

**Defeat Your Self-Defeating Behavior**  
**Understanding & Overcoming Harmful Patterns**

**TI 080 - Thematic**

**By**

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# Defeat Your Self-Defeating Behavior

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# **Defeat Your Self-Defeating Behavior:**

## **Understanding and Overcoming Harmful Patterns (TI 082)**

**By Chris Brownson & Bryan Hartzler**

### **Section I: Theoretical Basis for the Group**

#### **Introduction**

Self-defeating behaviors, on some level, impact most people's lives. Chamberlain (1978) suggests that the concept encompasses recurrent thoughts, feelings and attitudes, and behaviors. With such a broad definition, it seems then that one of the obstacles in developing a therapeutic intervention for self-defeating behavior is the need for greater specificity of the domains of human experience to be targeted. With regard to this manual, self-defeating behavior will be conceptualized as a repetitive pattern of behavior in which the individuals' goal-directed attempts to fulfill a basic human need result in unintended and harmful consequences. This definition places no constraints on the particular problematic situation or behavior. Rather, the focus is on the process whereby patterns are initiated and perpetuated.

Focusing on the process, rather than content, of self-defeating patterns highlights variations and basic commonalities in the impact of these patterns. Those who engage in a repetitive cycle of failed attempts to fulfill a core human need—whether it be the need for intimacy, affiliation, control, or acceptance—may be vulnerable to mental health difficulties such as depression, anxiety, social isolation, or compensatory externalizing problems. Despite the wide variation in potential symptomatology, the basic issues individuals share are frustration with having a core need remain unfulfilled and diminished hope and/or lack of self-efficacy in future attempts to change one's situation. Seen in this light, self-defeating behaviors may reflect a self-perpetuating negative spiral in which the more the individual attempts to fulfill an unmet need, the greater the resulting sense of frustration, hopelessness, and perceived lack of control.

#### **Origin of Self-Defeating Behaviors**

We have written this manual with the assumption that many self-defeating behaviors (SDBs) originate from negative self-attributions and/or unsuccessful attempts at bolstering attachments. Clients with negative self-attributions believe that they are not adequate, and attempt to compensate for their perceived inadequacies. An example is the attribution of a "toxic self," in which an individual believes that he/she is constitutionally toxic and will inevitably

contaminate relationships with others. Resulting self-defeating reactions might include social withdrawal or externalizing behaviors. These compensatory reactions can lead to self-defeating patterns when such reactions reinforce the negative self-attribution. Thus, a self-maintained belief system may reconfirm itself and attribute contrary feedback as an anomaly. SDBs may also originate from beliefs that one's attachments are weak, and should be bolstered to prevent the loss of relationships. Failed relationships are attributed to weak attachments, which both reinforces and perpetuates self-defeating compensatory reactions. These reactions, such as hypervigilance, withholding one's own needs, and enmeshment, further weaken relationships, and often amplify attempts to strengthen attachments.

## **Change Model**

### **Phase I: Problem recognition and articulation**

We conceptualize change as initially occurring through members' ability to recognize and articulate a variety of aspects related to their respective self-defeating behaviors. Treatment goals of the initial phase are to increase insight into self-defeating thoughts, feelings, and behaviors by: identifying their harmful consequences; increasing understanding of their origin; specifying unmet needs and core negative self-attributions; and increasing motivation to attempt alternative responses.

#### **Step I: Identifying the SDB**

The first step in the change process is identifying behaviors that are self-defeating. Members will have identified a target SDB prior to entering the group, either independently or during a pre-group screening interview. Normalizing the existence of SDBs is vital in the initial stages of the group so that self-criticism does not sabotage the change process.

#### **Step II: Recognizing self-defeating consequences**

After specifying an SDB, members must identify how it negatively impacts their lives and the frustrations that are borne as a result. This should increase motivation to change as members come to realize the prices that each pays as a result of maintaining SDBs. Some members may experience ambivalence about changing well-developed patterns, particularly if the pattern relieves anxiety and modulates emotion. An individual may feel incapable of containing affect that is normally avoided by engaging in the SDB. Leaders must assist members in acknowledging this ambivalence, and highlight that members may continue to work toward fulfilling unmet needs. SDBs should be conceptualized as an unsuccessful attempt to do so.

### **Step III: Understanding the origin of SDBs**

Understanding the origin of SDBs allows members to more accurately identify the underlying needs associated with their SDB and the core beliefs that fuel thoughts, feelings, and behavior. After gaining such insight, members will better understand why they think, feel, and behave the way they do, and will be more able to change maladaptive patterns. Recognizing life circumstances which may have led to the restructuring of the self should further illuminate the process by which beliefs were internalized. Leaders must assist members in exploring how particular beliefs and behaviors may result in short-term benefits at certain developmental points, but may be outgrown or become detrimental at subsequent points in the life span.

### **Step IV: Specifying unfulfilled needs**

Group members will ultimately strive to relinquish SDBs in favor of healthier beliefs and behaviors, and, therefore, must identify the unfulfilled needs that their SDB strives to fulfill. Members can then employ healthier ways to meet this need. In addition to identifying this need, members are faced with the potential benefits of attaining it, which should serve to further instill hope and motivation in the change process.

### **Step V: Identifying core negative beliefs**

Beyond focusing on the behavior of the group's members, change must also include member recognition that behaviors reflect decisions based upon thoughts, feelings, and beliefs. Beliefs may be presented as ways in which individuals can restructure the self. This requires an understanding of the self, how the self adapts to dynamic circumstances, the benefits of accessing and changing the self, and how environment may be re-invented to avoid injury to the self. Group members will be assisted in identifying core beliefs that lead to the targeted SDBs.

### **Phase II: Developing alternative beliefs and behaviors**

The next phase of our change model consists of the generation and implementation of alternative beliefs and behaviors. Treatment goals for this phase are to: increase recognition of situations and factors that elicit or contribute to SDBs; develop the ability to self-monitor thought, affect, and behavior; generate potential alternative self-enhancing beliefs and behaviors; initiate attempts to test these alternative responses; and increase understanding of the need for continued experimentation aimed at increasing response flexibility and preventing relapse.

