A Brief Cognitive-Behavioral Treatment for Social Anxiety Disorder

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Outline

I Introduction:

        A. Understanding Social Anxiety
        B. Cognitive Behavioral approach to Social Anxiety

II Cognitive Behavioural Treatment:

        A. Identify and Specify Upsetting Thoughts and Feelings
        B. Develop Rational Replies

III Self Esteem:

        A Definition
        B Aspects

IV Direct Exposure:

        A Develop Scenario
        B Role Play and Practice

Introduction to Social Anxiety

Social anxiety disorder (SAD) is characterized by an intense and persistent fear of being regarded and subsequently judged negatively by others. The individual believes that he/she will act inappropriately or that his/her physiological symptoms of anxiety, such as sweating or heart palpitations, will be obvious to those around him/her and thus, lead to further embarrassment and critical appraisal (American Psychiatric Association, 2000). Those with elevated social anxiety will invariably attempt to avoid those situations which lead to distress, such as an office party, or will otherwise endure the experience with great duress.

SAD is the most frequently diagnosed anxiety disorder and is the third most commonly diagnosed psychological disorder; only depression and alcohol use disorder are diagnosed more frequently (Kessler et al., 1994).

The typical age of onset of SAD is approximately 13-15 years of age (Ballenger et al., 1998; Chartier, Walker, & Stein, 2003) but it has been diagnosed in children as young as 8 years of age (Beidel & Turner, 1998). If untreated, SAD has a chronic pattern that continues into adulthood.

An individual with SAD may be shy, have difficulty talking to authority figures, and have great difficulty in everyday social situations, such as purchasing a coffee. They will likely have poor estimations of their own social skills. Many individuals with SAD desire social companionship but fear looking foolish, to the point where they avoid social situations altogether or consume alcohol to deal with their anxiety.

Cognitive Behavioral Approach to Social Anxiety

Cognitive Behavioral Therapy (CBT) is the most commonly used psychosocial treatment and the most successful treatment for SAD; it is known as Cognitive Behavioral Group Therapy (CBGT) when applied in a group setting. CBT is a time-limited approach that provides clients with the cognitive and behavioral skills to manage, challenge, and subsequently reduce their social anxiety.

The CBT approach is a collaborative effort between the client and the therapist to effectively target the client's anxieties (Heimberg, 2002). The main components used to treat social anxiety with CBGT include psycho-education, cognitive restructuring, exposure, and homework.

1) *Psycho-education* involves teaching clients about the relationship between thoughts, emotions and physiological reactions

2) *Cognitive restructuring* involves correcting negative or inaccurate cognitions. It is based on the premises that socially anxious clients have incorrect beliefs about the dangers that social situations pose, that they have flawed predictions about outcomes of these situations, and that they have inaccurate, biased processing while in social situations (e.g. "mental filter") (Heimberg, 2002).

3) *Exposure* essentially consists of role playing activities designed to get patients facing feared situation. During the exposure activities, the clients must remain focused on the situation (not use safety behaviors such as distraction, which the patient believes help lessen

anxiety). By staying focused, they will experience heightened anxiety but will also experience a decrease in anxiety over time, as the physiological arousal associated with anxiety is finite and will eventually dissipate with time (Heimberg, 2002).

4) *Homework* is designed to help the client identify distorted thoughts when they occur naturally and can consist of assigning exposure exercises clients can perform on their own. The homework assignments are geared and designed towards individual clients, due to the fact that the clients will likely experience different degrees of social anxiety and different social triggers for anxiety.

Several studies have examined which factors predict treatment outcome, including: 1) pre-treatment severity, such that lower pre-treatment anxiety predicts better treatment outcome (Otto et al., 2000), 2) homework compliance, such that greater compliance leads to better treatment results (Edelman & Chambless, 1995), 3) treatment outcome expectancy, such that positive expectations about outcome predict better results (Chambless et al., 1997), 4) frequency of negative/distorted thoughts during social interaction, in that those with less initial distorted thinking tend to demonstrate better results (Chambless et al., 1997) and finally, 5) social anxiety subtype (Brown et al., 1995), such that, the non-generalized subtype respond better to CBGT compared to the generalized subtype[1].

