3. Does the description have a continuous story in between the beginning and exit or endpoint? (Yes/No)
4. Is the description told from an observer (behavioral language) perspective? (Yes/No)
5. List briefly what problem(s) are contained in the above situational description: \_\_\_\_\_

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Check your work with the criterion answers on p. 63.

### **Situational Description 15**

“I’m always screwing up what I try to do. This situation is just like all the rest. I end up saying something stupid. Then the other person takes it the wrong way, and I end up feeling like *I’ve done it again.*”

Answer each question below:

1. Does the description have a clear beginning point? (Yes/No)
2. Does the description have a clear exit or endpoint? (Yes/No)
3. Does the description have a continuous story in between the beginning and exit or endpoint? (Yes/No)
4. Is the description told from an observer (behavioral language) perspective? (Yes/No)

5. List briefly what problem(s) are contained in the above situational description: \_\_\_\_\_

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Check your work with the criterion answers on p. 63.

### **Situational Description 16**

“My boyfriend came over to the house last night, and we watched TV. He wanted me to go to bed with him, but I wasn’t in the mood. He started calling me names. Told me what a loser I was. I didn’t say anything to defend myself. I just took his verbal abuse in silence. Finally, he told me he was leaving, and he did. He didn’t even say goodnight.”

Answer each question below:

1. Does the description have a clear beginning point? (Yes/No)
2. Does the description have a clear exit or endpoint? (Yes/No)
3. Does the description have a continuous story in between the beginning and exit or endpoint? (Yes/No)
4. Is the description told from an observer (behavioral language) perspective? (Yes/No)
5. List briefly what problem(s) are contained in the above situational description: \_\_\_\_\_

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Check your work with the criterion answers on p. 63.

### **Situational Description 17**

“I met an old friend on campus today that I haven’t seen in a year. We had a serious disagreement the last time we were together, even got mad at each other, and both of us had said some unkind things to one another. She was being extra nice today. I think her niceness was stemming from her still being angry with me. I just knew she was still mad. We talked, then said goodbye. I just know that she is still angry with me.”

Answer each question below:

1. Does the description have a clear beginning point? (Yes/No)
2. Does the description have a clear exit or endpoint? (Yes/No)
3. Does the description have a continuous story in between the beginning and exit or endpoint? (Yes/No)
4. Is the description told from an observer (behavioral language) perspective? (Yes/No)

5. List briefly what problem(s) are contained in the above situational description: \_\_\_\_\_

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Check your work with the criterion answers on pp. 63–64.

### **Situational Description 18**

“Wednesday, my boss and I talked. Given his negative comments about my project work, I knew he thought that I had done a sloppy job with the project he had given me to complete. He made several suggestions about improving my work and how I might tighten up the report. I felt he was just being overly polite. What he really wanted to say was that I had done a poor job. When he finished giving me feedback, I left his office.”

Answer each question below:

1. Does the description have a clear beginning point? (Yes/No)
2. Does the description have a clear exit or endpoint? (Yes/No)
3. Does the description have a continuous story in between the beginning and exit or endpoint? (Yes/No)
4. Is the description told from an observer (behavioral language) perspective? (Yes/No)
5. List briefly what problem(s) are contained in the above situational description: \_\_\_\_\_

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Check your work with the criterion answers on p. 64.

### **Situational Description 19**

“Friday afternoon my colleague and I were talking about how we might solve a serious problem concerning an office policy that has been a bone of contention for everyone. He took a view that was diametrically opposed to mine. He usually comes at me this way about anything we talk about. We got into an argument again and never could agree on the best way to address the office policy. Finally, both of us agreed that we were wasting time talking about the issue. He went his way and I went mine.”

Answer each question below:

1. Does the description have a clear beginning point? (Yes/No)
2. Does the description have a clear exit or endpoint? (Yes/No)

3. Does the description have a continuous story in between the beginning and exit or endpoint? (Yes/No)
4. Is the description told from an observer (behavioral language) perspective? (Yes/No)
5. List briefly what problem(s) are contained in the above situational description: \_\_\_\_\_

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Check your work with the criterion answers on p. 64.

**Situational Description 20**

“I wanted a package wrapped at the store Saturday before I went to a birthday party for my girlfriend. The gift wrap department was about to close when I took the ticket designating my turn in the waiting line. I asked one of the wrappers if she could do it for me—said I was going to a party, and I couldn’t go without getting the box wrapped. Looked her right in the eye when I asked her. She nodded and told me to wait around, and she would do it for me. She wrapped the gift, and it looked beautiful. I tipped her \$5 and went to the party.”

Answer each question below:

1. Does the description have a clear beginning point? (Yes/No)
2. Does the description have a clear exit or endpoint? (Yes/No)
3. Does the description have a continuous story in between the beginning and the exit or endpoint? (Yes/No)
4. Is the description told from an observer (behavioral language) perspective? (Yes/No)
5. List briefly what problem(s) are contained in the above situational description: \_\_\_\_\_

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Check your work with the criterion answers on p. 64.

**Criterion Answers for Step 1 Elicitation Exercises*****Situational Description 1***

1. No.
2. No.
3. No.
4. No.
5. The event is not pinpointed in time. No story is told. The exit/endpoint event is not specified. The observer perspective is not achieved.

***Situational Description 2***

1. No.
2. No.
3. No.
4. No.
5. The event is not pinpointed in time. No story is told. No exit/endpoint is specified. The observer perspective is not achieved.

***Situational Description 3***

1. No.
2. No.
3. No.
4. No.
5. The event is not pinpointed in time. No story is told. No exit/endpoint is specified. The observer perspective is not achieved.

***Situational Description 4***

1. No.
2. No.
3. No.
4. No.
5. The event is indirectly but inadequately pinpointed in time. No story is told. No exit/endpoint is specified. The observer perspective is not achieved.

***Situational Description 5***

1. Yes. However, the description is too global and requires the therapist to infer too much.
2. Yes.
3. Yes. [There are the “skeletal” beginnings of a story, but more elaboration is needed.]
4. No.

5. Because the storyline is skeletal, the description gives the clinician nothing interpersonal with which to work. Patients who construct such stories usually avoid interpersonal encounters. The real issue is, Why the avoidance?

**Situational Description 6**

1. Yes.
2. Yes.
3. No. [There is only a skeletal report of conversation that provides no information concerning the exchange between the father and his son.]
4. Yes.
5. Patient must begin to describe situations in more specific detail so that the therapist has a clearer idea of what happened between the two interactants. For example: Did the father try to engage his son in conversation? Did the son respond or initiate conversation, etc.?

**Situational Description 7**

1. Yes.
2. Yes.
3. Yes.
4. Yes. [The subjective statement at the end is acceptable because we have a clear idea of what happened and how the situation ended.]
5. This situational description is acceptable.

**Situational Description 8**

1. No.
2. No.
3. No.
4. No.
5. The event is not pinpointed in time. No story is told. No exit/endpoint is specified. The observer perspective is not achieved.

**Situational Description 9**

1. No.
2. Yes. [But the exit/endpoint ends with no content or continuous story preceding it. The patient has not yet learned to select one "slice-of-time" and describe it for the situation.]
3. No. [We have a collage of several events that are patched together.]
4. Yes. [Patient succeeds here but still must learn to select one of the events and focus on this alone.]

5. The event is not pinpointed in time. No continuous story is told. The exit/endpoint is specified, but the lack of internal continuity makes the endpoint useless. The observer perspective is achieved—but, again, it is useless because of the lack of internal consistency.

### ***Situational Description 10***

1. Yes. [But paucity of information about the interpersonal encounter makes the description useless.]
2. Yes. [Again, the skeletal description is not conducive for effective SA work.]
3. Yes. [Same comment as above.]
4. Yes. [Same comment as above.]
5. The marked and consistent absence of interpersonal involvement is characteristic of schizoid patients or other patients who actively avoid interacting with other people.

### ***Situational Description 11***

1. Yes.
2. Yes.
3. No. [The story is filled with subevents that detract from the encounter with the male at the restaurant. There is too much information in the description. If the story had been told in the following sequence, we would have had a story we could work with: Patient went to a restaurant → description of what happened between the patient and man during lunch → the encounter ended, and the patient left the restaurant.]
4. No. [Personal editorializing continues throughout the situational description.]
5. There is no story evident, even though the event is pinpointed in time. The observer focus is not achieved. Patient must learn to attend to the relevant details of the situation.

### ***Situational Description 12***

1. No.
2. No.
3. No.
4. No.
5. Situational pinpointing is absent and the lack of focus means that the patient is unable to select one specific slice-of-time to use for a description.

### ***Situational Description 13***

1. Yes.
2. Yes.
3. No. [This example is instructive because it shows us what to avoid in SA. Do not conduct an SA on something that hasn't happened. Why? Because everything will



be speculative—a perspective you want to help patients avoid. Patients must be taught to ground themselves in real-world events and not the non-events of their imagination.]

4. No.
5. The focus is on a non-event—on something that hasn't happened.

#### ***Situational Description 14***

1. Yes.
2. Yes.
3. Yes.
4. Yes.
5. All the criterion requirements are met in this description. The only problem is the parsimony of the content. The patient will have to learn to elaborate more in future descriptions so that the clinician will have a clearer picture of what actually happened. But this is a good start.

#### ***Situational Description 15***

1. No.
2. No.
3. No. [The description is vague and overly global. It is not focused on behavioral specifics such as, "He said this, I said that, then this happened."]
4. No. [Considerable "mind-reading" of the other person is present. The real problem is that we know nothing about the other interactant. Teach patients to stick to details of the actual events.]
5. The patient tries to focus on a slice-of-time. However, the attempt is not successful, and the description is inadequate in every respect.

#### ***Situational Description 16***

1. Yes.
2. Yes.
3. Yes.
4. Yes.
5. This is an adequate situational description that can be used for SA. The beginning and endpoint are firmly set, and the story in between provides a useable description of the interaction. The story is also told from an acceptable observer perspective.

#### ***Situational Description 17***

1. Yes.
2. Yes.
3. Yes.

4. Yes/no. [The patient must learn to describe the situation without editorializing or mind-reading. These are features of the description that can be easily extinguished.]
5. Other than the editorializing/mind-reading, this is an adequate description that can be used for SA.

### ***Situational Description 18***

1. Yes.
2. Yes.
3. Yes/no. [The patient is editorializing as well as mind-reading. Teach patients to stick with the facts, not inferences. This description is similar to the preceding one in that both patients must learn to describe an event while remaining in an observer mode.]
4. No. [Learning to describe the situation as an observer is the major task here.]
5. Extinguish the embellishments that are added to an otherwise acceptable situational description.

### ***Situational Description 19***

1. Yes. [Excellent beginning.]
2. Yes. [Excellent exit/endpoint.]
3. Yes. [Excellent story in between.]
4. Yes. [Observer perspective achieved throughout; no editorializing or mind-reading.]
5. There are no problems with this acceptable situational description.

### ***Situational Description 20***

1. Yes. [Excellent beginning.]
2. Yes. [Excellent exit/endpoint.]
3. Yes. [Excellent story in between.]
4. Yes. [Observer perspective achieved throughout; no editorializing or mind-reading.]
5. There are no problems with this acceptable situational description.

## STEP 2: SITUATIONAL INTERPRETATIONS

### Review

Review the “Therapist Rules for Administering Step 2” in the text (pp. 115–122) and summarized here:

1. Provide a rationale to the patient for Step 2 (text, p. 115).
2. Teach the patient to construct one declarative sentence for each interpretation (e.g., “It meant that . . .”).
3. Let the patient do the work.
4. Restate each interpretation using the patient’s language.
5. The clinician must understand every word in the interpretation and ask for clarification in instances where the meaning of a word(s) is unclear.
6. Limit the number of interpretations to three or four.
7. Summarize the entire list at the end of the step, using the patient’s language.
8. Each interpretation must be *relevant* and *accurate* and describe what is happening in the situation. [Note: In actual SA administration, this rule applies only during the remediation phase of SA. It is stated here because you will be asked to construct interpretations below that meet the *relevancy* and *accuracy* criteria.]

*Reminder:* Since many psychotherapists have been trained in Beck’s cognitive therapy (CT), a reminder is provided to help trainees discriminate between the role cognitive beliefs, attitudes, and automatic thoughts play in CT versus the role cognitive interpretations play in Situational Analysis. In CT, cognitive constructs are assessed in terms of the degree to which they accurately appraise reality. In CT, a realistic appraisal or cognition is one that validly assesses reality.

The role of the cognitive interpretation in SA is a functional one; that is, it either contributes, or does not contribute, to the attainment of the desired outcome. In order to contribute functionally to the achievement of the desired outcome, a cognitive interpretation must two criteria: (1) it must be firmly grounded in the situational event (*relevance*); and (2) it must accurately describe *what* is happening in the interpersonal event (*accuracy*).

Review the “Patient Performance Goal for Step 2” in the text (p. 122) and summarized here:

1. Patient learns to construct relevant and accurate interpretations without assistance from the clinician.

### **Sample Criterion Situational Interpretations**

#### SITUATIONAL DESCRIPTION

“I drove my roommate to our university classes yesterday—we live off campus. He and I are very competitive with each other, and we had gotten into an argument the night before over who was the better pitcher for the Atlanta Braves, Greg Maddox or Tom Glavine. I

thought Maddox was, and he argued that I was wrong, it was Glavine. The argument got pretty hot, and finally I said to him, 'You are stupid and don't know a thing about baseball.' He got mad at me and pretty much said the same thing to me. We didn't speak to each other the rest of the evening. On the way to school, I told him that my comment had been stupid and that I was sorry I said what I did. He apologized to me for what he said. We got to school and went our separate ways."

#### INTERPRETATIONS

1. "I really disagree with the position my roommate is taking."
2. "Greg Maddox has no peers when it comes to pitching."
3. "I'm really mad."
4. "I must apologize for my comment."

*Comment:* Interpretations 1–3 meet the criteria of relevancy (anchored temporally in the situation) and accuracy (describe what is going on in the situation). Interpretation 4 is an *action interpretation* that usually leads to assertive behavior.

#### Exercises

Following are 10 situational interpretation exercises. For each:

1. Read the situational description and construct three or four relevant and accurate interpretations. [*Note:* You will be taking the role of the patient. It is important to note that the interpretations you obtain from patients during Step 2 will more than likely have to be revised/reworked during the remediation phase (see text, pp. 143–157). However, the goal here is to help you learn to construct *relevant* and *accurate* interpretations. This will help you recognize criterion-level interpretations when you begin eliciting interpretations from patients.]
2. Spaces are provided in each exercise for four interpretations. You do *not* have to construct four interpretations for each exercise, and do not construct more than four.
3. Check your interpretations for each exercise with the criterion answers on pp. 73–74. [*Note:* You may construct interpretational sentences that differ somewhat from my criterion interpretations. If your interpretations meet the relevancy and accuracy criteria, then they are correct.]

#### ***Situational Interpretations 1***

"I had a bad encounter with my husband last night. I began the conversation trying to tell him that he had overdrawn our checking account again. He said, 'Oh no! You're going to lay into me again!' I said that since he never records the checks he writes, our balance is always unknown. He became real angry and yelled at me, saying that from now on I'm going to have to do all the grocery shopping because he won't. I didn't reply or say anything else. The conversation ended with us not speaking to each other."

a. Write out your interpretations:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

b. *Check your interpretations with the criterion interpretations found on p. 73.* How did your interpretations compare with the criterion interpretations? Pinpoint any differences on the following lines.

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#### FEEDBACK QUESTIONS

- Did you mind-read the husband's motives [always an inaccurate interpretation: see text, p. 122]? (Yes/No)
- Did any of your interpretations become global (e.g., "We always end up fighting this way" etc.) [inaccurate interpretation: see text, pp. 117–118, 122]? (Yes/No)

### ***Situational Interpretations 2***

"Rob asked me out last night, and he wanted me to decide on the movie. I told him that I didn't care what we saw. He refused to make the decision and just got mad and pouted because I wouldn't make the decision. We didn't go to a movie. We stopped in at a McDonald's for coffee. He told me that I had ruined the evening for him. We decided to leave McDonald's, and we left the coffee on the table. We drove home, and he let me out in the driveway. I walked into the house alone and was furious with him."

a. Write out your interpretations:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

b. *Check your interpretations with the criterion interpretations on p. 73.* How did your interpretations compare with the criterion interpretations? Pinpoint any differences on the following lines.