### **Step VI: Identifying high-risk situations/factors**

Identification of the situations and stimuli that elicit members' SDBs is critical to the success of their subsequent attempts to change such patterns. This requires that members begin

to self-monitor thoughts, feelings, and behaviors, and document situations in which they are activated. Beyond the development of self-monitoring abilities, leaders must clarify to members that they have and make deliberate choices in response to these situations and/or stimuli. Further, these choices most often reflect members' beliefs about themselves.

### **Step VII: Changing responses to high-risk situations/factors**

Upon recognizing how a core belief is elicited, members must learn to tolerate the affect associated with that belief. This will provide members with a greater sense of control as well as additional time for them to consider appropriate responses. SDBs often occur when one acts out feelings rather than experiencing and discussing them. Developing the ability to tolerate negative affect may produce lasting change beyond the end of the group sessions. Group members will also enlist fellow members in brainstorming for alternative responses to these situations.

### **Step VIII: Changing core beliefs**

Dispelling maladaptive core beliefs and replacing them with a self-enhancing beliefs is our ultimate therapeutic goal. The time-limited nature of the group, however, suggests that attainment of that goal may extend beyond the scope of the expected change within group sessions. Leaders must assist members in recognizing that the modification of a maladaptive core belief will benefit both the self and interpersonal relationships. Whereas the core belief may have reduced the effects of the previously intolerable affect for members, they may learn to tolerate negative affect and exercise alternative response options. In so doing, members may come to realize that the belief has lost its value.

### **Step IX: Discussing relapse prevention and termination**

Group members will be exposed to the concept of relapse prevention as a means of preventing future lapses into maladaptive patterns. Leaders must highlight the need for continued experimentation with responses to high risk situations/factors so members may continue to refine beliefs and response options. Further, members must be forewarned of the likelihood of personal setback in this lifelong process, and be advised to resist the urge to discount therapeutic gains when and if setbacks occur. Leaders must also prepare members for group termination, assist members in developing plans for future sources of support, and provide members an opportunity to bring their therapeutic relationships to a close.

## **Group Format**

This thematic group is intended to be an 8-10 week short-term psychotherapy group with 1 \_ hour weekly sessions. Each session will be tailored toward a particular stage of the change process of group members' understanding and attempts at changing SDBs. Sessions will follow the specified format with a consideration for the particular needs of the group members. Many sessions, particularly earlier ones, will involve introductory exercises designed to elicit group members' common emotions and thoughts. Homework, if assigned, may also be reviewed as a segue to the proposed session content. It is expected that all sessions will involve discussion of issues around members' respective self-defeating patterns, with the discussion of earlier sessions focused on developing greater understanding of the SDB and discussion of latter sessions focused on the experience of attempted change.

All group members will be encouraged to participate in each group activity. The co-leaders will attend to both verbal and non-verbal cues reflecting members' comfort level with the content of discussion, particularly in the first few sessions when some members may be less willing to articulate reactions to group events. Further, all group members will read and sign the Group Expectations (see Appendix A), and agree to abide by all rules for the duration of their group membership. Activities likely to occur within group sessions include: psychoeducational presentations; dyadic and group discussion and feedback regarding group activities, life experiences, and/or homework; and group generation and implementation of alternative response strategies for high-risk situations.

## **Population**

This thematic group is intended for individuals who desire to change repetitive, maladaptive behavior patterns. Yet, as SDB patterns may exist outside of college settings, this group treatment protocol might also be applicable to a wider array of mental health settings. With regard to the specified setting, group membership has few limitations. Given the myriad patterns of behavior that may be both maladaptive and repetitive, the inclusion criteria will not be limited to a specific behavioral domain (i.e. substance use, sexual victimization), but rather will be broad enough to encompass the content of most SDBs. Exclusionary criteria may be more appropriate when applied to the process and severity of the self-defeating behavior pattern. As this is a relatively brief form of treatment, some self-defeating patterns (i.e. chemical dependency, characterological issues) may be better suited to more intensive, longer-term therapeutic intervention.

Due to the focus on the pattern and process of SDBs, the group seeks to include those whose behavior pattern includes these key elements: 1) a goal-directed attempt to fulfill a basic human need, 2) a resulting, unwanted consequence, 3) identifiable contributing factors that perpetuate the SDB, 4) recurrence of the SDB, and 5) the existence of plausible, but untested alternative responses. The group is best suited to those who possess some degree of insight into the origin and maintenance of their SDBs, and a willingness to explore and experiment with new and alternative coping strategies both inside and outside of group sessions.

### **Group Screening Interviews**

Individual screening interviews, conducted by the two group co-leaders, will last approximately 30 minutes. These interviews will serve four functions: 1) describe the nature and format of the group such that the prospective group member may evaluate to what extent the group experience fits with his/her goals and expectations, 2) understand the prospective group member's current self-defeating pattern and subsequent level of distress such that group co-leaders may evaluate to what extent the group experience fits with the individual's goals and expectations, 3) assess the insight, psychological mindedness, and interpersonal skills of the prospective group member, 4) gather information by way of structured screening questions to assess the extent to which the prospective group member meets inclusion/exclusion criteria (see Appendix B). Following each screening interview, co-leaders will complete a screening interview form (see Appendix C) designed to facilitate the assessment of appropriateness of prospective group members for the group.



## Section II: Group Session Overview

Session One.....	Identifying the consequences of SDBs
Session Two.....	The roots of SDBs
Session Three.....	The needs and goals underlying SDBs
Session Four.....	Identifying core beliefs
Session Five.....	Self-monitoring and planning change
Session Six.....	Specifying and attempting change
Session Seven.....	Refining change attempts and relapse prevention
Session Eight.....	Termination

Each of the above sessions is described in greater detail within the following section. Session goals, group exercises, an outline of specific session content, and homework assignments are provided for each session.

## **Session One: Identifying the Consequences of SDBs**

### ***Session Goals:***

- Initiate the process of building group familiarity and trust.
- Review each individual's identified SDB.
- Introduce the vignette and make a personal connection to it.
- Identify the consequences of identified SDBs.
- Introduce content of subsequent sessions to demystify the change process.

### ***Agenda:***

#### **A. Opening**

- Review Group Expectations (see Appendix A)
- Discuss personal nature of notebooks and need to keep them in a safe place.
- Overview of the thematic group process. Go over subsequent sessions.
- Introduce concept of SDB

**B. Introductions:** Allow time for group members to introduce themselves and to briefly share with the group their identified SDB.

