

CHAPTER 1

The Basics of the Chain Analysis

Barbara was a client whom I saw for therapy more than 15 years ago and yet I frequently think about her treatment and the lessons I learned from it. She was quite possibly the most difficult client I have ever treated (and I have seen some difficult clients!). There were challenges present in every session as well as the intransigence of the behaviors for which she came in seeking help. Barbara went through more than a year of dialectical behavior therapy (DBT) with little progress on her target behaviors and goals. Throughout the year, she frequently asked me if I had “figured out” her problems yet. There was an air of antagonism in her questions, which I resented and which likely interfered with both of our effectiveness in treatment. At the final session, she told me that she would write her problem on a piece of paper that I was not allowed to look at until after she left. On that paper, she had written “body dysmorphic disorder” (BDD). Despite working with her closely for a long stretch of time, I had no clue that BDD was a problem for her.

Similarly, Chet progressed through 5 months of a time-limited course of DBT before telling me about a critical aspect of his self-harming behavior. He had experienced so much shame about the fact that there was a sexual element to his behavior that he had never told anyone about it previously, despite having self-injured for more than 10 years and having had an extensive treatment history. In one of our final sessions, he told me that he had been leaving out a key detail in all our discussions about the factors involved in his self-injury behavior. When he finally revealed that he derived sexual pleasure from his self-injury, we did not have time to address this issue before he terminated.

In both cases, the lingering questions that remain with me are not “Why didn’t they tell me sooner?” or “Why were they ‘sabotaging’ their treatment?” Instead, I wonder what questions I could have asked that would have yielded the needed information. How could I have improved my understanding of the problems they were experiencing? As a novice therapist for Barbara, I could have blamed it on inexperience. But I had worked with many clients by the time I met with Chet, which tells me that these issues are not only faced by new therapists. Instead, I think these situations tell us the critical importance of the role of assessment in treatment—its value cannot be understated. Accurate and thorough assessment is needed to change intransigent behavior, to generate effective solutions, and to move therapy forward toward the clients’ goals. Yet, few clinicians are adequately trained in assessment or they incorrectly think about assessment as a phase to be gotten through at the start of treatment before the “meat” of therapy can occur. This book is an attempt to highlight the importance and necessity of assessment throughout treatment by explaining the purpose and procedure of chain analysis, the core assessment strategy in DBT.

I was fortunate to get my therapeutic training under the mentorship of Marsha Linehan, the founder of DBT. Given my immersion in DBT, the principles and strategies of DBT inform every intervention I do, even when I’m using another cognitive-behavioral therapy (CBT) protocol. One key aspect of DBT that informs my work in any modality is the critical value of assessment. As Linehan (1993) writes in the DBT manual, “Many, if not most, therapeutic errors are assessment errors; that is, they are therapeutic responses based on faulty understanding and assessment of the problem at hand” (p. 254). Assessment, therefore, is the foundation of effective treatment. Learning how to assess effectively involves knowing what questions to ask to get the most relevant information, what questions to avoid asking, and knowing when enough information has been obtained to move forward. These aspects of assessment can be taught in a systematic way, and this book will provide training in assessment, although more can always be gained through intensive trainings, workshops, literature reviews, and so forth.

DBT therapists use a chain analysis to gain a complete understanding of each single occurrence of a target behavior. Multiple chain analyses on the problem behavior are usually done over time, thereby adding information and revealing patterns. Although understanding the behavior is not sufficient for behavior change to occur, it is the underpinning

for subsequent solution generation. For example, a client and therapist might be completely aware of all the factors that lead up to drinking episodes and their consequences, both negative and positive. However, without the client's motivation or interest in changing, the behavior is not going to change just by understanding the sequences of events. However, if there is interest in changing the behavior, identifying the critical controlling variables of the behavior is key. The chain analysis plays a critical role in case formulation and treatment planning in the earliest stage of treatment and continues to play a critical role throughout treatment as a means to understanding and treating behavior.

The essence of the chain analysis is to carefully assess the sequence of events leading to a behavior and the subsequent consequences. While the urge might be to do this in a narrative, open-ended format (e.g., "Describe to me what happened the night you used drugs"), DBT specifies five components of the chain that help to structure the assessment. These components are vulnerability factors, prompting event, links, problem behavior, and consequences. These are the nuts and bolts of chain analysis. In this chapter, I describe each of these components in detail, highlight some common mistakes made in assessing them, and provide examples of chains for a variety of different problem behaviors. The rest of the book will cover more complex issues as they relate to conducting chains in treatment.

COMPONENTS OF THE CHAIN ANALYSIS

- Vulnerability factors
- Prompting event
- Links (thought, emotion, behavior, other events of self and others)
- Target behavior
- Consequences (short term and long term)

The Five Components of Chain Analysis

The primary goal of any single chain analysis is to get an exceptionally clear description of the chain of events leading up to a single instance of a target behavior and the consequences that followed that particular occurrence. This goal usually requires a significant amount of orientation

ahead of time for both the client and the therapist since this is not generally how our minds work or how many people think therapy should go. Instead, people generally want to “tell stories” about something that happened, not necessarily in a linear fashion, and focus on elements that they believe to be important, regardless of their actual importance in contributing to the target behavior. The chain analysis provides a structure to the assessment that aids the therapist and client in obtaining the relevant information to understanding the causes and maintaining the factors of a target behavior.

Figure 1.1 represents a visual cue for the chain analysis. The five components are chained together in the chronological sequence of an incident. I often have this visual in my mind as I assess because it keeps me on task and aware of what I need to do. Sharing the visual with clients is also incredibly important so that they are oriented to the procedure. In fact, Linehan included chain analysis as a skill to be taught to clients in the second edition of her skills manual (Linehan, 2015). In those materials, the visual links are present.

