Introduction to Session Outlines for
Managing Social Anxiety: A Cognitive-Behavioral Approach, 2nd edition
Therapist Guide and Client Workbook
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These outlines were developed to assist with the implementation of the treatment procedures as described in the *Managing Social Anxiety: A Cognitive-Behavioral Approach, 2nd edition* published by Oxford University Press. The outlines portray the treatment as it has been delivered in our clinics over the past several years, both for participants in clinical trials and non-research clients. Therapists new to this approach can use the outlines to guide sessions in order to closely follow the procedures that have been shown to have good clinical outcomes in our published studies. We hope that these outlines will make the therapist guide and client workbook more user-friendly for both the practicing clinician and clinical researcher.

Therapists should be thoroughly familiar with the client workbook and therapist guide before implementing the treatment. The outlines are meant to be carried into session so the therapist will not have to refer to the therapist guide during session. Typically clients have their workbook in session for occasional reference. However, it is best if both therapist and client can set the materials aside at times, especially during cognitive restructuring, exposure and other occasions when important affective or cognitive processing are needed.

Therapist Guide for Managing Social Anxiety: A Cognitive Behavioral Approach, 2nd edition

Chapter 5

PSYCHOEDUCATION, PART 1: BACKGROUND ON SOCIAL ANXIETY

Timeline: Typically one session
Reading: Chapter 1 in Client Workbook
Photocopies needed from Client Workbook:

Pros and Cons of Working on My Social Anxiety (Worksheet 1.1 in Client Workbook)
Physical Symptoms of Social Anxiety that I Experience (Worksheet 2.1 in Client Workbook)
Thoughts Related to an Anxiety-Provoking Situation (Worksheet 2.2 in Client Workbook)

Session Outline for Chapter 1 in Client Workbook

I. Set agenda for session
- A. Chapter 1 in Client Workbook
  1. Basic information about social anxiety
  2. Information about how this treatment program works
  3. Getting ready to start treatment
- B. Any other matters that need to be handled for a given client

II. Social anxiety (feeling nervous around other people) is a normal part of life; illustrate with case vignette of normal levels of social anxiety
- A. Vignette from Client Workbook: Nicole is starting new job and must make a presentation to the manager's meeting
  1. Anticipatory anxiety symptoms: questioning whether she really wants promotion, "butterflies in stomach," feeling tense
  2. Anxiety increases as begins presentation: palpitations, sees faces looking at her, stumbles over words initially
  3. Uses good coping statements
     a) "I'm prepared."
     b) "No one expects me to be perfect on the first day."
  4. As presentation continues, anxiety decreases as she notices safety cues such as everyone listening attentively
  5. Positive outcome after presentation
     a) Nicole wonders why she was so anxious before presentation as it went well
     b) Nicole feels more optimistic about the job after facing her fears
- B. Nicole's experience is an example of social anxiety
  1. Public speaking is a commonly feared situation
  2. Nicole's symptoms are consistent with what people typically report
  3. Normal social anxiety is experienced by people in unfamiliar or

infrequently occurring situations
a) Speaking in front of a group
b) Meeting with a new boss or job interview
c) Going to a new class or job where you do not know anyone
d) Getting to know a potential dating partner

C. Typically social anxiety is unpleasant but not unmanageable and decreases quickly once the situation is faced

III. Clinically severe social anxiety is different than normal levels of social anxiety; illustrate with case vignette of social anxiety disorder

A. Vignette from Client Workbook: Cory is a 30-year-old man in his first romantic relationship who is meeting his prospective in-laws for the first time

1. Serious anticipatory anxiety
a) Started a week before the dinner and increased as time approached
b) Tension and worry about the dinner dominated his experience during the preceding week
c) Nausea
d) Worried about making a bad impression on her parents that would embarrass Jodi and cause relationship to end
e) Anxiety interferes with concentration while driving to restaurant

2. Anxiety very severe as he meets Jodi's parents and continues to be a problem throughout dinner
a) Severe palpitations
b) Sweaty palms
c) Believes father is evaluating him negatively because he looks anxious
d) Trouble concentrating on conversation
e) Escapes before coffee and dessert by making excuses

3. Later Jodi said that she thought the evening went well; her parents noticed Cory's anxiety but did not draw negative conclusions

IV. Compare and contrast normal and clinically severe social anxiety as presented in the vignettes to illustrate that social anxiety exists on a continuum of severity

A. Differences in intensity of symptoms

B. Differences in duration of anticipatory anxiety

C. Differences in how much symptoms interfered with functioning

D. The important question is not whether someone experiences social anxiety or not (most of us do), but how much and how often we experience social anxiety

E. Social anxiety exists on a continuum of less severe to more severe

1. Contrast with a broken arm, which is an all-or-nothing event

2. Re-examine both scenarios by describing how the anxiety could have been more or less severe in each set of circumstances

V. Define social anxiety, social phobia, and social anxiety disorder

A. Social anxiety disorder vs. social phobia

1. Social anxiety disorder is new name for what has traditionally been called social phobia

2. In Client Workbook, use "social phobia" in Chapter 9 for specific social

fears, such as one's hand shaking while writing in front of others

B. DSM-IV-TR definition of social anxiety disorder

1. Core features: fear of being negatively evaluated by others, doing something humiliating or embarrassing in front of others, others seeing one's anxiety

2. Situations in which someone is concerned about what others think vary widely; common situations include:

a) Public speaking
b) Conversations with unfamiliar people
c) Dating
d) Being assertive
e) Eating or drinking in front of other people
f) Being the center of attention
g) Talking with supervisors or other authority figures
h) Urinating in a public bathroom (usually only men)
i) Intimate sexual situations

3. Regardless of the specific situation, persons with social anxiety disorder share a common fear that other people will think poorly of them

4. Other criteria

a) Realizing that the fear is excessive
b) Avoiding the situations that cause anxiety or enduring them despite high levels of anxiety
c) Social anxiety disorder must interfere with the person's life in important ways or there must be great distress at having the fears

C. Social anxiety disorder versus social anxiety

1. Social anxiety disorder is diagnostic label with specific DSM-IV-TR criteria

2. Social anxiety refers to the distress a person might experience when interacting with or performing in front of other people

a) Social anxiety is a normal experience that may not be a problem
b) More severe social anxiety, or if it occurs in many situations, might become (or be labeled as) social anxiety disorder
c) If social anxiety is a problem, even if one does not technically meet criteria for the disorder, this treatment is probably appropriate

VI. Help client consider how his/her concerns could be described as social anxiety, social anxiety disorder, and/or social phobia

A. Compare how client's experience relates to vignettes

B. Watch for any doubts that social anxiety describes what client is experiencing

1. Separate doubts about whether treatment can be successful from agreement with therapist on conceptualization of the presenting problem

2. Do not move on until some level of agreement that client is experiencing social anxiety

VII. Evidence for effectiveness of the treatment program

A. No guarantees but research suggests that CBT is helpful for most people with social anxiety disorder

B. Research data

1. Comparison of this treatment to educational-supportive group therapy
    a) 12 weeks of group treatment
    b) 75% of clients in cognitive-behavioral treatment classified as "improvers," indicating major improvement in symptoms and sub-clinical severity of social anxiety and avoidance
    c) Greater percentage of "improvers" than in credible educational-supportive group treatment
    d) Six month post-treatment follow-up – most judged to be improved
    e) At 5-year follow-up, still doing well and better than educational-supportive group treatment
2. Dozens of other studies from around the world with hundreds of clients found CBT to be very helpful for social anxiety
3. Overall, in Heimberg, Hope, and colleagues' research, about 80% of the participants are classified as "improvers" or "responders" to treatment (similar percentages in group versus individual treatment)
4. Comparison of cognitive-behavioral treatment to phenelzine (Nardil), a highly studied medication for social anxiety disorder
    a) Phenelzine and CBT about equally effective but medication works faster
    b) About 50% relapse when they go off phenelzine (similar to rates for more recently developed medications, such as the selective serotonin reuptake inhibitors, 30-60%)
    c) Individuals in CBT do not tend to relapse when therapy ends
5. Comparison of individual cognitive-behavioral treatment (using this workbook) to a minimal contact delayed treatment control condition
    a) 16 sessions
    b) Individuals in immediate treatment substantially improved
    c) Individuals in delayed treatment neither improved nor deteriorated
    d) Fewer withdrew from treatment (less than 10%) than in most studies using group format (about 25%)
    e) Gains made during treatment were maintained at 3-month follow-up assessment

VIII. Discussion of clients' motivation for change using motivational interviewing technique.

A. Pros and cons for changing and staying the same
    1. Reasons you might have for *not changing* because those issues might get in the way of making progress in treatment
    2. Reasons that you want your life to be different
B. Worksheet 1.1 Pros and Cons of Working on My Social Anxiety
    1. List the Pros and Cons of working on social anxiety
        a) How is social anxiety interfering in your life or keeping you from doing the things you want to do?
        b) What obstacles might there be to following through with treatment or being successful at it?
    2. List the Pros and Cons of not working on social anxiety (and staying the

same)

3. Additional issues to consider

a) What the client's life may be like in 5 or 10 years if steps are not taken to change now

b) What the client could have in his or her life (i.e., personal, family, work) if social anxiety were no longer standing in the way

IX. How clients can get the most out of this program

A. Seriously invest in change

1. Personal change is hard work

2. Need to set aside time at least several times a week to work on social anxiety

3. Need to make an emotional investment by being willing to experience anxiety

4. Share slogan: *Invest Anxiety in a Calmer Future*

5. Need to make an emotional investment by being honest with self and therapist and thoughts and fears

B. Do the exercises carefully and practice procedures frequently

C. Persevere!

1. Keep working even if the benefits are not immediately apparent; small improvements lead to larger ones

D. Avoid "disqualifying the positive" as socially anxious individuals are often their own worst critics

E. Be willing to try new ways and give up old ways of dealing with social anxiety

1. Must be willing to give up drugs or alcohol to help control your anxiety

2. Must be willing to give up PRN ("as needed") prescription medication for anxiety when doing exposures

F. Emphasize that whether this program works for a given client is under his/her control. If clients commit the time and energy, they are likely to see benefits.