**C. Presentation of Vignette about Judy:** An ongoing vignette will be composed and discussed throughout the course of the group sessions. It will be written so as to enable group members to easily identify with the main character ("Judy"), but also so that no particular group member will over-identify with her. Group members will imagine that they live together in a cooperative with Judy, so that they can imagine observing her behavior first hand. The first component of this vignette will include an SDB, with easily identifiable consequences (see "The Story of Judy" in Appendix L).

**D. Group Discussion:** Discuss the following aspects of the vignette:

- What is Judy's SDB?
- What are the consequences of Judy's SDB? How does it affect her relationships, health, self-perception?
- Possible consequences are then generated and listed on a Price Chain (see Appendix E).

**E. Price Chain Activity:** Extrapolate the identified consequences in Judy's life on the Price Chain. Discuss how these consequences can be far-reaching, varied (which might make it seem elusive and inexplicable) and infinite (ie: at any point on the chain the consequence could go off into another direction).

**F. Solitary Activity:** Group Members will complete the Consequences of SDBs handout (see Appendix D). After completing the handout, group members will reconvene and discuss their own SDBs and the consequences as time permits.

**G. Homework:** Individuals will use the Price Chain in their folders to record consequences and extrapolated effects of their SDBs. The question on the bottom of this handout is a primer for the topic of next week's session, the genesis of SDBs.

## Session Two: The Roots of SDBs

### *Session Goals:*

- Review and discuss consequences of SDBs.
- Explain ways that SDBs can develop in individuals.
- Explore the etiology of group members' SDBs.

### *Agenda:*

**A. Group Processing:** Discuss reactions to homework assignment and group members' identified consequences.

**B. Vignette:** This vignette will include information related to the etiology of Judy's SDBs. The vignette will encompass many possible geneses (for vignette, see "The Roots of Judy's Social Difficulties in Appendix L). Group members will discuss their impressions of the genesis of Judy's SDB and the ways in which the self-defeating pattern has been maintained. In processing this activity, include the following issues:

- SDBs usually start as an effective way of handling a particular situation
- The behavior, thoughts, or feelings are erroneously generalized to other situations, but is no longer effective, thus creating an SDB (see example in Appendix F).
- The importance of understanding the events in your life around the time that you first remember the identified thoughts, feelings, or behavior so that individuals can understand as much about the origin of their SDB as possible.

**C. Guided Imagery:** Direct group members through guided imagery to consider a time when their SDB didn't exist, the events that led to the first occurrence of the SDB.

**D. Dyadic Activity:** In dyads, members will consider the geneses of their SDBs by completing the Roots of SDBs Handout (see Appendix F).

**E. Group Processing:** Members will share their reactions from the guided imagery in dyads, including what they learned about themselves and what they learned from their partner.

**F. Homework:** Direct members to begin considering potential needs underlying their SDBs.

## Session Three: The Needs and Goals Underlying SDBs

### *Session Goals:*

- Introduce concept of needs that underlie SDBs.
- Identify individual needs behind SDBs.
- Introduce the concept of core beliefs and the self.
- Prepare group members for core beliefs activity in Session 4.

### *Agenda:*

#### **A. Didactic: Needs underlying SDBs**

- People are trying to gain something that they want/need.
- The SDB, or some component of it, was likely a successful tool to meet this need at the genesis.
- Needs now are likely similar to the needs individuals successfully attained when they first started employing the behavior now deemed self-defeating.
- Embracing the need is appropriate, but there are healthier, more self-affirming ways of meeting it.
- Share common needs underlying SDBs.

**B. Group Processing:** Discuss what needs might be driving Judy's SDB. After that has been thoroughly explored, transition into group members sharing what their needs are at the root of their SDBs.

#### **C. Didactic: Beliefs and the self**

- Introduce the concept of the self.
- One of the ways in which we structure and re-structure the self is by adopting and adapting beliefs about ourselves.
- These beliefs often develop in response to life experiences, and understanding these experiences can shed light on why a particular belief was adopted at a particular time.
- By integrating these beliefs about oneself, these beliefs become filters that effect all of the data we process about ourselves and others.

- Prepare clients for group activity of sharing beliefs that will occur in Session 4.

**E. Homework:** Complete Needs Handout (See Appendix G). Completing this will encourage group members who were not comfortable sharing to consider what their needs are. The final question begins to address the core beliefs that are behind SDBs, which is a primer for the topic of next week's session. Encourage group members to consider what beliefs they have about themselves during the week, and prepare group members for the activity in Session 4.

## Session Four: Identifying Core Beliefs

### *Session Goals:*

- Introduce concept of core beliefs.
- Identify core beliefs about the self.
- Share core beliefs with other group members.
- Understand the importance of dispelling core beliefs as members attempt to change SDBs.

### *Agenda:*

**A. Vignette:** Encourage group members to reflect on possible beliefs that Judy might have developed about herself at the identified root of her SDB (for vignette, see “The Roots of Judy’s Social Difficulties” in Appendix L).

**B. Group Discussion:** Get all responses from group about possible beliefs. This will illustrate the point that there are lots of different types of beliefs that people can have about themselves. As a group, we will come to a consensus on one overarching belief that Judy might have adopted about herself. In the discussion, make sure to cover the following prompts:

- What are core beliefs about the self?
- What are different types of core beliefs that people have about themselves?
- Discuss how these beliefs form and what function they play in our lives.
- How do these beliefs change, including ways that we can change them ourselves?

**C. Group Activity:** Group members will consider what their core beliefs are about themselves, and then be asked to share them with the group. Group members who are having difficulty identifying their core beliefs will be aided by their fellow group members and the co-leaders. The group members will learn that this activity symbolically represents their acknowledgment of their core belief and their attempt at restructuring themselves by making the core belief public. As group members learned previously, the core belief serves as a filter by which all information is interpreted. Members will be challenged to begin to try to make meaningful changes in their thoughts, feelings, behaviors, and, ultimately, beliefs about themselves.

## Session Five: Self-Monitoring and Planning Change

### *Session Goals:*

Review concepts such as goals, contributing factors, & consequences of self-defeating patterns.

- Discuss “high-risk situations” in which self-defeating patterns are more likely to occur.
- Identify high-risk situation(s)/high risk variables as antecedents to SDBs.
- Introduce concept and format of self-monitoring.