Target Behavior

The process of conducting a chain analysis typically follows a different sequence than the incident’s chronology. The most important first step is a clear definition of the problem behavior, or *target behavior*, that occurred in that instance. It provides the foundation of the entire chain both topically and stylistically. I generally prefer the term “target behavior” because the client may not always concur that the behavior under analysis is a problem. In addition, a chain analysis can be done on the occurrence of any behavior, even those that have been effective in achieving desired goals, in order to better understand them.

In coming up with a description of the target behavior, it is necessary to provide specific details of the behavior. We call this the “topography of the behavior,” by which we mean the form or “look” of the behavior, which needs to be put into concrete, behaviorally specific terms. For example, it is not sufficient for the behavior to be labeled as “self-injury” or “drug use.” Instead, the therapist should zero in on eliciting specific details from the client in order to “see the behavior in her mind’s eye.” For example, “self-injury” could be “cut myself on my inner thigh with a shaving razor one time; the cut was about 2 inches long and bled a little; the cut occurred within about 2 seconds,” or it could be “banged

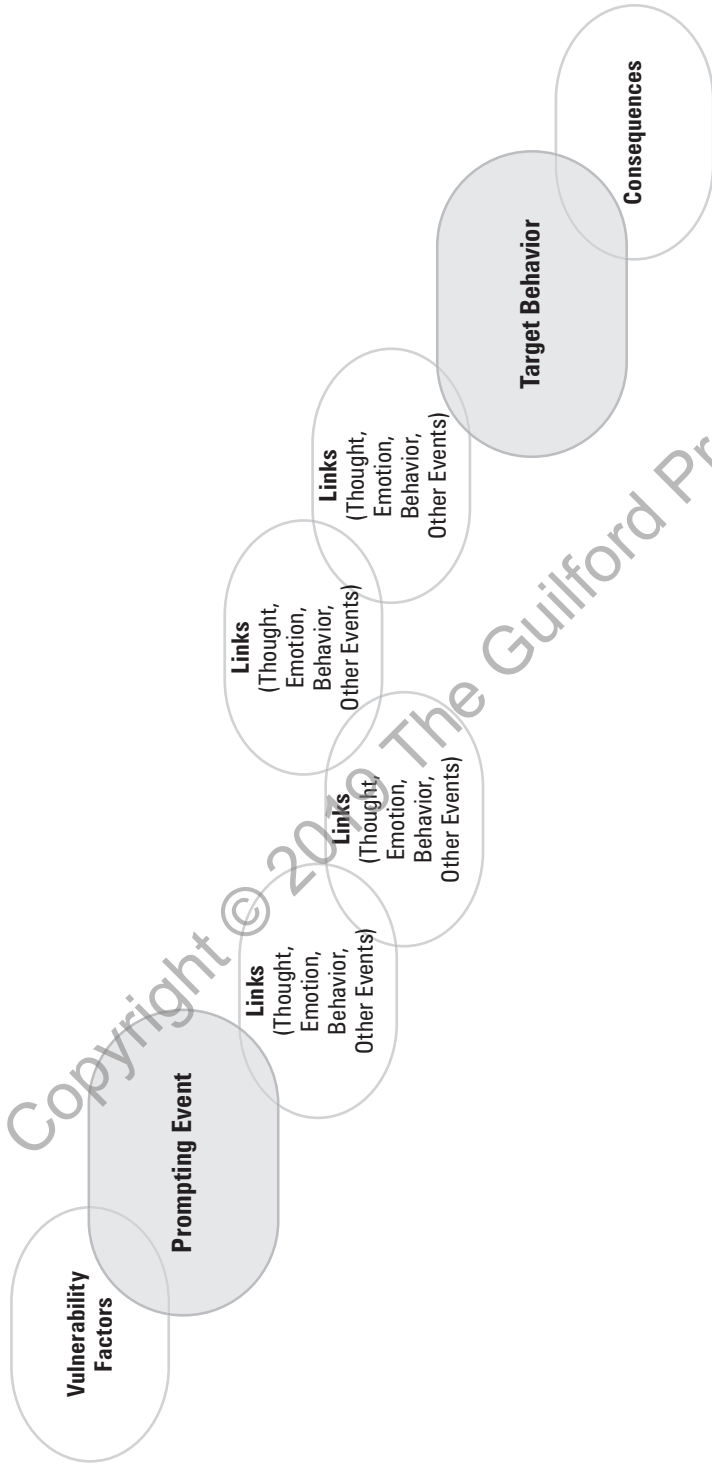


FIGURE 1.1. Chain analysis components.

my head against the concrete wall in my basement three times over the span of about a minute; felt significant pain but no bruising or bleeding occurred.” Similarly, “drug use” can have many different topographies, and therefore specific details will help to fill in the picture: “I used intravenous heroin by shooting the needle in between my toes, approximately a fifth of a bag,” or “I snorted three lines of cocaine along with drinking five shots of vodka over a period of 30 minutes.”

Sometimes a target behavior can actually be a sequence of behaviors or a highly repetitive behavior over time. For example, a client reports that he repeatedly called his ex-girlfriend 50 times over the course of an hour. Or a client with trichotillomania describes an “episode” of hair pulling that lasts a total of 20 minutes. In such cases, it is usually helpful to treat the whole episode as the target behavior (i.e., “the episode of hair-pulling behavior that lasted 20 minutes, during which time the client repeatedly pulled hairs from the back of her head while sitting in front of her computer in her bedroom”).