Brief-CBGT versus CBGT

The brief CBGT approach outlined in this manual was developed and based on the cognitive-behavioral techniques used in prior numerous studies. However, there are a number of differences between the CBGT approaches typically employed and the current brief treatment. The most obvious difference is the number of sessions clients attend. Heimberg and colleagues (1995) suggest that CBGT treatments for social phobia should be approximately 12 sessions lasting for about $2_{1/2}$ hours each, compared to 6 sessions of $1_{1/2}$ hours each in the current brief-CBGT. One of the primary goals of the present treatment protocol was to examine whether conducting a treatment for social anxiety in half the time typically needed could show similar effectiveness to the 12-session protocols. Also, Heimberg et al. (1995) suggest that 6 clients is an ideal group size but our group began with 10 clients. One of the main advantages of starting with a slightly higher group size than what is considered ideal is the issue of attrition. Most social anxiety groups will invariably have clients cease to attend sessions and if the group begins with 6, the attendance may drop off to the point where it is no longer a group but just a few individuals.

Our brief-CBGT is very similar in content to Heimberg et al.'s longer CBGT, in that earlier sessions involve psycho-education about social anxiety and group discussions of fears. Also, both treatment approaches involve identifying distorted thoughts and developing rational replies. Also, both the brief CBGT and typical CBGT involve exposure exercises designed to elicit the clients fear while allowing them to realize the fear is unfounded. The primary difference is the amount of time spent on each activity. Heimberg and colleagues (1995) note that sessions 3-11

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[1] The generalized subtype is classified by fear of 3 or more social situations.

should revolve around exposure exercises whereas our brief CBGT approach consisted of only 2 sessions for exposures.

In summary, the approach a therapist takes in treating social anxiety depends on a range of factors, including treatment orientation, time frame, expected severity of clientele, and resources. Our brief CBGT has shown to be an effective treatment[2] for undergraduates with high social anxiety and consisted of only 6 sessions, thus making it a good choice for therapists with limited time or less severe clientele.

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[2] Please see page 22 in the manual for outcome data

Social Anxiety Workshop: Session 1

❖   The session begins by administering questionnaires to clients as they enter the workshop. We administered the Brief Social Phobia Scale (BSPS; Davidson, Potts, Richichi, Ford, Krishnan, & Wilson, 1991) and the Social Interaction and Anxiety Scale (SIAS; Mattick & Clarke, 1998) but there are a number of outcome measures that could be used, including the Fear of Negative Evaluation Scale and the Social Avoidance and Distress Scale (Watson & Friend, 1969).

❖   Following the questionnaires, introductions are made, which includes:

o   Who we the counselors are.
o   Clients are asked whether they feared anything about coming to the workshop, such as, fear of being in strange group. The fear of being in a group of strangers will be a common fear among members of the workshop and is a hallmark fear of those with SAD.
o   They are asked about what their goals are for the group.

▪   Throughout the sessions, but more importantly in the earlier sessions, attempts are made to draw parallels between the group members in regards to symptoms and similar feared situations. This is done to foster a positive group alliance between the clients.

❖   An overview of the coming sessions is discussed and any questions were addressed.

❖   Feared Situations Questionnaire, developed by the authors, is administered

❖   Discussion of Thoughts/Situations on the board. The board can be divided into two columns; on the left, the automatic thoughts are recorded, using examples from the class and on the right, the types of situations that elicit the thought.

❖   An introduction to how thoughts affect the subsequent physiological reactions and behaviors is presented on the board. The explanation can be quite basic and just introduce the idea that thoughts, such as "I am going to fail", can lead to physiological reactions, such as sweating. Many clients will have difficulty with the concept that thoughts affect physiological reactions, as many will believe that the feeling (e.g. chest pains) come before the thought. One of the best methods to improve understanding of the order of events is to repeat the relationship often and throughout the sessions.

❖   Introduce the Vertical Arrow Technique on the board. An automatic thought is recorded at the top of the board, e.g. "I am going to fall and look foolish." An arrow is drawn below this and the question is posed, "What is so bad about that?" and "What would that mean to you?" This line of question and answer continues until the underlying concern is revealed. Many clients are only aware of the surface fear, such as, "I will trip", not the potential underlying concern.

❖   Homework: Think about distorted thoughts you have during one anxiety provoking social situation that occurs between now and next session.