### *Activities:*

#### **A. Didactic: High-Risk Situations and Contributing Factors**

- Discuss the importance of specifying situations in which SDBs are more likely to occur.
- Discuss interpersonal factors (conflict, social pressure) and intrapersonal factors (negative mood states, lack of impulse control) that precipitate SDBs.
- Discuss how environmental stimuli may also become paired with SDBs.

**B. Vignette:** Introduce examples of Judy responding to the above factors in high-risk situations such that the SDB re-occurs (for vignette, see “Difficult Situations for Judy” in Appendix L).

**C. Group Activity:** Members will specify Judy’s high-risk situation and factors that contribute to her SDB. Leaders will direct members to search for links between the vignette and their own experiences. In the discussion, be sure to include the following prompts:

- Promote the notion that everyone has choices about how to respond to difficult situations.
- Discuss that different responses to such situations may reflect “self-defeating” and “self-enhancing” paths.
- Highlight the issue of control, that members possess control over their responses, and may choose “self-enhancing” paths over “self-defeating” paths.
- Present such situations as opportunities for experimenting with new responses, while acknowledging that well-practiced habits are hard to break.

**D. Road Map Activity:** Leaders will direct members to create a “self-enhancing path” for Judy highlighting her control over her own decision-making and acknowledging aspects of Judy’s situation that are more/less amenable to change (see Appendix H for Judy’s Map of Life).



**E. Homework:** Leaders will describe the process of self-monitoring SDBs. Members will then be provided a self-monitoring form (see Appendix I) from which they may track the situations in which their SDBs occur.

## Session Six: Specifying & Attempting Change

### *Session Goals:*

- Review self-monitoring.
- Discuss difficulties associated with attempting to change well-developed behaviors.
- Develop members' alternative responses and attempts at changing self-defeating patterns.
- Introduce modifications to self-monitoring process.

### *Activities:*

**A. Group Processing:** Leaders will attend to and correct members' difficulties with self-monitoring, and reinforce the rationale that this activity allows one to confront and retain various aspects of critical situations relating to SDBs. Raise the issue of decision-making, and be sure to include the following prompts:

- Reinforce notion that high-risk situations allow for a variety of responses, some of which are more adaptive than others.
- Discuss how adaptive and maladaptive responses may each be either active or passive.
- Provide examples of adaptive active response (i.e. asserting one's self) and adaptive passive response (i.e. tolerating negative affect).
- Present this stage in the change process as specification of a different and more adaptive response when one comes to the "fork in the road."

**B. Map of Life Activity:** Group members will each be given a blank Map of Life (see Appendix J) with multiple roads leading out of a central area. Members will fill in aspects of their typical SDB on one roadway. Members will then enlist each others' help in generating alternative roadways.

**C. Homework:** Members will be asked to self-monitor their SDB, and are encouraged to attempt an alternative "roadway" and to record their response (see Appendix K for modified self-monitoring form).

## **Session Seven: Refining Change Attempts & Relapse Prevention**

### *Session Goals:*

- Review attempts at change and difficulties associated with attempting to change.
- Instill philosophy of continuing behavioral experimentation.
- Refine members' alternative responses and change attempts as needed.
- Introduce concept of relapse prevention.

### *Activities:*

**A. Group Processing:** Leaders address both individual successes and failures of the change attempt, and should anticipate a potentially long period of discussion.

**B. Didactic:** Relapse Prevention:

- Define relapse and describe its frequency after one changes a well-developed habit.
- Discuss predictors of relapse: intrapersonal, interpersonal, and environmental factors.
- Define relapse prevention (a technique to assist in maintaining desired behavioral changes).
- Highlight the need for members to continue to broaden response flexibility in place of self-defeating patterns.
- Introduce concept of “apparently irrelevant decisions” (mini-decisions lead into relapse).
- Review need for members to identify high-risk situations for relapse into SDB.
- Acknowledge likelihood of future re-occurrence of SDB, and highlight that such lapses do not erase therapeutic gains but rather present opportunities for further refining of self-enhancing responses.

**C. Vignette:** Incorporate vignette in which Judy uses lapses to further refine her self-enhancing responses (for vignette, see “Judy’s Attempts to Change Self-Defeating Patterns” in Appendix L)

**D. Homework:** Leaders direct group members’ to begin to think about termination issues, and request ideas from group members about termination activities.

## Session Eight: Termination

### *Session Goals:*

- Review continued attempts at change and difficulties of changing well-developed patterns.
- Review concepts of relapse prevention & solidify philosophy of behavioral experimentation.
- Solidify members' progress and plan course of action in the event of future relapse.
- Discuss group termination and make available information regarding appropriate referrals.

### *Activities:*

**A. Termination Activity:** Leaders should allow members to design a final activity involving the re-assessment, and symbolic release, of their identified core beliefs.

**B. Group Discussion:** Leaders should direct members to discuss important issues around termination, their sense of progress to date, etc.

**C. Materials and Resources:** Leaders should provide members with the full text of the vignette used throughout the course of the group (see Appendix L). Further, leaders should make available other requested materials and resources including information regarding referrals.

### Section III: Bibliography

- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84, 191-215.
- Baron, Jr., A., & Kulley, J.C. (1990). Shame and self-sabotage: Coping with the legacies of troubled families. Austin: Clearinghouse, The University of Texas at Austin.
- Chamberlain, J.M. (1978). *Eliminate your self-defeating behaviors*. Provo, UT; Brigham Young University.
- Marlatt, G.A., & Gordon, J.R. (Eds.). (1985). *Relapse prevention*. New York: Guilford Press.
- Miller, W.R., & Rollnick, S. (1991). *Motivational interviewing: Preparing people to change addictive behavior*. New York: Guilford Press.
- Parks, C.R., Becker, M., Chamberlain, J.M., & Crandall, J.M. (1969). Eliminating a self-defeating behavior and change in locus of control. *Journal of Psychology*, 91, 115-30.
- Prochaska, J.O., & DiClemente, C.C. (1984). *The transtheoretical approach: Crossing traditional boundaries of therapy*. Homewood, IL: Dow Jones/Irwin.