X. Overview of This Treatment Program

A. Continue education about social anxiety

B. Learn to analyze anxiety

C. Learn cognitive restructuring skills to help control anxiety

D. Gradually begin to practice situations that are difficult, starting within session and with easier situations first

E. Learn to apply cognitive restructuring skills to manage anxiety in feared situations

F. Learn how to consolidate gains and prepare to finish treatment with the therapist

XI. Assign Homework:

A. Review Chapter 1 and read Chapter 2

B. Complete the following forms from Chapter 2

1. Physical Symptoms of Social Anxiety that I Experience (Worksheet 2.1 in Client Workbook)

2. Thoughts Related to an Anxiety-Provoking Situation (Worksheet 2.2 in Client Workbook)

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Chapter 6

PSYCHOEDUCATION, PART 2: UNDERSTANDING THE NATURE OF SOCIAL ANXIETY

Timeline: Typically up to one session
Reading: Chapter 2 in Client Workbook
Photocopies needed from Client Workbook:

Monitoring the Three Components of Social Anxiety (Worksheet 2.3 in Client Workbook)
Worksheet for Reactions to Starting This Treatment Program (Worksheet 2.2 in Client Workbook)
Brainstorming for Your Fear and Avoidance Hierarchy (Worksheet 3.1 in Client Workbook)

Session Outline for Chapter 2 in Client Workbook

I. Agenda Setting and Review of Homework
- A. Developing a common language to talk about social anxiety
- B. Answer questions client may have from previous session
- C. Reiterate the importance of commitment between sessions
  1. Did client complete reading assignment?
  2. Did client complete (attempt) assigned forms?
- B. Homework will be reviewed as work through session material

II. Developing a common language to understand anxiety: The three components of anxiety
- A. Physiological Component – feelings in the body when one is anxious
  1. Review Table 2.1 in Client Workbook for list of physiological symptoms
  2. Symptoms may occur for reasons other than anxiety
     a) Nausea may be the result of anxiety or a spicy meal
     b) Symptoms may indicate a medical problem under some circumstances
        (1) Chest pain can mean a heart problem, stomach distress can mean an ulcer
        (2) If symptoms occur only when frightened or worried about something, then probably part of anxiety, not a physical problem or disease
  3. Review panic attack symptoms in Table 2.2 of Client Workbook
     a) One third of the general population and 50% of people with social anxiety disorder have experienced a panic attack
     b) Need four of the 13 symptoms that come on quickly and peak within 10-15 minutes

(1) Last two symptoms are cognitive, not physiological, symptoms

(2) Intensity of the symptoms can be frightening, and people often worry they are losing their mind or having a heart attack

c) If client has panic attacks and they occur only in the social situations, then this treatment should be helpful for the attacks

4. Review client's physical symptoms using Worksheet 2.1 in the Client Workbook.

B. The cognitive component of anxiety

1. "Cognitive" is psychologists' word for thoughts or thinking

2. Using the worksheet in Worksheet 2.2 in the Client Workbook, elicit and review client's thoughts during the same situations used to elicit physiological symptoms

3. Socially anxious people usually just accept thoughts without questioning whether they are true or realistic

C. The behavioral component of anxiety

1. The behavioral component has two parts

a) What a person does in the anxiety-provoking situation, for example:

(1) Poor eye contact

(2) Shuffling feet

(3) Nervous gestures

b) Avoidance of anxiety-provoking situations

(1) Can be complete avoidance (not attending a party) or more subtle avoidance (attending the party but only talking with familiar people)

(2) Safety behavior: a form of subtle avoidance that includes anything the person feels they must do to survive an anxiety-provoking situation

(a) gripping a glass tightly so hand tremors are not visible

(b) wearing a shirt that will not show perspiration

(c) avoiding certain conversation topics

(3) Avoidance decreases anxiety in the short term

(a) Ask "Is there anything that you feel you should have done but you did not do because of your anxiety?"

(b) Decrease in anxiety when escaping an anxiety-provoking situation reinforces the avoidance

(c) Becomes more likely that the person will avoid similar situations in the future

(4) Avoidance is a poor long-term solution for coping with anxiety

(a) Guilt, frustration, and other negative feelings typically occur when one avoids an anxiety-provoking

situation
(b) Avoidance can greatly interfere with functioning
(c) Avoidance keeps a socially anxious person from getting over his/her anxiety and finding out whether he/she would be able to cope if the situation had not been avoided
(d) Avoidance leads to missed opportunities, activities that the person never started, as well as those that were escaped

III. The interaction of the physiological, cognitive, and behavioral components
A. The three components interact; change in one causes increases or decreases in the others
B. Downward spiral of anxiety – illustrate interaction of components with a case vignette
1. Cathy is a clerical worker who has not received an expected raise despite good evaluations
2. Decides to speak with supervisor about a raise at the end of a meeting about another matter
3. Anticipatory anxiety – follow downward spiral in Figure 2.3 in Client Workbook
a) Cognitive: “Something must be wrong with my work, or they would give me a raise”
b) Physiological: Tightness in stomach, shoulder and back muscles are tense
c) Behavioral: Knocks stack of files off desk due to distraction of anxiety
d) Cognitive: “I’m so incompetent! No wonder they won’t give me a raise”
e) Physiological: Palpitations, ache in back of neck
f) Behavioral: Cannot sit still, keeps jumping out of seat to do something
g) Cognitive: “If I deserved a raise, I would have one” and “Asking for a raise is too ‘pushy’”
4. Anxiety in the meeting with supervisor
a) Physiological: Shortness of breath, shaking hands
b) Cognitive: “She’ll laugh when I ask for a raise because I’ll look ridiculous since I’m so nervous”
c) Behavioral: Foot tapping
d) Physiological: Pounding heart
e) Cognitive: “I’m too nervous to talk with her. I won’t do it right and I’ll get fired.”
f) Behavioral: Leaves meeting without asking for a raise
g) Physiological: Heart rate decreases, muscles relax
h) Cognitive: “I’m such a loser! I don’t deserve a raise anyway.”
i) Avoidance leads to negative outcome
(1) Feel frustrated, angry, sad, depressed, etc.

(2) Still does not have the deserved raise

D. Goal of treatment:

1. First, learn to recognize downward spiral of anxiety
2. Second, gain tools to learn how to interrupt the downward

IV. Rationale for 3 components of treatment (systematic graded exposure, cognitive restructuring, and homework assignments)

A. Systematic Graduated Exposure

1. Overcoming fears means one must eventually face them, i.e., exposure
2. Graduated exposure means starting with easier situations and working up to harder ones
3. In-session exposures are a unique aspect of this treatment program
    a) Provide an opportunity to practice and get feedback
    b) Can work on situations that are feared but unlikely to happen in real life
4. Introduce graph in Figure 6.1 of the Therapist Guide, drawing graph for client
    a) Introduce X and Y axis of the graph
    b) Draw line representing client's belief (that anxiety will continue increasing)
    c) Draw vertical line representing escape then anxiety pattern when escape occurs
    d) Draw line illustrating habituation.
    e) Help client see that avoidance, such as Cathy chose, keeps one from finding out what happens to anxiety.
5. Three ways exposure is helpful in overcoming social anxiety
    a) Physical symptoms habituate
        (1) Habituation is a normal bodily process in which physiological arousal levels off and then decreases over time
        (2) Habituation also occurs with repeated practice
        (3) Clients may not have experienced habituation because they did not stay in situation long enough
        (4) Eventually clients will learn to trust habituation processes and realize the anxiety will decrease if they stay in the situation
    b) Exposure allows rehearsal of behavioral skills in a safe environment
    c) Exposure provides an opportunity to test dysfunctional beliefs

B. Cognitive Restructuring

1. A set of procedures that attacks dysfunctional thinking by systematically analyzing anxiety-related self-statements
    a) Cognitive restructuring is not replacing bad thoughts with positive thoughts or stating affirmations
    b) Cognitive restructuring techniques involve testing beliefs, assumptions, and expectations and see if they really make sense or are helpful

2. Cognitive restructuring helps decrease physiological arousal by making a more realistic assessment of the danger in a situation
3. Cognitive restructuring helps the behavioral component of social anxiety in two ways
a) Less dysfunctional thinking will leave more cognitive capacity to handle the complexities of social interaction
b) Changing dysfunctional beliefs will decrease avoidance
(1) This leads to more opportunity for more positive experiences
(2) Positive experiences will further change dysfunctional thoughts

