

Cognitive-Behavioral Therapies for Social Anxiety Disorder:

An Integrative Strategy

Master Clinician Session (MC001)

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DISCLOSURE: no commercial relationships or other conflicts of interest.

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DISCLOSURE: no commercial relationships or other conflicts of interest.



NATIONAL SOCIAL ANXIETY CENTER

NSAC (nationalsocialanxietycenter.com) is a non-profit association of independent clinics and clinicians dedicated to providing and fostering evidence-based services for those struggling with social anxiety. For consumers, NSAC has an educational social anxiety blog (nationalsocialanxietycenter.com/blog/) and Facebook page (facebook.com/NationalSocialAnxietyCenter/). For clinicians, NSAC offers online clinical education, peer consultation, training seminars, research summaries and interviews with researchers (nationalsocialanxietycenter.com/for-clinicians/). NSAC currently has 16 regional clinics around the US (nationalsocialanxietycenter.com/regional-clinics/): District of Columbia; San Francisco; Los Angeles; Pittsburgh; New York City; Chicago; Newport Beach / Orange County; Houston / Sugar Land; St. Louis; Phoenix; South Florida; Silicon Valley; Dallas; Des Moines; San Diego; and Baltimore.

To learn about affiliating: nationalsocialanxietycenter.com/become-a-regional-clinic/.

NOTE on PowerPoint slides and handouts

- ***PowerPoint slides:*** I suggest that you don't try to read the entire slides during the workshop. I purposely made them detailed so you can turn to them later for further information. Trying to read them fully during the workshop will be distracting. Instead, I suggest that you ***listen mindfully to what I and others are saying, and just glance over the slides.*** After the workshop, reading the slides in detail is a good way to reinforce your learning. You may download the PowerPoint and use these slides later if you so wish.
- ***Handouts:*** you may download the many handouts (client worksheets and instructional sheets) and use / modify them as desired. No attribution is necessary.

THERAPIST MANUALS, TRAINING & TOOLS FOR SOCIAL ANXIETY TREATMENT

- *CBT for Social Anxiety Disorder*: Oxcatat (Oxford Centre for Anxiety Disorders and Trauma) training videos and manual by David M. Clark, oxcatatresources.com/social-anxiety-disorder/. (You must register with them online, but it is all free, and these are fantastic resources!)
- *Managing Social Anxiety: A Cognitive-Behavioral Approach - Therapist Guide*, by Debra Hope, Richard Heimberg and Cynthia Turk. There is also a client workbook. (Focuses on group CBT for social anxiety, but it is very applicable to individual CBT.)
- *Cognitive Behavioral Therapy for Social Anxiety Disorder*, by Stefan Hofmann and Michael Otto. (Focuses on group CBT for social anxiety, but it is very applicable to individual CBT.) They have some videos illustrating some strategies: bostonanxiety.org/treatmenttools.html.
- *Imagery-Enhanced CBT for Social Anxiety Disorder*, by Peter McEvoy, Lisa Saulsman and Ronald Rapee. (Written for both individual and group CBT.)
- *CBT for Social Anxiety*, trainings on CD & DVD by Christine Padesky, store.padesky.com. (Mainly focused on the Assertive Defense of the Self strategy.)
- *Attention Training Technique*, two audio exercises by Adrian Wells. You may listen to these on slide 25.
- *Trial-Based Cognitive Therapy: A Manual for Clinicians*, by Irismar Reis de Oliveira, creative ways to change core beliefs and motivate clients to do exposures; not specific to social anxiety.

RESOURCES FOR SOCIALLY ANXIOUS CONSUMERS

- *Social Anxiety Support*: online discussions and information, referrals, support group, socialanxiety.com.
- *International Paruresis Association & The Shy Bladder Center*: online discussions and information, intensive treatment weekends, referrals, paruresis.org.
- *Social Anxiety Institute*: online discussion and information, recorded treatment program for individuals and self-help groups, referrals, support group on Skype, socialanxietyinstitute.org.
- *Andrew Kukes Foundation for Social Anxiety*: online information, referrals, videos, akfsa.org.
- *The Shyness & Social Anxiety Workbook*, by Martin Antony and Richard Swinson.
- *Overcoming Social Anxiety and Shyness*, by Gillian Butler.
- *Managing Social Anxiety: A Cognitive-Behavioral Approach - Workbook*, by D. Hope, R Heimberg and C. Turk.
- *The Mindfulness and Acceptance Workbook for Social Anxiety and Shyness*, by J. Fleming, N. Kocovski, Z. Segal.
- *The Shyness & Social Anxiety Workbook for Teens*, by Jennifer Shannon.
- *Stopping the Noise in Your Head: The New Way to Overcome Anxiety & Worry*, by Reid Wilson. His *Anxiety Challenger* app is a useful tool to encourage and track doing exposures/experiments.
- *Social anxiety support groups*: search meetup.com, groups.google.com and groups.yahoo.com; support groups over phone (socialanxiety.com) and Skype (socialanxietyinstitute.org).
- *CBT Thought Diary* app, a good cognitive restructuring app.
- *Rejection Therapy Game*, dozens of ideas for paradoxical experiments, rejectiontherapy.com/game.
- *Dear Evan Hanson*, Broadway musical and soundtrack about a high schooler with social anxiety.