For some therapists, this line of questioning may initially feel too much like an interrogation in demanding the revelation of too many gruesome details, especially when the client is expressing a great deal of shame about the behavior or otherwise wants to gloss over it. The therapist may experience him- or herself as voyeuristic or insensitive. On the contrary, there are generally more occasions when therapists do not get enough details at the start of the chain and later find that it is harder to come back to get the particulars of what started the chain of behaviors as other details are filled in. Adopting a nonjudgmental stance in the assessment of the problem behavior (and throughout treatment) will likely help in reducing shame so that the therapist and client can talk about the behavior openly and clearly. Thorough orientation to the process, which is discussed in Chapter 2, is also immensely helpful here.

Prompting Event

Once the target behavior is clearly defined and behaviorally described, a therapist faces a decision point about where to go next. There is no “right” answer. However, I suggest therapists next address the *prompting event*. This is what I teach my new DBT clinicians to do. The “prompting event” is the event that appears to have been the precipitant (or “spark”) for the target behavior. Often I describe it as “the event, that were it not to have occurred, the problem behavior would not have occurred.” Like

the problem behavior, it is important to anchor this event to a particular point in time; this helps in getting clear time points for the chain of events.

A client may identify a fight with his spouse at approximately 9:30 P.M. as the prompting event for a self-injurious episode that occurred around 11:45 P.M. Or a client may state that the prompting event for a 6:30 P.M. drinking episode was walking by a bar 5 minutes prior. Another client may state that waking up from a nightmare at 4:45 A.M. “set the stage” for an argument that got physical with her boyfriend at 8:00 P.M. that night. Each of these examples describes different scenarios in which the length of time between prompting event and problem behavior varies considerably. What should be evident by this is that the number of links between the two events can also vary substantially and that there is no predetermined rule for an appropriate length of time between the two.

That said, it is very important for the therapist to work with the client to identify the prompting event that is most relevant to the situation at hand. For example, a client may say that the prompting event for a self-injury episode on Friday was being fired from his job on the previous Tuesday. While it is likely valid that the job loss was an influential factor in the self-injury, an astute therapist would want to know what was different about Friday as opposed to Tuesday, Wednesday, or Thursday. Clearly, there must have been other events that increased the likelihood that self-injury would occur on Friday. These other events are important to assess and label because events closer in time to a behavior often exert more influence over the occurrence of the behavior. Therefore, zero-in on events that are more proximal in time to the target behavior. This will likely be more helpful in determining the controlling variables of the behavior and thus lead to more effective solution generation.

To identify the prompting event, zero-in on events that are more proximal in time to the target behavior.

Another tricky aspect to determining a prompting event is when the client has difficulty identifying *one* discrete event and instead lists a multitude of factors that might have impacted the situation. For example, when asked what led to impulsive sexual behavior Sunday evening, the client might state, “I had a terrible day, starting with a flat tire on my way to church, which made me miss the service as well as spend money I didn’t have to get the tire fixed. When I called my mother to tell her about it,

she said, “These things always happen to you, you probably weren’t being careful with your driving,’ which made me feel crummy. And it was raining, so my friend canceled our plans to take a walk together and instead I just spent hours watching TV feeling bad for myself.” When faced with this stream of events, it may be difficult to pinpoint *the* specific prompting event.

There are two possible paths to take to address this situation. One is to move away from the label of prompting event and instead just assess the sequence of events. You find out what happened first, what happened next, what happened after that, and so forth, until the chain of events is completed and the therapist has obtained a very clear idea of how the problem behavior of impulsive sex occurred. This turns the chain analyses away from becoming an overly academic exercise in which the therapist may lose the forest for the trees to come to the point in which a single prompting event is identified.

The other path to take is to try to isolate a single prompting event by engaging in hypothesis testing with the client. For example, in the scenario above, the therapist could change the variables to test out whether the target behavior would still have occurred (as best the client can guess). The therapist might ask, “Do you think had you not gotten the flat tire but still had a negative interaction with your mom and canceled the date with your friend, that you would have had impulsive sex?” or “Do you think that had you made it out with your friend after the flat tire and interaction with your mom, that you still would have had impulsive sex?” Often, through these lines of questioning, the client can provide information that highlights an event that was more critical than the others in terms of its impact on subsequent problem behaviors.

There are advantages to each approach to determining the prompting event. In general, in early chains between a therapist just getting to know a client, I am more likely to suggest the first approach. That is, just assessing the sequence of events rather than getting bogged down trying to find a specific, sole prompting event helps move assessment along. However, in future chains, especially when a behavior isn’t changing despite attempts to intervene, there might be an indication that a more fine-grained assessment is needed (see Chapter 6). In such cases, getting really clear on what constituted the prompting event might be an important unsolved piece of the puzzle.

In the case of habitual behaviors, it can be difficult to isolate a prompting event. With a behavior that occurs daily or multiple times a day (e.g., skin picking or drinking/drug use for some clients), there is

often no specific prompting event since the behavior is likely to occur no matter what. This would be similar to trying to find the prompting event for me taking a shower today. The prompt is likely just waking up and having it be a new day! However, given the importance of focusing on variables more proximal in time to the problem behavior and the reliance on a structure in conducting a chain, it is still important to identify something as a starting point of the chain. Often, starting with when the individual first thought about engaging in the problem behavior could be an anchor.