Social Anxiety Workshop: Session 2

1) Review Homework: Some of the examples can be reviewed on the board and clients are asked if they were able to develop any replies to the distortions. Some clients will not have done the homework. It is important to stress to the clients the importance of the homework assignments and how SAD is a pervasive issue which cannot be alleviated with simply 1 or 2 hours of therapy a week. The clients need to understand that if they are to lessen their social anxiety, they will have to work hard outside of the sessions, which includes completing the homework. One option is to collect $30 from everyone at the beginning of the first session and return $5 each week if they show up and complete their homework. There are some complications with this tactic but it will likely improve compliance.

2) The 10 Burns cognitive distortions are introduced, with the goal of providing the clients with examples of the types of thinking errors they were making. It should be noted to the clients that the 10 distortions do not represent all of the thinking errors possible but provide a good introduction to the topic of cognitive distortions.

The distortions that are found most often in those with SAD include, "all-or-nothing thinking," "mind reading," and "over-generalizing."

Each client is provided with a copy of the list of distortions.

3) Administer Feared Situations Questionnaire. This questionnaire was designed to provide the therapists with a better idea of which types of situations elicit the most social evaluative fear in the clients. The answers to these questions are discussed in the group and similarities between client situations are highlighted. Once again, similarities are drawn between clients because many of those with SAD feel unique in their fears and it is comforting and relieving to learn that others share very similar fears. Also, clients typically enjoy sharing with the group situations they fear so they are given this opportunity on several occasions.

4) The Steps for Moderating Negative Feelings worksheet, developed by the authors, is administered, which explicitly outlines the process of identifying, analyzing, and correcting negative thoughts. Each of the points on the worksheet is to be discussed among the group and any questions are addressed.

Homework: Clients are asked to divulge something about themselves to a stranger. Individuals with social anxiety often avoid small talk and this exercise was designed to demonstrate to clients that most people are receptive to small talk and that it is not something that needs to be feared. An example involves telling the person who serves you your coffee that you could really use this coffee because you have had a hard day or little sleep.

Social Anxiety Workshop: Session 3

1) Discuss homework. It is likely that many of the clients won't discuss their specific examples immediately; but be patient and pick clients who you know are confident enough to share their experiences with the group and invite them to speak first.

2) Continue developing automatic thoughts and replies on the board. Clients are asked about the types of automatic thoughts they may have experienced while doing the homework and possible replies are generated by the group.

3) The concept of safety behaviors/cognitions is introduced with several examples provided by the therapist. The clients are told that safety behaviors are tricks the people use to help them manage their anxiety, but ultimately, are ineffective tools because they allow the client to not fully experience the feared situation, and thus, prevent them from recognizing there is nothing inherently fearful about the situation. Furthermore, safety behaviors actually maintain the individual's anxiety and thus should not be used by clients.

Homework: Start a conversation with a stranger.

Social Anxiety Workshop: Session 4

 The purpose of this session is to talk about self esteem. Specifically, the group can sit in a circle and the therapists poses a number of questions such as, what is self-esteem? What does it look like? Would you like more self-esteem and how would this benefit you? The discussions should be relaxed and designed to allow the group to talk freely about their own self-esteem and the things they would like to improve in themselves.

To help the clients better understand the construct of self-esteem, several worksheets are administered. The two worksheets developed by the authors are administered: 1) Aspects of Self-Esteem, which was designed to highlight the fact that self-esteem is multi-faceted and is not just ones *confidence level* and, 2) a questionnaire which includes a definition of self-esteem, which helps to ensure that everyone has an equal understanding of what comprises the construct of self-esteem.

Social Anxiety Workshop: Session 5 and 6

Based on their responses from the feared situations questionnaire, a number of feared scenarios can be listed on a handout and administered to the group. This handout is given to the group to provide a few examples of the types of situations they could role play in the session.

Role plays are to be geared towards creating an anxiety provoking situation specific to the individual clients.

Clients are randomly chosen to participate in a role play in front of the group. The client should suggest a potential role play and then the two therapists would work with the client to flesh out the role play and to design it to elicit a fair amount of anxiety (for example, by asking questions like, "Would it make you more or less nervous if I did…"). Thus, you work with clients to generate situations that would elicit their fears but not create so much tension they couldn't/wouldn't participate.