C. Homework Assignments
1. Homework transfers what is being learned in therapy sessions to the person's daily life
2. Assignments include
a) Initially reading or monitoring some aspect of client's anxiety or behavior
b) Later assignments involve graduated exposure to feared situations outside of the session combined with cognitive restructuring
3. Three important aspects of homework
a) Assignments are negotiated between therapist and client so client should be honest about what he/she believes can or will be done
b) Homework does not need to be done perfectly to be successful if a good effort has been made
c) It is essential to do the cognitive restructuring exercises, not just the exposures, to assure success

V. Assign Homework:
A. Complete Monitoring the Three Components of Social Anxiety (Worksheet 2.3 in Client Workbook)
1. If necessary, explain how to use form
2. If anxiety-provoking situation does not arise, imagine a recent experience with social anxiety and complete the form

B. Complete Worksheet for Reactions to Starting This Treatment Program (Worksheet 2.4 in Client Workbook)
C. Read Chapter 3 of Client Workbook
D. Complete Brainstorming for Your Fear and Avoidance Hierarchy (Worksheet 3.1 in Client Workbook)

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Chapter 7

PSYCHOEDUCATION, PART 3: MONITORING PROGRESS AND THE FEAR AND AVOIDANCE HIERARCHY

Timeline: Typically one session
Reading: Chapter 3 in Client Workbook
Photocopies needed from Client Workbook:

- Worksheet for Reactions to Starting This Treatment Program (Worksheet 2.2 in Client Workbook)
- Social Anxiety Session Change Index (SASCI)
- Weekly Social Anxiety Session Change Graph
- Brainstorming for Your Fear and Avoidance Hierarchy (Worksheet 3.1 in Client Workbook)
- SUDS Anchor Points (pp. 52)
- Fear and Avoidance Hierarchy (Worksheet 3.2 in Client Workbook; one copy in session, two additional copies after situations are filled in but before SUDS and avoidance ratings are completed, and one additional copy after anxiety and avoidance ratings are completed)
- Monitoring the Three Components of Social Anxiety (Worksheet 2.3 in Client Workbook)
- Where Did My Social Anxiety Come From? (Worksheet 4.1 in Client Workbook)

Session Outline for Chapter 4 in Client Workbook

I. Review homework and set agenda
    A. Review Worksheet for Reactions to Starting this Treatment Program (Worksheet 2.4 in Client Workbook)
        1. A few doubts are normal
        2. Address more significant doubts by reviewing relevant material in the first two chapters of the Client Workbook
    B. Assure that client can identify the three components of anxiety in his/her own experience
        1. Address any problems with compliance or completion of the homework
        2. If assignment not done, do so in session before continuing on
II. Monitoring progress
    A. Monitor progress in treatment
        (1) Know if treatment is working
        (2) Help overcome discouragement if progress feels slow or there is a setback
    B. Review instructions for the Social Anxiety Session Change Index (SASCI)
        (1) Four items regarding anticipatory anxiety of or in social/performance situations, avoidance of social/performance situations, concern over doing or saying something embarrassing or humiliating in front of others or being

negatively evaluated, and interference in daily activities as a result of anxiety about social/performance situations

(2) The client should rate how he or she is feeling that day, *compared to how he or she was doing before beginning treatment*

III. Develop individualized Fear and Avoidance Hierarchy

A. Describe and explain rationale

1. Rank ordered list of situations that evoke social anxiety
2. Rationale
    a) Used to understand what makes a situation more or less anxiety-provoking
    b) Helps guide selection of therapeutic exposures
    c) Used to assess progress in treatment

B. Step 1: Brainstorming

1. Use Worksheet 3.1 in Client Workbook to record list of 8-10 situations that might appear on the hierarchy
    a) Integrate client's experience completing this form for homework into this discussion
2. Situations can describe a specific event ("attending high school reunion") or a more general category of social event (e.g., "conversations with strangers")
3. Include situations that evoke mild, moderate, and severe anxiety
4. Emphasize situations that the client would like to address in treatment

C. Step 3: Discovering the Dimensions that Make a Situation Easier or Harder for You

1. Examine the list to identify situational dimensions that increase or decrease the difficulty
2. This process may yield additional situations or other refinements to the list

D. Step 4: Rate Each Situation For Fear It Evokes And The Likelihood You Will Avoid It

1. Explain fear (SUDS) ratings
    a) Wolpe and Lazarus' Subjective Units of Discomfort Scale (SUDS)
    b) 0-100 scale, higher numbers indicate more discomfort or anxiety – scale appears on p. 52 of Client Workbook
    c) Subjectively define ratings of 0, 25, 50, 75, and 100 by identifying a situation that matches each description and recording it in Client Workbook on pages 53-54
        (1) 0 = no anxiety. Not necessarily happy but calm and relaxed
        (2) 25 = alert but able to cope. A little "hyped up"
        (3) 50 = anxiety definitely bothersome, some difficulty concentrating
        (4) 75 = extreme discomfort and thoughts of avoiding or escaping
        (5) 100 = worst anxiety has experienced or can imagine

experiencing

2. Explain avoidance ratings on 0 – 100 scale with higher numbers indicating greater avoidance – scale appears on p. 55 of Client Workbook

a) Rating behavior – whether or not avoids the situation

b) Virtually all situations can be avoided, although sometimes cost is high (e.g., loss of job)

c) Avoidance can be subtle, i.e., entering a situation then avoiding its anxiety-provoking aspects (e.g., attending a party but only talking with familiar people)

3. Complete SUDS and avoidance ratings for each situation

E. Step 2: Rank Ordering the Situations

1. Rank order braining storming list with 1= most difficult

2. "Difficult" is subjectively defined by client and may reflect fear and/or avoidance

3. Rank ordering may reveal the need to subdivide some situations as certain aspects or circumstances may be more or less difficult

4. Transfer hierarchy situations to Worksheet 3.2 in Client Workbook using rank order. If possible, make a photocopy before filling in the ratings.

IV. Homework

A. Complete Monitoring the Three Components of Social Anxiety (Worksheet 2.3 in Client Workbook)

B. Read Chapter 4 of Client Workbook

C. Complete Where Did My Social Anxiety Come From? (Worksheet 4.1 in Client Workbook)

D. Review the first three chapters of the Client Workbook, as needed.

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Chapter 8

PSYCHOEDUCATION, PART 4: ETIOLOGY AND DEVELOPMENT OF DYSFUNCTIONAL BELIEFS AND INFORMATION PROCESSING BIASES
Timeline: Typically one session
Reading: Chapter 4 in Client Workbook
Photocopies needed from Client Workbook:
Social Anxiety Session Change Index
Weekly Social Anxiety Session Change Graph (same copy as used last session)
Monitoring the Three Components of Social Anxiety (Worksheet 2.3 in Client Workbook)
Learning About Your Reactions (Worksheet 5.1 in Client Workbook)

Session Outline for Chapter 4 in Client Workbook

I. Review homework and SASCI
A. Assure that client can identify the three components of anxiety in his/her own experience
B. Address any problems with compliance or completion of the homework
C. If assignment not done, do so in session before continuing on
D. Graph ratings from SASCI

II. Biopsychosocial etiology of social anxiety
A. Genetics
1. Two lines of supporting efforts
a) Somewhat greater concordance for social anxiety disorder in monozygotic twins compared to dizygotic twins
b) Jerome Kagan's work on "behavioral inhibition to the unfamiliar"
(1) Some very young infants withdraw rather than explore unfamiliar people and objects
(2) At 7 years of age, 75% still display behavioral inhibition; 75% of non-inhibited infants still not displaying behavioral inhibition
(3) Because behavior pattern starts so young and continues, thought to be related to genetics
2. A genetic component in the etiology of social anxiety does not mean it is not amenable to cognitive-behavioral treatment
a) Concordance is not close to 100% in monozygotic twins (24% vs 15% in dizygotic twins – leaves much room for environmental effects)
b) 25% of behaviorally inhibited infants were not shy at age 7
c) This suggests a "genetic predisposition" not a "genetic blueprint"
d) Other factors are also important in the development of social anxiety

B. Influence of early family environment on the development of social anxiety
    1. We learn about ourselves and the world from our families
        a) Can people be trusted?
        b) How does the world operate?
        c) Are events predictable or unpredictable?
        d) Do we control events or are we at the whim of fate or powerful other people?
    2. Research shows families of people with social anxiety disorder tend not to socialize with other families, even compared to the families of agoraphobics
    3. Parental social anxiety can be communicated to the child through display of anxiety symptoms or modeling avoidance behavior
    4. Parents may not encourage a shy child to enter feared social situations and thus prevent them from learning to face and overcome their fears
    5. Parents of socially anxious individuals tend to use shame to discipline their children or communicate that it is important to worry about what others think of one's behavior or appearance

C. Important experiences may contribute to the development of social anxiety
    1. A child or adolescent who is "different" in some way may be more likely to develop social anxiety, e.g., as a result of teasing for stuttering as a child
    2. Man from working class background who became extremely anxious at wedding to daughter of wealthy parents and began to worry others would discover he "didn't belong" or did not deserve his social and professional position

D. Genetics, family environment and important life experiences probably interact to cause social anxiety disorder in a given person
    1. Not all factors equally important for everyone
    2. Inherited tendency to be shy combines with experiences in the family and other life experiences to lead to development of dysfunctional thinking patterns and, eventually, socially anxiety