A last critical point is to understand that a prompting event can be external to the client (an event in the environment or another person's behavior) or internal (a thought, a nightmare). The latter is more likely to be the identified prompting event when the client cannot name a particular precipitant to the thought. For example, the client might say, "I had a flashback of my rape just totally out of the blue and that led me to use drugs." For the purposes of analyzing the drug use episode, this assessment of the prompting event would likely be sufficient, although it is very likely that there was an antecedent to the flashback and that identification of this antecedent might itself be a very important target in treatment. However, if the client describes the prompting event as something like "I just suddenly thought that I was totally alone in the world and that set off the chain toward self-injury," the therapist would likely want to assess what led to that thought since that thought might be a modifiable link in the chain. For example, the client might then say that this thought occurred after a friend failed to respond to her text message. We might then label the lack of response by the friend (within 15 minutes of sending the text) as the prompting event, which was followed by the client's *interpretation* that she was totally alone. Framing it in this way might also lead the client to recognize how the links are related and how the thought did not come "out of the blue" and in fact was caused by a notable event.

Vulnerability Factors

Once the target behavior and prompting event have been identified, a next area to explore is the client's *vulnerability factors*. "Vulnerability factors" refer to variables that may have made the client more susceptible to the effects of the prompting event *in that particular instance*. A helpful way to think about vulnerability factors is to consider those events, situations, thoughts, or states of mind that make a person more likely to experience emotion dysregulation. These can include poor sleep, poor

eating, physical illness, and not taking medications as prescribed on that particular day. Vulnerability factors could also consist of other recent life events that have accumulated to make the client feel overwhelmed or taxed. As in the example above, a job loss a few days prior along with the ensuing feelings and worries related to a difficult situation would likely make the client more vulnerable to a negative event (prompting event) that happened on the day of the self-injury. Vulnerability factors often address the question of “what made the target behavior more likely to occur on that particular day (or at that particular time),” especially when the prompting event occurs frequently in the client’s life. For example, a client might identify a fight with her boyfriend as the prompting event leading to self-injury later that evening. However, the therapist may well be aware that fights with the boyfriend are a frequent occurrence and self-injury does not occur at the same frequency level. To identify vulnerability factors, the therapist may ask, “Was there anything that made you more vulnerable to the effects of this fight on this day?”

There are two common problems that I have seen come up repeatedly in the assessment of vulnerability factors. One is when the client (or therapist) identifies too many factors to be helpful. Many clients with multiple problems who meet criteria for a number of psychological disorders will readily identify a host of problems related to the regulation of sleep, medication, eating, exercise, and so forth, all of which may impact their vulnerability to being in emotion mind. While it may be true that these factors contribute to the overall chaos, stress, and problems in clients’ lives, they are likely not all directly relevant to the assessment of the specific problem behavior. Thus, the therapist needs to stay mindful to the task of the chain analysis, which is really to home-in on this one specific episode. At the risk of being redundant, I want to stress the importance of this: the therapist has to constantly be asking him- or herself “Why did *this* occur on *this* specific day?” If the client always (or often) has dysregulated sleep but does not always engage in binge drinking, then dysregulated sleep although likely not *helpful* is also likely not a primary controlling variable of the drinking.

To identify vulnerability factors, ask, Why did this behavior occur on this specific day?

The second problem is when the therapist or client labels a long-standing problem as a vulnerability factor. For example, I have often

seen therapists identifying “a diagnosis of borderline personality disorder” (BPD) as a vulnerability factor. Here it is important to validate that yes, a person with BPD is likely more vulnerable than someone without BPD to the effects of various emotional stimuli (this forms the basis for the biosocial theory of DBT; Linehan, 1993). However, between-person vulnerability factors are not really relevant to the chain. Instead, within-person factors are important. We assume that a person with a diagnosis of BPD has BPD-like behaviors and vulnerabilities on a regular basis. What made her *more* vulnerable to the prompting event *on that day*?

Links

Moving along in the sequence of events of a chain, I now typically turn to *links*. The “links” of the chain refer to any events, private or overt, that lead the client from the prompting event to the target behavior. These links may include cognitions, emotions, urges, interpersonal events, other external events, secondary target behaviors, and others. Secondary targets, also known as “dialectical dilemmas,” refer to patterns of behavior that interfere with the successful treatment of primary target behaviors (see Linehan, 1993, for rich clinical descriptions of these behavioral patterns and their role in maintaining target behaviors). In assessing the links, it is important for the therapist to recognize that not every single link between prompting event and target behavior is necessarily dysfunctional or problematic. In fact, there are often many functional links in the chain in which the client behaved effectively or normatively. The nonjudgmental stance here remains important since the therapist is just wondering what occurred between Point A and Point B, not necessarily what all the problematic things the client did were.

Questions to assess links include “What happened next?”; “How did you get from X to Y?”; “What thoughts were you having here?”; “What emotions or feelings were you having?”; and so on. As I point out in Chapter 2, there is tremendous value to both the therapist and the client in visually writing out the links in the chain on a whiteboard or easel as they are being discussed. This strategy is especially useful when assessing links because it calls the sequence of events into view. In assessing links, the therapist wants the sequence to make sense and not have gaping holes in the chain.

Depending on how much time elapsed between the prompting event and the behavior, assessment of these links can take a little or a lot of

time. Different problems emerge based on this time gap. When there is very little time that elapsed, a client may be quick to say, “I just did it,” without recognizing the presence of any thoughts or emotions or urges. Slowing down this moment in time and doing an extreme microanalysis may be useful in these situations. For example, clients might say something like “All of a sudden, the razor was in my hand,” as though some magical process was involved. In such cases, the therapist would want to ask a lot of detailed questions about what the client was thinking, feeling, and doing in the moments, or seconds, leading up to that point. Once the client knows that this level of detail is desired, it might be easier to obtain information about links in future chains because clients are made more aware of the sequence of events.