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## FEEDBACK QUESTIONS

- Did you mind-read the boyfriend's motives/behaviors? (Yes/No)
- Were any of your interpretations global? (Yes/No)
- Did your interpretations describe what was taking place in the situation? (Yes/No)

**Situational Interpretations 3**

"The work supervisor called me into her office on Tuesday. The meeting was my first 6-month evaluation with the company. My supervisor gave me "average" ratings in all the work categories. I thought I had done much better in several categories and told her so. I had worked late many nights, initiated several projects on my own, and had given my colleagues help on numerous occasions. My supervisor knew nothing about these things, and she told me I should have let her know. She also said that she would not change her original evaluation of my work. I signed the evaluation and left her office."

a. Write out your interpretations:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

b. Check your interpretations with the criterion interpretations on p. 73. How did your interpretations compare with the criterion interpretations? Pinpoint any differences on the following lines.

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**Situational Interpretations 4**

"I went into a 7-Eleven store to buy some milk. I brought the milk to the check-out line and waited. I was about fifth in line. The cashier let three people in line ahead of me. I didn't say anything, just waited my turn. When the cashier finally took my money, he never asked me if I wanted a bag for the gallon jug. I picked up the change and the milk and left the store."

a. Write out your interpretations:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

- b. *Check your interpretations with the criterion interpretations on p. 73.* How did your interpretations compare with the criterion interpretations? Pinpoint any differences on the following lines.

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FEEDBACK QUESTIONS

Are you still having difficulty? If so, identify the difficulty: \_\_\_\_\_

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*Note:* If you are still having difficulty, reread Chapter Six (pp. 115–122) in the text. Remember, the functions of cognitive interpretations in CBASP are to keep patients grounded in the situation as well as to help them accurately appraise what is actually happening. Grounding and accurate appraisal are prerequisites for obtaining the desired outcome.

**Situational Interpretations 5**

“I answered a telemarketing call the other evening during supper. A stockbroker from New York called me. I tried to get off the phone politely, but he kept asking me about my investments. I told him several stocks I had invested in. He asked me what kind of annual dividends I was getting, and I told him. He told me that he could make me more money. I said I wasn’t interested in changing my portfolio at this time. He wouldn’t stop talking to me. I couldn’t get him to stop. Finally, he told me I was a stupid investor and he hung up. I got really depressed and down on myself after I hung up the phone.”

- a. Write out your interpretations:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

- b. *Check your interpretations with the criterion interpretations on p. 73.* How did your interpretations compare with the criterion interpretations? Pinpoint any differences on the following lines.

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## FEEDBACK QUESTIONS

- Are you having difficulty with staying grounded in the situation [relevant interpretations]? (Yes/No)
- Are you having difficulty accurately appraising what is going on [accurate interpretations]? (Yes/No)

If you answered yes to one or both questions, review Table 6.2 (p. 118) and Table 6.3 (p. 122) in the text.

***Situational Interpretations 6***

“I was drinking beer the other night with a friend. We were in a bar where I go quite often. He and I always argue about everything. Tonight was no exception. He is a conservative Republican, and he thinks George W. Bush walks on water—no gun control, pro-life, the whole nine yards. I can’t stand Bush, and I told him so. We kept disagreeing over everything and, finally, both of us agreed that it was time to head for home. He never did agree with anything I said the entire night. We told each other goodbye and went our separate ways.”

a. Write out your interpretations:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

b. Check your interpretations with the criterion interpretations on p. 73. How did your interpretations compare with the criterion interpretations? Pinpoint any differences on the following lines.

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***Situational Interpretations 7***

“My family and I visited my parents on Christmas morning. This is the time we open packages that have been put under the Christmas tree. My mother made each of my three children sit in a certain place and unwrap their packages without tearing the wrapping paper. When they tore the paper too much, she fussed at them about being wasteful. Then she made each one throw away all the trash in a large trash basket. She didn’t want any trash left on the floor. I finally got angry and told her that her routines were silly and took all the fun out of Christmas. I also said that if she didn’t stop fussing at the children, we would leave. She didn’t say another word to the children about the way they opened their presents. The rest of the morning ended up all right.”



a. Write out your interpretations:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

b. *Check your interpretations with the criterion interpretations on p. 74.* How did your interpretations compare with the criterion interpretations? Pinpoint any differences on the following lines.

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### ***Situational Interpretations 8***

“My 22-year-old son called me October 15 from Denver and said he needed some money to make it to the end of the month. He’s a senior in college. I asked him what he had done with the monthly check we sent him on the first of the month. He said he had spent it. He had been in a poker game and lost badly. I became angry, started cursing, and told him he was irresponsible. Then I started to feel guilty and finally asked how much he needed. He said \$500 would do it. I told him I would put the check in the mail today. I got off the phone and was furious—then I got depressed.”

a. Write out your interpretations:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

b. *Check your interpretations with the criterion interpretations on p. 74.* How did your interpretations compare with the criterion interpretations? Pinpoint any differences on the following lines.

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### ***Situational Interpretations 9***

“I went to Kmart yesterday and ended up with a huge basket of things I wanted to purchase. I waited in line for 15 minutes and finally got up to the cashier. When I got to my car with all the bags, I pulled out the sales ticket and saw that I had been overcharged on several items. One item was a vaseline lip balm container that cost \$1.19. I had been charged

\$11.95 for the item. I decided not to go back to the store and wait in line again. Driving out of the parking lot, I felt like a real wimp.”

a. Write out your interpretations:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

b. Check your interpretations with the criterion interpretations on p. 74. How did your interpretations compare with the criterion interpretations? Pinpoint any differences on the following lines.

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**Situational Interpretations 10**

“My work supervisor gives me nothing but negative feedback. Today he did it again. I had worked hard to put together the display that I took to him to review before I presented it to the board. I thought my work was excellent. I was proud to show it to him. He looked it over and told me that one particular detail was wrong. He also said that I had left out another small detail that I needed to include. He told me to make these corrections before he would pass on it. I left his office feeling that my work was bad. I went back to my office to correct the display errors.”

a. Write out your interpretations:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

b. Check your interpretations with the criterion interpretations on p. 74. How did your interpretations compare with the criterion interpretations? Pinpoint any differences on the following lines.

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## Criterion Answers for Step 2 Elicitation Exercises

### ***Situational Interpretations 1***

1. "My husband has overdrawn our account because of his refusal to stub the checks."
2. "My husband is angry."
3. "He won't talk with me about the checkbook problem."

### ***Situational Interpretations 2***

1. "Rob wants me to make the decision about what movie to see."
2. "I don't care what we see."
3. "He is angry with me, and he is acting like a spoiled child."

### ***Situational Interpretations 3***

1. "I think my evaluations are unduly low."
2. "I never let my supervisor know about all the things I was doing."
3. "I must let her know what I'm doing before the next evaluation [action interpretation]."

*Note:* See text, pp. 152–153, for an explanation of an "action interpretation" and the role it plays in SA. Action interpretations are necessary to mobilize/prompt assertive behavior appropriate to the situation. The patient must first recognize that assertive behavior is needed to modify a negative state of affairs or to nudge a situation in a desirable direction and then behave accordingly. The assertive behavior can take a verbal and/or nonverbal form.

### ***Situational Interpretations 4***

1. "The cashier has let people in ahead of me."
2. "The cashier isn't voluntarily putting the items in a bag."

### ***Situational Interpretations 5***

1. "I don't want to talk with this broker."
2. "I disclosed several of my stocks."
3. "I don't want to discuss this further."
4. "He is a rude person."

### ***Situational Interpretations 6***

1. "We are arguing again."
2. "I can't stand Bush and what he stands for."
3. "We haven't agreed on anything tonight."

***Situational Interpretations 7***

1. "It's Christmas morning at home."
2. "My mother is being too controlling with my kids."
3. "I've got to tell her to back off and ease up [this is an action interpretation]."
4. "She backed off and eased up somewhat."

***Situational Interpretations 8***

1. "My son wants more money."
2. "He spent the previous money playing poker."
3. "He uses my money irresponsibly."
4. "I decided to send him another \$500."

***Situational Interpretations 9***

1. "I've been overcharged."
2. "The lip balm item is grossly overcharged."
3. "I don't want to go back and wait in line again."

***Situational Interpretations 10***

1. "I got more negative feedback from my supervisor today."
2. "He is missing the 'big picture' here because of attending only to small details."
3. "He wants corrections made before he'll sign off on the project."

## Final Remarks about the Step 2 Exercises

The interpretation exercises should give you a clearer understanding of the role played by *relevant*, *accurate*, and *action* interpretations in SA. Interpretations denote a “reading” of what is going on during the event, and in the case of the action read, of what must be done to move the situation in a desirable direction. Said another way, interpretations identify what is actually happening and do not make subjective judgments or qualitative attributions about what is happening (i.e., the goodness, badness, effectiveness, ineffectiveness, adequacy, inadequacy, of the events). Step 2 teaches patients to be “present-focused” throughout an interaction, to be attentive to the moment-to-moment interpersonal fluctuations, and to respond appropriately. Making relevant and accurate interpretations anchors the patient in the present moment.

There is one important aspect of Step 2 construction and evaluation that is not covered in the above exercises, but which you will learn about in the CBASP workshops. Interpretational adequacy depends not only on the relevancy and accuracy of a read but also on whether the read helps the patient obtain what he/she wants in the situation—the desired outcome, or DO. Some CBASP clinicians feel that the most effective interpretations are those that contribute directly to DO attainment. At this point, I am more interested in your acquiring the ability to construct relevant and accurate interpretations. Later you will learn how to help patients evaluate the extent to which their relevant and accurate interpretations contribute (or not) to DO attainment.

I must make one final point about interpretation construction before moving on to Step 3 of SA. The point will become much clearer when we describe Step 2 of the remediation phase and you learn how to revise noncriterion interpretations. CBASP *never* disengages an interpretation from its situational moorings, or considers its adequacy apart from the “actual outcome” (AO)—the consequences of behavior. If we disconnected Step 2 from the situational context as well as from the AO and considered the validity of a particular read apart from the actual situation (as is done in CT; Beck, Rush, Shaw, & Emery, 1979), we would be disengaging cognitive behavior from the consequences it produces. I have worked with many excellent psychotherapists who have been well-trained in the CT tradition. When they first administer CBASP, CT therapists naturally tend to disconnect cognitive interpretations from the AO by viewing Step 2 from the CT perspective. The reason CBASP places so much importance on the way people interpret events is because these situational interpretations lead directly to environmental consequences (the AO). Whenever we view interpretations as an independent construct and conceptualize them as a dysfunctional belief, attitude, or automatic thought (Beck et al., 1979), we risk losing the situational consequences of cognitive behavior.

## STEP 3: SITUATIONAL BEHAVIOR

### Review

Review the “Therapist Rules for Administering Step 3” in the text (pp. 123–125) and summarized here:

1. Provide a rationale to the patient for Step 3 (text, pp. 123–124).
2. Teach the patient to monitor his/her situational behavior and to keep track of those behaviors that lead to the achievement of desired outcomes.

Review the “Patient Performance Goal for Step 3” in the text, p. 125) and summarized here:

1. Patient learns to focus on relevant aspects of his/her behavior that lead to the achievement of the desired outcome.

### **Sample Criterion Behavioral Pinpointing**

“On Tuesday my office mate listened to a rock station on his radio all day—from 8 A.M. to 5 P.M. He does this several times a week. I can’t get any work done because I cannot concentrate. I wanted him to turn off the radio. I should have told him what I wanted, but I didn’t say anything. I just kept quiet and got mad. I stayed angry all day and just thought about how inconsiderate he was. Tuesday ended, and I went home really mad and depressed.”

*Behavioral problem(s):* Lack of assertive behavior requesting that the radio be turned off or down, or wearing earplugs.

### Exercises

Following are 10 situational behavior exercises. For each:

1. Read the scenarios and pinpoint the behavioral problem(s) that need work.
2. After completing each exercise, *check your responses with the criterion answers on pp. 81–83.*

*Note.* It is important to remember that actual skill training and rehearsal for behavioral problems are not undertaken during the SA. However, SA accomplishes two behavioral goals: (1) Therapists (privately) pinpoint the patient’s behavioral problems during Step 3 of the elicitation phase; and (2) they help the patient target the behaviors needed to obtain the desired outcome during Step 2 of the remediation phase. You will complete the first behavioral task in the exercises below.

### **Situational Behavior 1**

“I gave the cashier a \$20 bill for a 55¢ purchase. The cashier told me that I had to take 19 singles for my change. *I saw that she had a drawer full of tens and fives.* I just stood there and

watched her count out 19 singles and some change. I didn't want all of those singles, but I just held out my hand and she gave them to me."

a. Behavioral problem(s):

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b. Did your behavioral target(s) agree with the criterion answer on p. 81? If not, what were the differences? \_\_\_\_\_

### **Situational Behavior 2**

"My husband told me that the dinner I cooked was terrible. He called me a bad cook. He went on and on with his criticism. I just listened to his ranting and raving without saying anything. Just sat there and picked at my food. I feel like a total failure."

a. Behavioral problem(s):

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b. Did your behavioral target(s) agree with the criterion answer on p. 81? If not, what were the differences? \_\_\_\_\_

### **Situational Behavior 3**

"I told my employee off. He made a stupid mistake adding up a sales bill total with a customer. He tried to explain what had gone wrong and why he'd made the mistake. I just got madder and told him that if he makes another mistake like this again, I'll fire him. He's my best salesman, but I really lost it, and I laid into him."

a. Behavioral problem(s):

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b. Did your behavioral target(s) agree with the criterion answer on p. 81? If not, what were the differences? \_\_\_\_\_

**Situational Behavior 4**

"I asked my husband to help me with the housework, and he became angry with me. He told me he wouldn't help me do anything! He said that I ought to see that he was watching TV. I didn't say anything else to him. He always reacts that way when I ask for his help. That night he came to bed, all sweet, and wanted to have sex as if nothing had happened. After we did it, he fell right off to sleep. It took me a long time to go to sleep. I was still feeling hurt."

- a. Behavioral problem(s):

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- b. *Did your behavioral target(s) agree with the criterion answer on p. 81? If not, what were the differences?* \_\_\_\_\_

**Situational Behavior 5**

"I had a wonderful evening and really enjoyed the time we spent together. She seemed to feel the same way. I just didn't know how to take things further. I didn't say anything to her at the door to her apartment, when she kissed me and asked me to come in. Just stood there wondering what to do. The next thing I said was that I had had a really nice time. Then I turned around and walked to my car and drove off. I felt like a fool!"

- a. Behavioral problem(s):

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- b. *Did your behavioral target(s) agree with the criterion answer on pp. 81-82? If not, what were the differences?* \_\_\_\_\_

**Situational Behavior 6**

"Last Saturday evening, my boyfriend and I got into a big argument about what we wanted to do. I wanted to go out to eat first, and he wanted to go to a movie and then go out to eat. I did something that I have never done before. I told him that I always become frustrated and angry when people don't do what I want. I also said that I am trying to change and do things differently. Then I said, 'Look, let's go the movie, and then we can get something to eat.' Things really worked out well, and the evening was great fun. He asked me to go out next weekend and said we must go to eat before we do anything else."



- a. Behavioral problem(s):

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- b. Did your behavioral target(s) agree with the criterion answer on p. 82? If not, what were the differences? \_\_\_\_\_

### **Situational Behavior 7**

*Note:* This patient (male) has made only fleeting eye contact with the therapist (female). Whenever he talks, he looks to the left, to the right, or down at the floor.

“My date told me last night that I needed to be more assertive. She said that I never look at her. I don’t know where that came from. We had been having dinner at a restaurant, and I thought the evening was going okay. I didn’t reply to her. I just shrugged my shoulders, and told her that I thought I was assertive enough.”