E. Important Factors in the Client's Experience
    1. Discuss the client's responses to Where Did My Social Anxiety Come From? (Worksheet 4.1 in Client Workbook)
        a) Genetics, family environment, and important experiences
        b) Pie chart graphing the relative contributions of each element in the client's experience of social anxiety
        c) Emphasize the ways that social anxiety appears to have been *learned*

III. Three dysfunctional thinking patterns that contribute to social anxiety. *(Note that the labels for the dysfunctional thinking pattern are not in the 2nd edition of the client workbook. Much of this material was moved to the therapist guide. Therapists should use their own judgment about whether to use the jargon or just discuss the examples of dysfunctional thinking to set up the amber-colored glasses metaphor.)*

A. Dysfunctional Thinking Pattern #1: External Locus of Control
    1. Socially anxious people tend to believe that other, more capable and

competent, people control what will happen in social situations

2. Example

a) Socially anxious man asking a woman to a movie expects her to refuse and believes he has little control over her response

b) Non-anxious man may believe he can talk her into going or flirt with her to increase her interest in going to the movie with him

3. In most instances, people with social anxiety disorder underestimate the control or influence they may have on other people's reactions to them

B. Dysfunctional Thinking Pattern #2: Perfectionistic Standards

1. Socially anxious people often set excessively high standards for themselves or how they should behave in social situations

2. They may also believe that other people set unrealistically high standards for them

3. Examples of excessively high standards

a) One cannot look nervous in social situations

b) Never offend anyone

c) Observe perfect manners

d) Always be witty and charming

4. Problem is that people may feel badly for not living up to these excessively high standards

C. Dysfunctional Thinking Pattern #3: Low Self-Efficacy

1. Self-efficacy is one's confidence in how effective one expects to be

a) Two types of self-efficacy

(1) Belief that you can do something successfully

(a) Socially anxious persons doubt that they have the ability to do the right thing (or to do it well) in a social interaction

(b) Examples include doubt one has adequate social skills or knows how to make "small talk"

(2) Low outcome expectancies mean that even if one performs adequately, it will not lead to the desired outcome

(a) Even if one is appropriately assertive, the other person will not change his/her behavior

(b) Expectation that a situation will go poorly or that one will be rejected by the other person even if one's behavior is "OK"

2. Low self-efficacy beliefs can become self-fulfilling because the person may not then attempt situation and thus never get confirmation that it might have been more successful than expected

D. How Dysfunctional Thinking Patterns Play Out in an Actual Situation

1. Extend metaphor of "rose-colored glasses" to "amber-colored glasses" – warn that danger could be nearby, so watch out and be prepared

a) Amber-colored glasses highlight danger signals (like a yellow caution light at a busy intersection)

(1) Interaction is not going well

(2) Other person is forming a negative impression

b) Filtering system is very specific
(1) Research shows that socially anxious people pay a lot of attention to social threat information (e.g., indications that others may think that they are boring or inferior)
(2) Socially anxious people pay no more attention than nonanxious persons to information about physical threat (e.g., palpitations, shortness of breath).
c) Amber-colored glasses also filter out safety information
(1) Signs that the situation is proceeding well
(2) Signs that the other person is forming a favorable impression
d) Socially anxious persons nearly always underestimate how well they are doing because amber-colored glasses help them see their mistakes or imperfections, and they also help the person to ignore or disqualify anything that goes well

2. These beliefs – the amber-colored glasses – are dysfunctional because they provide a biased view of the situation
a) Serve to maintain dysfunctional beliefs
b) Increase physical symptoms of anxiety
c) Lead to real or imagined poor performance

E. Dysfunctional beliefs and physiological arousal
1. Our bodies have a built-in fight-or-flight mechanism to help us handle danger
a) Physiological arousal that occurred in response to recognition of a saber-tooth tiger helped cave people either fight or flee
b) Some situations today are not dangerous in the same way that a saber-tooth tiger was dangerous so physiological arousal is a problem, not an advantage

2. Excessive physiological arousal can interfere in social behavior in two ways
a) Social interactions require very complicated behavior, and excessive arousal interferes with the calmness and concentration required to perform well
b) Physiological arousal may be misinterpreted (through amber-colored glasses) as a signal that the situation is dangerous or not going well

3. Circular reasoning that increased arousal means situation is going poorly can further interfere in performance, thus further confirming dysfunctional low self-efficacy beliefs, and resulting in more physiological arousal

F. Dysfunctional beliefs and behavior
1. Dysfunctional thinking (amber-colored glasses) determines which information is processed in the limited attentional capacity of a person
2. If part of the limited attentional capacity is used up by scanning for threat, less is available to process complex social information
3. Example: Rather than just listening to the other person, the socially

anxious person may be thinking

a) About what to say next
b) About whether the other person likes him/her
c) About whether the other person's voice tone indicates anger
d) "I never know what to say"
e) That the conversation will never end
f) That his/her heart is starting to pound
g) That the other person notices his or her blushing

IV. Summary of the causes of social anxiety and dysfunctional beliefs

A. Social anxiety disorder seems to result from a combination of an inherited tendency to be anxious and withdrawn from new situations that then interacts with certain types of experiences early in life

B. Whether the genetic predisposition or the early experiences are more important varies from person to person

C. The combination of the genetic predisposition and early experiences causes the person to develop certain patterns of dysfunctional thinking about whether he or she has control over the outcome of social situations and whether that outcome is likely to be positive or negative

D. These beliefs then serve to color how future social interactions are interpreted in a way that tends to confirm the dysfunctional beliefs

E. The beliefs may interfere with performance or cause the person to avoid the situation, thus preventing opportunities to overcome the anxiety and check out the validity of the beliefs

IV. Homework

A. Complete Monitoring the Three Components of Social Anxiety (Worksheet 2.3 in Client Workbook)

B. Read Chapter 5 of Client Workbook

C. Complete Learning About Your Reactions (Worksheet 5.1 in Client Workbook)

D. Review the first four chapters of the Client Workbook, as needed

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Chapter 9

COGNITIVE RESTRUCTURING, PART 1: IDENTIFYING AUTOMATIC THOUGHTS

Timeline: Typically one session
Reading: Chapter 5 in Client Workbook
Photocopies needed from Client Workbook:
Social Anxiety Session Change Index (SASCI)
Weekly Social Anxiety Session Change Graph (same copy as used last session)
List of thinking errors (Table 5.1 in Client Workbook)
Monitoring Your Automatic Thoughts (Worksheet 5.2 in Client Workbook)

Session Outline for Chapter 5 in Client Workbook

I. Review Homework and SASCI
A. Assure that client can identify the three components of anxiety in his/her own experience
B. Address any problems with compliance or completion of the homework
C. Graph ratings from SASCI.
II. Illustrate the importance of cognition in social anxiety using parallel case vignettes with different outcomes depending upon thoughts about the events
A. Jerry recently moved to town to start a new job, interested in meeting new people and finding a woman to date
1. Set up neutral circumstances
a) Arrives home from work and see attractive woman getting her mail, apparently having just arrived home from work as well
b) Recognizes her as a next door neighbor but has never spoken with her
c) Says hello, introduces himself, indicates he has just moved in
d) She looks up from her mail briefly and says hello, then continues sorting through her mail
2. Jerry's thoughts that will discourage further attempts to initiate a conversation
a) *"She doesn't want to talk with me."*
b) *"I'm bothering her."*
c) *"She thinks I'm weird or something."*
d) *"I'm so inept that I made a bad first impression just saying hello."*
3. Jerry's emotional and behavioral responses to these negative thoughts
a) Feels anxious and uncomfortable
b) Escapes the situation
4. Outcome of escape
a) Anger - *"She wouldn't even talk to me."*
b) Depression – *"I'll never meet anyone."*
B. Same neutral circumstances for Rich, except his thoughts in response to her

initial brief hello are more positive

1. Rich's functional/positive thoughts are equally valid based on the circumstances

a) *"She must be expecting something important in the mail."*

b) *"Maybe she is tired from work. I'll have to try a little harder."*

c) *"She is pretty dressed up. I'll have to ask her about where she works."*

d) *"She might be a little hesitant to talk with a man she does not know."*

2. Emotional and behavioral outcome for Rich's more positive thoughts

a) Makes another attempt at the conversation by commenting on the weather and asking if it is typical

b) His attempt is met by further conversation on her part

c) Ends with invitation for further contact

d) Rich feels pleased about having made an acquaintance that could develop into something further

C. Not the event itself, but Jerry's and Rich's interpretation of the woman's initial lack of friendliness, led to different outcomes

III. The relationship between events, thoughts, and feelings

A. Albert Ellis' ABC's

1. A = Activating Event (what happened – the circumstances)
2. B = Belief (what a person thinks about the activating event)
3. C = Consequences (feelings and behavior)

B. Apply ABC's to previous vignettes

1. Activating Event = woman's initial lack of response
2. Belief =

a) Jerry's belief was that she did not want to continue the conversation

b) Rich's belief was that she probably would want to continue the conversation but was temporarily distracted or tired

3. Consequences =

a) Jerry continued to be alone and felt angry and depressed

b) Rich was excited about the beginnings of a possible friendship

C. ***It is not the events themselves that make a person anxious but how one interprets the events***

D. People with social anxiety become anxious, not because of the situation itself, but because of what they believe about the situation, the other person, or themselves

E. Use another vignette to illustrate the role of thoughts in social anxiety for a commonly occurring situation

1. Vignette: José is 38-year-old man attending party for newly hired managers at the manufacturing firm where he works

a) Sees new manager at refreshment table. She has been making positive changes, and he may like to transfer to her department.

b) José's thoughts as he goes over to introduce himself

(1) *"I'm getting nervous just thinking about going to talk to*

her."