## **Section IV: Appendices**

Appendix A	Group Expectations
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Appendix J	Members' Map of Life
Appendix K	Self-Monitoring Form II
Appendix L	Full Text Vignette

## **Appendix A: Group Expectations**

- 1) Members will treat all that is said and done in the group with utmost confidentiality. This includes names and other identifying characteristics of group members as well as material that is discussed.
- 2) Members are expected to arrive on time and stay for the duration of the group session. When missing a session is unavoidable, members are expected to make every effort to cancel in advance with group co-leaders by phone.
- 3) Members will notify the group at least two sessions in advance if they are considering leaving the group. It is important to give both co-leaders and remaining members the opportunity to discuss a possible departure from group, alternative methods for meeting the group member's needs, and, if necessary, say goodbye.
- 4) As a member of this group, you are agreeing to actively work on the issues that brought you here. This includes appropriate self-disclosure about issues that are giving you trouble as well as sharing thoughts, feelings, and reactions to others in the group.
- 5) Members agree to use group relationships therapeutically, not socially. Contact outside of the group is to be avoided whenever possible. When not possible, members are asked to inform the group of contact that does occur.
- 6) Group members reserve the right to decide their level of participation in the group. Members are reminded that groups normally work best with the full participation of all members, but that participation should be voluntary.

I am committed to the above therapeutic goals and expectations of the group.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## **Appendix B: Structured Screening Interview Questions**

### **A. Group Rationale/Explanation**

- Introduce co-leaders
- Group day and time
- Not sure how many members; 10 max
- Group likely start in mid February
- Semi-structured with activities, lots of opportunities to share and give feedback
- Thematic: which means everyone will be working on a SDB and we will be going through different steps of change together as a group.
- We will be focusing on the process of people's SDBs rather than the specific content.
- Goals for PGI: Get a sense of you and what you want from the group, get an understanding of your specific SDB.
- You spend a couple days thinking about whether this sounds like a good experience for you and we will do the same and call you.

### **B. Questions targeting identification of components of individual's SDB.**

1. Could you tell us about what has brought you to consider joining this group?
2. What is your self-defeating behavior pattern, and how is it self-defeating?

### **C. Additional questions assessing appropriateness of individual for group inclusion.**

1. What would you like to get out of this group experience? What are your goals & expectations?
2. How open are you to changing these behaviors and patterns?
3. How comfortable are you discussing your feelings and self-defeating patterns with others?
4. How comfortable are you challenging or gently confronting others? Being challenged by others?
5. Have you ever sought therapeutic services to change this pattern? What was/wasn't successful?
6. Do you have any questions for us as leaders?



**Appendix C: Screening Interview Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

SSN: \_\_\_\_\_ Referred by: \_\_\_\_\_

B1 Interviewee's presenting difficulties: \_\_\_\_\_

B2 Identified SDB: \_\_\_\_\_

C1 Goals and Expectations: \_\_\_\_\_

C2 Openness to change: \_\_\_\_\_ 1 2 3 4 5  
Not open Very open

C3 Openness to group sharing: \_\_\_\_\_ 1 2 3 4 5  
Not open Very open

C4 Openness to confrontation: \_\_\_\_\_ 1 2 3 4 5  
Not open Very open

Interpersonal skills: \_\_\_\_\_ 1 2 3 4 5  
Not open Very open

Insight: \_\_\_\_\_ 1 2 3 4 5  
Not open Very open

C5 Prior Tx Experience: YES NO \_\_\_\_\_

C6 Interviewee's question: \_\_\_\_\_

Meets criteria for group membership: YES NO \_\_\_\_\_

## Appendix D: Consequences of SDBs Handout

Although Judy will likely be subject to intense scrutiny, analysis, and even some teasing by all of us during our group meetings, it is important to find a way to personally connect to Judy and her particular issues so that our discussion about her can be meaningful to us on a personal level. Briefly consider any ways in which you might be similar to Judy (consider Judy's thoughts, feelings, behaviors, beliefs, etc.) and write your reflections in the blanks provided.

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As fun as it is to think about Judy, reflect on what the prices or consequences have been for you in the past because of your identified SDB. What possible consequences are there for you in the future if you continue to do your SDB? Record your thoughts below.

My identified SDB is: \_\_\_\_\_

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Consequences (past, present, and future): \_\_\_\_\_

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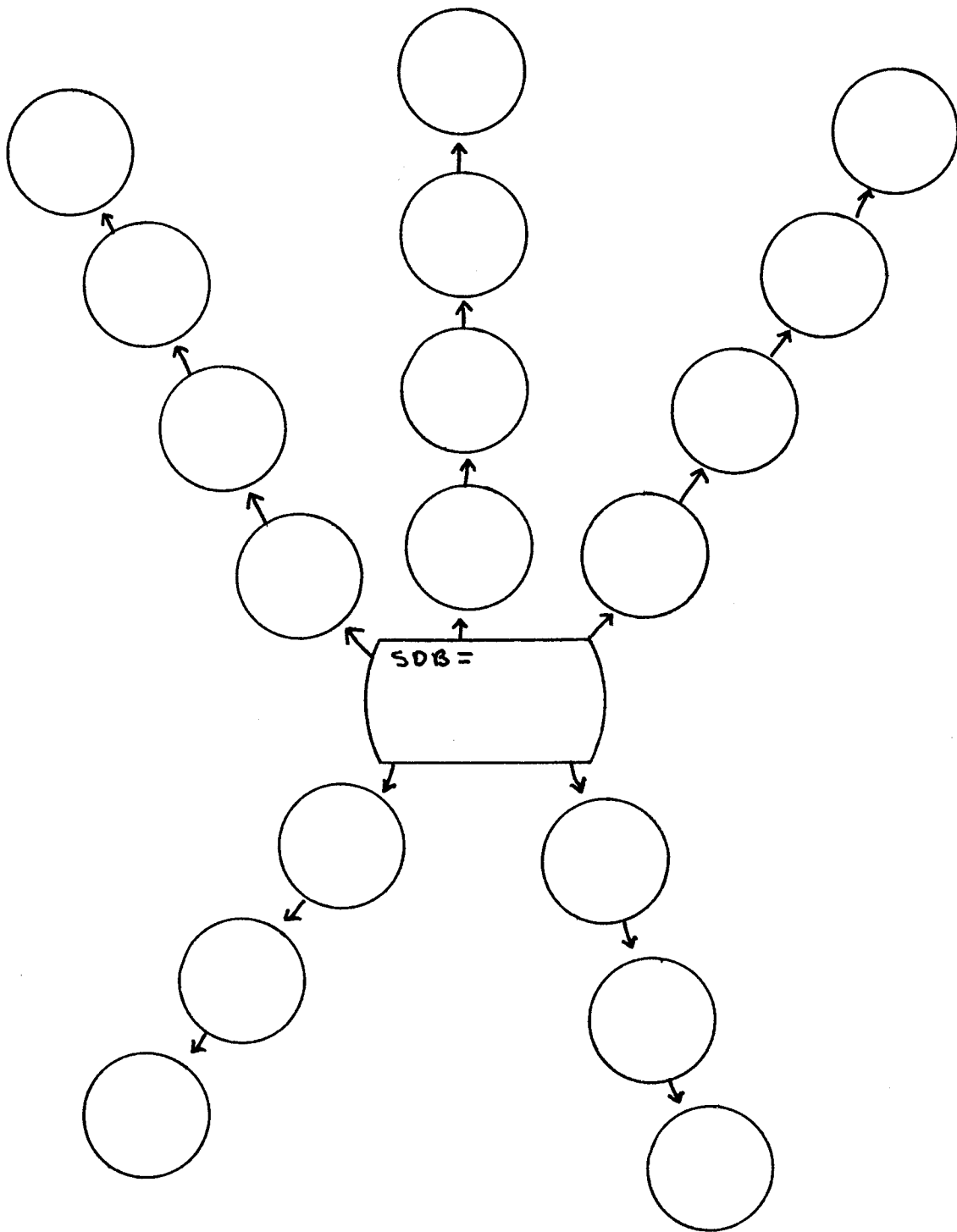
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## Appendix E: Price Chain