- a. Behavioral problem(s):

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- b. Did your behavioral target(s) agree with the criterion answer on p. 82? If not, what were the differences? \_\_\_\_\_

### **Situational Behavior 8**

*Note:* This patient laughs frequently whenever she talks about herself. This pattern is particularly noticeable whenever she wants something or actually asks for something.

“I went to the cleaners Monday to take my blouses to be laundered. I wanted to pick them up the next day. The clerk told me this would be impossible [patient said that she laughed while talking to the clerk]. I told her that I needed them right away [patient noted that she smiled at the clerk and laughed again]. The clerk became a little more upset [patient reported laughing once more] and told me they would be ready Wednesday evening at the earliest. [Patient said she started to get angry but laughed once more and said to the clerk that the cleaners advertise ‘next day service.’ The clerk retorted that it was ‘Wednesday or nothing’ and the patient said she laughed again.] I gathered up my blouses and told her, ‘Forget it!’ [again, she laughed when she said this to the clerk]. I left the store.”

- a. Behavioral problem(s):

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- b. Did your behavioral target(s) agree with the criterion answer on p. 82? If not, what were the differences? \_\_\_\_\_

### **Situational Behavior 9**

“I am a member of our church committee that is studying our space needs on Sunday morning to determine if we need to enlarge the sanctuary. We only had a few members show up for the last meeting. I should have called everyone to remind them about the meeting. I told the group that I should have called everyone and that the poor attendance was my fault. The people who were there tried to tell me that it was not my job to call everyone and remind them. I just kept saying that ‘it was my fault.’ I felt responsible. We went round and round about this for a long time. I kept saying the same thing, even though they disagreed with me. They never did convince me otherwise. We never got anything done at the meeting.”

- a. Behavioral problem(s):

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- b. Did your behavioral target(s) agree with the criterion answer on pp. 82–83? If not, what were the differences? \_\_\_\_\_

### **Situational Behavior 10**

“I told my 10-year-old child that she could not wear her dress so short. She starting arguing with me. In fact, she really got mad at me. I tried to stand my ground and give her all the reasons why I thought her dress was too short, and why I thought it would be socially inappropriate for her to wear it this way. Finally, I told her: ‘Just forget about it; it’s not that important anyway. Just do what you want to do and wear your short skirt to school.’ When she went to school, I was furious with myself for being such a wimp.”

- a. Behavioral problem(s):

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- b. Did your behavioral target(s) agree with the criterion answer on p. 83? If not, what were the differences? \_\_\_\_\_

## **Criterion Answers for Step 3 Elicitation Exercises**

### ***Situational Behavior 1***

*Problem:* Lack of assertive behavior accompanied by a goal-directed focus.

*Solution:* The patient must decide on a desired outcome (DO) that would focus his/her behavior in an effective direction. For example, would he/she ask for larger bills, since they were visible in the register drawer? Would he/she say that if the change had to be made in singles, then he/she would shop elsewhere?

### ***Situational Behavior 2***

*Problem:* Lack of assertive behavior with the husband.

*Solution:* The initial behavioral response should be directed toward giving feedback to the husband concerning the effects of his hurtful comments on the patient. A choice point then arises for the patient: Does the patient want to pursue (1) why her husband wants to hurt her in this manner or (2) the issue of what the husband wants to do about the obvious "food problem."

### ***Situational Behavior 3***

*Problem:* Lack of anger control; lack of goal-directed behavior regarding employee problems.

*Solution:* A focus on helping the patient learn to teach adaptable behavior to his employees rather than punishing misbehavior (i.e., making mistakes when totaling the sales bill) is the best way to teach anger control in this instance. This is an old operant tactic that frequently works. I would also tell the patient that controlling his anger in such situations takes pre-planning; I would ask him to list anticipated problem situations with employees and we would work out similar teaching strategies.

### ***Situational Behavior 4***

*Problem:* Lack of assertive feedback behavior with the husband.

*Solution:* Patient must learn to provide immediate feedback to the husband whenever he hurts her with comments such as this. The husband is also unaware that his request for sex is incongruent following such injurious exchanges and that having sex at such a time poses notable interpersonal difficulties for the patient. The husband is clearly not aware of the negative consequences his behavior is having on his wife.

### ***Situational Behavior 5***

*Problem:* Lack of assertive behavior accompanied by goal-directed focus; social skills deficit around females (inconclusive).

*Solution:* Patient must learn to pinpoint what he wants to do in the situation (this involves the DO), and then let the other person know. It may be that once the patient is able to tell the woman what he wants in an appropriate manner, no further social skills training will be necessary. If glaring social inadequacies with females are present, then formal training will have to be instituted.

### ***Situational Behavior 6***

*Problem:* None present; the patient behaved appropriately.

### ***Situational Behavior 7***

*Problem:* Inappropriate interpersonal behavior (inability to make eye contact with the therapist and others).

*Solution:* The therapist must teach the patient to maintain appropriate eye contact with him/her first. Then the skill must be transferred outside of therapy. Constant feedback from the clinician should be administered for this behavior, particularly when good eye contact is being maintained.

### ***Situational Behavior 8***

*Problem:* Incongruence between the patient's verbal and nonverbal behavior channels.

*Solution:* Laughter that is emitted when a person is trying to be serious sends confusing messages. Laughter is a nonverbal signal that communicates the following: "This is a light exchange and do not take me seriously." The verbal content of the patient's presentation to the clerk was very serious. Laughing while being serious sends a conflicting and confusing message—the laughter cancels out the serious content, and vice versa. This patient will have to learn to make serious declarative sentences without smiling or laughing. This behavior skill training can be accomplished during the therapy hour after the SA is completed. It is not unusual for such patients to have difficulty taking themselves seriously when they want something. This component may be motivating the nonverbal laughter during serious encounters.

### ***Situational Behavior 9***

*Problem:* Inability to take seriously what others say and then behave accordingly.

*Solution:* This patient's DO was to help the group have a productive meeting. The meeting was nonproductive and the DO was not obtained because the patient could not take seriously what the group was trying to say to her. It is not unusual for these patients to have difficulty taking what the therapist says seriously, particularly when it involves some aspect of their behavior. The place to begin training is during the exchanges between the patient and the therapist. Exposing the fact that the patient finds it difficult to believe the thera-

pist and questioning why this might be the case will evoke the necessary historical problems that must be addressed to remedy the problem.

### ***Situational Behavior 10***

*Problem:* Being unable to maintain effective behavioral limits on a 10-year-old child.

*Solution:* As in the above exercises, this patient may find it difficult to take seriously her own decisions concerning child-raising. If this is the case, the question becomes *why*. Assisting the patient to attribute greater credibility to her own limit-setting and supporting/reinforcing such behavior is clearly indicated. It will never be easy or stress-free—certainly not with children or adolescents!

## STEP 4: ACTUAL OUTCOME

### Review

Review the “Therapist Rules for Administering Step 4” in the text (pp. 125–129) and summarized here:

1. Provide a rationale to the patient for Step 4 (text, pp. 125–126).
2. Frame the AO in a time-anchored sentence that is constructed in behavioral terms (stated so that an observer could see it happen).
3. Do not construct AOs in emotional terms.
4. Do not paraphrase or alter the patient’s AO construction.
5. Let the patient do the work of AO construction.

Review the “Patient Performance Goal for Step 4” in the text (p. 129) and summarized here:

1. The patient learns to construct the AO in one sentence using behavioral terminology.

### Exercises

1. Construct an AO sentence for each situational description. Remember, the AO denotes the exit/endpoint of the situation. *If the situational description is presented in such a way that AO construction becomes difficult/impossible to determine, then diagnose the problem in the space provided.*
2. After completing each exercise, *check your responses with the criterion answers on pp. 89–91.*

#### **Actual Outcome 1**

“I talked to my neighbor this morning about his bass boat being parked on the edge of my property. I asked him to move the boat so that it would be off my property line. Finally, he said, ‘Okay, I’ll move the boat to the other side of the yard.’ He moved his boat.”

Write out the AO sentence or diagnose the problem:

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How did your AO response compare with the criterion answer on p. 89? \_\_\_\_\_

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#### **Actual Outcome 2**

“I called the hostess of our convention to tell her how I wanted the room set up. She and I started talking, and I described how I wanted the room arranged. I explained my thoughts

about how the chairs should be positioned. The more I talked with her the more anxious I became. She said that my arrangement ideas were good and that she would implement them. When the conversation ended, I was so nervous thinking about my ideas being implemented that I could barely focus on what she had said to me.”

Write out the AO sentence or diagnose the problem:

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How did your AO response compare with the criterion answer on p. 89? \_\_\_\_\_

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### **Actual Outcome 3**

“Our big project was due on Friday and my colleagues and I talked in the conference room one last time. Jane listed the unfinished steps that involved her staff. Bill did the same for his staff. When it was my turn to review the progress of my staff, I presented two things. After I finished, the group said they were pleased with my overall work. The meeting broke up, and I continued to talk to Fred, whose staff had completed his part of the project. He told me about his son and how his family had gone to his hockey game on Monday night. His son was obviously the star of the team. We agreed to meet later and talk about the hockey game over a beer.”

Write out the AO sentence or diagnose the problem:

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How did your AO response compare with the criterion answer on p. 89? \_\_\_\_\_

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### **Actual Outcome 4**

“I called Mary and asked her to go to the opera with me on Saturday evening. She said that she would. I was so excited that I almost dropped the phone. I worked out the time I would pick her up. Then I called my buddy and told him the good news. We talked about the conversation I had just had with Mary, and he told me that I was one lucky guy!”

Write out the AO sentence or diagnose the problem:

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How did your AO response compare with the criterion answer on p. 89? \_\_\_\_\_

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**Actual Outcome 5**

“My plant colleague and I have been working on plans for a new wing design for a new Lockheed airplane. We had frequent arguments during our conversation on Monday morning. On Tuesday we seemed to agree more on the aerodynamic specifications, but we ended the day at each other’s throats again—arguing and in total disagreement. Wednesday, we didn’t talk much. Friday was another conflictual day. He and I started arguing in the morning, and it went on all day. By 5 P.M. on Friday I was exhausted, so I left the office without telling Bill good-bye.”

Write out the AO sentence or diagnose the problem:

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How did your AO response compare with the criterion answer on p. 90? \_\_\_\_\_

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**Actual Outcome 6**

“For the past week my wife and I have been talking about remodeling our living room and den. We have gone over every inch of both rooms, discussing and debating what we want and don’t want. It seemed at times that our disagreements were not resolvable. The final issue was where to put the entertainment center in the den. She wanted it near the fireplace on the north wall, and I wanted it across the room on the south wall. We compromised by deciding to put the fireplace in the middle of the den with a wrap-around see-through fire screen. The discussion was finished, and we agreed on everything.”

Write out the AO sentence or diagnose the problem:

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How did your AO response compare with the criterion answer on p. 90? \_\_\_\_\_

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**Actual Outcome 7**

“I always get so flustered whenever I have to defend my opinion on something. This is especially true when what I say conflicts with someone else’s opinion. I wish I could stand my ground, feel confident, and talk in a reasonable way. Earlier this week, I got into another one of those situations. My cousin from Seattle was visiting me, and she said she wanted to go see the movie *The Man on the Moon*. I told her, ‘I hate Andy Kaufman and this movie is the last one I want to see.’ The *American President* was also on, and I said I wanted to go



see this one. We got into a debate over which movie would be better. Once again, I became flustered and had no confidence in my position.”

Write out the AO sentence or diagnose the problem:

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How did your AO response compare with the criterion answer on p. 90? \_\_\_\_\_

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### **Actual Outcome 8**

“I was audited by the I.R.S. this week. The agent came to the house in the evening, and my husband and I sat around the kitchen table and pulled out all our records and receipts for 1998. He went through the tax return we had filed (line by line) and made some adjustments. However, two or three major adjustments had to be made because we had added our 1998 gross income totals incorrectly. It meant that we still owed a considerable amount of money on the 1998 return. We all agreed on what the refund total was, and the agent thanked us for our time and left.”

Write out the AO sentence or diagnose the problem:

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How did your AO response compare with the criterion answer on p. 90? \_\_\_\_\_

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### **Actual Outcome 9**

“I finally asserted myself to my supervisor. He was pointing out all the mistakes I had made in my last report. It had been a hurry-up job request because he had to present our department’s sales data to the CEO and board. Instead of getting mad and pouting, like I usually do when this happens, I reacted to his comments differently this time. I told him that I did the best I could, given the severe time constraints. He acknowledged that I didn’t have enough time to do a thorough job.”

Write out the AO sentence or diagnose the problem:

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How did your AO response compare with the criterion answer on p. 90? \_\_\_\_\_

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**Actual Outcome 10**

“My girlfriend and I had another argument last night. We just don’t know how to settle arguments once they arise. She wanted to go out to eat, and I wanted to stay home and cook steaks. Doesn’t sound like that big a deal when I tell it, but by the time the argument ended, it had become a major crisis. We called each other bad names and insinuated all sorts of negative things about one another. The argument was never resolved and I went home mad.”

Write out the AO sentence or diagnose the problem:

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How did your AO response compare with the criterion answer on p. 91? \_\_\_\_\_

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## **Criterion Answers for Step 4 Elicitation Exercises**

### ***Actual Outcome 1***

*Problem:* Resolved.

*Note:* The sentence “He moved his boat,” denotes the exit/endpoint of the situation. It is stated in behavioral terms so that an observer can see it. Patients must learn to construct their AOs in a similar manner. The clearer the exit point, the easier it is to show patients the consequences of their behavior.

### ***Actual Outcome 2***

*Problem:* The patient must learn to frame the AO in behavioral terms. The correct AO would be the following: “The hostess said that my arrangement ideas were good and she agreed to implement them.” It is acceptable for patients to describe how they felt emotionally at the end of the situation, as long as they construct the AO in behavioral terms.

*Note:* If you have further questions about why we avoid using emotional language in the AO and work only with behaviorally framed AOs (see p. 127 in the text).

### ***Actual Outcome 3***

*Problem:* Phillip has included another situational event at the end of the first one that involved the meeting in the conference room. The therapist must insist that the patient stay with one situation and state an AO for that situation: “The group said they were pleased with my overall work.”

*Note:* Chronically depressed patients often shift their focus from one topic to another. Therapists must teach patients to concentrate on only one slice-of-time in SA. Otherwise, the behavioral consequences (AO) in the situation will be lost in an avalanche of extraneous information.

### ***Actual Outcome 4***

*Problem:* The patient has again shifted from one situation to a second event that followed on the heels of his conversation with Mary. The correct AO would be: “Mary accepted my offer of a date, and we worked out the time.”

*Note:* One reason it is important to remain focused on the encounter with Mary is because the patient’s behavior has led to success with Mary. If the clinician allows the patient to insert the scenario with the buddy, the patient’s success consequences may get lost in the tangent. Taking the opportunity to highlight the patient’s successful behavior with Mary is the effective strategy.

**Actual Outcome 5**

*Problem:* We cannot determine an AO because several situations are included in the situational description. The correct therapeutic maneuver here is to ask the patient to select *one day* out of the week and describe his argumentative encounter with Bill. Based on the information we have, it really doesn't matter which day is selected—just have the individual select one.

**Actual Outcome 6**

*Problem:* Resolved.

*Note:* Notice how circuitous the interactional path was from the beginning to the exit/endpoint, "My wife and I agreed on how to remodel our whole house." This is fine and often reflective of how interactions proceed between mature individuals. Relevant and accurate interpretations help patients remain grounded during these interactive twists and turns. If patients are anchored when they face a serious disagreement, their own relevant and accurate interpretations frequently enable them to resolve the disagreement by the time the exit point of the situation is reached.

**Actual Outcome 7**

*Problem:* The situational description has *no* exit/endpoint; therefore we cannot determine an AO. We don't know if the debate between the patient and the cousin is the outcome, if they ever went to a movie, or if there is another outcome. The therapist must help the person determine the exit/endpoint of the situation, and then construct an AO.

*Note:* Remember to avoid the error of leaving the AO in emotional terms (e.g., "flustered and had no confidence," etc.), even though this is the last comment the patient made in the situational description.