All three waves in the ocean: An integrative CBT strategy

- Integrates the best (most effective) elements of each CBT model, depending on the client.
- Must see both sides of the many internal CBT debates; not all or nothing, but work toward *synthesis*.
- Messy, not pure.
- Requires more reliance on case conceptualization and trial-and-error; *moderately* less reliance on protocols.
- More pragmatic and flexible (whatever works); informed and guided by theory, but not dogmatically adherent.
- Moderately harder to train clinicians.
- More effective?

The two major elements of social anxiety disorder: ANXIETY & SHAME

Core FEAR of social anxiety: **JUDGMENT** (embarrassment, criticism, rejection, scrutiny); this leads to **ANXIETY**.

- The positive role of *healthy* social anxiety: necessary for relationships and society to function well; evolutionary theory of social anxiety.
- Social anxiety *disorder* when functioning / goals are impaired.

Core BELIEF of social anxiety: fundamental personal **DEFICIENCY** due to **PERFECTIONISM**; this leads to **SHAME**.

- Social anxiety is usually more than a phobia (due to beliefs of deficiency and consequent shame), and is usually generalized.

Anxiety formula:

$$\text{anxiety intensity} = \frac{(\text{threat likelihood} \times \text{threat severity}) + \text{physiology}}{\text{coping}}$$

Socially anxious persons overestimate threat likelihood & severity, and underestimate ability to cope with threat.

CBT strategies are aimed at:

- Decreasing perception of threat likelihood and severity.
- Increasing ability and confidence in coping with threat.
- Addressing physiological factors.
- Helping client achieve personal goals.
- Building self-confidence and self-esteem.

DEBATE: accepting v. decreasing anxiety

Work toward *accepting* anxiety and focusing on pursuing valued activities.

[A la ACT: Acceptance and Commitment Therapy.]

VS.

Work toward *reducing* anxiety while pursuing valued activities.

[A la exposure therapy and traditional cognitive-behavioral therapy.]

Synthesis (the best of both):

In the short term, accept anxiety and focus on pursuing valued activities. Work toward longer-term goals of reducing both anxiety and shame, and increasing self-confidence and self-esteem.

Diversity factors in social anxiety

- LGBT factors.
- Gender factors.
- Racial factors.
- Cultural and language factors.
- Physical appearance factors.
- Personality factors.
- Disability factors.
- Autism spectrum disorder.

Judgment happens. It's not all in their heads!!

SAD facts

(1)

Clinical community and general public underestimate the prevalence and severity of social anxiety.

- Prevalence of Social Anxiety Disorder (SAD) in US:
 - ADULTS: 7.1% past year; 12.1% lifetime.
 - ADOLESCENTS: 9.1% lifetime.
- One third or all persons fear public speaking (but many people don't need to do this in their lives).
- SAD is the 3rd or 4th most prevalent of all mental health disorders; SAD is the 1st or 2nd most prevalent anxiety disorder; anxiety disorders are the most prevalent of all mental health disorders.
- 66% of people with SAD have one or more other mental health disorders, especially depression, suicidality, other anxiety disorders, alcohol use disorder and avoidant personality disorder. Socially anxious persons are 1.5 to 3.5 times more likely to be depressed, and 2.5 times more likely to have alcohol use disorder, than the general population.
- Impairment among socially anxious adults: 30% serious; 39% moderate; 31% mild.

SAD facts

(2)

- Marked underachievement in life due to SAD:
 - Likely to get lower grades in school.
 - Less likely to get promoted on the job.
 - Likely to earn less.
 - Less likely to get married or be in other long-term romantic relationships.
 - Less likely to have children.
 - Likely to have fewer friends.
- Earlier onset of SAD than other anxiety disorders: median age of SAD onset is 13; 95% experience onset by end of adolescence.
- Without treatment, SAD tends to be lifelong problem; natural recovery rate of only 37% over 10 years, making SAD the most persistent of all common mental health disorders (where the majority recover within 10 years).
- Treatment outcome: 65-75% recover through CBT; majority of these maintain their progress, often making further progress on their own.