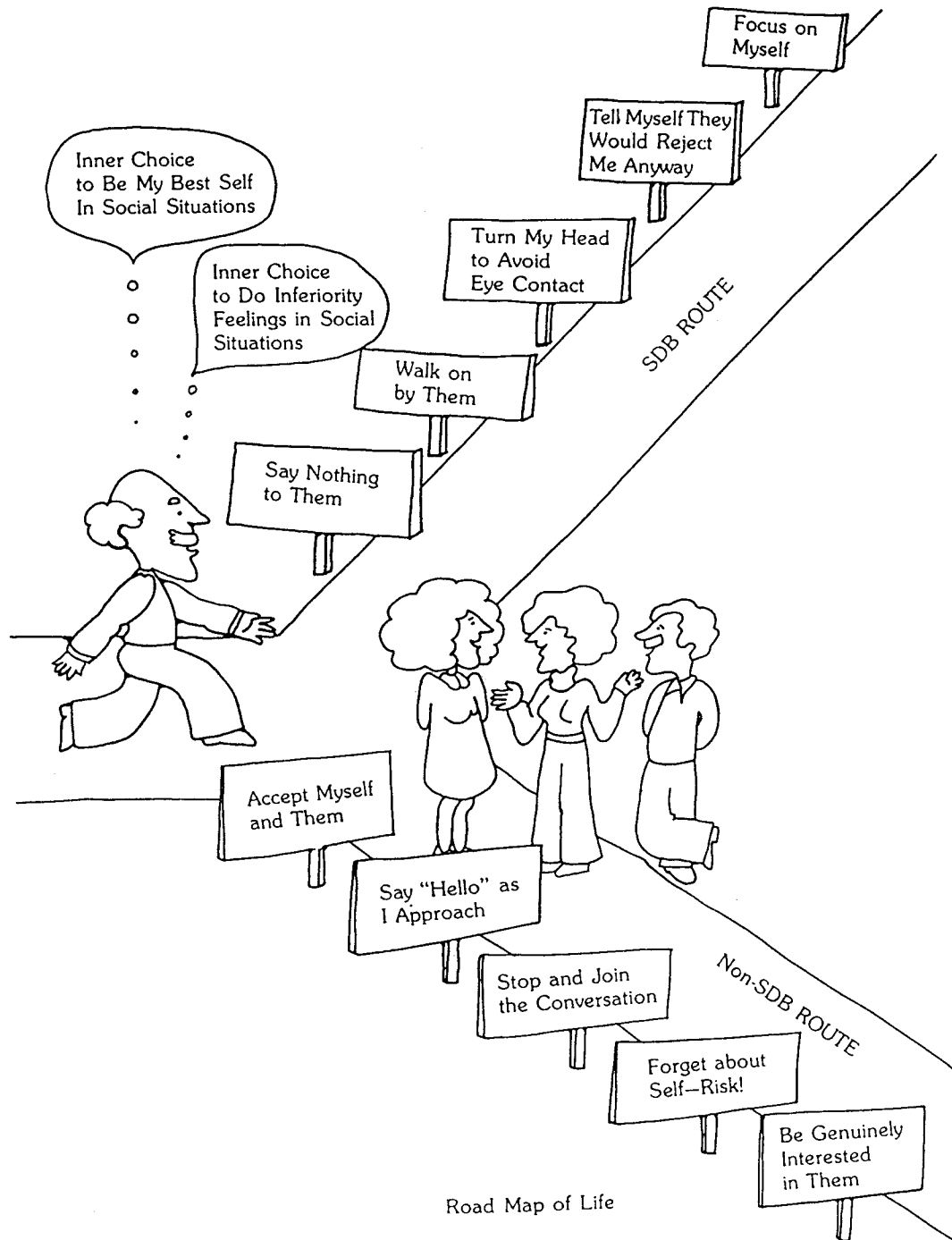


When is the first time you remember engaging in the behavior related to this SDB?





## Appendix H: Judy's Map of Life



Adapted from Chamberlain, J.M. (1978). Eliminate your self-defeating behaviors. Provo, UT: Brigham Young University, pg. 74.