**Actual Outcome 8**

*Problem:* Resolved.

*Note:* The AO formulation, "The refund total was agreed upon," is clearly presented in the situational description.

**Actual Outcome 9**

*Problem:* Resolved.

*Note:* The AO, "My supervisor acknowledged that I had insufficient time to prepare a mistake-free report," is clearly presented in the situational description.

**Actual Outcome 10**

*Problem:* Unresolved argument, but outcome correctly stated at the endpoint of the situation.

*Note:* The AO, "The argument was never resolved and I went home mad," is formulated in behavioral terms. Again, it is acceptable for patients to describe the way they felt when they exited the situation, as long as the AO is stated in behavioral terms.

## STEP 5: DESIRED OUTCOME

### Review

Review the “Therapist Rules for Administering Step 5” in the text (pp. 131–138) and summarized here:

1. Provide a rationale to the patient for Step 5 (text, p. 131).
2. Teach patient to construct only one behaviorally defined DO per SA.
3. Teach patient to construct *attainable* (the environment can/will deliver/produce the DO) and *realistic* (the patient has the capacity to produce the outcome) DOs.
4. Be sure you understand every word in the DO sentence.
5. Let the patient do the work of constructing the DO.
6. If the DO is achieved, *but* there is verbal/nonverbal distress evident in the patient (or the therapist) concerning the DO, the DO must be revised.

Review the “Patient Performance Goals for Step 5” in the text (p. 138) and summarized here:

1. Patient learns to construct one behaviorally defined DO per SA.
2. Patient learns to construct *attainable* and *realistic* DOs.

### Exercises

Following are 10 DO exercises. For each:

1. Read each situation and formulate the DO for it and/or answer the questions about the DO.
2. In situations where patients have left the DO in the hands of the environment (an attainable versus unattainable issue), decide if the DO is attainable (use the *attainability* criteria in the text, pp. 133–134).
3. After each exercise, *check your work with the criterion answers on pp. 98–100.*

### *Desired Outcome 1*

“I wanted Jim to take the lead at our next meeting and chair the proceedings. I have been the chair for the last three sessions. Jim and I talked about my role as chair, and I repeatedly said I was tired of doing it. I kept hoping he would volunteer to be the chair. We reviewed the entire agenda for the coming meeting, and we went over each item one by one. Jim never once volunteered to chair the meeting. Finally, we stopped talking about the meeting and went back to our offices.”

*Patient’s situational DO:* “I wanted Jim to volunteer to chair the proceedings at our next meeting.”

- a. Given the situational description, is the DO attainable? (Yes/No) Why?

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- b. What must be *added* to the situation to help the patient determine if the DO is attainable? (See text, pp. 152–153.)

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*Check your answers with the criterion answers on p. 98.*

### ***Desired Outcome 2***

“I talked to my dad and asked him to call us before he comes over to visit Betty and me. He agreed to try to remember to do this but asked why this was necessary. ‘After all, you’re son,’ he said. I explained that sometimes it might not be convenient for us to have visitors and that Betty might have other plans, not be dressed, or just not want visitors at that time. He said he understood what I was saying, and he agreed to call the next time.”

- a. Given the situational description, construct the DO for this situation:

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- b. Does your DO meet the attainable/realistic criteria? (See text, pp. 133–135.) (Yes/No)

- c. Explain why for each:

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*Check your answers with the criterion answers on p. 98.*

### ***Desired Outcome 3***

“I’m coaching a T-Ball Little League team, and I wanted the team members to bag up all the equipment and put the bag in my car before they left practice. Today, we had a team meeting before practice started. I reminded all the team members that I wanted them to help bag up all the equipment before they left the field to meet their parents. I asked them if they would comply with my request and the group unanimously said, ‘Yes.’ When the last kid was picked up, all the equipment had been bagged. The bag had been put in the trunk of my car. I was delighted.”

- a. Construct a realistic DO for the situation:

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- b. Construct an attainable DO for the situation:

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*Check your answers with the criterion answers on p. 98.*

#### **Desired Outcome 4**

“The mission committee at our church met last Wednesday night. The major issue was where would we send our mission monies this year. There were 20 people present, and everyone had an opinion. My own feeling was that the monies ought to go to a place where the need was the greatest. I presented my decision-making rationale to the group. My hope was that the group would use this rationale to make the choice. After hearing the list of needy sites, I proposed that my selection rationale be used for making the decision. The group felt this was the best way to make the choice. Someone then nominated a small group of churches in Appalachia as the site with the greatest need. The money will go to the Appalachian churches.”

- a. Based on the situational description, construct a realistic DO for the situation:

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*Check your answers with the criterion answers on p. 98.*

#### **Desired Outcome 5**

“My next-door neighbor and I discussed how to combine our outdoor Christmas tree lights so that both yards would look good and be color coordinated. Both yards have a lot of trees, and our property lines are right next to each other with no fence in between. We discussed using our white lights for the trees, and he wanted to place the red and green lights in the bushes and shrubs. This sounded okay to me. We still had some light strings left, particularly some long strings of blue lights. I wanted him to suggest that we run the strings of blue lights across the front of both houses. We ended the discussion, and he never did volunteer to do what I wanted. The blue light strings and what to do with them were never discussed.”

*Patient’s situational DO:* “I wanted Phil to suggest that we use the blue light strings to run across the front of both houses.”

- a. What attainability problem is present in the DO?

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- b. What must be *added* to the situation to help the patient determine if the DO is attainable?

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- c. Based on the situational description, we don't know if the DO is attainable or not, so write out a realistic DO for the situation:

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*Check your answers with the criterion answers on pp. 98–99.*

### ***Desired Outcome 6***

"I've never been able to stand up to my husband when we disagree. It happened again this past Sunday morning. He didn't like the scrambled eggs I fixed, and he said: 'You are the worst cook I've ever known! These eggs are terrible!' He hurt my feelings by his comments. I told him that I'd tried to cook them the way he liked. He never answered me. I left the room, went into the bedroom, and cried for 30 minutes."

*Patient's situational DO:* "I wish my husband wouldn't treat me this way."

- a. Is the DO attainable? (Yes/No)  
 b. Write out a realistic DO for the situation:

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- c. What must be *added* to the situation before the patient can construct a realistic DO?

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*Check your answers with the criterion answers on p. 99.*

### ***Desired Outcome 7***

"I'm the team quarterback and we were on the opponents' 7-yard-line with 10 seconds left in the game. I called a timeout and went over to talk with the coach. I told my coach that the right side of the line had been moving the defensive lineman out every time we ran Trap 39. Our pulling tackle had also taken out the left outside linebacker each time we ran the play. I wanted to call this same play again and try to score. He thought about my plan for a few seconds, then told me to call Trap 39. I did, and we won the game on the final play."

- a. Write out a realistic DO for the situation:

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Check your answer with the criterion answers on p. 99.

### **Desired Outcome 8**

“I went to see my graduate economics teaching assistant to ask if I could take my final exam a few days late. I told her that my sister was having a serious spinal cord operation on the day of the exam. She lived in another city, and if I went, I would have to drive several hours to get there. I would need to leave the day before the exam, because the surgery was scheduled for 7:30 A.M. on exam day. I would not be coming back to the university until Friday of exam week. I laid out the reasons as clearly as I could. I asked her if I could take the exam late. She told me that she didn’t have the authority to give me permission to take the exam late—that I would have to speak directly to the professor.”

*Patient’s situational DO:* “I wanted the TA to give me permission to take the exam late.”

- a. Based on the situational description, is the DO attainable? (Yes/No)  
 b. How would the DO have to be revised to make it realistic?

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Check your answers with the criterion answers on p. 99.

### **Desired Outcome 9**

“I have a severe rotator cuff problem in my right shoulder that has messed up my pitching career. I haven’t been able to pitch for 6 months. I went to see my orthopedic doctor last Wednesday, and he examined the injury after X-raying the shoulder. He told me that I needed surgery and that it would be a year before I would know whether I could pitch again. I left his office feeling depressed and discouraged.

*Patient’s situational DO:* “I wanted my shoulder to be well by now.”

- a. Are there problems with this patient’s DO? (Yes/No)  
 b. Is the DO an *unattainable* or *unrealistic* one? Explain why.

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- c. Construct a realistic DO for the situation:

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Check your answers with the criterion answers on p. 99.

**Desired Outcome 10**

“I have worked through all the above DO exercises. I think I understand how to construct DOs using the attainable and realistic criteria. However, I still find that I have to stop and think before I make a decision about the adequacy of a DO.”

CBASP Trainee’s DO: “I want to get where I can make this assessment automatically (with little or no thought).”

- a. Is the DO realistic? (Yes/No)
- b. What might be a more realistic DO for you? Write out a revised DO:

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Check your answers with the criterion answers on pp. 99–100.

## Criterion Answers for Step 5 Elicitation Exercises

### *Desired Outcome 1*

- a. No, not under the present circumstances. The patient never asked Jim specifically to take over as chair. Persuasion by “indirect suggestions” is always a risky strategy. It is clear that Jim (the environment) will not voluntarily take over the chair role.
- b. An action read, such as “I’ve got to ask Jim if he will be chair,” must be inserted to prompt assertive behavior and make the DO explicit. Then, and only then, will the patient know if his DO is attainable. (See text, pp. 152–153.)

### *Desired Outcome 2*

- a. “Dad will agree to call us before he comes over to our house.”
- b. Yes.
- c. The DO is attainable because the father (the environment) agreed to comply with the request to call before coming to visit. The DO could also be formulated in realistic terms: “I want to ask my Dad to call before coming to visit.” As it stands now, obtaining a verbal agreement from the father places the DO in the hands of the environment, but in this case, it is attainable.

### *Desired Outcome 3*

- a. “Before leaving practice, I want to ask the team members to bag up the equipment and put the bag in my car.”
- b. “I want the entire team to agree to bag up the equipment and put the bag in my car before leaving.”

### *Desired Outcome 4*

- a. “I wanted to propose to the mission committee that we give our monies to the site with the greatest need.”

### *Desired Outcome 5*

- a. The patient never told his neighbor what he wanted to do with the blue light strings. This is a common occurrence. Chronic patients want others to know what they want without having to ask or having to make their desires known. Since the neighbor didn’t know how the patient wanted to use the blue lights, the DO was not achieved.
- b. An action interpretation such as, “I’ve got to ask Phil to string the blue lights across the front of his house,” followed by a specific request, may have made the DO obtainable. Had Phil said, “No,” then the DO would remain unattainable.
- c. “I want to ask Phil to string his blue lights across the front of his house.”

*Note:* Realistic DOs are always safer goals and easier to achieve. Attainable DOs leave the locus of control in another person's court and are always riskier. However, attainable DOs always define what the environment will and will not deliver, once the patient makes explicit what he/she wants.

### ***Desired Outcome 6***

- a. No. The husband *does* treat her this way and the wishful thinking that characterizes this DO will not modify the husband's behavior.
- b. "I must tell my husband how much his comment just hurt my feelings."
- c. An action read to prompt an assertive reply to the husband.

*Note:* Sometimes this type of feedback to spouses has a salutary effect. I have seen cases where blatant rudeness and insensitive behavior like the kind described in this scenario were modified when patients began to provide direct feedback to the spouse.

### ***Desired Outcome 7***

- a. "I want to tell my coach why I want to run Trap 39 on the final play of the game."

### ***Desired Outcome 8***

- a. No. The situational event makes the DO unattainable (the environment represented by the TA cannot produce the DO). Unfortunately, this is not an unusual DO among chronically depressed adults. They often want what is not attainable.
- b. "I want to ask the TA to let me take the exam late."

### ***Desired Outcome 9***

- a. Yes.
- b. Yes. It is an unrealistic DO. Wishful thinking, a common coping strategy for chronic patients, is the basis for this DO. The patient cannot produce a "well" shoulder at the present time.
- c. "I want a current diagnosis on the state of my shoulder" or "I want to get a second medical opinion."

*Note:* These are realistic DOs that are achievable and that focus the patient's energy on the problem at hand.

### ***Desired Outcome 10***

- a. No. The DO is unrealistic (no one can make DO assessments automatically—it takes careful thought).
- b. "I want to improve my DO decision-making skills by continual practice."

*Note:* No CBASP therapist ever reaches the place where DO adequacy decisions are easy. This is because patients keep bringing us new variations of DOs that we haven't encountered. Keep working at it. Your performance will improve over time. Teaching patients to live within the bounds of realistic and attainable DOs always remains a laborious task. I have known CBASP therapists (and I must include myself) who don't always live within these boundaries!

## STEP 6: COMPARING THE AO AND THE DO

### Review

Review the “Therapist Rules for Administering Step 6” in the text (pp. 139–140) and summarized here:

1. State the AO versus DO question clearly and do not rush the patient through Step 6 (text, pp. 139–140).
2. Ask the patient *why* he/she did/did not achieve the DO *only after* allowing sufficient time for the patient to make the AO versus DO comparison.

Review the “Patient Performance Goal for Step 6” in the text (pp. 140–141) and summarized here:

1. Patient learns to evaluate the efficacy of his/her situational behavior using the AO versus DO comparison.

### Exercises

Following are four AO/DO comparisons. For each:

1. Read each verbatim scenario and evaluate the therapist’s Step 6 behavior.
2. *Check your answers with the criterion answers on p. 104.*

#### ***AO/DO Comparison 1***

THERAPIST: You got what you wanted in this situation, didn’t you?

PATIENT: Yes.

THERAPIST: You got it because you told your partner exactly what you wanted. Isn’t this why you achieved the DO here?

PATIENT: Yes.

- a. Write out your evaluation of the therapist’s behavior in light of the Step 6 criteria: \_\_\_\_\_

\_\_\_\_\_

- b. What would you do to remedy any problems you mentioned above? Be specific. \_\_\_\_\_

\_\_\_\_\_

*Check your answers with the criterion answers on p. 104.*

**AO/DO Comparison 2**

THERAPIST: Your DO was that you wanted to tell your wife that she hurt you when she answered your questions so abruptly. Your AO stated that you did just this. Did you get what you wanted in the situation?

PATIENT: Yes, I finally did it! I finally told her what effect she had on me.

THERAPIST: Why do you think you got what you wanted?

PATIENT: Because I finally asserted myself. She listened to me and apologized for hurting me. God, it has taken me long enough to do this, hasn't it?

a. Write out your evaluation of the therapist's performance in light of the Step 6 criteria: \_

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b. Do you see any problems? If so, what are they? \_\_\_\_\_

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*Check your answers with the criterion answers on p. 104.*

**AO/DO Comparison 3**

THERAPIST: Did you get what you wanted in the situation?

PATIENT: Yes, I did. I prepared well and knew exactly what I was going to say.

THERAPIST: The reason you achieved your DO here was because you had prepared well for the presentation. You have convinced me that you have difficulty organizing your thoughts when you speak extemporaneously. I have also thought that many of your problems arise because you don't think first, you just react. Some people call it impulsive behavior. I'm not going to get into all that labeling of your behavior, but thinking it through, what you wanted to do before you acted surely seemed to make a difference here. I hope you have learned this lesson well. I think it will serve you well in the future.

PATIENT: You're right.

a. Write out your evaluation of the therapist's performance in light of the Step 6 criteria: \_

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b. Would you have administered this task any differently? If so, write out what you would have done: \_\_\_\_\_

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*Check your answers with the criterion answers on p. 104.*



**AO/DO Comparison 4**

THERAPIST: Did you get what you wanted in this situation?

PATIENT: Yes.

THERAPIST: *(after an appropriate pause)* Why do you think you obtained your DO?

PATIENT: Because I prepared my remarks ahead of time. I don't do well when I have to speak extemporaneously.

a. Write out your evaluation of the therapist's performance in light of the Step 6 criteria:

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b. Would you have done anything differently? If so, write out what you would have done:

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*Check your answers with the criterion answers on p. 104.*

## **Criterion Answers for Step 6 Elicitation Exercises**

### ***AO/DO Comparison 1***

- a. Unacceptable performance. The AO versus DO question was never asked, nor the “why” question. Instead, the clinician did the work for the patient by telling him/her why the DO was obtained.
- b. Ask two questions here:
  1. “Did you get what you wanted here?” Wait for a complete answer, then ask:
  2. “Why did you get what you wanted?” Wait for a complete answer.