Conversely, a person may describe in detail what happened during the *hours* leading up to the problem behavior. Taking the time to analyze each link in such a situation would take much more time than a single therapy session affords. In these instances, the therapist may have to zero-in on the most relevant factors. Obviously the most relevant factors are not necessarily known to the therapist from the beginning, so this is not always an easy task. What is often most helpful for me to remember is that I need to see in my own mind how the client got from Point A to Point B. If details are too fuzzy, or if I have to make too many assumptions, to get that picture in my mind, then I need to collaboratively assess more. At other times, I may have to cut the client off in order to move along the sequence of time in order to get information that helps me understand how the behavior occurred.

Given that DBT was designed to address how emotions drive behavior, the therapist also wants to focus specifically on emotions in the links of the chain analysis. That is, a therapist should not consider a chain complete unless he or she knows about the presence and intensity of emotions along the sequence of events. The therapist also does not want to assume that a client can adequately label his or her emotional experiences (at least in the early stages of therapy). There are lots of reasons why a client may not know how to label emotional experiences adequately. A client may label every feeling as “upset” without knowing the specific emotions. Or a client may label every unpleasant experience as “anger” because that is what seems most salient and notable. Thus, the clinician has to work with the client to parse different emotional experiences and learn to label them accurately in order to most effectively approach them. Again, if it doesn’t make sense to me, it’s a cue to follow up with

additional inquiry (“How is it that you felt shame when you didn’t receive a text back from your friend?”).

Ultimately, you want the links to tell the story with just enough detail to have a clear, clinically rich picture of how the sequence unfolded. You have probably noticed by now that this process is not intended to be so exhaustive that you cover every single second between prompting event and target behavior. To assess to that level of specificity would likely take more time than the sequence of events themselves. It would also likely exhaust both the client and the therapist! Thus, with practice, you want to find the “sweet spot” of enough detail without scrutinizing the minutiae of each moment.

Consequences

Last, but certainly not least, a therapist wants to assess the *consequences* of the problem behavior. Typically, the function of assessing consequences is to determine whether there were any contingencies that function as reinforcers, and thus make it more likely for the behavior to occur again in the future. However, this is often not how the term “consequences” is interpreted by the client. If the therapist were to ask, “What were the consequences of you pushing your sister during that fight?,” the client might respond, “I felt awful and I fear that our relationship will never be the same again.” However, when pressed to answer “Immediately after you pushed her, what happened both within you and also with your sister?,” the client might respond, “I felt momentarily really powerful and my sister backed down.” While the long-term consequences are considered more important by the client, the short-term reinforcing consequences make it more likely that she will push her sister (or someone else) in similar circumstances in the future. Some recognition of this and relevant solution generation will be needed in order to address this obstacle to improvement. Thus, it is vital that the therapist assess immediate consequences to the behavior in addition to longer-term consequences. It is also incredibly important to note that most of the time, we are not aware of the effects of contingencies on our behavior. Assessing immediate consequences will increase awareness of these factors and identify factors that might be modifiable with some effort.

Together, these five components form the basis of the chain analyses. The links that constitute the completed chain can range from five to

hundreds depending on the amount of time covered and the complexity of the situation. It can take 3 minutes to several hours to complete a chain analysis depending on a different set of factors. In other words, it's complicated! As always, a clear focus on the principles and function of the chain are important:

1. Remember that the primary function of chain analysis is to assess a single occurrence of a target behavior *in order to* most effectively generate solutions that will impact the occurrence of that behavior in the future.
2. Identifying the critical controlling variables is key to this mission.
3. Remember to avoid assumptions and instead rely on your own wise mind to obtain an understanding of how one link leads to another (and another, and another, . . .).

Below are three representative examples highlighting chains that come from three target categories in DBT: life-threatening behavior (contemplating jumping from the edge of a roof), therapy-interfering behavior (yelling in group at other group members), and quality-of-life interfering behavior (shoplifting). They cover a range of timeframes from 5 minutes to a few hours. They each highlight various types of links and include a focus on emotion. In future examples, I use dialogue to indicate how a therapist might assess specifically for these components. However, here I just describe the components of the chain. Accompanying each description of the chain analysis in text form is a visual illustration of the chain using the model in Figure 1.1. Things to note throughout are the level of behavioral specificity involved in detailing each component and the fact that it “makes sense” to naïve readers, even without knowing more details or history about the client. Hopefully, they all illustrate how different points of intervention can be identified along the sequence of events.

Examples of Chain Analyses

Chain Analysis of an Incident of Suicidal Behavior

Target behavior: Went to roof of six-story parking garage at 2:30 A.M. Sunday morning, dangled feet over edge, thought about jumping (“If I

were to jump right now, I would show everyone how awful my life is and I would end my suffering”). Sat there for approximately 30 minutes, ruminating about suicide.

Prompting event: At boyfriend’s house with several of his friends over to play a video game. At approximately 11:00 P.M., I asked him a question (“Can I play this game with you?”) and he ignored me.

Vulnerability factors: Boyfriend and I were together since about 5:00 P.M. His friends came over around 7:00 P.M. and they were loud and obnoxious with each other and I felt left out. This feeling got progressively worse until the moment that I asked him if I could join the video game they were playing.

Links: Over the course of about 3½ hours:

- Silence from boyfriend in response to my question. He keeps talking to his friends.
- Thought: I feel so humiliated.
- Emotion: Shame, humiliation.
- Thought: What a jerk! How can he do this to me?
- Emotion: Anger.
- Thought: I could just disappear and he wouldn’t even notice. I’m so useless. [secondary target: self-invalidation]
- Behavior: Went upstairs to bedroom, laid on bed, watched TV on and off for a couple hours, and fell asleep for a bit.
- Thought: He hasn’t even noticed or cared that I’m gone.
- Emotions: Anger, sadness.
- Behavior: Went back downstairs, said, “What’s happening?”
- Event: Boyfriend and friends said, “Not much,” continued to focus on video game.
- Behavior: Went into kitchen, sat at table, drank two beers, and ruminated (approximately 1:00–1:30 A.M.).
- Emotions: Anger, sadness (intensifying).
- Thought: He wouldn’t even care if I killed myself.
- Behavior: Started crying.
- Thought: I should just do it [kill myself].