[Sources: National Institute of Mental Health; David M. Clark; varied other sources.]

Why is SAD usually lifelong?

Why does social anxiety usually not habituate naturally despite daily exposure?

- The feared outcome (judgment) is usually invisible. Even if someone seems to react positively, it is easy to disqualify the positive: eg. “S/he’s just being nice.”
 - Internal focus on thoughts and feelings: leads to impaired conversations, and over-reliance on internal “evidence” vs. actual external evidence.
 - Rumination and negativity bias: pay more attention to threats and apparent negative reactions; don’t notice or disqualify positive reactions.
 - Heavy reliance on covert avoidance and many other safety-seeking behaviors: limits learning; also prevents building self-confidence because confidence is put in the crutch (the safety-seeking behavior).
- Shame does not habituate due to negative core beliefs.

Common triggers for social anxiety

- **SOCIAL / CONVERSATIONAL:** initiating conversation with individuals; joining group conversations; speaking up in group conversations; mingling and networking; extending conversations; asking / answering questions; speaking about self; joking; expressing emotion; ending / leaving conversations; asking for help; assertion; attractive people; people of certain ages / races / genders / sexual orientations; confident / successful people; phone calls; sending emails, texts, social media posts.
- **PERFORMANCE:** public speaking; speaking up in meetings; being interviewed; taking tests; stage performance; sexual activity; sports.
- **BEING OBSERVED:** using public bathrooms; being in public places with strangers around (stores, restaurants, theaters, bustling sidewalks, public transportation); being seen / heard while working, talking on phone, eating, writing; using gym; swimming; jogging; dancing.
- **ANXIETY SYMPTOMS THEMSELVES:** blushing; sweating; cold hands; voice quivering; being jittery; mind going blank.

Note: these are overlapping categories.

The dynamics of social anxiety disorder

BEFORE, DURING & AFTER anxiety triggers:

COGNITION.

- Automatic (hot) thoughts.
- Conditional assumptions and personal rules (shoulds).
- Core beliefs.
- Negativity bias.
- Worry and rumination (pre- and post-event).

BEHAVIOR: avoidance & other safety-seeking behaviors.

EMOTIONS & PHYSIOLOGY.

All the above fuels VICIOUS CYCLES & SELF-FULFILLING PROPHECIES.

DEBATE: what's the difference?

Social Anxiety Disorder: when the fear of judgment is debilitating (impairs life functioning or goal pursuit) on an ongoing basis.

Social anxiety: an experience of the fear of judgment (whether or not it is debilitating).

Introversion: a personality dimension in which a person generally desires less social stimulation and interaction than does a more extroverted person. Both introverts and extroverts may be socially anxious.

Shy: a non-clinical word meaning *“nervous or timid in the company of other people; slow or reluctant to do something”* [Oxford English Dictionary]; *“easily frightened; disposed to avoid a person or thing”* [Merriam-Webster Dictionary].

Avoidant Personality Disorder: a severe and pervasive form of Social Anxiety Disorder.

Research on social anxiety

- DEBATE: CBT and CBT-R vs. exposure / social skills / medication / self-help / mindfulness meditation / other psychotherapies. [handouts pp. 3-4]
- DEBATE: individual vs. group CBT. [handouts pp. 3-4]
- DEBATE: in-person CBT vs. online CBT vs. virtual reality exposure.
- DEBATE: genetic links (serotonin transport gene, serotonin levels, SSRI expectancy).
- Negativity bias.
- Socially prescribed perfectionism (and depression, isolation).

[See NSAC's Research Summaries for details:

[nationalsocialanxietycenter.com/research-summaries/.](https://nationalsocialanxietycenter.com/research-summaries/)]

Core CBT strategies for social anxiety

- **External mindfulness & thought defusion** (aka curiosity training).
- **Cognitive restructuring**: verbal and imaginal.
- **Assertiveness training** (aka head-held-high assertions).
- **Core belief change work**.

All joining together in:

- **Experiments** (aka exposures).

These will be presented here in the order I usually use them with clients: external mindfulness and thought defusion; cognitive restructuring; experiments; assertiveness training; and core belief change work. (Case conceptualization may alter the order these are used, or whether certain strategies are used at all.)