The role plays typically last approximately 10min with about 15min of preparation time. They should involve several repetitions of the role play because invariably, the first time the client performs the situation, they will act as they would normally would and the situation ends very quickly. This is a good way to start because once the entire role play has been completed, the client will be able to see explicitly how they were able to improve throughout the duration of the role play. With each repetition, the therapists encourage the client on how to tackle the situation or how to improve upon it (for example, if a client is doing a speech as her role play, she should be encouraged to make eye contact, stand straight and smile to his/her audience).

The Subjective Units of Distress (SUD) ratings are taken just prior to commencing the role play and are recorded on the board. SUD ratings are a simple tool used to provide a rough approximation of the client's anxiety level. SUD ratings typically consist of a vertical line with "0" at the bottom and "100" at the top and clients are told that 100 is the most anxious they have been while 0 is the least anxious. They are then asked where their anxiety is at the moment. Subsequent SUD ratings are recorded half way through the role play and when the role play has finished. This is done on the board to provide evidence to the client that though their anxiety started off high, it plateaus and then declines to normal levels. [3]

Following the completion of the role play, the clients are asked about the automatic thoughts they experienced and whether they had applied any of their cognitive strategies to these thoughts. Feedback is also elicited from the group on the client's performance (the feedback is typically positive and encouraging).

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[3] A SUD rating of 50-60 is recommended for the initial role plays. Thus, the exposure should be anxiety provoking but not to the degree that the client is too fearful to participate.

Appendix

*** Feared Situations Questionnaire ***

1. Please identify the settings/locations/activities in which you experience anxiety or nervousness. Where are you when you feel nervous and what might you doing? Where and what might you avoid because of imagined feelings of anxiety?

_____
_____
_____
_____
_____

2. What are your fears? One way to think of your fears is to think the following:

"What is problematic for me in the situation?" "What are my concerns or worries about this?" "What is the worst thing that could happen to me?" "What do I think could happen to me?

_____
_____
_____
_____
_____

Cognitive Distortions
(Burns, 1989)

1. *All-or-Nothing Thinking*: You look at thinks in absolute, black and white categories. For example, "I won't fit in" or "I won't know anyone at the party".

2. *Mental Filter:* You dwell on the negatives and ignore the positives. For example, remembering only the person who didn't acknowledge your hello as opposed to remember the dozens of people who did respond kindly.

3. *Overgeneralization*: You view a negative event as a never-ending pattern of defeat. For example, "This always happens to me, nothing ever works out."

4. *Discounting the positive*: You insist that your accomplishments or positive qualities don't count. For example, "She only smiled at me because she felt it would be polite."

5. *Jumping to Conclusions*: You conclude things are bad without any definite evidence. For example, "I know I am going to get in trouble because why else would my boss want to talk to me."

       a) Mind reading: You assume that people are reacting negatively to you.
       b) fortune-telling: You predict that things will turn out badly.

6. *Magnification or minimization*: You blow things way out of proportion or you shrink their importance. For example, "I was destroyed when those people saw me trip coming up the stairs."

7. *Emotional Reasoning*: You reason from how you feel: "I feel like an idiot, so I must be one."

8. *"Should" statements*: You criticize yourself or other people with "shoulds", "shouldn'ts", and "musts".

9. *Labeling*: Instead of saying, "I made a mistake," you tell yourself, "I am a jerk", or a loser.

10. *Blame*: You blame yourself for something that you weren't entirely responsible for, or you blame other people and overlook ways that you contribute to a problem. For example, "I let the conversation get awkward."

Steps for Moderating Negative Feelings

The quality and degree of your feelings are determined by an interaction between events, situations and your personal interpretations of events, situations. Negative feelings can be moderated or reduced by changing your thoughts using the following 5-step procedure listed below:

■ ***Identify and write down your thoughts.*** These are the thoughts which precede, increase and are associated with the negative feelings you experience.

■ ***Further specify and write down your implications or personal meanings attached to these thoughts.*** It might be helpful to use the vertical arrow technique to help specify these implications. Attempt to identify your "back of the mind" or "automatic" thoughts.

■ ***Examine and analyze 1 and 2 above.*** Look for errors of thinking, distortions, unclear or vague thinking, etc. in your written down thoughts. You might which to use the Cognitive Distortions Handout to help you identify distortions.