- Thought: I should call my therapist but it's late and I don't want to wake her.
- Behavior: Drank two more beers (approximately 1:45–2:15 A.M.).
- Thought: I'm just going to do it. I'm just going to kill myself.
- Emotions: Excitement?
- Behavior: Left out of back door, slammed door, walked three blocks to parking garage, took elevator to roof.
- Thought: I can do this; it will show him.
- Behavior: Walked to edge, sat down.

Consequences:

- Immediate: Felt a bit of a “rush” sitting there but also extreme anxiety, almost panic, quickly set in. I thought, “I don't have the guts to do this.”
- Texted boyfriend where I was. He immediately texted back and told me to come straight home.
- I went home and he yelled at me, telling me that I should never do that again. His friends left and we spent some time in bed watching TV together before we both fell asleep.
- Emotions: Calm, relieved.

Commentary: This chain (illustrated in Figure 1.2) describes an event that covers the span of several hours. The essence here is to make sure that enough detail is captured that one can see the chain and understand how each link is connected. In reading the chain, you can see how these events happen even if you also see all the opportunities for things to have gone differently, or all the missed opportunities to act more effectively. Careful attention is paid to thoughts, emotions, and behaviors of both the client and others.

Chain Analysis of “Acting Out” in Group

Target behavior: Yelled, “I shouldn't be in this group—you all have more problems than me!” in group around 6:45 P.M. (group is held from 6:00 to 8:00 P.M.).

Prompting event: The group leader asked who wanted to share their homework (around 6:10 P.M.).

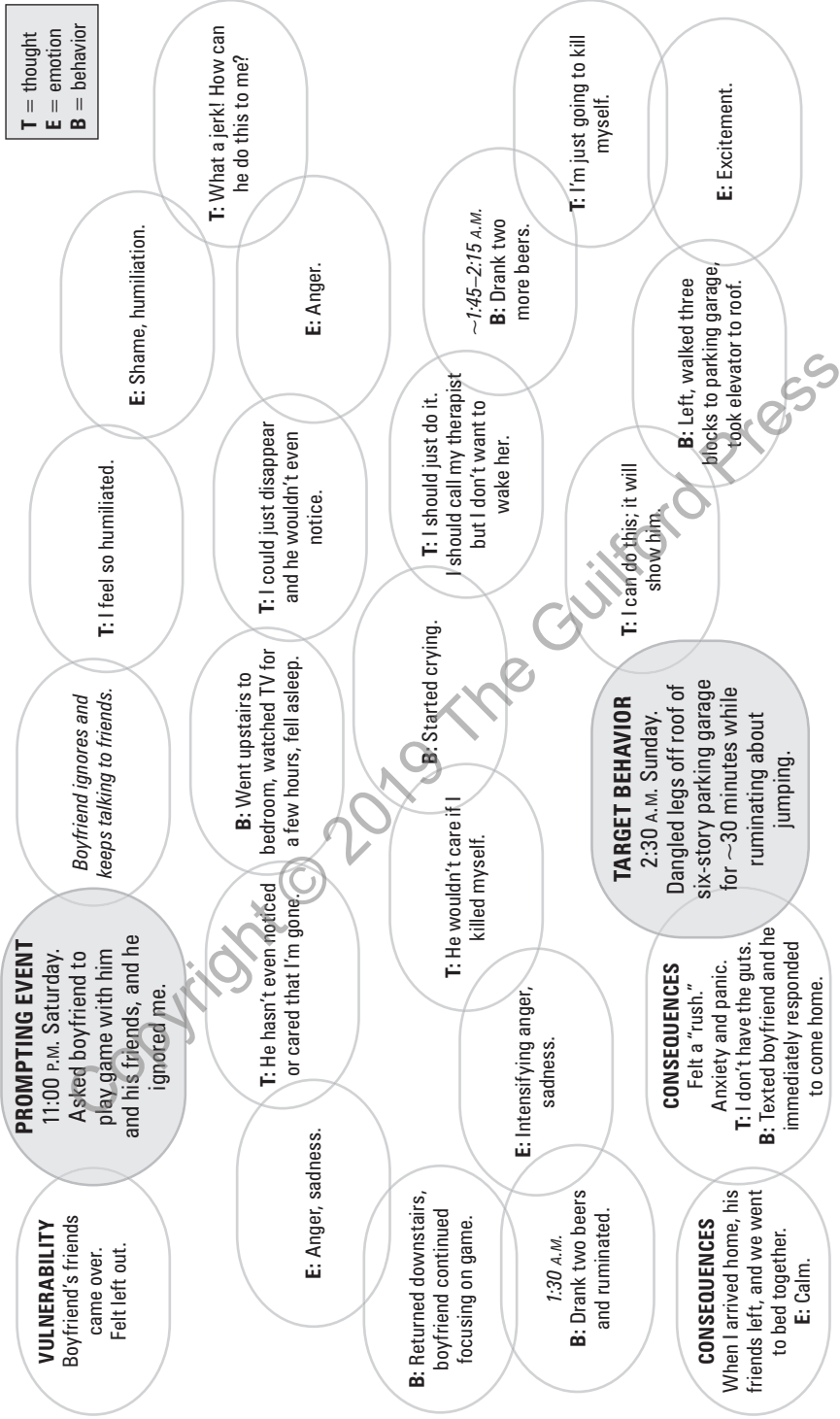


FIGURE 1.2. Chain analysis of an incident of suicidal behavior.

