# Analysis of successful behavior: the main diagnotistic tool in Constructional Behaviour Therapy [1]

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## Introduction

'Successful' behavior is behavior which promotes someone's well-being. Everybody has his own pattern of that behavior. Hendrik Vlamings explained how, by means of a basic treatment program, restoring this pattern reduces the symptoms. Analysis of the successful behavior is not necessary in that program. However, a detailed picture of the successful behavior is a necessity when an extended constructional program is indicated. Elbert van der Meijde will talk about that program in the next presentation.
I will explain how to analyze successful behavior. I will illustrate this with the case of Jane, a thirtyfive-year-old woman who suffers from panic attacks with agoraphobia since quitting her job as a nurse a few months before. .

## Symptoms as the result of the absence of controlling stimuli .

To understand Jane's symptoms, it is not necessary to search for the presence of some symptom-provoking stimulus. According to the Theory of Dominant Active Avoidance (Bakker-de Pree, 1987a), symptoms are caused by disregulation due to the absence of certain stimuli: stimuli, which control successful behavior. Hence, to understand Jane's symptoms, we have to analyze the present pattern of regulation of her successful behaviour.

## Analysis of successful behaviour

Direct analysis of the regulation of everyday successful behavior is

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[1] Paper presented at the **29th Annual Congress of the Association for Behavioural and Cognitive Therapies 'Advances in Behavioural and Cognitive Therapies'**
Symposium *"Constructional Behavior Therapy: a novel development in the Netherlands"*
Dresden, Germany, September 26, 1999.

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not possible in therapy. We cannot observe which element of a situation the client is reacting to. It requires a specific approach. First we analyze a number of units of successful behavior using a novel interview technique called Contrast Questioning (Bakker-de Pree, 1987a, 1998). We specify the controlling stimuli per unit Next, we derive a model of the pattern of the client's behavior regulation by specifying the controllingstimulus classes. Finally, we test the validity of the model. On successfully passing the test, the model is ready for use in subsequent treatment (Bakker-de Pree, 1993).

**Contrast Questioning: molecular analysis of successful behavior**
I shall begin with step one: Contrast Questioning. First we identify a behavior unit in the symptom-free domain of the client's life. Behavior the client feels good about:

*"Can you name some action which did you good at the time?"* is the first question.

In response, Jane talks about a car journey with her husband and children. She was driving the car, and her tense husband was talking about some troubles at his work. Jane was giving advice on how to handle the situation. Offering him advice felt very good. Next, we ask the client to imagine what would have happened if she had refrained from the satisfying action, and while doing so, to feel the contrast:

*"Please try to imagine what would have happened if you had not advised him at that moment?"*

The answer informs us about the function of the response. If Jane replies: "Nothing actually. It would just have been a pity as I wouldn't have gotten his compliment", we know the function of her action is 'approach'. Approach behavior is controlled by positive stimuli, in this case the compliment.
If Jane replies: "Oh no, he would have gone on and on complaining", we know the function is 'escape'. Escape behavior is controlled by negative stimuli already present in the situation before the action, in

this case the aversive complaining. But Jane replies: "What if I hadn't offered him advice? I would have felt very bad and uneasy with myself!" Her answer indicates prevention of the appearance of something bad. So, the function of Jane's action was 'avoidance'. According to the theory of Dominant Active Avoidance, all clients have a dominance of active avoidance in their pattern of behavior. Moreover, the avoidance of one particular, extremely aversive social disqualification, the so-called invalidating stimulus. (Bakker- de Pree, 1987a). Therefore, the therapist asks:

*"How could you be qualified as a person if you hadn't advised him at that moment?"*

Thus, the disqualification 'indifferent' is the avoided invalidating stimulus. Successful avoidance implies the appearance of a safety signal, a response contingent stimulus, guaranteeing that the disqualification 'indifferent' cannot be applied. Therefore, the safety signal has to be identified. For that, the client has to 'look' back to the situation after she performed the response:

*"So, you díd advise him. Please look back and tell me what reassured you that you were not being indifferent by advising him?"*

Jane replies: "The fact that my husband said with relief: 'Yes, I can handle it.' At that moment I felt self-confident, really good about myself."

Now, we have specified the safety signal too. The last step is the identification of the discriminative stimulus for the response. In the case of active avoidance, it concerns a so-called guarantee stimulus (Bakker-de Pree, 1987a). This is a stimulus, which sets the occasion for effecting the safety signal. To identify this stimulus in this case, the therapist has to think of what particular condition must be present in a situation to effect 'relief ' by advising someone. This would at least have to be a person with a problem. A person asking for help, perhaps? Or maybe someone visibly struggling with a problem?