■ ***Construct Specific Personal Replies.*** The replies you construct and develop are more accurate, realistic, and, indeed, more true than your distorted thoughts. In addition, they specifically address your personal thoughts and implications. In effect, your replies reconstruct the way you think about events and situations in a more clear, detailed, and accurate manner.

■ ***Strengthen Your Replies.*** This can be done through repetition, rehearsal, and use both when you alone and thinking about events, situations and when you are actually participating in a variety of practical events, situations.

■ For this process to work, it is of utmost importance that you identify the ***back of the mind or automatic thoughts*** associated with negative feelings **AND** that your revised thinking is ***realistic, accurate*** and not only an empty counter to the original thoughts **AND** that you ***clearly believe*** your reconstructed thinking.

SOCIAL CONFIDENCE AND SELF-ESTEEM PROGRAM:
ASPECTS OF SELF-ESTEEM

The self is composed of various components--physical, intellectual, emotional, social, spiritual, etc. Realistically, each of these components can be further divided into a number of sub-components and so on. True self-esteem is to accept and respect each one of these components and sub-components in the present reality. Interestingly, if you accept and respect yourself, the actual concept of self-esteem becomes meaningless or useless. ***You are who you are!***

You can learn to consider yourself in loving, caring ways in spite of your abilities, actions, attraction, earnings, sociability, success, etc. That is, you can respect yourself because you are a human being. Unconditional self-esteems have many advantages:

♦   you will consider yourself completely worthwhile,

♦   you will be willing to take more risks,

♦   you will be willing to make more appropriate changes,

♦   you will consider yourself equal to others--neither inferior, nor superior,

♦   you will enjoy life more, and

♦   you will accept yourself and others more.

Accepting yourself (all the components and sub-components) in an unconditional way is likely the first step in self-improvement. Interestingly, healthy self-esteems can lead one to making useful changes.

Can you think of an example of acceptance leading to change?
_____
_____
_____
_____
_____

SELF-ESTEEM EXERCISE

Take a few moments and write down one aspect that you really like about yourself for each component and one aspect you would like to change. This may be the same sub-component as change is dependent on acceptance.

COMPONENTS OF THE SELF
PHYSICAL
_____
_____

INTELLECTUAL
_____
_____

EMOTIONAL
_____
_____

SOCIAL
_____
_____

SPIRITUAL
_____
_____

OTHER: _____

SOCIAL CONFIDENCE AND SELF-ESTEEM:
SELF ESTEEM DEFINED

Self esteem can be understood as a construct which consists of a complex interplay or interaction between how one thinks about oneself and how one processes or thinks about feedback or information from one's environment; how one thinks others think about oneself.

How do you define self-esteem? What does the word evoke in you?
_____
_____
_____
_____
_____
_____

SELF ESTEEM APPLIED

Another way to think about self esteem is to answer the following questions:
*What would I be **doing differently** if healthy self esteem were completely evident in my life?*
How would this show up in my day to day life?
_____
_____
_____
_____
_____
_____
_____

Some answers to these questions generated by participants are:

➢ *"I would go out to more social events."*
➢ *"I would be more assertive."*
➢ *"I would ask _____ (name) out on a date."*
➢ *"I would feel less anxious in various social situations."*

Exposure Situations

This worksheet was compiled from the responses on the Feared Situations Worksheet. The purpose of this worksheet is to provide examples of the types of situations that can be role played in session.

- Speaking in front of a group. Stuttering, Sweating, Blushing, Talking fast. Shaking.
- Taking to strangers.
- Being the centre of attention.
- Not knowing the answer to a question.
- Going to a party with no friends around. Doing something klutzy. People laughing at me.
- Making a mistake.
- Speaking to a large group of people.
- Speaking to a group of strangers or authority figures, men.
- Performing for others.
- Revealing self to others.
- Going to movies with line ups, paying for ticket, getting to my seat.
- Going on a walk in winter, slipping on the ice, trip into someone.
- Being at work. Angry customer
- People making fun of me.
- Making someone feel awkward.
- Socializing with people not close to me. People turning away from me when I try to start a conversation.
- Seeing people in an elevator. There is nothing to discuss.
- Participate in group discussions, they ask for my opinion.
- Starting and maintain a conversation, long silences.
- Going out alone downtown, running into an acquaintance.
- Posing a question or answering a question in class, don't know the answer.
- When there is a large group of people I know and I'm walking towards them.

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