### ***AO/DO Comparison 2***

- a. Excellent therapist performance; adheres to all of Step 6 criteria.
- b. No. Prompt questions are acceptable, and the patient does the work.

### ***AO/DO Comparison 3***

- a. Unacceptable performance. Therapist begins the step correctly by asking the AO versus DO question. Then, instead of asking the “why” question, the clinician begins preaching to the patient, telling him why the DO was achieved. This is a common error among new CBASP therapists. Waiting for the patient to do the work of therapy is difficult. It is so much easier to do the work yourself. It is also a lethal tactic and one that you and I must learn to inhibit.
- b. Yes! I would have asked the “why” question and then let the patient provide the reason(s) why the DO was achieved.

### ***AO/DO Comparison 4***

- a. Excellent performance. The therapist asks the correct Step 6 questions, and the patient does all the work.
- b. No. Excellent work.

## PART II

### Situational Analysis: Remediation Phase Exercises

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During the remediation phase, patients “fix” badly managed interpersonal situations wherein they failed to obtain the desired outcome (i.e., where the AO  $\neq$  DO). Repairing situations by correcting the cognitive and behavioral errors that precluded attainment of the DO is the goal of remediation. Patients first confront the negative consequences of their behavior during the elicitation phase of SA. Then they work to avoid repeating the mistakes that resulted in negative consequences by revising old behaviors and replacing them with new ones. Remediation of a badly managed interpersonal encounter achieves four objectives:

- It demonstrates that behavior has predictable consequences.
- It accentuates the truism that unless patients change their behavior, failure and misery will continue.
- It targets the specific cognitions and behaviors that must be modified if the DO is to be achieved.
- It transfers in-session SA learning to the everyday living arena.

During the early sessions, after fixing the original situation and inserting adaptable cognitive and behavioral strategies that would lead to the attainment of the DO, patients sometimes remark: “I could never do this outside the therapy session.” The most effective strategy is to assure patients that they don’t have to. The next therapist comment is important because it highlights the negative reinforcement ramifications that must be understood in order to prompt and motivate the new behavior.

“You and I will continue to talk about strategies that will get you what you want, and we will do this in the safety of the session. That’s what SA is all about. When you get tired of producing the old consequences and when you’re ready to achieve your desired outcome, then at least you’ll know what you have to do and how you will have to do it. It’s up to you.”

Cognitive dissonance is created by this comment, particularly when the SA has addressed problems the patient is having with a valued interpersonal partner. Implicated are two contradictory pieces of information: (1) desirable conditions are within the patient’s grasp (even though fear-engendering to reach for) because he/she knows how to produce them; (2) the safety of the passive status quo behaviors are now associated with a fear-avoidance motif and have acquired negative connotations. More often than not, these patients will come to the next session reporting that they have reduced the dissonance between the desired new condition and the safety of the old way by doing what they said they could not do. They also frequently report (with much relief) that they achieved the DO. Success events such as these also increase the patient’s motivation to change.

The remediation phase includes four steps. *Step 1* revises those interpretations constructed during the elicitation phase that are irrelevant and/or inaccurate. The completion of *Step 1* frequently requires that faulty cognitive interpretations be revised if the DO is to be obtained.

In *Step 2* inappropriate behavior is replaced with more effective maneuvers. In *Step 3* the new learning is summarized, and *Step 4* transfers and generalizes SA learning to relationship situations on the outside. When the remediation phase is finished, patients have taken a problematic situation wherein the DO was not obtained, identified the cognitive and behavioral problems that precluded DO attainment, revised the ineffective strategies, summarized the relevant learning, and transferred the new learning to other interpersonal relationships.

## STEP 1: REMEDIATION OF THE INTERPRETATIONS

### Review

See “Therapist Rules for Administering Step 1” in the text (pp. 148–157) and summarized here:

1. Provide a rationale to the patient for Step 1 (e.g., “You and I have the luxury of looking back and assessing how your performance helped and hindered you to obtain what you wanted. Let’s begin with the interpretations that you proposed. Let’s take the first one and see how it contributed or did not contribute to you getting what you wanted, or your desired outcome”) (text, pp. 143–144).
  - Rule:* Whenever the DO is exposed as inadequate (unattainable and/or unrealistic), it must be immediately revised and made to fit the attainable/realistic criteria before continuing with further revision (text, pp. 133–135).
2. Review each interpretation in the order that it was listed during the elicitation phase.
3. Therapist and patient assess each interpretation in terms of its relevancy and accuracy.
4. Do not disengage the cognitive interpretation from its moorings in the situation (i.e., its connection to the AO and DO).
5. Whenever the DO includes a significant partner (spouse, lover, boss, close friend, etc.) whom the therapist does *not* know, proceed with caution before concluding that the DO is unattainable. The patient must first report an SA in which he/she behaved “adaptively” with the target partner before the attainability of the DO can be determined.
6. Teach the patient to construct *action interpretations* while in stressful situations.
7. Do not revise a relevant and accurate interpretation, even when it does not contribute *directly* to DO attainment.
8. The therapist must let the patient do the work.

Review the “Patient Performance Goal for Step 1” in the text (p. 157) and summarized here:

1. The patient learns to construct relevant and accurate interpretations and to self-correct the errors.

### Exercises

Following are 10 interpretation exercises. For each:

1. Answer the questions found at the end of each exercise. Each exercise will begin with a situational description and a desired outcome sentence.

2. Revise the irrelevant and inaccurate interpretations while paying close attention to the desired outcome.
3. In some instances, you will have to revise the desired outcome when it is exposed as unrealistic or unattainable.
4. After each exercise, *check your work with the criterion answers on pp. 117–121.*

*Note:* Before beginning, you may find it helpful to review the examples of adaptive and maladaptive interpretations in the list provided in the text (p. 118).

### **Interpretation Revision 1**

#### SITUATIONAL DESCRIPTION

“I talked to one of my undergraduate students who gave a poor excuse for having missed the second test of the semester. I announced in class several times that there would be no make-up exams. The student said that his car wouldn’t start on the morning of the test—that was the reason he didn’t take the test. I asked why he didn’t call a cab. He replied he didn’t think of it. He seemed stumped when I asked what other alternatives were available (like calling me, etc.) when the car wouldn’t start. He told me he just went back to sleep. Finally, I caved in and told him that he could make it up. I gave him the test, and he took it in the classroom across from my office. I slumped back in my office chair and felt like a total wimp. The limits I set don’t mean anything.”

#### DESIRED OUTCOME

“I wanted to maintain my limits of no make-up tests and tell him, ‘No.’ The AO did not equal the DO (AO ≠ DO).”

#### ELICITATION PHASE INTERPRETATIONS

1. “Nothing ever goes the way I plan it.”
  2. “Students are not resourceful problem solvers.”
  3. “I’m a loser as a professor.”
- a. Assess the interpretations: relevant versus irrelevant/accurate versus inaccurate (text, pp. 143–144).
1. \_\_\_\_\_ / \_\_\_\_\_
  2. \_\_\_\_\_ / \_\_\_\_\_
  3. \_\_\_\_\_ / \_\_\_\_\_
- b. Revise the interpretations to make them relevant and accurate so that they will contribute to DO attainment (if any meet criteria, leave alone).
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_

- c. Is an action interpretation needed here? Yes \_\_\_\_ No \_\_\_\_ . If you checked “yes,” then write it out: \_\_\_\_\_  
\_\_\_\_\_
- d. If these interpretations had been in place, do you think the patient would have been more likely to obtain the DO? Yes \_\_\_\_ No \_\_\_\_

*Check your work with the criterion answers on p. 117.*

### **Interpretation Revision 2**

#### SITUATIONAL DESCRIPTION

“Our paperboy keeps throwing the paper on my prize rose bushes and breaking the limbs. I got up one morning before 6 A.M. to talk to him about this problem. Here he comes down the middle of the street on his bicycle, throwing papers on both sides of the street. The papers landed in ditches and bushes. Very few landed in the middle of the yards. He never slowed down to improve his aim. I asked him to stop in front of the house, and he did. I showed him my rose bushes and pointed out the damage. He seemed generally unconcerned. I asked him to be more careful and to throw my paper in the middle of the yard where there was plenty of room. He never said anything to me. He just rode off and continued throwing the papers all over the place.”

#### DESIRED OUTCOME

“I wanted a verbal agreement from him that he would not hit my bushes again (AO ≠ DO).”

#### ELICITATION PHASE INTERPRETATIONS

1. “I was upset with his behavior.”
  2. “I showed him where the paper had broken the limbs.”
  3. “He showed no concern over what he had done.”
  4. “He’s throwing the papers in the same way.”
- a. Assess the interpretations: relevant versus irrelevant/accurate versus inaccurate.
1. \_\_\_\_\_ / \_\_\_\_\_
  2. \_\_\_\_\_ / \_\_\_\_\_
  3. \_\_\_\_\_ / \_\_\_\_\_
  4. \_\_\_\_\_ / \_\_\_\_\_
- b. Is an action interpretation needed here? Yes \_\_\_\_ No \_\_\_\_ . If you checked “yes,” then write it out: \_\_\_\_\_  
\_\_\_\_\_

*Check your work with the criterion answers on p. 117.*

**Interpretation Revision 3**

## SITUATIONAL DESCRIPTION

“I was talking with my supervisor Friday afternoon in the warehouse. It was 5 P.M. and quitting time. A truck had just left a load of merchandise on the loading dock. The supervisor first said that we could wait until Monday before checking the invoices. A few minutes later he told me that he wanted me to check the invoices in and then close the warehouse. I was looking at a good hour’s worth of work. I told him that I had a date at 6 P.M. and couldn’t do it. He insisted that I stay, saying that Monday we’ve got a lot of other work to do, and we need this stuff checked in. He really made me feel guilty if I didn’t do it. He started talking about the good of the company and all this kind of stuff. I finally said I would do it. I closed the place up and left at 6:15 P.M. I called my date and told her about the situation. Picked her up at 8:30 P.M.”

## DESIRED OUTCOME

“I wanted to leave work at 5 P.M. and get ready for my date.”

## ELICITATION PHASE INTERPRETATIONS

1. “He ought to pick on someone else.”
  2. “He knows I’ll do it if he insists—it’s always worked in the past.”
  3. “I hate working at this place.”
- a. Assess the interpretations: relevant versus irrelevant/accurate versus inaccurate.
1. \_\_\_\_\_ / \_\_\_\_\_
  2. \_\_\_\_\_ / \_\_\_\_\_
  3. \_\_\_\_\_ / \_\_\_\_\_
- b. Revise the interpretations so that they are relevant and accurate (if any meet criteria, leave alone).
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
- c. What do we call the interpretation that must be added to assure that the patient will obtain his DO? \_\_\_\_\_
- d. Write out the added interpretation: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

*Check your work with the criterion answers on p. 118.*

**Interpretation Revision 4**

## SITUATIONAL DESCRIPTION

“I was playing bridge with my bridge club on Monday. One of the ladies always bitches at her partner. No one likes her, but she never misses our Monday bridge session. Sure enough, I got stuck with her for the first round. Everytime I bid or played a card, she had something sarcastic to say. I got so flustered that I couldn’t think. Then I made more mistakes, which incited her to make even worse comments. I never said anything back to her. I remained quiet the rest of the morning.”

## DESIRED OUTCOME

“I wanted to tell her that she was upsetting me and making it hard for me to play my hand.”

## ELICITATION PHASE INTERPRETATIONS

1. “Why do I always have to get her for a partner?”
  2. “Her comments make it hard for me to play my hand.”
  3. “The other ladies must think that I am a poor player.”
- a. Assess the interpretations: relevant versus irrelevant/accurate versus inaccurate (check text, p. 122, Table 6.3: *mind reading* interpretations are always rated inaccurate).
1. \_\_\_\_\_ / \_\_\_\_\_
  2. \_\_\_\_\_ / \_\_\_\_\_
  3. \_\_\_\_\_ / \_\_\_\_\_
- b. Revise the interpretations so that they are relevant/accurate (if any meet criteria, leave alone).
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
- c. You may need to help the patient add another interpretation. Write out what this new interpretation would be: \_\_\_\_\_
- \_\_\_\_\_
- d. What is it called? \_\_\_\_\_

Check your work with the criterion answers on p. 118.

**Interpretation Revision 5**

## SITUATIONAL DESCRIPTION

“I went to a party the other night. The hostess and I have known each other for a long time. When I walked in, she really looked busy. She never introduced me to anyone, which was



very rude on her part. She should have known that I wanted to meet everyone. I just stood around for 45 minutes talking with the two people I knew. I finished my drink and then left.”

## DESIRED OUTCOME

“I wanted to meet the people I didn’t know.”

## ELICITATION PHASE INTERPRETATIONS

1. “The hostess didn’t introduce me to anyone.”
2. “She should have known I wanted to meet everyone.”
3. “I didn’t have a good time.”

## a. Assess the interpretations: relevant versus irrelevant/accurate versus inaccurate.

1. \_\_\_\_\_ / \_\_\_\_\_
2. \_\_\_\_\_ / \_\_\_\_\_
3. \_\_\_\_\_ / \_\_\_\_\_

## b. Revise the interpretations so that the patient could achieve the DO (if any meet criteria, leave alone).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## c. Would an action interpretation be helpful? Yes \_\_\_\_ No \_\_\_\_ . If you answered “yes,” then write the action interpretation out: \_\_\_\_\_

\_\_\_\_\_

*Check your work with the criterion answers on pp. 118–119.*

**Interpretation Revision 6**

## SITUATIONAL DESCRIPTION

“I had to make a speech on Wednesday at our noon Rotary Club meeting. I always get nervous and make mistakes when I have to stand up and speak before others. I stood up, went to the podium, and gave the talk. I talked about the safety procedures airline mechanics go through when they inspect an airplane. I took the group through a mechanic’s checklist of things to look for. I said ‘eh’ several times and stumbled once and lost my place in my notes. The club members seemed to like my talk and to be interested in what I had to say. Their questions after the talk were relevant and timely. When I went back to my seat, I received a good round of applause.”

## DESIRED OUTCOME

“I want to deliver my speech without any mistakes.”

What is wrong with this DO? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Look at the DO the patient proposed. If you noted that it was an unrealistic DO, you would be correct (see the text, pp. 134–135). Given the patient’s difficulty with making speeches, this perfectionistic DO is *not* realistic. But let it stand for the moment. We will come back to it later when we review his interpretations.

#### ELICITATION PHASE INTERPRETATIONS

1. “I’m nervous as hell doing this.”
  2. “God, I’ve screwed up and lost my place in my notes.”
  3. “I should be able to do this without any mistakes.”
  4. “The group liked what I had to say.”
- a. Assess the interpretations: relevant versus irrelevant/accurate versus inaccurate.
1. \_\_\_\_\_ / \_\_\_\_\_
  2. \_\_\_\_\_ / \_\_\_\_\_
  3. \_\_\_\_\_ / \_\_\_\_\_
  4. \_\_\_\_\_ / \_\_\_\_\_
- b. Revise the interpretations to make them relevant and accurate (if any meet criteria, leave alone).
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
- c. Which interpretation calls into question the unrealistic nature of the DO? \_\_\_\_\_
- d. Now write out a realistic DO for the patient: \_\_\_\_\_  
 \_\_\_\_\_
- e. How would you revise the third interpretation to describe the reality of the situation and to make it consistent with the DO? (Remember, it’s got to be realistic in regard to the patient’s speechmaking capability.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- f. Was the revised DO achieved? Yes \_\_\_\_ No \_\_\_\_
- g. Why was the revised DO achieved? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Check your work with the criterion answers on pp. 119–120.