(2) *"She'll think I'm too aggressive if I talk to her about the changes she has been making."*

(3) *"She'll think there's something wrong with me if she sees how nervous I am."*

(4) *"I'm going to make a fool out of myself."*

(5) *"I must make a good first impression or I will never get the job I want."*

c) Thoughts lead to physical symptoms of anxiety

(1) Heart beating faster

(2) Breathing faster – Feels like he can't get his breath

(3) Butterflies in his stomach

(4) Muscles tensing up

d) Additional thoughts as he approached her

(1) *"My mind is going blank."*

(2) *"I don't know what to say to her."*

(3) *"Maybe I should just refill my glass rather than talk to her."*

e) Behavioral responses

(1) Introduces himself and briefly talks about party, not her changes in the department or his interest in working for her

(2) Stumbles over his words

(3) Cuts the conversation short

f) Outcome of his escape

(1) Anxiety decreased

(2) Guilt and shame over not being able to handle a simple conversation

(3) Sadness and anger that he missed an opportunity to get to know the person better

(4) Feeling foolish and stupid at being so incompetent

F. Use worksheet in Figure 5.1 in Client Workbook (Learning About Your Reactions) to work through similar situation for the client

G. Consider how others might respond if they could see the negative thoughts

1. In vignette example, the manager might be

a) Sympathetic to José

b) Feel badly that she made him so nervous

c) Eager to talk about the changes she has made

d) Always on the lookout for a good new employee

2. Usually interaction partners would be sympathetic or reassuring if they knew about a socially anxious person's anxious thoughts

H. Next step is to start to question the thoughts, rather than just accepting them as if they were already established facts

IV. Automatic thoughts

A. Introduce concept of Automatic Thoughts (ATs) – *"negative or irrational thoughts about oneself, the world, or the future."*

1. Socially anxious people have ATs that underlie their social anxiety

2. Learning to change ATs decreases anxiety
3. Changing ATs does not mean replacing negative thoughts with positive thoughts
a) Trying to suppress ATs makes them even more persistent, according to research on thought suppression
b) Goal will be to learn to question ATs to see if they are true or helpful

B. First step of cognitive restructuring is identifying ATs and the emotions they cause
1. Review thoughts from the Monitoring the Three Components of Social Anxiety (Figure 2.3 in Client Workbook) completed over the last few weeks
a) How many "negative or irrational thoughts about oneself, the world, or the future" are listed?
b) Often begin with "I'm…," "I'm going to…," or "He/she will think…"
c) Look for thoughts that have a lot of emotion in them or contain emotional words or emotionally laden labels.

V. Thinking Errors
A. Thinking Errors are what make ATs "irrational"
1) "Irrational" means something is illogical or does not make sense when the AT is considered objectively
2) Some patterns in logical errors have been identified and these appear on the List of Thinking Errors in Table 5.1 of the Client Workbook.

B. Review List of Thinking Errors in Table 5.1 of the Client Workbook
1) Give examples of thoughts that exemplify each Thinking Error
2) Many ATs may contain more than one thinking error
3) Clients who personally identify with several Thinking Errors are not more severely impaired than others
4) Note that some thoughts are not illogical but are still Unhelpful and Unproductive as defined by the last item on the list of Thinking Errors

C. Practice identifying Thinking Errors with a case vignette (Beth)
1) Beth is interviewing for a job she really wants
2) Beth's ATs that made her feel anxious and hopeless about getting the job
a) *"I must make a good first impression or they won't hire me."*
(1) Should Statement
(2) All-or-Nothing Thinking
(3) Fortune Telling
b) *"They are going to think I don't have enough experience."*
(1) Mind Reading
(2) Disqualifying the Positive
(3) Fortune Telling
c) *"I'll never find another job as perfect as this one would be."*
(1) Catastrophizing
(2) All-or-Nothing Thinking

D. Practice identifying Thinking Errors in the client's ATs recorded for homework on the "Cognitive Component" column of the Monitoring the Three Components

of Anxiety form (Figure 2.3 in the Client Workbook).

VI. Assign Homework:

A. Using form in Figure 5.2 in the Client Workbook (Monitoring Your Automatic Thoughts), identify ATs in a situation that arises during the week and the emotions they evoke

1. Try to come up with at least five thoughts.
2. Rate on a 0-100 scale how strongly you believe the idea that is expressed in the thought
3. Indicate what emotion(s) you were feeling in the situation.
4. Complete sheet when cognitions are fresh
    a) When anticipating a situation
    b) As soon after a situation occurs as possible
5. If no situations arise, imagine one that occurred in the past and record ATs and emotions

B. Read Chapter 6 in Client Workbook

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Chapter 10

COGNITIVE RESTRUCTURING, PART 2: CHALLENGING AUTOMATIC THOUGHTS

Timeline: Typically one to two sessions
Reading: Chapter 6 in Client Workbook
Photocopies needed from Client Workbook:

- Social Anxiety Session Change Index (SASCI)
- Weekly Social Anxiety Session Change Graph (same copy as used last session)
- List of thinking errors (Table 5.1 in Client Workbook)
- Disputing Questions (Worksheet 6.1 in Client Workbook)
- Practice Using Anxious Self/Coping Self Dialogue (Worksheet 6.2 in Client Workbook)
- Cognitive Restructuring Practice (Worksheet 6.3 in Client Workbook)

Session Outline for Chapter 6 in Client Workbook

I. Review Homework and SASCI
- A. Assure that client can identify the three components of anxiety in his/her own experience
- B. Address any problems with compliance or completion of the homework
- C. Graph ratings from SASCI.

II. Explain challenging ATs using Disputing Questions
- A. Review steps in cognitive restructuring so far
  1. Identifying ATs and the emotions they cause
  2. Identifying Thinking Errors in the ATs
  3. Next step is to use the Disputing Questions to ask and answer questions to challenge the logical errors in the ATs
- B. Becoming a scientist who analyzes the ATs
  1. Analyze what ATs mean and determine whether they are logical
  2. Conduct experiments to see if the ATs are true
- C. Disputing Questions (Figure 6.1 of the Client Workbook)
  1. Some all-purpose questions that can be used to challenge ATs
  2. Use Disputing Questions by putting ATs in the blank
  3. Emphasize that it is essential to answer the question. It is the answers to the questions that matter.
- D. Practice using Disputing Questions for case of Beth
  1. Help client challenge the three ATs used for the Thinking Errors exercise from Chapter 5 in the Client Workbook
  2. Follow through with several Disputing Questions and answers with one thought until a more rational, adaptive point of view is reached
  3. Point out how emotions change as thinking becomes more adaptive
- E. Practice using Disputing Questions for homework ATs

1. Use Practice Using Anxious Self/Coping Self Dialogue worksheet (Figure 6.1 in Client Workbook) to guide challenge of 2-3 ATs from homework
2. Follow through with several Disputing Questions and answers with one thought until a more rational, adaptive point of view is reached
3. Note that some answers to Disputing Questions contain their own ATs that need to be challenged.
4. Point out how emotions change as thinking becomes more adaptive
5. Assure that the Disputing Question is answered, not just asked

III. Explain using Rational Responses in cognitive restructuring

A. Review steps in cognitive restructuring so far

1. Identifying ATs and the emotions they cause
2. Identifying Thinking Errors in the ATs
3. Use Disputing Questions to ask and answer questions to challenge the logical errors in the ATs
4. Next step is to develop a Rational Response to combat the ATs when they occur

B. Rational Response is a coping statement that summarizes dialogue with the Disputing Questions

1. Use Rational Responses to respond to ATs when they occur in anxiety-provoking situations
2. Qualities of a good Rational Response
    a) Positive (or at least neutral) view of the situation or symptoms
    b) Short
    c) Realistic, not overly positive
3. Do not need to believe the Rational Response at first, but if the client keeps an open mind, it will help chip away at anxious beliefs
4. Examples
    a) ___ does not equal ___.
    b) “The worst that can happen is __, and I can live with that.”
    c) “The worst that can happen is __, and that is unlikely.”
    d) Reasonable goals such as “I only have to say hello.”
5. Practice developing Rational Responses for ATs from vignette
6. Practice developing Rational Responses for homework ATs

IV. Assign Homework:

A. Practice first 4 steps of cognitive restructuring using Worksheet 6.2 in Client Workbook (Cognitive Restructuring Practice).

1. List several ATs and emotions for an anxiety-provoking situation during the week
2. Identify Thinking Errors for all ATs
3. Pick 1-2 ATs and do Anxious Self/Coping Self dialogue using Disputing Questions
4. Summarize key points from Anxious Self/Coping Self Dialogue
5. Develop 1-2 Rational Responses
6. If no situations arise, imagine one from the past

C. Read Chapter 7 in Client Workbook if in-session exposures are to begin in the

following session. If a second session is devoted to this material, withhold the assignment of that reading for a week.