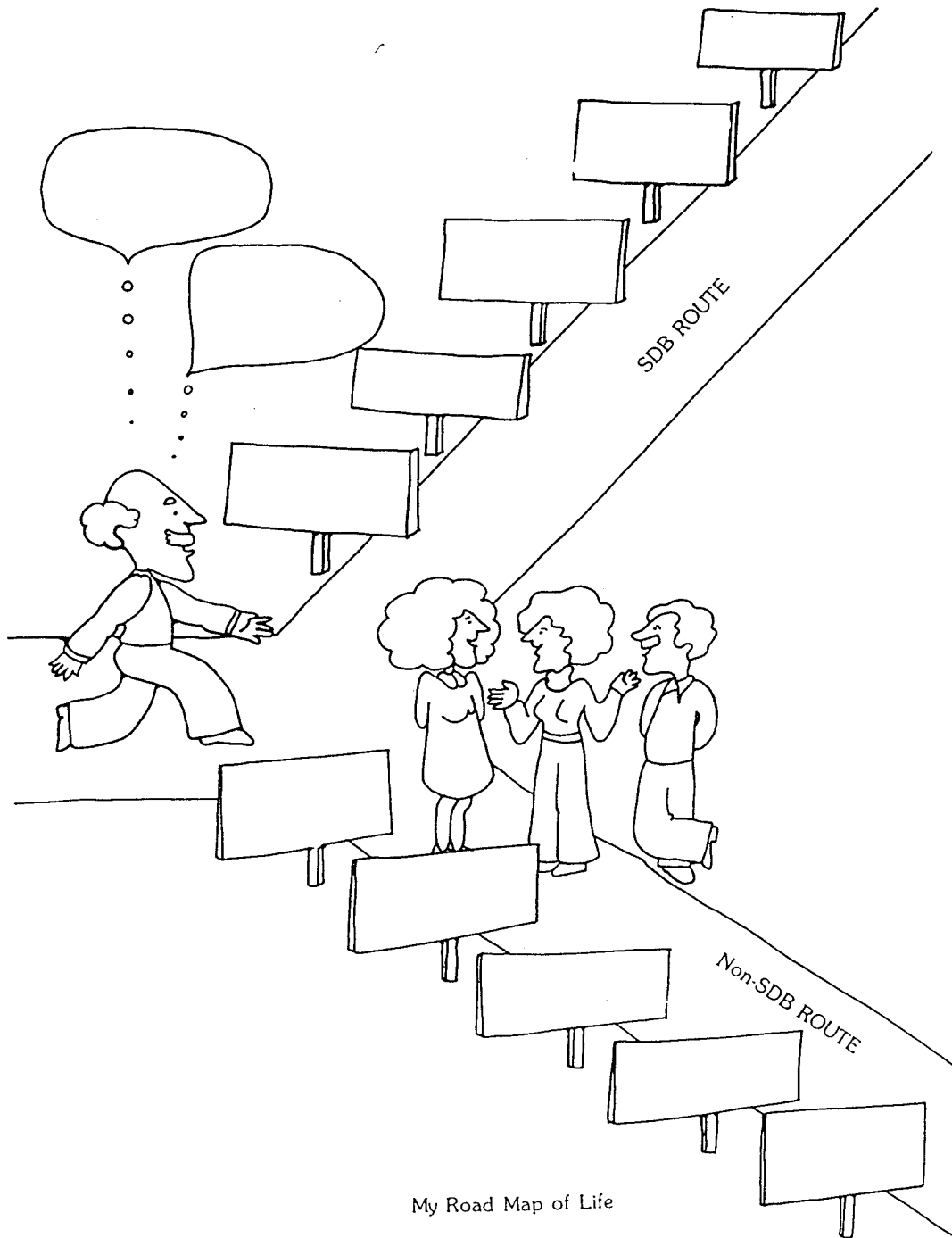
## **Appendix I: Self-Monitoring Form I**

The attached self-monitoring form is intended to help you monitor situations in which your SDB may occur between now and the next group session. During the next week, document all instances in which you are pulled toward repeating your SDB. Begin by **briefly** describing the situation you are in. Follow that by describing how you reacted to that situation. Then describe what immediate and eventual effects your reaction had. Finally, describe what the emotional effects of your reaction were. An example is provided.





## Appendix J: Your Map of Life



Adapted from Chamberlain, J.M. (1978). Eliminate your self-defeating behaviors. Provo, UT: Brigham Young University, pg. 74.

## Appendix K: Self-Monitoring Form II

The attached self-monitoring form is intended to assist you in monitoring the occurrence of your high-risk situations for SDB, your ability to implement a new responses, and the types of effects those new responses lead to. During the next week, document all instances in which you recognize situations in which your SDB could occur. Begin by **briefly** describing the situation. Follow that by describing how you reacted. Then describe the immediate and eventual effects your reaction had. Finally, describe what emotional effects your reaction had. An example is provided.



## **Appendix L: The Story of Judy**

### **Full-Text Vignette**

Judy became a student at UT in the fall semester of 1999 after transferring from a community college in Waco, TX. She lives near campus, in a co-op with about 15 other students, and is enrolled mainly in chemistry classes. Though Judy is fairly intelligent and interacts amiably with family members and friends in Waco, she has experienced some social difficulties since moving to Austin.

Judy has always been described as “shy” and “reserved.” Since moving to Austin, Judy has had a lot of difficulty getting to know other people, even those with whom she currently lives. More than anything, Judy wants to feel accepted by others, but feels insecure about how others will perceive her. Judy often listens to others conversing, and wants to join in, but fears saying something “wrong” and that others will think she is “stupid.” Judy rarely initiates conversations with her housemates, or with other students with whom she comes in contact in classes. Further, when approached by others, Judy becomes nervous and responds abruptly to their questions. Though Judy invariably regrets it later, she responds to others’ social advances by pretending to be uninterested in them. Consequently, the social advances of others have diminished over time, as many classmates and fellow co-op residents believe Judy would rather be alone than spend time with them. Judy often tries to arrive for classes either late or just as they begin. In rare instances when Judy arrives a few minutes early, she sits in silence and makes little eye contact with fellow classmates. Outside of classes, Judy spends free time alone in her room, either studying or listening to music. Though Judy truly wants to feel accepted by others, Judy’s insecurities about others potential reactions to her seem to prevent Judy from opening up socially, even when others make concerted efforts to initiate conversation.

### **The Roots of Judy’s Social Difficulties**

Though Judy has experienced a lot of stress and loneliness since coming to UT, she has felt some level of social discomfort for years. Judy can remember her preschool and kindergarten years as times when she was more trusting, open and friendly with peers. But Judy also remembers having difficulty with reading in the 1<sup>st</sup> grade, and that she felt embarrassed and ashamed that she could not read as quickly as her classmates. Judy’s class would spend the early morning hours taking turns reading passages from their Social Studies books, and Judy grew to dread these activities as two boys in her class would tease and laugh at her when her turn arrived

to read in front of the class. At these times, Judy wished more than anything that she could just run away. Oftentimes, she begged her mother to let her stay home from school to no avail.