**Interpretation Revision 7**

## SITUATIONAL DESCRIPTION

"I work in an office with three other people. One of them always talks loudly and is inconsiderate of the rest of us. He plays his radio loud, too. He always listens to a rock-and-roll station. Whenever he feels like it, he gets up and barges into my cubicle, sits down, and starts talking. It doesn't matter if I'm busy or not. He never asks. Tuesday morning he had been playing his radio loudly; then he came in while I was in the middle of writing a report and started talking about the Washington Redskins. I don't even like football and could care less about what the Redskins are doing. I stopped doing my work and listened to him talk for awhile. Finally he got up and left. I went back to work."

## DESIRED OUTCOME

"I wish this coworker would be more considerate of me." [When asked for clarification, the patient said that she wished the guy would ask her if she had time to talk.]

## ELICITATION PHASE INTERPRETATIONS

1. "My coworker is rude to me."
2. "I don't know why he treats me this way."
3. "My day is ruined."

a. Assess the interpretations: relevant versus irrelevant/accurate versus inaccurate.

1. \_\_\_\_\_ / \_\_\_\_\_
2. \_\_\_\_\_ / \_\_\_\_\_
3. \_\_\_\_\_ / \_\_\_\_\_

b. What is wrong with the DO? \_\_\_\_\_

\_\_\_\_\_

c. If you don't know the answer, refer to the text, pp. 133–134. Now ask the patient to formulate a DO that *can* be achieved in light of the past and present behavior of the coworker. Write it out: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d. Now go back to step a and complete your assessment of interpretations 2 and 3. What type of interpretation must be added to increase the likelihood that the reformulated DO will be obtained? \_\_\_\_\_

- e. Write out the added interpretation from d. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Check your work with the criterion answers on p. 120.

### **Interpretation Revision 8**

#### SITUATIONAL DESCRIPTION

“My older brother and I were watching a ball game on Saturday. Out of the blue he started making nasty comments about my girlfriend. He said I only date losers. I first thought he was kidding, but then I realized that something more was going on here. He was really serious. I told him, ‘Shut up, you are full of it!’ Then I told him he was a poor excuse for a brother and said some other really bad things about his character. Everytime he said something else, I laid into him again about all his failures. He looked hurt, got up, and left the room. We haven’t spoken for two days.”

#### DESIRED OUTCOME

“I wanted to hurt my brother as much as I could.” [Review the text, pp. 136–138. In this case, the therapist was uncomfortable with the DO, and the patient looked somewhat sad in going through the SA.]

#### ELICITATION PHASE INTERPRETATIONS

1. “My brother is really on my case.”
  2. “I want to hurt him bad and remind him of all the things he has failed at.”
- a. How would you respond to a patient if his/her DO left you feeling uncomfortable? Remember, the goal at this point is to get to the heart of why the patient, in this case, wants to hurt his brother. The component of *having been hurt* is not evident in the interpretations nor in the DO. Think through your strategy carefully and write out what you would say to this patient about his DO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- b. Formulate a revised DO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- c. Revise the interpretations using the reformulated DO:
1. \_\_\_\_\_
  2. \_\_\_\_\_

*Note:* This type of SA is always difficult to manage. The goal is to get to the “kernel of hurt” that is driving the anger and the motive to retaliate. Once the hurt is exposed, the theme of the revised DO must be to help the patient inquire why the perpetrator wants to inflict the pain. Otherwise, the anger and vengeance DO will have a circular effect (e.g., “We have not spoken for two days”) and the conflict will continue unresolved.

*Check your work with the criterion answers on pp. 120–121.*

### **Interpretation Revision 9**

#### SITUATIONAL DESCRIPTION

“I told my husband that I wanted to rearrange the living room furniture by moving the sofa and loveseat around and placing the coffee table in the far corner of the room, adjacent to the love seat. He said to me: ‘That’s the stupidest thing I ever heard of. Only you would come up with such a plan.’ He also told me that all my ideas were stupid and lousy and that I don’t have a creative bone in my body. I replied that he never likes anything I try to do. I started crying and went to the bedroom and slammed the door.”

#### DESIRED OUTCOME

“I wanted my husband to help me move the furniture.”

#### ELICITATION PHASE INTERPRETATIONS

1. “My husband never likes anything I want to do.”
  2. “I can’t do anything right.”
  3. “Why do I ever try to do anything?”
- a. Assess the interpretations: relevant versus irrelevant/accurate versus inaccurate.
1. \_\_\_\_\_ / \_\_\_\_\_
  2. \_\_\_\_\_ / \_\_\_\_\_
  3. \_\_\_\_\_ / \_\_\_\_\_
- b. Is a DO revision necessary? If so, write out a revised DO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- c. Revise the interpretations to make them relevant and accurate so that they will increase the possibility of achieving the DO. (If any meet criteria, leave alone.)
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_

- d. Is an action interpretation needed here? Yes \_\_\_\_ No \_\_\_\_
- e. If you answered "yes," then write out the action interpretation that is needed or note which of your revised interpretations serves this purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Check your work with the criterion answers on p. 121.*

### **Interpretation Revision 10**

#### SITUATIONAL DESCRIPTION

"I drove my car to the gas station to get a state inspection done. The owner of the station told me that I was next in line. He said my wait would be about 30 minutes. I have a late model Honda, so I didn't expect the mechanic to find anything wrong. While sitting in the waiting area, I saw another car drive up, a Lincoln Town Car, and the gas station manager allowed him to put his car ahead of mine. I got up and went to the manager and told him that he said I was next in line. I also said that I didn't want to be bumped back a slot because I had to get to the office. The owner mumbled something under his breath and then put my car back in line where it was. I got the inspection done, paid cash, and was out in about 30 minutes."

#### DESIRED OUTCOME

"I wanted to get the state inspection and remain next in line."

#### ELICITATION PHASE INTERPRETATIONS

1. "The inspection ought to be finished in 30 minutes."
2. "The owner has bumped me back a car."
3. "I've got to tell the manager that I want my car put back next in line."

- a. Assess the interpretations: relevant or irrelevant/accurate or inaccurate.

1. \_\_\_\_\_ / \_\_\_\_\_
2. \_\_\_\_\_ / \_\_\_\_\_
3. \_\_\_\_\_ / \_\_\_\_\_

- b. What characteristics of the interpretations led directly to the achievement of the DO?

Write it out: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Check your work with the criterion answers on p. 121.*

## Criterion Answers for Step 1 Remediation Exercises

### *Interpretation Revision 1*

- a. Assess interpretations:
  1. Irrelevant/inaccurate: If an interpretation is irrelevant (i.e., not anchored in the situation-at-hand), it cannot be accurate (describe what is going on in the situation). Be on the lookout for *adverbs* in the interpretation sentences; in most instances, *adverbs* signal irrelevant interpretations.
  2. Irrelevant/inaccurate: This is a generalization that disengages the interpretation from the problem. Had the interpretation been stated, “This student is not a resourceful problem solver,” it would have been a relevant and accurate interpretation.
  3. Irrelevant/inaccurate: Again, this interpretation does not address the problem-at-hand, nor does it help the professor maintain the limits he announced on make-ups.
- b. Revise interpretations:
  1. “The student’s excuse is not acceptable to me.”
  2. “The student is a poor problem solver.”
  3. “I’ve got to tell the student no (action interpretation).”
- c. Yes: “I’ve got to tell the student no.”
- d. Yes. Note that interpretations 1 and 3 must be discarded, while 2 is revised to describe this particular student. When the revision process is complete, the professor is anchored in the situation and connected to his original plan of allowing no make-up tests.

### *Interpretation Revision 2*

- a. Assess interpretations:
  1. Relevant/accurate.
  2. Relevant/accurate.
  3. Relevant/accurate.
  4. Relevant/accurate.
- b. Revise interpretations:

Yes. “I must ask him to verbally agree that he will not hit my bushes again.”

*Note.* It is obvious that the patient has a very difficult situation on his hands. The paperboy might agree verbally but then keep throwing the papers in the rose bushes. However, we won’t know the outcome until the patient obtains his DO by getting a verbal agreement from the paperboy in this situation.

**Interpretation Revision 3**

- a. Assess interpretations:
  1. Irrelevant/inaccurate.
  2. Irrelevant/inaccurate: Note the adverb “always.”
  3. Irrelevant/inaccurate.
- b. Revise interpretations:
  1. “I don’t want to stay late.”
  2. “The invoice check can wait until Monday.”
  3. “My supervisor is not going to change his mind easily.”

*Note:* Proceed with caution in situations like this and do not reflexively encourage an action read that would lead to negative work outcomes. The best rule-of-thumb is to follow the patient’s lead, or at least question the patient about the consequences of saying no to the boss.

- c. Action interpretation.
- d. “I’ve got to tell him that he’ll have to find someone else to check the invoices.”

**Interpretation Revision 4**

- a. Assess interpretations:
  1. Irrelevant/inaccurate.
  2. Relevant/accurate.
  3. Irrelevant/inaccurate: this is a “mind read interpretation,” and it is always rated irrelevant/inaccurate. The rule here is the following: *If you don’t ask what another person is thinking, you don’t know!*
- b. Revise interpretations:
  1. “I don’t like playing with this bridge partner.”
  2. Meets criterion.
  3. “She says something sarcastic about everything I do” (action interpretation).
- c. “I’ve got to tell her that her negative comments make it difficult for me to play my hand.”
- d. Action interpretation.

**Interpretation Revision 5**

- a. Assess interpretations:
  1. Relevant/accurate.
  2. Irrelevant/inaccurate: mind-reading interpretation.
  3. Relevant/accurate.



## b. Revise interpretations:

1. Meets criterion.
2. "I've got to ask the hostess to introduce me when she gets the chance" (action interpretation).

*Note.* The original interpretation is a frequent one among chronic patients who often think others ought to know what they want/need even though they do not verbalize anything.

3. Meets criterion.

## c. Yes.

*Note.* If the patient had inserted an action read in place of interpretation 2, she might have achieved her DO. It is obvious that if she had met the people she didn't know, the party would have been more fun.

**Interpretation Revision 6**

## a. Assess interpretations:

1. Relevant/accurate.
2. Relevant/accurate.
3. Relevant/inaccurate: Notice that the interpretation is anchored in the event, but it does not describe accurately what is going on in the situation. The fact that the patient *did* make mistakes means that the interpretation is inaccurate. The patient must deal with the fact that he cannot realistically produce what he wants in the situation. At this point, the interpretation will need to be revised.
4. Relevant/accurate.

## b. Revise interpretations:

1. Meets criterion.
2. Meets criterion.
3. "I've made a mistake, but I recovered okay."

*Note:* Here the clinician must step in and question the patient about the realistic nature of his DO. As stated above, the issue here is the following: You are *not* going to make a perfect speech, so what is a realistic DO for you in this situation?

4. Meets criterion.

## c. Interpretation 3.

## d. Revised DO: "I want to complete my speech to the Rotary Club."

## e. "I've made a mistake, but I recovered okay."

## f. Yes.

## g. "Because I stayed grounded in the situation and finished my speech."

*Note:* Revising DOs in the remediation phase takes practice. Extensive practice in this area is provided at CBASP training workshops and through the continued assistance of supervisory feedback following the workshop.

### **Interpretation Revision 7**

- a. Assess interpretations:
  1. Relevant/accurate.
  2. Relevant/inaccurate: The fact that the coworker is *not* considerate of his office mates calls into question the *attainability* of the DO from the outset. *The DO must be revised before going any further.*
  3. Irrelevant/inaccurate: Must be revised or discarded.
- b. The DO is *unattainable*; the patient must create a DO that is within *his* power to attain.
- c. *Revised DO:* “I want to tell my coworker that I’m busy and cannot talk now.”
- d. An action interpretation replaces interpretation 2. Interpretation 3 can be discarded. It does not contribute to DO attainment.
- e. “I’ve got to tell my coworker that I’m busy and cannot talk now.

*Note:* Are you feeling a little more comfortable now with DO revision? Teaching patients that they cannot “put square pegs in round holes”—that they cannot ask reality to be other than what it is—is the basic rationale for DO revision.

### **Interpretation Revision 8**

- a. Assess interpretations:
 

THERAPIST: I’m uncomfortable with your DO, and you look somewhat sad in telling me about the event.

PATIENT: It was not good.

THERAPIST: Why not?

PATIENT: He really hurt me.

THERAPIST: I don’t see any of this expressed in your DO.

PATIENT: What do you mean?

THERAPIST: Your DO doesn’t reflect that your goal was to let him know how badly he had hurt you.

PATIENT: If I had done that, we might have avoided the way it ended up.

THERAPIST: Let’s go back and rework the situation using a DO that lets your brother know how badly he has hurt you.
- b. *Revised DO:* “I want to let my brother know how much he has hurt me.”

- c. Revise interpretations:
  - 1. “My brother is really on my case.”
  - 2. “I’ve got to let him know he’s leaning on me” (action interpretation).

### ***Interpretation Revision 9***

- a. Assess interpretations:
  - 1. Irrelevant/inaccurate.
  - 2. Irrelevant/inaccurate.
  - 3. Irrelevant/inaccurate.
- b. Yes. “I want to tell my husband he’s hurt me badly by his comments.”
- c. Revise interpretations:
  - 1. “My husband is angry, and I don’t know why.”
  - 2. “He’s really hurt me with his comments.”
  - 3. “I’ve got to ask why he hurt me in this way.”

*Note:* Relevant and accurate interpretations serve to ground patients and put them in an optimal position to deal with the stress-at-hand—in this case, a hostile response from the husband.

- d. Yes.
- e. “I’ve got to ask why he hurt me in this way.”

### ***Interpretation Revision 10***

- a. Assess interpretations:
  - 1. Relevant/accurate.
  - 2. Relevant/accurate.
  - 3. Relevant/accurate.
- b. The interpretations described the unfolding events accurately and, in so doing, kept the patient grounded and knowing what she had to do when she lost her place in line.

## STEP 2: REMEDIATION OF BEHAVIOR

### SECTION A

#### Targeting the Behaviors Needed to Obtain the Desired Outcome

The exercises in Section A provide practice in targeting the behaviors that are required to obtain the DO. Patients learn two things through their SA work: (1) to keep the DO clearly in mind throughout a situation; and (2) to take effective action in order to obtain the DO. Formulating *action interpretations* during an interaction requires that one use both of the above skills.

Section B exercises provide practice in planning in-session training to teach the requisite behavioral skills. Sometimes it is not what patients *do* that sabotages their efforts, it is *the way* they go about doing it. People communicate with each other employing various interpersonal styles. Each style has a “stimulus value” for others; each style “pulls” certain automatic responses out of others. The responses may be positive-facilitative or negative-rejecting, or they may fall somewhere on a continuum between the two poles. More often than not, chronically depressed adults pull negative-rejecting reactions from others. In order to help patients elicit more positive responses, interpersonal feedback about communication style, training, and practice are administered during therapy sessions.

Now we turn to the Section A exercises involved in Step 2 of the remediation process.

#### Review

Review the “Therapist Rules for Administering Step 2” in the text (pp. 157–161) and summarized here:

1. Teach patients that their cognitive interpretations are functionally related to their situational behavior.
2. Pinpoint the behaviors that contribute directly to DO achievement.
3. Target the behaviors that need to be modified, as well as those that need to be added, in order to obtain the DO.
4. Teach new behavioral skills, *but only after the SA has been completed*.
5. Teach patients to evaluate their situational behavior in light of the DO and to self-correct the problem behaviors.

Review the “Patient Performance Goals for Step 2” in the text (p. 161) and summarized here:

1. Patient learns to evaluate his/her situational behavior and to self-correct the errors.
2. Patient learns the necessary behavioral skills that lead to DO attainment.

#### Exercises

Following are 10 remediation targeting exercises. For each:

1. Review the revised SA interpretations and DOs in each exercise and pinpoint the behavior(s) that will be needed to obtain the DO.
2. Each exercise parallels the situational content in the exercise in the previous section; however, the interpretations in this section are all relevant and accurate.
3. After each exercise, *check your work with the criterion answers on p. 128.*

### **Remediation Targeting 1**

#### INTERPRETATIONS

1. "The student's excuse is not acceptable to me."
2. "The student is a poor problem solver."
3. "I've got to tell the student that he cannot take a make-up exam."