V. Anticipation of Exposure Next Session

A. Inform client that the next session (either session 7 or 8) will include a role played exposure in the session

1. Exposure is graduated so it will not be the highest situation on the Fear and Avoidance Hierarchy
2. Will use cognitive restructuring skills before, during, and after to help cope with anxiety
3. Moving to exposure is a sign that treatment is “on schedule” and that the client is making appropriate progress

B. Address anticipatory anxiety about exposure

1. Acknowledge that anticipatory anxiety is normal
2. Encourage coping with anticipatory anxiety through the use of cognitive restructuring skills
3. Emphasize the need to attend next session as it is easy to avoid

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Chapter 11

EXPOSURE AND COGNITIVE RESTRUCTURING, PART 1: FIRST EXPOSURE

Timeline: Should be 1 session, but may be an extended session up to 90 min
Reading: Chapter 7 in client workbook
Photocopies needed from Client Workbook:

- Social Anxiety Session Change Index (SASCI)
- Weekly Social Anxiety Session Change Graph (same copy as used last session)
- List of thinking errors (Table 5.1 in Client Workbook)
- Disputing Questions (Worksheet 6.1 in Client Workbook)
- Form for Recording Key Information During In-Session Exposures That Can Serve as Session Progress Note (p. 140 in Therapist Guide; make about 6-10 copies for the duration of treatment)
- Be Your Own Cognitive Therapist (BYOCT) Worksheet (Worksheet 7.1 in Client Workbook; make about 20 copies for the duration of treatment)

Note: It is likely that the session in which the first exposure is conducted will run over one hour. It is important to explain the rationale for exposure and then to carefully go through the whole process of doing an exposure: plan, pre-process, do, and post-process. Also, you will need to plan the first out-of-session exposure and the next in-session exposure. Therefore, it is a good idea to set aside 1.5 hours for this session.

Session Outline for Chapter 7 in Client Workbook

I. Review Homework and SASCI
  A. Graph ratings from SASCI.
  B. Review Cognitive Restructuring Practice (Worksheet 6.2 in Client Workbook)
II. Review rationale for systematic graduated exposure
  A. Review definition of systematic graduated exposure
    1. Facing situations that make one anxious
    2. Graduated – easier to harder
    3. Start with role plays first, then do real life situations
  B. Review how therapeutic exposure is helpful
    1. Habituation: If one stays in the situation, anxiety eventually levels off and then decreases - remind client of habituation graph (p. 68 of Therapist Guide) used earlier in treatment
      a) Anxiety will decrease with repeated exposure
        (1) Not get as high next time situation occurs
        (2) Decline more rapidly within a situation
    2. Practice: Rehearsing what to say and how to act in the situations that make you anxious
    3. Identification of ATs: Most powerful ATs may only be accessible when in the middle of an anxiety-provoking situation

4. Testing out ATs: Going through situations to see if ATs are accurate

C. Exposures allow us to simultaneously attend to the cognitive, behavioral and physiological components of social anxiety

III. Complete first in-session exposure

A. Give overview of what will be done

1. Pick a situation to role play in the session

a) Situation should be selected from the 40-50 SUDS range if it were to occur in real life

b) Situation should be relevant to client's goals in therapy

c) Situation should be relatively easy to set up in the therapy setting

2. Use cognitive restructuring to help manage anxiety

3. Do role play

4. Debrief the experience

B. Briefly outline role play situation with client and have him/her imagine it briefly

C. Cognitive restructuring

1. Identify 5-6 ATs client is having about the situation and emotions they are causing

a) Have client rate belief in AT on a scale from 0 to 100

2. Select 1-2 ATs for further analysis

3. Help client identify Thinking Errors in the selected AT(s)

4. Help client challenge selected AT(s) using Disputing Questions

5. Help client develop a Rational Response and record on board or paper where client will be able to see it during the role play

a) Have client rate believe in Rational Response on a scale from 0 to 100

D. Work out the details of the exposure situation

1. Setting

2) Circumstances

2. Roles for various people

3. Any props needed

E. Set an Achievable Behavioral Goal

1. Characteristics of an Achievable Behavioral Goal

a) Do-able

b) Observable and objective

c) Focused on behavior, not feelings of anxiety (or their absence)

2. Important to set a goal because it helps prevent clients from discounting what was accomplished in the exposure (Disqualifying the Positive)

F. Just before beginning exposure

1. Inform client that therapist will be asking for SUDS ratings and briefly remind him/her of SUDS scale

2. Inform client that he/she will be asked to repeat the selected Rational Response (and to focus briefly on the significance of its content) each time he/she is prompted for SUDS rating

3. Brief any role players as necessary

G. Exposure

1. Complete role played exposure

2. Take SUDS at 1-minute intervals, trying to minimize disruption
3. Criteria for stopping role play
a) Typically continue role play 5-10 minutes, shorter if the client is extremely anxious but at least 3 minutes.
b) SUDS have leveled off or started to decrease
c) Achievable Behavioral Goal has been met

IV. After the Exposure - Debriefing the Experience

A. Review Achievable Behavioral Goal
1. Ask client how he/she believes he/she did, pointing out Disqualifying the Positive if it occurs
2. Remind client of goal if necessary

B. Review ATs
1. Did the expected ATs occur?
2. Evaluate how well the Rational Response worked to combat these ATs. Adapt as needed.
3. Did unexpected ATs occur?
a) Challenge these ATs as time permits
b) Catalog unexpected ATs for challenging in future exposures
4. Re-rate belief in ATs and Rational Response

C. Review pattern of SUDS
1. Identify habituation patterns
2. Link increase in SUDS to ATs
3. Link decreases in SUDS to adaptive thinking

D. Help client identify what he/she can take from the experience to use in the future

E. Celebrate completion of first exposure
1. Acknowledge it is difficult
2. Provide positive reinforcement for client's efforts

V. Assign Homework:

A. Assign exposure homework
1. Negotiate a do-able exposure for homework
a) Usually pick something related to in-session role play but less anxiety-provoking
b) Assure that client agrees to do it
2. Explain that BYOCT Worksheet will guide exposure outside of session
a) Explain what goes in each section of the BYOCT form
b) Explain that client should complete front of form prior to exposure, back after exposure
c) Emphasize the importance of the cognitive restructuring preparation for *in vivo* exposures
d) Point out how the BYOCT Worksheet form parallels what was done in session
3. Emphasize that client should call if there is difficulty completing the exposure homework
4. Emphasize that success is defined by doing the assignment, regardless of the level of anxiety experienced or the outcome of the specific situation

5. Remind client of rationale for homework — need to transfer in-session work to daily life

C. Read Chapter 8 from the Client Workbook. One of Chapters 9, 10, or 11 may also be assigned if topic is relevant to the needs of the individual client (see chapters to follow devoted to each of these chapters in the Client Workbook).

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Chapter 12

EXPOSURE AND COGNITIVE RESTRUCTURING, PART 2: ONGOING EXPOSURE

Timeline: Typically 5-6 sessions but can vary up to 10 sessions depending upon the number of in-session exposure needed for a given client and the efficiency with which material in earlier segments has been covered
Readings from Client Workbook: Chapter 8; Chapters 9, 10, and 11 as needed for a given client
Photocopies needed from Client Workbook:

Social Anxiety Session Change Index (SASCI)
Weekly Social Anxiety Session Change Graph (same copy as used last session)
List of thinking errors (Table 5.1 in Client Workbook)
Disputing Questions (Worksheet 6.1 in Client Workbook)
Form for Recording Key Information During In-Session Exposures That Can Serve as Session Progress Note (p. 140 in Therapist Guide)
Be Your Own Cognitive Therapist (BYOCT) Worksheet (Worksheet 7.1 in Client Workbook)

Session Outline for Chapter 8 in Client Workbook

I. Review Homework and SASCI
- A. Graph ratings from SASCI.
- B. Review exposure homework
  1. Examine BYOCT Worksheet and discuss client's experience completing the exposure
  2. Reinforce the fact client faced his/her fears in a real situation
  3. Reinforce completion of cognitive restructuring activities before and after the exposure
  4. Troubleshoot any lack of compliance with the homework exposure

II. The ongoing routine of exposure
- A. Last session was first in-session exposure. That routine will continue in the coming weeks
  1. From easier (less anxiety-producing) to harder (more anxiety-producing) situations
  2. From less complex to more complex situations
  3. From more superficial ATs to ATs related to your core beliefs about yourself and the world
  4. From working on anxiety in session with therapist to working on anxiety on the client's own
- B. Continue to use homework for exposure to assure treatment gains transfer to real life

III. Complete second in-session exposure
- A. Briefly outline role play situation with client and have him/her imagine it briefly