External mindfulness & thought defusion

Why it is a crucial strategy:

- It counters major safety-seeking behaviors (self-monitoring, threat monitoring, self-evaluating, scripting).
- It improves conversations and performance.
- It helps clients appear to be listening and interested, so others will more likely respond positively to them.
- It helps clients focus on external evidence v. internal information (the false “evidence” of feelings and thoughts).
- It helps clients observe all the evidence, not just the negative.
- It lessens anxiety by increasing ***cop**ing*:

**anxiety intensity = (threat likelihood X threat severity) + physiology
*cop*ing**

Definitions

Mindfulness: paying attention to something in the present moment with curiosity rather than judgment.

Thought defusion: being aware of your thoughts and feelings without becoming involved with them.

When applied to social anxiety therapy, mindfulness and thought defusion involve paying attention with curiosity (taking interest) in the conversation / person / activity in the present moment, while treating your thoughts and feelings like background noise.

[handouts p. 5]

DEBATE: external mindfulness v. meditation

- The difference between mindfulness and meditation.
- The limitation of *internal* mindfulness (meditation) for the socially anxious: reinforces self-focus and internal distraction.
- The advantages of *external* mindfulness for the socially anxious: reinforces curiosity in conversation / persons /activities, and fosters free association.
- Research: mindfulness meditation alone is less effective in reducing social anxiety than is placebo.

Synthesis:

First and major emphasis on *external* mindfulness through curiosity training and attention training; later auxiliary use of meditation for practicing thought defusion.

Introducing external mindfulness to clients

- Analogy of 2 conversations at same time.
- Analogy of actor on stage.
- Analogy of dinner with a friend at outdoor café.
- Slogan: get out of your head and into the moment.

Principles:

- Distraction hurts performance in conversations and activities.
- Distraction makes us appear to be not listening and uninterested.
- Focusing on thoughts and feelings makes us more anxious.
- Scripting blocks free association and makes it harder to have things to say

Training and practice in external mindfulness and thought defusion

- Internal vs. external attention in conversation. Help client identify hot thoughts about conversation with new person. Then have client engage in conversation while focused *internally* (eg. self-monitoring / self-criticizing / scripting / mind-reading / hiding symptoms, etc.) Afterwards, discuss client's feelings and thoughts about it. Then have client "get lost in the conversation": engage in conversation while focused *externally* (with curiosity and thought defusion). Discuss the contrast between the two conversations: how they went and felt differently. **[DEMONSTRATION]**
[David M. Clark's training video on this technique; must register:
[oxcadatresources.com/self-focused-attention-and-safety-behaviour-experiment/.](http://oxcadatresources.com/self-focused-attention-and-safety-behaviour-experiment/)]
- Playing recordings of hot thoughts while conversing. **[DEMONSTRATION]**
- Attention training technique. **[DEMONSTRATION]**
[handouts p. 5]
- Curiosity training. **[DEMONSTRATION]**
[handouts p. 5]
- Maintaining daily Mindfulness Practice Log for attention training and curiosity training. [handouts p. 6]
- Other thought defusion techniques. [handouts p. 8]

MINDFULNESS PRACTICE LOG:

Name _____

Write date →							
Curiosity Training (log minutes & % mindful)							
Attention-Training Technique (log % mindful)							

Write date →							
Curiosity Training (log minutes & % mindful)							
Attention-Training Technique (log % mindful)							

Write date →							
Curiosity Training (log minutes & % mindful)							
Attention-Training Technique (log % mindful)							

Write date →							
Curiosity Training (log minutes & % mindful)							
Attention-Training Technique (log % mindful)							

Cognitive restructuring (aka reframing)

Why it is a crucial strategy:

- It helps clients disconfirm beliefs and hot thoughts that create social anxiety and shame.
- It makes it easier to be mindfully focused and defuse from hot thoughts during conversation and performance, and thereby improve conversation and performance, as well as increase enjoyment.
- It lessens anxiety by decreasing perception of ***threat likelihood*** and ***severity***, and increasing ***coping***:

$$\text{anxiety intensity} = \frac{(\text{threat likelihood} \times \text{threat severity}) + \text{physiology}}{\text{coping}}$$

Common social anxiety hot thoughts

- **Appearance:** I'll look look and sound anxious. They'll see me blush / sweat / jitter / shake / stutter / fidget / be clumsy.
- **Performance:** I'll say something stupid / foolish / wrong. I'll offend someone. I won't know what to say. What I have to say isn't interesting / worthwhile. I'll go blank and will have nothing to say, and will appear foolish. I won't be able to urinate and will embarrass myself. I won't be able to get / maintain an erection and will embarrass myself.
- **Judgment:** They won't like me. They'll see my anxiety and think there's something wrong with me, that I'm weird / weak / not confident / not good at my job. They'll think I'm uninteresting / unattractive. They won't want to be friends / date. I'll make a fool out of myself. I'll embarrass / humiliate myself in their eyes. They'll speak badly of me to others.