Next, the therapist presents the client with his options for recognition:

*"When you started advising your husband, did he ask for your help, or was he visibly struggling with a problem?"*

Denying that her husband had been asking for help, Jane affirmed that her husband was indeed struggling. Now we know all the controlling stimuli of her action: the guarantee stimulus 'husband struggling with a problem', which set the occasion for the response 'advising'; the response contingent safety signal 'relief ' and the avoided invalidating stimulus in the form of the social disqualification 'indifferent'. The question that now presents itself is how to derive a model of the whole pattern of behavior regulation.

**Molar analysis of successful behavior: deriving a model of the pattern of behavior regulation**

We need to collect quite a lot of this type of data by repeated Contrast Questioning. In the meantime, we specify the controlling stimulus classes. We combine analogous stimuli on the basis of common properties, as you can see in this table.

| **Guarantee Stimulus** | **Response** | **Safety Signal** | **Invalidating Stimulus** |
|---|---|---|---|
| struggling husband | advising | relieved husband | indifferent |
| crying daughter | comforting | quiet daughter | cold |
| tense son | encouraging | relaxed son | unconcerned |
| sad friend | making jokes | smiling friend | detached |
| **Class:** | **Class:** | **Class:** | **Class:** |
| **afflicted person** | **action** | **person at ease** | **indifferent** |

*Table 1: Infering the stimulus classes*

Jane mentioned, for example, several satisfying actions directed towards persons who were all afflicted in some way or other. Each time her actions resulted in the person being at ease. By these actions, she avoided a social disqualification such as 'indifferent'. Therefore, the guarantee stimulus class can be formulated as 'afflicted person', the safety signal class as 'person at ease' and the invalidating stimulus

class as 'indifferent'.

Generally, we find a number of different stimulus classes for each client, together constituting a model of the present pattern of the client's behavior regulation.
The next table presents Jane's model.

| **Guarantee Stimulus Class** | **Response Class** | **Safety Signal Class** | **Invalidating Stimulus Class** |
|---|---|---|---|
| afflicted person | action | person at ease | indifferent |
| request for help | action | satisfied person | indifferent |
| damaged objects | action | restored object | indifferent |
| dirt | action | dirt removed | indifferent |

*Table 2: Pattern of behavior regulation (Jane)*

As you can see, the first two sequences consist of social controlling stimuli, while the next two sequences refer to material stimuli. The responses themselves are not specified. We are not interested in the topography of a response but in its regulation, in other words, in the controlling stimuli. The derived model is different for each person. Individuals differ in the stimuli controlling their successful behavior. However, the structure of the model is the same for any client with symptoms, as we were able to ascertain with several hundred clients.

## Testing the model

Finally, we test the validity of the model by predicting the occurrence of symptoms. Symptoms are due to disregulation. Disregulation occurs when regulation fails, i.e. when the controlling stimuli for the successful behavior are absent or cannot be responded to. The state of disregulation causes symptoms. We therefore have to think of some examples of situations where the controlling stimuli are absent. It is in these situations that we can predict that the client will show symptoms. In the case of Jane, we predict that she will show symptoms if she is:

A. obliged to stay in the company of persons who feel all right and need no support
B in the company of afflicted persons, but hindered from comforting them
C alone and everything is clean, cared for or in good condition
D alone and hindered from cleaning up or restoring objects

*Table 3: Behavior disregulation (Jane)* .

To test these predictions, the therapist listens to the client's account of the occurrence of symptoms. Jane referred a second time to a journey with her husband and children. She then suffered from an unexpected panic attack. Again she was driving herself. However, this time her tired husband did not want to talk and fell asleep, while the children amused themselves with a book on the backseat. This is clearly an example of test case A: obliged to stay in the company of persons who feel all right and need no support. All guarantee stimuli were absent, so Jane's behavior regulation failed. That caused occurrence of the symptoms. Not surprisingly, the symptoms disappeared at the very moment her children started to fight and she had to comfort her crying daughter. The guarantee stimulus 'afflicted person' was present again, so she could effectuate the safety signal 'person at ease'. We have to test the model several times to establish its validity. The model can be considered reliable if it stands the tests.

**Conclusions**

I shall finish with some conclusions. With a model of the regulation of the client's successful behavior, the presence and absence of symptoms can be predicted in detail. The occurrence of symptoms will never be a mystery. The physical features of behavior (topography) seem of little or no interest, because they do not discriminate between occurrence and absence of symptoms. Symptoms are not due to a failure in skills, but to an absence of controlling stimuli, as we have found in hundreds of cases. In addition, the model affords the therapist much control over the therapy process, since he knows what the controlling stimuli are of his client's behavior. All that makes the analysis of successful behavior an important diagnostic tool.

**References**

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