B. Cognitive restructuring
    1. Identify 5-6 ATs client is having about the situation and emotions they are causing
        a) Have client rate belief in AT on a scale from 0 to 100
    2. Select 1-2 ATs for further analysis
    3. Help client identify Thinking Errors in the selected AT(s)
    4. Help client challenge selected AT(s) using Disputing Questions
    5. Help client develop a Rational Response and record on board or paper where client will be able to see it during the role play
        a) Have client rate believe in Rational Response on a scale from 0 to 100
C. Work out the details of the exposure situation
    1. Setting
    2) Circumstances
    2. Roles for various people
    3. Any props needed
D. Set an Achievable Behavioral Goal
E. Just before beginning exposure
    1. Remind client that therapist will be asking for SUDS ratings and review SUDS scale
    2. Remind client that he/she will be asked to repeat the selected Rational Response (and to focus briefly on the significance of its content) each time he/she is prompted for SUDS rating
    3. Brief any role players as necessary
F. Exposure
    1. Complete role played exposure
    2. Take SUDS at 1-minute intervals, trying to minimize disruption
G. Debriefing the Exposure Experience
    1. Review Achievable Behavioral Goal
    2. Ask client how he/she believes he/she did, pointing out Disqualifying the Positive if it occurs
    3. Review ATs
        a) Did the expected ATs occur?
        b) Evaluate how well the Rational Response worked to combat these ATs. Adapt as needed.
        c) Did unexpected ATs occur?
            (1) Challenge these ATs as time permits
            (2) Catalog unexpected ATs to challenge in future exposures
        d) Re-rate belief in ATs and Rational Response
    4. Review pattern of SUDS
        a) Identify habituation patterns
        b) Link increase in SUDS to ATs
        c) Link decreases in SUDS to adaptive thinking
    5. Help client identify what they can take from the experience to use in the future

IV. Assign Homework:

A. Assign exposure homework

1. Negotiate a do-able exposure, typically related to the in-session role play but less anxiety-provoking
2. Assure the client agrees to do it
3. Emphasize importance of using the BYOCT Worksheet for the cognitive restructuring before and after the homework exposure
4. Record specific situation on the BYOCC form

C. Assign a small daily homework assignment to make overcoming anxiety a new habit

1. Rationale
    a) Get in the new habit of facing fears rather than avoiding
    b) Larger changes build upon small ways of handling situations differently on a regular basis
2. Examples
    a) Say “hello” and one other thing to a person you would not normally speak with
    b) Make one telephone call that you would usually put off for another day because you are anxious about the call
    c) Give someone a compliment when you normally would not say anything
    d) Speak up one extra time in a group of people or at a meeting
    e) Ask someone an appropriate, non-intrusive question about himself or herself that will help you get to know the person a little better
    f) Make an effort to do some small task when others may be observing, such as pour someone’s coffee, put change in a vending machine, unlock a door, drive with someone in the car, write a check rather than pay cash, etc.
3. OK to pick a small gesture that is only mildly anxiety-provoking
4. Client may notice other people start to treat him/her differently

D. Read chapters 9, 10, or 11 of the Client Workbook, when assigned.

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Chapter 13

EXPOSURE AND COGNITIVE RESTRUCTURING, PART 3: CONVERSATION FEARS

Timeline: Variable
Reading: Chapter 9 in the Client Workbook
Photocopies needed from Client Workbook:

- Social Anxiety Session Change Index (SASCI)
- Weekly Social Anxiety Session Change Graph (same copy as used last session)
- List of thinking errors (Table 5.1 in Client Workbook)
- Disputing Questions (Worksheet 6.1 in Client Workbook)
- Form for Recording Key Information During In-Session Exposures That Can Serve as Session Progress Note (p. 140 in Therapist Guide)
- Be Your Own Cognitive Therapist (BYOCT) Worksheet (Worksheet 7.1 in Client Workbook)

Note: This chapter and the next two (corresponding to Chapters 9-11 of the Client Workbook) are assigned in any order, depending on the specific social anxieties that the client brings to treatment. Session outlines suggest how in-session exposures may be conducted in the domains of fears of social interaction, observational fears, and fear of public speaking. Issues specific to each of these domains are delineated in the Therapist Guide.

Session Outline for Chapter 9 in Client Workbook

I. Review Homework and SASCI
  A. Graph ratings from SASCI.
  B. Review exposure homework
    1. Examine BYOCT Worksheet and discuss client's experience completing the exposure
    2. Reinforce the fact client faced his/her fears in a real situation
    3. Reinforce completion of cognitive restructuring before and after the exposure
    4. Troubleshoot any lack of compliance with the homework exposure

II. Rationale behind covering this chapter and Chapters 10 and 11 in session
  A. Cover chapter that most relates to client's fears first
    1. Chapter 9: Making small talk/social interactions
    2. Chapter 10: Specific fears of doing something while being observed – eating/drinking/writing in public
    3. Chapter 11: Public speaking
  B. These 3 chapters contain other strategies for challenging ATs that may arise in many situations, not just specific ones in the Client Workbook

II. Importance of small talk
  A. Definition
    1. Small talk is any short casual conversation about superficial or

impersonal topics
2. Most people with social anxiety tell us that they hate small talk
3. Examples:
a) Complimenting your neighbor on the beautiful flowers on her patio as you leave for work
b) Asking a co-worker whether he did anything fun this weekend
c) Commenting to the desk clerk at the health club that the club seems fairly quiet today
d) Commenting to someone while waiting for the instructor to arrive that the class is interesting but more work that you had expected it to be
e) Striking up a conversation with a sales clerk by asking whether he or she has heard if the weather will be warm this weekend

B. Purpose of small talk
1. Used to initiate and/or maintain social relationships
a) All friendships and dating relationships start with small talk
b) Helps develop a relationship as repeated casual conversations become more serious
2. Social psychologist Donn Byrne's research suggests friendships and relationships develop with those who are nearby as a result of casual conversations

III. Complete in-session exposure (per session outline in Chapter 11 of this Therapist Guide)
IV. Assign homework
A. *In vivo* exposure
B. Instruct the client to continue small daily assignments
C. Read Chapter 10

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Chapter 14

EXPOSURE AND COGNITIVE RESTRUCTURING, PART 4: OBSERVATIONAL FEARS

Timeline: Variable
Reading: Chapter 10 in the Client Workbook
Photocopies needed from Client Workbook:

Social Anxiety Session Change Index (SASCI)
Weekly Social Anxiety Session Change Graph (same copy as used last session)
List of thinking errors (Table 5.1 in Client Workbook)
Disputing Questions (Worksheet 6.1 in Client Workbook)
Form for Recording Key Information During In-Session Exposures That Can Serve as Session Progress Note (p. 140 in Therapist Guide)
Be Your Own Cognitive Therapist (BYOCT) Worksheet (Worksheet 7.1 in Client Workbook)

Session Outline for Chapter 10 in Client Workbook

I. Review Homework and SASCI
- A. Graph ratings from SASCI.
- B. Review exposure homework
  1. Examine BYOCT Worksheet and discuss client's experience completing the exposure
  2. Reinforce the fact client faced his/her fears in a real situation
  3. Reinforce completion of cognitive restructuring before and after the exposure
  4. Troubleshoot any lack of compliance with the homework exposure

II. History of specific social phobias
- A. Specific fears of doing something while being observed first identified by Marks and Gelder in 1960's.
- B. Fears they identified included
  1. Signing one's name
  2. Eating in public
  3. Drinking in public
- C. Typical fear is that hand will shake or person will make an embarrassing mistake
- D. Client Workbook uses original name — social phobias — for these specific, limited social fears
  1. Subset of broader fears of social situations we now call social anxiety disorder
  2. Common thread is fear of negative evaluation by others

III. Self-Assessment of Social Phobias
- A. Review checklist in Client Workbook (p. 175-176)

B. List not exhaustive, almost any task that requires something be done in a particular way can become a specific social phobia

IV. Self-consciousness and specific social phobias

A. Paying too much attention to a highly familiar task can make it more difficult to do and cause the outcome a person fears

1. Example: Expert typist “Claudia”

a) Expert typist types rapidly because she types entire words, not individual letters

b) Does not normally attend to movement of fingers on the keys. Typing is an “automatic” task for her

c) Slows down and makes errors if she pays too much attention and/or watches her fingers hit each individual key because loses automaticity

2. This happens with anything a person can do “automatically”

a) Playing a musical instrument

b) Hitting a baseball

B. Combination of self-consciousness about the activity and anxiety about something going wrong decreases performance

1. Tense muscles in hands/arms makes it more difficult to type

2. Focusing on ATs associated with the anxiety further interferes with concentration and decreases performance

C. Same cycle of self-consciousness and anxiety occur for observational fears

1. Self-consciousness about tasks such as drinking coffee with others

2. Anxiety causes tension which increases the chance of a spill or other “mistake”

3. Begin to avoid drinking coffee in front of others

V. Specific social phobias can have a great impact on one’s life

A. Fears of eating and drinking in public can lead to social isolation or interfere with work-related socialization

B. Fears of writing in public make it inconvenient to conduct daily business such as using credit cards and checks and interfere with many jobs

C. Specific social phobias often relate to job duties

VI. Complete in-session exposure (per session outline in Chapter 11 of this Therapist Guide)

VII. Assign homework

A. *In vivo* exposure

B. Instruct the client to continue small daily assignments

C. Read Chapter 11

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Chapter 15

EXPOSURE AND COGNITIVE RESTRUCTURING, PART 5: PUBLIC SPEAKING FEARS

Timeline: Variable
Reading: Chapter 11 in the Client Workbook
Photocopies needed from Client Workbook:

Social Anxiety Session Change Index (SASCI)
Weekly Social Anxiety Session Change Graph (same copy as used last session)
List of thinking errors (Table 5.1 in Client Workbook)
Disputing Questions (Worksheet 6.1 in Client Workbook)
Form for Recording Key Information During In-Session Exposures That Can Serve as Session Progress Note (p. 140 in Therapist Guide)
Be Your Own Cognitive Therapist (BYOCT) Worksheet (Worksheet 7.1 in Client Workbook)
Peeling Your Onion – Discovering and Challenging Your Core Beliefs (Worksheet 12.1 in Client Workbook)