#### DESIRED OUTCOME

"I want to maintain my limits of no make-up exams."

#### REQUIRED BEHAVIOR

What behavior is required for DO attainment?: \_\_\_\_\_  
\_\_\_\_\_

*Check your work with the criterion answer on p. 128.*

### **Remediation Targeting 2**

#### INTERPRETATIONS

1. "I was upset with the careless way he threw the newspapers."
2. "I showed him where the paper had broken my rosebushes."
3. "He showed no concern over what he had done."
4. "I must ask him to agree that he will not hit my bushes again."

#### DESIRED OUTCOME

"I wanted a verbal agreement that he would not hit my bushes again."

#### REQUIRED BEHAVIOR

What behavior is required for DO attainment?: \_\_\_\_\_  
\_\_\_\_\_

*Check your work with the criterion answer on p. 128.*

**Remediation Targeting 3**

## INTERPRETATIONS

1. "I don't want to stay late to check the invoices."
2. "Checking the invoices can wait until Monday."
3. "I've got to tell my boss that he'll have to find someone else to do this job."

## DESIRED OUTCOME

"I want to leave work at 5 P.M. and get ready for my date."

## REQUIRED BEHAVIOR

What behavior is required for DO attainment?: \_\_\_\_\_

\_\_\_\_\_

*Check your work with the criterion answer on p. 128.*

**Remediation Targeting 4**

## INTERPRETATIONS

1. "I don't like playing with this bridge partner."
2. "Her comments make it hard for me to play my hand."
3. "I've got to tell her that her negative comments make it difficult for me to play my hand."

## DESIRED OUTCOME

"I want to tell her that she is upsetting me and making it hard for me to play my hand."

## REQUIRED BEHAVIOR

What behavior is required for DO attainment?: \_\_\_\_\_

\_\_\_\_\_

*Check your work with the criterion answer on p. 128.*

**Remediation Targeting 5**

## INTERPRETATIONS

1. "The hostess didn't introduce me to anyone."
2. "I've got to ask the hostess to introduce me around when she gets the chance."

DESIRED OUTCOME

“I want to meet the people I don’t know.”

REQUIRED BEHAVIOR

What behavior is required for DO attainment?: \_\_\_\_\_  
\_\_\_\_\_

*Check your work with the criterion answer on p. 128.*

**Remediation Targeting 6**

INTERPRETATIONS

1. “I’m nervous as hell giving this speech.”
2. “God, I’ve screwed up and lost my place in my notes.”
3. “I’ve made a mistake, but I recovered okay.”
4. “The group liked what I had to say.”

DESIRED OUTCOME

“I want to complete my speech to the Rotary Club.”

REQUIRED BEHAVIOR

What behavior is required for DO attainment?: \_\_\_\_\_  
\_\_\_\_\_

*Check your work with the criterion answer on p. 128.*

**Remediation Targeting 7**

INTERPRETATIONS

1. “My coworker is rude to me.”
2. “I’ve got to tell my coworker that I’m busy and can’t talk now.”

DESIRED OUTCOME

“Tell my coworker that I’m busy and can’t talk now.”

## REQUIRED BEHAVIOR

What behavior is required for DO attainment?: \_\_\_\_\_  
 \_\_\_\_\_

*Check your work with the criterion answer on p. 128.*

**Remediation Targeting 8**

## INTERPRETATIONS

1. "My brother is really on my case about my girlfriend."
2. "I've got to let him know he leaning on me too hard."

## DESIRED OUTCOME

"I want to let my brother know that he is leaning on me too hard."

## REQUIRED BEHAVIOR

What behavior is required for DO attainment?: \_\_\_\_\_  
 \_\_\_\_\_

*Check your work with the criterion answer on p. 128.*

**Remediation Targeting 9**

## INTERPRETATIONS

1. "My husband is angry at me, and I don't know why."
2. "He's really hurt me with his comments."
3. "I've got to ask him why he's hurt me this way."

## DESIRED OUTCOME

"I want to ask my husband why he wanted to hurt me this way."

## REQUIRED BEHAVIOR

What behavior is required for DO attainment?: \_\_\_\_\_  
 \_\_\_\_\_

*Check your work with the criterion answer on p. 128.*



### **Remediation Targeting 10**

#### INTERPRETATIONS

1. "The inspection ought to be finished in 30 minutes."
2. "The manager has let someone in line ahead of me."
3. "I've got to tell the manager that I want my car put back in line."

#### DESIRED OUTCOME

"I want the state inspection completed and to maintain my place in line."

#### REQUIRED BEHAVIOR

What behavior is required for DO attainment?: \_\_\_\_\_  
\_\_\_\_\_

*Check your work with the criterion answer on p. 128.*

*Note:* Every behavior in these exercises involved some form of assertive action. Teaching patients to maintain their sights on what they want (the DO) and then to behave in ways that are likely to achieve it are some of the basic goals of SA. Being able to generate action interpretations while in the heat of the situation is a skill that requires repeated practice. Action interpretations can be generated easily as long as the individual remains cognizant of his/her DO.

**Criterion Answers for Step 2, Section A, Remediation Exercises*****Remediation Targeting 1***

Setting verbal limits on the student in a calm, direct manner.

***Remediation Targeting 2***

Requesting a verbal agreement.

***Remediation Targeting 3***

Telling the supervisor that he will have to find someone else to check the invoices.

***Remediation Targeting 4***

Telling the bridge partner that her comments are making it difficult for me to play.

***Remediation Targeting 5***

Telling the hostess that I would like to be introduced to the people I don't know.

***Remediation Targeting 6***

Sustaining and focusing my behavior until the speech is finished.

***Remediation Targeting 7***

Telling coworker that I'm busy now and cannot talk.

***Remediation Targeting 8***

Telling brother that he has hurt me with his remarks about my girlfriend.

***Remediation Targeting 9***

Asking husband why he wants to hurt me by his comments.

***Remediation Targeting 10***

Telling the manager to put my car back in its original place in line.

## SECTION B

### Constructing Training Plans to Teach Needed Interpersonal Skills

As noted earlier, patients often create the interpersonal problems they complain about because of their stylistic communication patterns. Speaking in a whiny tone of voice, using invasive or disruptive speech that creates anger reactions, talking in a vague or evasive manner that leaves the interactant confused and unsure about what the person has said, engaging in sexual gestures or innuendoes that are situationally inappropriate, dressing in a sloppy or unkept manner that makes others withdraw or be nonresponsive—the list of possible interpersonal problems is endless. However, the negative consequences for these varied behaviors are similar: *interpersonal rejection!* Teaching patients to modify these disruptive mannerisms enhances the quality of their interpersonal encounters and facilitates DO achievement.

I must state one caveat before continuing. Interpersonal training of the type covered in this section requires that therapists first become aware of their own stimulus value. Educating CBASP therapists about their stimulus value is undertaken in small group exercises during CBASP workshops and continues during intensive supervision that leads to CBASP certification. An old adage describes our approach to interpersonal behavioral training: “*It takes one to know one.*” Once CBASP therapists become aware of their own stimulus impact on others, then—and only then—are they ready to demonstrate the patient’s stimulus value on themselves.

#### Review

Review Chapters Eight (pp. 167–195) and Thirteen (pp. 256–274) in the text before completing the Section B exercises. In summary:

1. Chapter Eight describes how CBASP therapists use disciplined personal involvement as one vehicle to modify interpersonal behavior.
2. Dealing with patient crises is the subject of Chapter Thirteen. In most cases, clinicians can facilitate change by using their personal reactions as consequences to modify in-session crisis behavior.

#### Exercises

Following are 10 remediation training exercises. For each:

1. Identify four different types of maladaptive interpersonal behavior. Then construct a remedial training plan for the problem behavior in each scenario.
2. *Note:* Four types of maladaptive interpersonal behavior that require remediation following the completion of the SA include:
  - a. *Lack of empathy:* focusing on the literal content of the conversation and not on the other person’s affective agenda; failure to acknowledge the other person’s expressed emotions; failure to observe visual and other nonverbal channels of communication by which to gather information about affect and intent.

- b. *Hostile speech patterns/demeanor*: strident/hostile tone of voice or actual hostile verbalizations (usually framed in global, not specific, terms); changing subject abruptly without regard for the other person; talking too fast.
  - c. *Overly controlling interpersonal behavior*: excessive attempts to talk for others, tell others what they are thinking, or organize the behavior of others; overt control of conversations; impulsively helping others even before they request assistance; keeping others at a distance by trying to control their behavior.
  - d. *Lack of assertive behavior*: not making concise, declarative “I” statements of wants, needs, situational concerns, and so on; excessive elaboration, explanations, or justification of one’s point; not maintaining eye contact with the person spoken to; voice tone too low/soft to be heard; speaking in a whining or pleading voice; refusing to make a decision because of needing more information.
3. Each scenario presents one type of maladaptive interpersonal behavior.
  4. First, label the maladaptive type of behavior in the scenario (use the list above).
  5. Next, write out a description of your behavioral training plan, detailing how you would modify the behavior. A simple plan is always best.

*Note*: These interpersonal skills will be identified and addressed during Step 2 of the remediation phase. When more intensive work and practice is required, this activity should be carried out *after* the SA has been completed (during the behavioral skill training/rehearsal period).

After completing each exercise, *check your work with the criterion answers on pp. 135–139.*

### ***Remediation Training 1 (Male Therapist/Male Patient)***

The clinician enters the therapy room a few minutes after the receptionist has seated the patient. He had obviously been running, for he is panting, sweating, and out of breath. He collapses in his chair saying, “Whew! Sorry I’m late. I ran all the way from the subway exit.” The patient looks at his watch and replies, “I’ve been waiting for 3 minutes.”

- a. Type of maladaptive behavior: \_\_\_\_\_
- b. Behavioral training plan: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Check your work with the criterion answers on p. 135.*

### ***Remediation Training 2 (Male Therapist/Female Patient)***

MARY: Dr. Smith, I been seeing you for 4 weeks now. You always see me at the end of your day, and you’ve just got to be tired of listening to people’s complaints. Why don’t we end this session early so you can go home to your family and get some rest. It would be all right with me if we stopped early.

DR. SMITH: Mary, I'm feeling fine, and I'm not really tired. I don't want to end your session early.

MARY: Well, if you're not going to take care of yourself, then I'll have to do it for you. Give yourself a break and let's stop early.

a. Type of maladaptive behavior: \_\_\_\_\_

b. Behavioral training plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check your work with the criterion answers on p. 135.

### **Remediation Training 3 (Male Therapist/Male Patient)**

"I hate my boss. I can't think of one good characteristic he possesses. Everything he says is irrelevant or wrong. No one in the company has any respect for him. I can't understand how he got to be an executive in this company. I've never heard of one thing he has done well. I went to Sears yesterday, and couldn't find anyone to wait on me. When I finally ran down a salesman—and I had to *find* him—he was unable to tell me what I wanted to know. Incompetence is everywhere. I'm not going to vote this year because of the bums who are running. No wonder the country is going to the dogs. God, what a screwed up world we live in."

a. Type of maladaptive behavior: \_\_\_\_\_

b. Behavioral training plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check your work with the criterion answers on pp. 135–136.

### **Remediation Training 4 (Male Therapist/Male Patient)**

PATIENT: I would really like for my wife to stop criticizing me in front of others. She does it whenever company comes over, when we go to someone's house or to a party with friends. She even started talking about my faults at a Little League game the other night, while we were sitting in the stands with several other parents.

THERAPIST: What have you said to her about this?

PATIENT: I told her that other husbands' wives don't talk about their spouses this way. I've pointed out how happy other couples are. Fred and Judy are a case in point. Judy never says an unkind word about Fred. We have been with them on a number of occasions, and they hardly ever disagree. I don't see how people live that way. It's certainly not the way we live. I think it would be nice if wives said only nice things about their husbands.

- a. Type of maladaptive behavior: \_\_\_\_\_  
 b. Behavioral training plan: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Check your work with the criterion answers on p. 136.

### **Remediation Training 5 (Male Therapist/Female Patient)**

PATIENT: (Patient looks at the floor; refuses to make eye contact with the therapist; voice very soft; shoulders droop and her general posture suggests abasement and low self-esteem; her general demeanor is tentative; facial features express fear/foreboding.) I apologize for being late to my appointment this afternoon. My bus was late, and there was nothing I could do about it.

THERAPIST: I'm just glad you made it. It's good to see you.

PATIENT: I don't see how you can say this. I mean, about how good it is to see me. No one else has ever said that to me (voice drifting off, gaze still on the floor). My husband is never glad to see me. When I come around, he looks at me in a disgusted way. I think I'd better quit therapy before I disgust you too. There's no way you will want to see me as a patient after you get to know me.

- a. Type of maladaptive behavior: \_\_\_\_\_  
 b. Behavioral training plan: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Check your work with the criterion answers on pp. 136–137.

### **Remediation Training 6 (Female Therapist/Female Patient)**

THERAPIST: My mother locked me out of the house when I was 16 years old and had come home late from a date. I knocked on the front door and asked her to let me in. She screamed from inside the house: "Whores can't sleep in my house! Go find another man's bed to sleep in." I had to call a friend and ask if I could sleep over. The next morning I went back home and found the door open. This kind of bizarre incident with my mother was not unusual. [The clinician's personal disclosure was accompanied by misty eyes and a pained expression on her face.]

PATIENT: My mother was meaner than your mother. She wouldn't have opened the door the next morning. You had it easy.

- a. Type of maladaptive behavior: \_\_\_\_\_  
 b. Behavioral training plan: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Check your work with the criterion answers on p. 137.

### **Remediation Training 7 (Female Therapist/Female Patient)**

“You always ask too much of me. I can’t do what you want. This therapy stuff is a waste of my time and money. I don’t even think you will be able to help me. Sorry I ever decided to see you in the first place. You’re just like my mother, you ask impossible things of me!”

a. Type of maladaptive behavior: \_\_\_\_\_

b. Behavioral training plan: \_\_\_\_\_

\_\_\_\_\_

Check your work with the criterion answers on p. 137.

### **Remediation Training 8 (Male Therapist/Female Patient)**

PATIENT: I brought you some cake. Made it this morning, just for you. I hope you like it.

THERAPIST: You have been very thoughtful. Last week you brought me food, and the week before that you agreed to shift your appointment to another day because of my out-of-town meeting.

PATIENT: I just like to be helpful and to try to do thoughtful things for other people. Is there anything else I can do for you? I want you to let me know whenever I can help you out. Will you do that for me?

a. Type of maladaptive behavior: \_\_\_\_\_

b. Behavioral training plan: \_\_\_\_\_

\_\_\_\_\_

Check your work with the criterion answers on pp. 137–138.

### **Remediation Training 9 (Female Therapist/Female Patient)**

“My dad came over to talk to me this weekend about a legal matter that he was concerned about. He didn’t look pleased when I opened the door and invited him in. My husband spoke to him briefly, then went downstairs to work in his basement shop. I was in the middle of fixing dinner, so I asked Dad to come back to the kitchen and sit with me while I cut up vegetables to cook. I was not sure how to start the conversation about the legal issue. Guess I just avoided it by doing other things. My friend called me, and we talked about the party she and I were having next Saturday night. Her child cut his finger and came running in the house, and she had to go tend to him so she got off the phone. I remembered that I had not finished sewing the hem of my skirt, so I went to get it and finish the sewing while the vegetables were cooking. Dad just sat there, and he and I didn’t say very much.”

- a. Type of maladaptive behavior: \_\_\_\_\_
- b. Behavioral training plan: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

*Check your work with the criterion answers on p. 138.*

### **Remediation Training 10 (Male Therapist/Female Patient)**

THERAPIST: For the past few weeks you have presented SAs in which you have done everything right and obtained your DO. Yet you stay depressed. Your life seems “okay,” yet I get the feeling that there are areas of your life where things are not going so well. What about this? Am I right?

PATIENT: Well, I do have some real problems, but I don’t want to burden you with them. You seem to have enough on your plate already with your sick child and the research grant you are working on. If I began to get into some of the stuff going on between me and my husband, then that would be another burden you would have to bear. I don’t want to do this to you—to become another problem for you. I like it better when I can make things easy on you.