Vulnerability: Slept only 1 hour the night before, had very stressful day at work, did not want to go to skills group because I wanted to go home and sleep instead.

Links:

- Behavior: I looked around and noticed that I was the only one that had my homework sheet completed.
- Thought: What assholes! Am I the only one here who cares about getting better?
- Emotion: Irritability.
- Event: Group leader starts asking another member about “what got in the way” of homework this week.
- Behavior: “Zoned out”; stopped listening and ruminated about my desire for sleep.
- Event: Co-leader nudged me and whispered for me to stay present.
- Emotion: Shame, anger.
- Thought: Why is she bugging me? She should get everyone else in line.
- Event: Group leader goes to another person and asks the same question.
- Thought: This is bullshit. Total waste of my time. I could be sleeping right now.
- Emotion: Anger.
- Feeling: Intense fatigue.
- Event: Leader gets to me and asks me about my homework.
- Behavior: I tell her about my use of mindfulness skills this week.
- Event: She tells me that I didn’t do it quite right and starts correcting me.
- Emotion: Intense shame and anger.
- Don’t remember thoughts before yelling.

Consequences:

- Co-leader asked me to step out of group. I grabbed all my things and just left. Intense anger.

- Went outside, smoked cigarette (relief from stress), got in car, and sped home.
- Knew I would “get shit” about this from my individual therapist later. Felt angry and guilty.

Commentary: This chain of events (illustrated in Figure 1.3) occurred over a shorter period of time, about 45 minutes. A similar focus on detailing thoughts, feelings, and behaviors is present. Note the specificity of description throughout as well.

Chain Analysis of Stealing Behavior

Target behavior: In department store, stole three scarves by placing them in my bag and walking out of the store unnoticed Friday, approximately 5:00 P.M.

Prompting event: Noticed a store clerk looking at me (approximately 4:55 P.M.).

Vulnerability factors: Had felt depressed and down all day; had done nothing but lay in bed while on the Internet for hours. Finally got self to get up and activate by going to the mall but still felt depressed and lonely.

Links: Over the course of about 5 minutes:

- Thought: She’s suspicious of me. She thinks I’m going to steal something just because I’m black.
- Emotion: Anger.
- Thought: That bitch, I’ll show her.
- Behavior: Walked around store looking for “easiest” thing to steal.
- Emotions: Excitement, anger.
- Behavior: Saw scarves and noticed there was no security tag on them.
- Thought: What dumbasses they are.
- Behavior: Looked around to see if any clerks were nearby.
- Thought: Now’s the time to just do it.
- Emotion: Excitement, fear.