Session Outline for Chapter 11 in Client Workbook

I. Review Homework and SASCI
  A. Graph ratings from SASCI.
  B. Review exposure homework
    1. Examine BYOCT Worksheet and discuss client's experience completing the exposure
    2. Reinforce the fact client faced his/her fears in a real situation
    3. Reinforce completion of cognitive restructuring before and after the exposure
    4. Troubleshoot any lack of compliance with the homework exposure
II. Public speaking anxiety is common
  A. #1 fear experienced by the general public
  B. Extremely common (90%+) among individuals with social anxiety
    1. Often seek treatment for other fears such as dating because these fears interfere more in their life
  C. Many more forms of public speaking than just giving formal presentations
    1. See list in Client Workbook (p. 193-194)
    2. These other situations allow work on public speaking gradually without giving a major speech right away
III. Complete in-session exposure (per session outline in Chapter 11 of this Therapist Guide)
IV. Assign homework
  A. I*n vivo* exposure
  B. Instruct the client to continue small daily assignments

C. Read Chapter 12 of the Client Workbook, if the client is ready for advanced cognitive restructuring

1. Complete Worksheet 12.1 in the Client Workbook (Peeling Your Onion – Discovering and Challenging Your Core Beliefs)

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Chapter 16

ADVANCED COGNITIVE RESTRUCTURING

Timeline: 1-2 sessions initially, then additional sessions as needed to address core belief
Reading: Chapter 12 in the Client Workbook
Materials Needed: All completed BYOCT worksheets from previous sessions and homework exposures
Photocopies needed from Client Workbook:

Social Anxiety Session Change Index (SASCI)
Weekly Social Anxiety Session Change Graph (same copy as used last session)
List of thinking errors (Table 5.1 in Client Workbook)
Disputing Questions (Worksheet 6.1 in Client Workbook)
Be Your Own Cognitive Therapist (BYOCT) Worksheet (Worksheet 7.1 in Client Workbook)
Peeling Your Onion – Discovering and Challenging Your Core Beliefs (Worksheet 12.1 in Client Workbook)

Session Outline for Chapter 12 in Client Workbook

I. Review Homework and SASCI
    A. Graph ratings from SASCI.
    B. Review exposure homework
        1. Examine BYOCT Worksheet and discuss client's experience completing the exposure
        2. Reinforce the fact client faced his/her fears in a real situation
        3. Reinforce completion of cognitive restructuring before and after the exposure
        4. Troubleshoot any lack of compliance with the homework exposure
II. Rationale behind Advanced Cognitive Restructuring
    A. Until now work has focused on ATs that are more superficial
        1. Initially superficial ATs that are easy to identify
        2. As treatment progressed, may have discovered some "deeper" ATs
            a) Don't come to mind as easily
            b) More difficult to talk about
            c) Evoke stronger emotions
    B. Onion Analogy
        1. ATs come in layers like an onion
        2. Can't see underlying layers until discuss and challenge top layers
        3. At center of the onion is a Core Belief
            a) Underlying theme across many ATs
            b) Probably not aware of it when started treatment
III. Conduct Peeling Your Onion Exercise

A. Work through the “Peeling Your Onion” Worksheet with client, using strategies described below as appropriate.

B. Strategies for identifying a core belief - refer to vignettes in Client Workbook as needed

1. Follow from one AT to the next
2. Define key words in an AT like “right,” “competent,” or “fall apart.”
3. Focus on experiencing the emotions evoked by ATs to see what other ATs come to mind
    a) Experiencing the emotion may be uncomfortable
    b) Other emotions increase then decrease just as anxiety does
4. Consider what would happened if an AT came true
5. Identify the source of ATs as it appears client may be close to the core belief
    a) Often the core belief was learned early in life
    b) Client may have a specific memory of when or how it was learned

IV. Assign homework

A. *In vivo* exposure should be a test of core belief derived in Peeling Your Onion Exercise

B. Instruct the client to continue small daily assignments

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Chapter 17

TERMINATION

Timeline: 1 session; may be extended to 2 sessions if discussion of progress reveals need for further intervention
Reading: Chapter 13 in the Client Workbook
Photocopies needed from Client Workbook:

Social Anxiety Session Change Index (SASCI)
Weekly Social Anxiety Session Change Graph (same copy as used last session)
Client's completed BYOCT Worksheets
List of thinking errors (Table 5.1 in Client Workbook)
Disputing Questions (Worksheet 6.1 in Client Workbook)
Form for Recording Key Information During In-Session Exposures That Can Serve as Session Progress Note (p. 140 in Therapist Guide)
Be Your Own Cognitive Therapist (BYOCT) Worksheet (Worksheet 7.1 in Client Workbook)
Completed Fear and Avoidance Hierarchy from Chapter 3 - copy with ratings and copy with situations and no ratings.

Session Outline for Chapter 13 in Client Workbook

I. Review SASCI and homework
    A. Graph ratings from SASCI.
    B. Review homework from previous session.
I. Review progress thus far
    A. Checklist of Progress (p. 223 in Client Workbook)
    B. Re-rate Fear and Avoidance Hierarchy without looking at original ratings
        1. Compare to original ratings
        2. Usually Avoidance ratings change first
        3. As stop avoiding, SUDS ratings decrease as well
    C. Review graph of weekly SASCI ratings
    C. Identify progress and what still needs work
        1. Help client congratulate self for progress
        2. Watch out for Disqualifying the Positive
            a) Sample AT: "I've done all of those things but social anxiety is still a big problem."
            b) Challenge using cognitive restructuring skills
    D. Normal to still have some social anxiety after several weeks of treatment
II. How to continue to progress
    A. Avoid avoidance
        1. Avoidance rewards the anxiety and makes it worse
        2. Some avoidance is like taking two steps forward and one step back
        3. Avoidance should be near zero

B. Keep using the cognitive skills
    1. Don't take short cuts by skipping steps in cognitive restructuring
    2. Continue to use BYOCT Worksheets
C. View an increase in anxiety as an opportunity to work on overcoming fears
    1. Change mindset from trying to protect self from anxiety
    2. Anxiety should be a signal to charge ahead, not stop, escape, or avoid
D. Reward yourself for your success
    1. Facing fears takes courage and motivation
    2. Give self credit for success
    3. Tell therapist about accomplishments
    4. Celebrate successes with friends or family who know client is working on social anxiety
    5. Celebrate ways life is improving as making progress on anxiety
E. Use additional strategies to control anxiety.
    1. If progress insufficient, consider adding strategies
    2. Medication
    3. Relaxation and breathing retraining that therapist can teach

III. When to Stop Seeing Your Therapist Regularly
A. Treatment usually 15-20 sessions
    1. May be longer if spend time on other topics during sessions
    2. May then shift to other issues with therapist, but stop emphasizing social anxiety in sessions
    3. If anxiety is more severe, it may take longer
B. Signs that client may be ready to stop seeing therapist regularly
    1. Completed in-session exposures for the most difficult situations on your Fear and Avoidance Hierarchy and completed homework exposures for nearly all of the situations on hierarchy
    2. Met most important treatment goal such as going back to school, getting/changing a job, going on a few dates, facing a specific difficult situation such as an important speech or social occasion
    3. Social anxiety does not interfere in day-to-day functioning in any important way. May still get some anxiety but you feel able to handle it and, rarely, if ever, avoid anything due to anxiety.

V. Identify any needed in-session or *in vivo* exposures to be completed before finishing treatment

VI. Celebrate client's accomplishments and set goal for continued progress
A. Complete My Accomplishments During Treatment for Social Anxiety form (Worksheet 13.1 in Client Workbook)
B. Set a goal for one month after treatment ends (Worksheet 13.2 in Client Workbook)
    1. Immediately after treatment, it is easy to stop working so hard to face fears
    2. Setting a goal for one month after active phase of treatment will help get back on track after taking this expected rest
    3. Tapering sessions will help provide support

VII. Describe common experience with long term treatment outcome

A. Most people still have some anxiety at end of treatment
B. Social anxiety is normal; it will always show up in some situations
C. Most people who have made good progress, continue to improve over the 6-12 months after stopping treatment as they continue to apply what they learned

VIII. New Situations Mean New Challenges
A. After treatment, the client may be in situations never before entered
1. Relationship breakup for someone who had never dated
2. Getting a new job
B. Anxiety may occur because these are new challenges
1. Does not mean client is losing treatment gains
2. It is a sign of treatment success
C. Handling anxiety in these new situations
1. Use cognitive restructuring and exposure skills learned in treatment as outlined on BYOCT Worksheet
2. Call therapist for a “booster session” if needed

IX. Terminating treatment
A. Some sadness over not seeing therapist regularly any more is normal
B. Ending treatment is a positive event
1. Signals client has improved
2. Ends commitment of time, money, and emotional energy
3. Call therapist if
a) Facing new situation and have not been able to handle anxiety using the skills learned in treatment
b) Anxiety appears to be returning
(1) Most likely to occur if have some very stressful life event
(2) Don’t wait too long or it will be more difficult to get back on track