Initially, Judy felt anger toward these boys and other classmates who joined in the teasing. But over the course of several weeks, Judy's anger towards these boys diminished and was replaced with self-criticism. As Judy's self-criticism grew, she developed expectations for failure. These expectations began with failure at reading tasks, but over time, Judy began to criticize and expect failure from herself in other areas of school, and expected others to think little of her.

Near the end of her school year, Judy saw the school nurse for a check-up. During the appointment, the nurse tested Judy's vision. Judy had a lot of difficulty with the eye exam, and the nurse suggested to Judy's parents that her eyesight might be improved with glasses. Judy was then fitted for a pair of glasses, and as she began to wear them, her difficulties with reading disappeared. As Judy began to excel in her classes, her classmates' teasing diminished and was replaced with respect and admiration. Unfortunately, Judy's scholastic improvements didn't change the way she felt about herself. As she progressed through school over the next ten years, she often received high grades and compliments from her teachers. Judy became one of the top scholars in her high school, and yet Judy would belittle her achievements and reject compliments from others. In rare cases when Judy's academic performance was less than perfect, she would openly berate herself for imperfections. She had come to believe so strongly that she was inadequate that she would disregard any evidence of success and magnify any evidence of imperfection. Further, Judy had become so negative and so focused on herself that others found it difficult to get to know her. Consequently, Judy graduated from high school with few friends.

### **Difficult Situations for Judy**

Though Judy's social difficulties affect her in most instances, there are situations in which the impact of her feelings of inadequacy is magnified. For example, Joe, one of Judy's fellow residents in the co-op, recently complimented her on a new haircut. As has become typical for Judy, she rejected the compliment by responding that he "was just saying that" and that he "must not have much taste about appearance." She then walked away, and left him feeling both rejected and frustrated with her. Joe doesn't like feeling that way, so he probably won't try to compliment her again. Moreover, he will probably avoid conversations with her in general. Even though Judy really wants to feel accepted by others like Joe, she defeated herself in this situation.

Another situation that was difficult for Judy occurred recently when she received a lower grade on an exam than she had hoped. Originally, she had left the test feeling really satisfied with her performance. But upon receiving it from her professor, she realized that she had misread one of the essay questions and got no points for it. Though her overall grade was still reasonably good, Judy has come to expect perfection from herself. Like most people, she felt a mix of sadness and frustration afterward. As she walked back to her co-op after class, she saw another student that she had spoken to before, but walked right by her without saying a word. Even though Judy really needed some comfort and reassurance from others, she was so upset with herself and her test score that she felt even more pressure to avoid other people.

Though they may appear to be different situations, both instances reflect times when Judy feels most pressured to defeat herself by avoiding other people. It seems both situations are times in which Judy's core belief was brought closer to the surface. She believes so strongly that she is inadequate, that she had difficulty in a situation that contradicted that notion, and similarly had difficulty in a different situation that supported it. In both instances, Judy's response helped her to maintain that belief.

### **Judy's Attempts to Change Self-Defeating Patterns**

Judy's social difficulties led her to seek counseling, and over the course of several sessions, she began to better understand why she pushes people away and how that doesn't help her achieve her needs. Judy had been really worried about how her therapist might react after hearing her disclose so much about herself, but the therapist challenged Judy's core beliefs of inadequacy and suggested that she try different ways of responding to those around her. This surprised Judy, but she decided to follow the advice and give others more opportunity to get to know her. As Judy worked at being more open and sociable, she found that some situations were more difficult than others. Though she was not always "successful" in these situations, they always allowed Judy to learn more about herself.

As you may remember, Judy recently received a lower grade on an exam than she had expected because she misread an essay question. Judy's initial knee-jerk reaction was to close herself off from others even more, and to envelope herself in shame and self-pity. This led Judy to feel even worse and later that day as she sat in her room, Judy thought about how her actions had not helped her meet her needs for support and reassurance. She then decided to try something different. Judy walked into the co-op's main living area where three other residents, Mike, Susan, and Amanda, were talking and watching TV. Though it felt awkward at first, Judy joined in the conversation. Mike, Susan, and Amanda were polite but hesitant initially, as Judy

had never before stopped to talk with them. But as she persisted, it got easier for Judy and their hesitancy diminished. Judy felt relieved to have a distraction from her frustration over school, but later, as Amanda expressed concerns about one of her classes, Judy began to realize that other people felt the same frustrations and had the same fears that she felt. As Judy talked to them about her exam, she began to cry. She had bottled her feelings up for so long that they all came out at once. Though Judy would normally have been terrified to let others see her do this, Mike, Susan, and Amanda all responded supportively. As she began to calm down, Judy felt better than she had in a long time. Her test grade had not changed, but she had proven to herself that others could accept a part of her that wasn't perfect.

Later that week, Judy was approached by a fellow student, Tim, as she walked back from class. Judy had seen Tim in one of her classes, and remembered that he had smiled at her a couple of times. Tim tried to make small talk, asking Judy where she grew up and what she thought about the university. Later in the conversation, Tim mentioned that he would like to get to know her better, and asked if she was interested in meeting him at the library sometime to talk and study for their class. This activated Judy's insecurities, as flattery from others challenged Judy's beliefs about being inadequate. Judy felt anxious, and told him that she studies more effectively by herself and walked away. As she walked further away and her anxiety level diminished, Judy began to think about why she had reacted that way. Though she continued to walk away, Judy spent the rest of her trip home thinking about why it was hard to have someone show interest in her. By the time she got to her room, Judy recognized that she had fallen back into an old self-defeating pattern of rejecting compliments. But more importantly, she knew why that had happened, and began to think about how she could have reacted differently. Though Judy knew that her response had prevented her from meeting her need for acceptance, she was better prepared for the next time, and accepted the setback as a normal part of a long process of changing long-standing interpersonal patterns.

As we've discussed, Judy struggles with self-defeating patterns. We hope that the parts of her experience that we've described help you to better understand your own experience and aid in finding new ways to respond at times when you find yourself struggling.