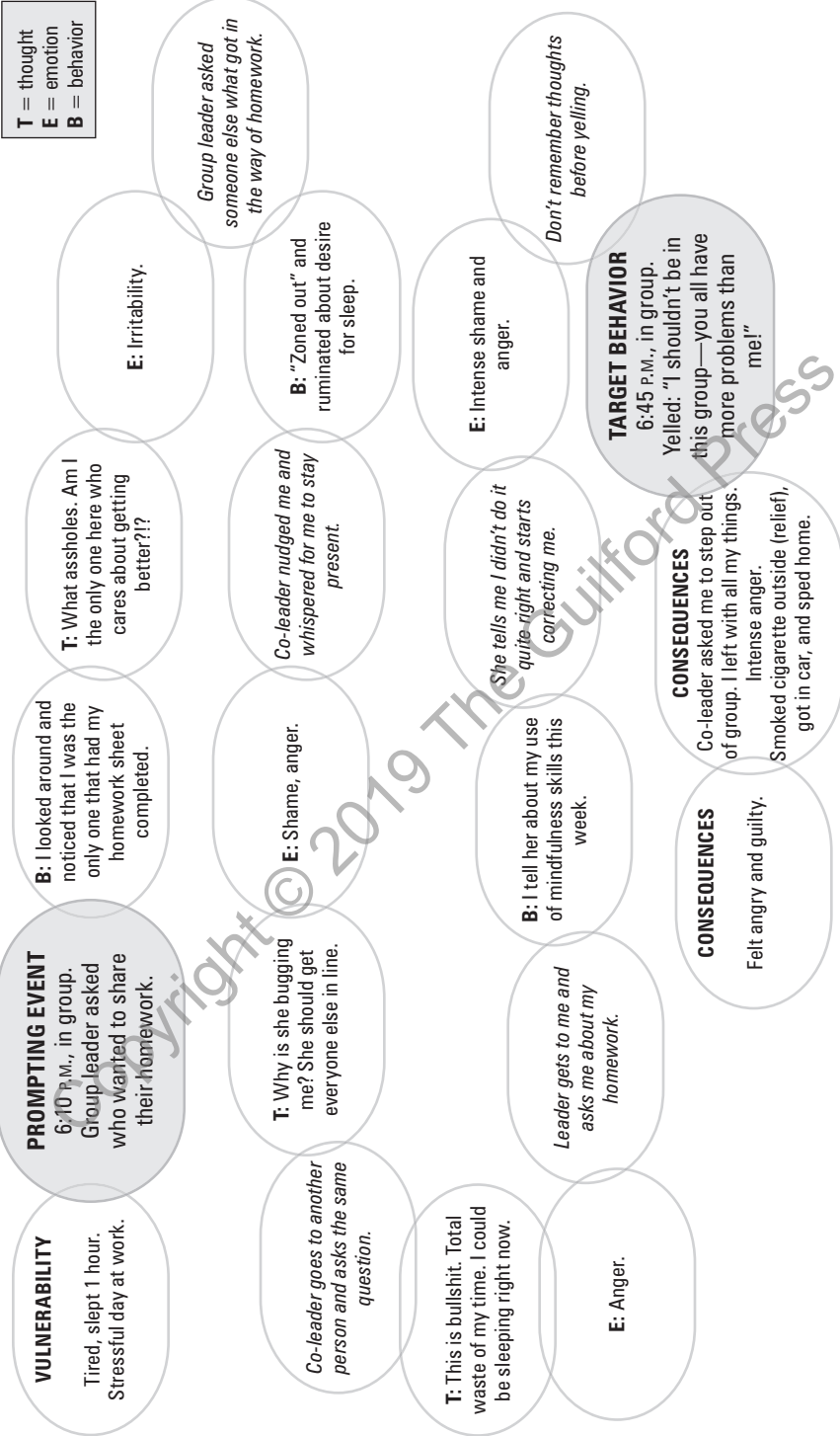


FIGURE 1.3. Chain analysis of acting out in group.

Consequences:

- Immediate: Excitement and relief from fear. Thought, I got away with it again!
- Quickly followed by thought of “I can’t believe I did it again; I have no self-control,” shame and disappointment.

Commentary: In this example (illustrated in Figure 1.4), the analysis covers a very short period of time, which is often the situation for more impulsive behaviors like this one. Even though the period of time is shorter, there is still careful attention to all of the components of the chain.

In this chapter, I laid the foundations for the chain analysis and provided a few examples of what an exhaustive chain might look like. I used relatively straightforward examples so that one could see how a sequential chain plays out, with each of the five components specified. However, in “real life,” the assessment process is often multidimensional with unexpected issues frequently occurring that make it difficult to conduct chains in a straightforward and simple manner. Throughout the rest of this book, I cover a range of chain analyses that demonstrate their use throughout a variety of situations and complexities.

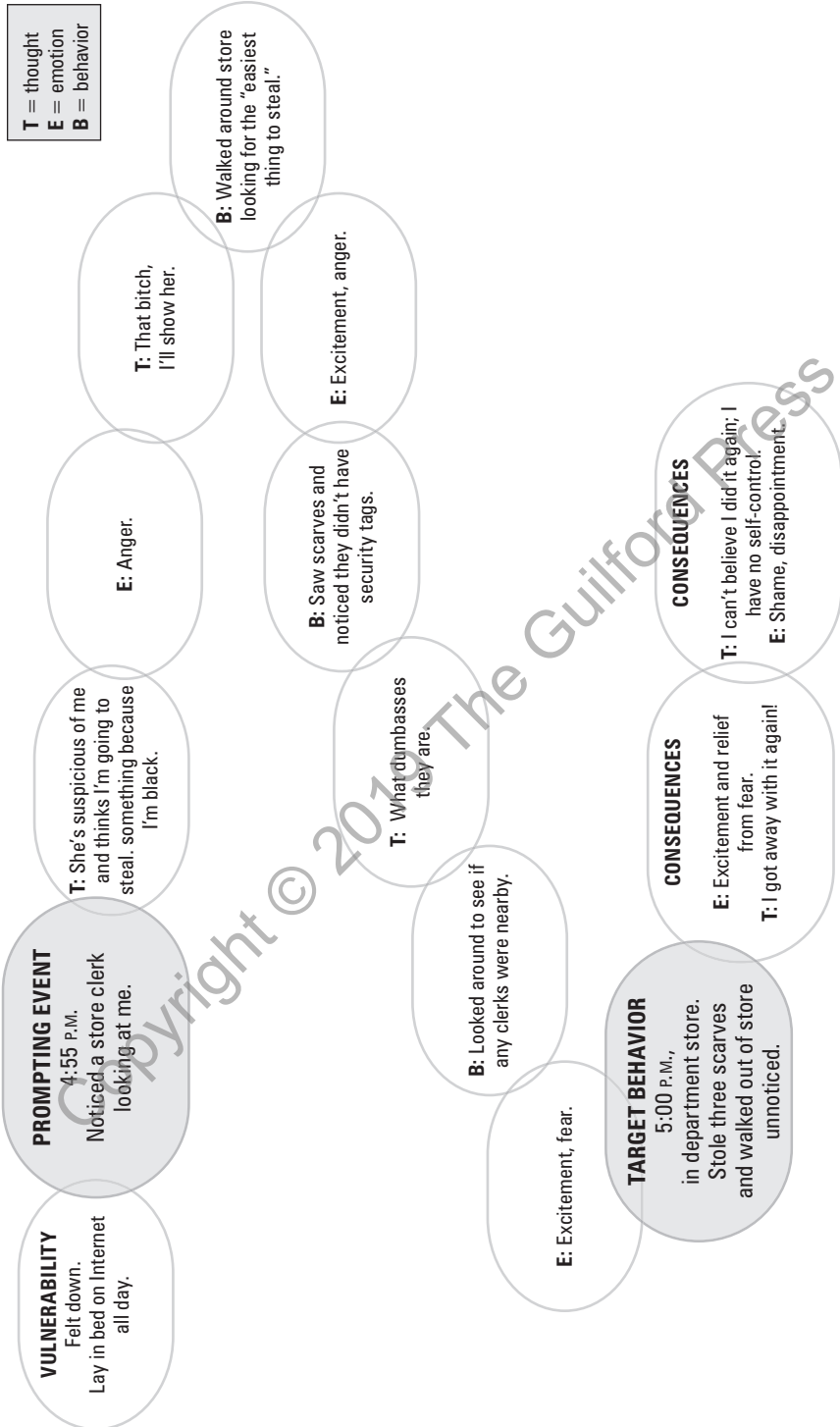


FIGURE 1.4. Chain analysis of stealing behavior.