- a. Type of maladaptive behavior: \_\_\_\_\_
- b. Behavioral training plan: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

*Check your work with the criterion answers on pp. 138–139.*



## Criterion Answers for Step 2, Section B, Remediation Exercises

### Remediation Training 1

- a. Lack of empathy.
- b. Behavioral training plan:
  1. Focus patient's attention on therapist's physical condition and have patient describe it (panting, sweating, out of breath).
  2. Focus patient's attention on *content* of what therapist has just said ("I'm sorry that I am late, I've been running all the way").
  3. Focus patient's attention on the *intent* of the verbal comments (I did not want to be late for our appointment).
  4. *Ask the patient*: "Why do you think I said this to you when I first came in?"
  5. *Goal of the training plan*: To help the patient become aware of the therapist's stimulus signals, to learn to read them correctly, and to respond in an empathic manner.

### Remediation Training 2

- a. Maladaptive behavior: overly controlling interpersonal behavior.
- b. Behavioral training plan:
  1. Focus patient's attention on the clinician's response to the patient's original statement about stopping early.
  2. Ask the patient to repeat what was said.
  3. Ask the patient *why* it is difficult to believe what the therapist said. *Note*: Don't be put off by intellectual reasons such as, "Yes, you said this, *but . . .*". The problem here is that *the therapist's comments do not yet inform the patient's thinking and therefore her behavior*.
  4. *Goal of the training plan*: Maintain the focus on what actually happened. The patient cannot yet take the clinician's comments seriously. The interpersonal consequence for the therapist is to feel written off by the patient. The patient must receive this feedback. Teaching patients to listen to others and then to take what they say seriously is one way to modify overly controlling interpersonal patterns.

### Remediation Training 3

- a. Maladaptive behavior: hostile speech patterns/demeanor.
- b. Behavioral training plan:
  1. Say to the patient: "Let's review what you just said to me. Please summarize it for me." Allow the individual to recall and restate the negative ravings. Not infrequently, patients are not able to recall what they have just said. A reminder or two from the clinician is acceptable.
  2. Focus the patient's attention on the interpersonal *consequences* these ravings have

- on the therapist. A question like this is often effective: “What effect do you think these comments have just had on me?” The patient is unlikely to know.
3. Provide “consequation” feedback. For example: “It makes me want to tune you out.” or “I feel like you just want to bitch and you don’t care what my reactions are.”
  4. Ask the question, “Why do you want to have these effects on me?” *Note:* Don’t be deflected by such comments as, “I didn’t mean to do this,” and the like. Maintain the focus on the actual behavior and the actual consequences that have just occurred.
  5. *Goal of the training plan:* Educate the patient as to his/her stimulus value in such moments. Ultimately the patient must make a choice: Do I want to have this effect, or another?

#### **Remediation Training 4**

- a. Maladaptive behavior: lack of assertive behavior.
- b. Behavioral training plan:
  1. Ask the patient to construct one declarative sentence (an “I want” type of sentence) specifying what he wants his wife to do.
  2. Once the desired outcome is stated in a declarative manner, then role play the interaction between husband and wife, with the therapist taking the wife’s role.
  3. *Goal of the training plan:* Let the husband practice talking in declarative sentences until he can articulate the DO in a direct and lucid manner. Provide interpersonal feedback throughout the practice trials.

#### **Remediation Training 5**

- a. Maladaptive behavior: lack of assertive behavior.
- b. Behavioral training plan:
  1. Ask the patient, “How do you know that I won’t want to see you once I get to know you?” Focus the patient’s attention on her expectancies of the clinician. Once the rejection expectancies are made explicit, shift the attention to another area.
  2. Ask the patient, “How could you know how I feel about you?” Help the patient talk about how we gain knowledge about the way others feel and think about us: by (1) observing their nonverbal cues, (2) listening to what they say about us, and (3) asking another person how he/she feels about us. Now, shift the attention to the therapist’s appearance.
  3. Say to the patient the following: “I want you to look me over—take your time—and tell me what you see that would indicate how I feel about you.” *Note:* Give the patient sufficient time to do this—it will likely be a novel and frightening interpersonal request. Confirm any correct observations, such as “you are making eye contact with me,” “you are smiling at me,” “you’ve said supportive things to me,” and so on.

4. *Goal of the training plan:* The patient gains facility in recognizing communication cues and responding appropriately to them. *Note:* If a patient cannot make any positive observations, then the practitioner may have to suggest several possibilities. This exercise should be repeated at the beginning of therapy sessions until the negative expectancies become a non-issue for the patient.

### **Remediation Training 6**

- a. Maladaptive behavior: lack of empathy.
- b. Behavioral training plan:
  1. Focus the patient's attention on the therapist's nonverbal expressions of sadness and pain. Ask the patient to describe these nonverbal behaviors.
  2. Inquire what emotional reactions or memories the patient had during the clinician's disclosure. Ask the patient to articulate these and to attend to the emotions that were present.
  3. Ask the patient to articulate what feelings the therapist must have been experiencing when she told her story about her mother's behavior.
  4. Discuss the concept of *empathy* and how it can be used to strengthen interpersonal relationships. End the discussion by reviewing the patient's initial competitive reaction and compare and contrast this with the consequences that usually follow empathic responses.
  5. *Goal for the training plan:* The patient is able to listen to, and remained focused on, the therapist's description of a personal experience, and respond appropriately.

### **Remediation Training 7**

- a. Maladaptive behavior: hostile speech patterns/demeanor.
- b. Behavioral training plan:
  1. Ask the patient, "What did your mother do when you reacted to her the way you just reacted to me?" (The mother probably responded in a hostile manner and a fight ensued.)
  2. Focus the patient's attention on the clinician's positive reaction to this harsh outburst by saying something like, "Describe how I just reacted to you."
  3. *Goal of the training plan:* Help the patient discriminate between the negative reactions of the mother and the clinician's positive-facilitative reaction. The final step here involves a discussion of the implications of having a relationship with someone whose behavior is different from the mother's.

### **Remediation Training 8**

- a. Maladaptive behavior: overcontrolling interpersonal behavior.
- b. Behavioral training plan:

1. Ask the patient, “Have you ever thought about my reactions to your helping behavior? Why don’t you ask me what they are?” The therapist is shifting the attention from the patient to himself. The consequences of the patient’s behavior are going to be made explicit. The following dialogue, in general, takes place:

THERAPIST: I feel intimidated by what you do for me.

PATIENT: I don’t understand.

THERAPIST: Obviously, I can’t reciprocate your many considerations, so I always feel that I’m “one down” to you.

PATIENT: But that’s not what I want to do to you. I don’t want to make you feel this way.

THERAPIST: But you *do* make me feel this way. I really believe you, though, that this is not how you want to make me feel.

PATIENT: You’re right.

THERAPIST: Then how could you avoid doing this to me in the future?

2. *Goal of the training plan:* By focusing the patient on the consequences of her behavior, the practitioner can assist her to become aware of her stimulus value and teach her to “ask” before impulsively assisting others.

### **Remediation Training 9**

- a. Maladaptive behavior: lack of assertive behavior.
- b. Behavioral training plan:
  1. Help the patient formulate a DO for this situation by answering the question, “How did you want this situation to come out?” The patient would probably say that she wanted to discuss the legal matter her dad was concerned about.
  2. Ask the patient, “How could you arrange your activities so that you could accomplish this goal?” Planning the activities, using a pencil and paper, may be necessary.
  3. *Goal of the training plan:* Construct a DO and then review an activity plan. An activity plan is necessary if the patient is to obtain the DO.

### **Remediation Training 10**

- a. Maladaptive behavior: interpersonal overcontrol pattern.
- b. Behavioral training plan:
  1. Ask the patient, “How do you know that talking about your problems places a burden on me?” The goal here is to have the patient learn to ask questions and not “mind read” the clinician.
  2. The credibility of the therapist’s answer that he is not burdened by her problems may become an issue (she may find it difficult to take what the therapist says seriously). The focus is on *why* it is hard to believe what the practitioner says.

3. Once the “why issue” has been exposed, the therapist must help the patient learn to take him seriously, and then transfer this new found skill to her other relationships. In all probability, the patient has not had interpersonal experiences wherein she felt that what she said had been taken seriously. The clinician has the opportunity to be one of the first persons to take the patient seriously—but then he must make certain the patient recognizes what is taking place in such moments. With such patients, being taken seriously and learning to take the therapist seriously will remain an important goal issue throughout treatment.
4. *Goal of the training plan:* The goal here is to teach the patient to deal realistically with the therapist and, in so doing, to take better care of herself. This problem is similar to several other scenarios. Once again, the patient is “taking care” of the therapist. The therapist will then assist her to talk about the “burden” she perceives she places on others, and teach her not to deal with an unrealistic person who does not exist.

### STEP 3: WRAP-UP AND SUMMARY OF SA

#### Review

Review the “Therapist Rules for Administering Step 3” in the text (pp. 162–163) and summarized here:

1. Therapist should sit back and allow the patient to assess what he/she has just learned in SA.
2. Allow the patient to provide the summary review first.
3. If an important part(s) of the SA has been overlooked, *then, and only then*, should these behaviors be called to the patient’s attention.

Review the “Patient Performance Goal for Step 3” in the text (p. 163) and summarized here:

1. The patient must learn to focus on relevant components of the SA remediation exercise that have led to DO attainment.

#### Exercises

1. *Rank order* the following Wrap-up/Summary statements taken from five chronically depressed patients beginning with *highest quality statement* and ending with the lowest. The key discriminating variable here is the degree to which patients are aware of the fact that their behavior has specific consequences in the environment (i.e., the degree to which the patient expresses or implies that he/she is acquiring/has acquired a perceived functionality expectancy set).
2. *Check your work with the criterion answers on p. 142.*

#### Statement A

“I’ve learned that I have to speak out when I want something—can’t hold back any more.”

#### Statement B

“I’ve learned that obtaining the DO is pretty much the luck of the draw. I probably got the weekend off in this situation because the sun was out today. I seem to do better on sunny days than on rainy ones.”

#### Statement C

“Other people tune me out when I raise my voice and get angry or start griping about being treated unfairly. When I just say what I want or don’t want in a calm way, others listen to me. This was certainly true in this situation. I’m learning that it matters how I act around people. It looks like they react to me differently, depending on what I do and how I do it.”

**Statement D**

"I'm not sure yet about this behavioral consequence thing. I want to believe that it matters what I do, that I can gain control over how my life goes, but I'm not sure yet. It looks like saying clearly what I wanted in the situation helped me get what I wanted. But I'm not convinced yet. We'll see."

**Statement E**

"I am really sensitive to the effects I have on others now. It really matters what I do. I used to feel that my life was out of control and this situation is a perfect example of when I used to feel this way. Tom, my supervisor, has always been difficult for me to deal with. I never thought he liked me. In the past, I would have withdrawn when he looked like he didn't like what I was saying. I would have ended up depressed and feeling rejected. Yesterday was different. I hung in there over Tom's initial objections, I was clear about what I wanted to accomplish in the project, I made sure he understood my agenda completely, and then I asked for his decision. I got the green light! And not by accident, I might add. Tom finally saw my point, accepted my rationale, knew exactly what I wanted to do, and he finally agreed to it. When I think about it, people have probably never really known what I wanted. I never hung around long enough to make myself clear. My failure has not been their fault, it's been *mine*. I've finally taken control of my life. I'm not helpless anymore. What I do really matters!"

**Statement Rankings**

I. \_\_\_\_\_ II. \_\_\_\_\_ III. \_\_\_\_\_ IV. \_\_\_\_\_ V. \_\_\_\_\_

*Check your work with the criterion answers on p. 142.*

**Criterion Answers for Step 3 Remediation Exercises**

I. E II. C III. A IV. D V. B

E—Excellent rationale provided for obtaining the DO. Patient is also generalizing the SA learning to other life areas.

C—Good rationale proposed for DO attainment. Patient is also beginning to generalize in-session learning to other life areas.

A—This response represents the early stages of perceived functionality acquisition.

D—Patient wants to believe that it matters what he/she does but is not quite sure yet.

B—The acquisition of perceived functionality has not yet begun. The clinician must continue to administer SA in order to demonstrate the consequences of behavior.



## STEP 4: GENERALIZATION AND TRANSFER OF LEARNING

### Review

Review the “Therapist Rule for Administering Step 4” in the text (p. 164) and summarized here:

1. Therapist asks patient to pinpoint a specific interpersonal event that is similar to the just completed SA.

Review the “Patient Performance Goal for Step 4” in the text (p. 165) and summarized here:

1. Patient learns to pinpoint specific similar events where the skills learned in SA can be transferred and applied appropriately.

### Exercises

1. *Rank order* the following statements, taken from five chronically depressed patients beginning with the *highest quality statement* denoting generalization/transfer of learning and ending with the lowest. The key discriminating variable is how well the patient is able to pinpoint a specific situation (in space and time) and to explain how the new SA learning is applicable.
2. *Check your work with the criterion answers on p. 145*, which should be covered up while you complete the exercise, because the exercise and answers are on facing pages.

### Statement A

“Learning to ask directly for what I want applies to a situation I got into last Monday at the office. My boss asked me to spend a week in Atlanta and clean up some company business there. I really wanted the New York project. I talked around the issue, saying that New York would really be nice in the spring. I never really said that I would rather have the New York job over the Atlanta one. I could have gotten the New York job, had I asked for it specifically. Not being clear about what I wanted means I’m going to Atlanta, and my buddy is going to New York. What we did today in the SA applies directly to that conversation. Next time, I’ll ask specifically for what I want.”

### Statement B

“I can’t think of any other situation where I could use what I’ve learned today. This is the first girlfriend I’ve ever had, so what I learned today about setting my limits concerning what I don’t want doesn’t apply to any other area or situation in my life.”

**Statement C**

“It’s really hard trying to think of other situations where first thinking about my goal before I go to see my boss would be applicable. It might apply to the way I go about settling disagreements with my wife though I’m not completely certain. Maybe thinking through what I wanted, before we got into the heat of an argument trying to settle something, would make a difference. She and I get into a lot of arguments over things we have disagreed about in the past. Had one hot argument last night over something that had happened earlier in the day. I’m not sure, but maybe planning out what I want first would lead to a better outcome with her.”

**Statement D**

“I can think of a number of situations where being assertive would have helped me get what I want. Yep, being assertive is clearly the best strategy.”

**Statement E**

“Learning to talk with my mother in a calm way without yelling at her always leads to a better outcome. Wish I could have done that when I was in high school. It surely would have made a big difference in how we got along. Sometimes I am over at her house, and I yell at her when she criticizes me for wanting to use her car. She gets angry with me and tells me that I can’t use it. If I didn’t yell and stayed calm and explained why I needed to borrow her car, I would be able to use it more.”

**Statement Rankings**

I. \_\_\_\_\_ II. \_\_\_\_\_ III. \_\_\_\_\_ IV. \_\_\_\_\_ V. \_\_\_\_\_

*Check your work with the criterion answers on the facing page.*

**Criterion Answers for Step 4 Remediation Exercises**

I. A II. E III. C IV. D V. B

- A—A response showing excellent transfer of learning. A specific situation is pinpointed, and the explanation of how the new learning would have been applicable is clearly delineated.
- E—All the patient needs to do is pinpoint a time *when* this event occurred and the transfer of learning step is complete.
- C—The patient is still somewhat uncertain about how to apply what he has learned. He must learn to be more specific when describing how to transfer learning to other problematical events. You might emphasize that the transfer sentence is very important. Chronically depressed patients think and talk in global ways that mitigate DO attainment. Specific thinking and talking must be facilitated in all areas of living. Step 4 provides another opportunity to do this.
- D—The patient has yet to learn the importance of specificity. The clinician must assist the individual to think in specific terms when considering how in-session learning can be transferred to other areas of living. Failure to master Step 4 means that the patient cannot yet apply what is learned in the session to problems on the outside.
- B—Very primitive response to Step 4. Much work remains to be done to assist the patient in learning how to transfer and generalize the learning taking place in therapy to problem situations on the outside.