DEBATE: thought relationship vs. content

Change one's *relationship* with anxious thoughts by accepting them and defusing from them, while focusing instead on the activity.

[A la ACT: Acceptance and Commitment Therapy; exposure therapy; Reid Wilson.]

VS.

Change one's *belief in the content* of anxious thoughts and underlying beliefs.

[A la Richard Heimberg; David M. Clark; Stefan Hofmann; Michelle Craske.]

Synthesis:

- Cognitive restructuring before and/or after triggers.
- External mindful focus and thought defusion during trigger, with brief oral cognitive restructuring as needed.

DEBATE:

timing of doing cognitive restructuring

Do cognitive restructuring *before* an experiment to make it easier to do the experiment. Afterwards, examine the evidence from the experiment to further the change of thinking. [A la Richard Heimberg.]

vs.

Do cognitive restructuring *after* an experiment by examining the evidence garnered from the experiment. This approach increases learning through surprise when feeling anxious. [A la David M. Clark; Stefan Hofmann; Michelle Craske.]

Synthesis:

- At first do cognitive restructuring before and after experiments to increase likelihood of the client doing the experiment and thereby learning from it.
- Whenever the client is willing, skip CR before the experiment and continue doing it afterwards.

DEBATE:

target verbal thoughts or images

Worksheets are typically designed for verbal thoughts, which are easier to challenge with evidence and debate.

[A la traditional cognitive-behavioral therapy.]

VS.

Imagery is more emotionally laden than verbal thoughts, and changing imagery is therefore more effective in reducing anxiety.

[A la Peter McEvoy: *Imagery-Enhanced CBT.*]

Synthesis: try both and use whatever the client finds most effective.

Introducing cognitive restructuring to clients

- Use of examples how different automatic thoughts about a situation lead to different feelings, behaviors and outcomes (eg. socially anxious at a party, or speaking in a group).
- Use of diagrams. [\[handouts pp. 9-10\]](#)
- *IT IS NOT*: spin, rationalization or power of positive thinking.
- *IT IS*: more realistic (truer), more helpful (constructive) and more compassionate.

Means of doing cognitive restructuring

- Cognitive restructuring worksheets: before experiments, or when upset / depressed / distressed / ruminating / avoiding. [handouts pp. 11-14]
- Carrying, reading, listening to constructive attitude on card / phone. [handouts p. 28, #5]
- Post-experiment worksheets: after experiments. [handouts pp. 16-17]
- Video evidence worksheets: after recorded experiments. [handouts p. 20]
- Experiment worksheets: partly before and partly after experiments. [handouts pp. 18-19]
- Apps (eg. CBT Thought Diary). [handouts p. 8]
- Different oral approaches to doing cognitive restructuring. [handouts p. 7]
- Written debates between hot thoughts and constructive attitudes. [handouts p. 28, #7; p. 15]
- Role-played arguments between hot thoughts and constructive attitude. **[DEMONSTRATION]**
- Imagery of experiments: not for habituation, but to identify and modify disturbing images, and to practice self-confidence. [handouts pp. 28-29, #8]
[DEMONSTRATION]
- Pride and Gratitude Log. [handouts p. 21]

COGNITIVE RESTRUCTURING WORKSHEET Name _____

SITUATION & DATE event, circumstance or experiment (past, present or future) when you feel distressed or avoid

FEELINGS (intensity 0-100% before & after completing CRW) emotions and physical sensations

HOT THOUGHTS (belief 0-100%) your most distressing ideas, concerns, images, predictions &/or core beliefs

SAFETY-SEEKING BEHAVIORS things you do or avoid to try to cope, including how you focus your attention

COGNITIVE DISTORTIONS in your hot thoughts

CHALLENGING QUESTIONS to debate your hot thoughts

CONSTRUCTIVE ATTITUDE (belief 0-100%) a true, compassionate & helpful alternative to your hot thoughts, predictions &/or core beliefs (including answers to your challenging questions)

Positive motivators specific ways you expect to benefit (short- & long-term) by doing the experiment or action steps

Short version

BEHAVIORAL GOALS & ACTION STEPS a more helpful alternative to your safety-seeking behaviors
[Rerate your feelings after completing this worksheet.]

Conducting experiments (aka exposure)

Why it is a crucial strategy:

- It is where the learning (cognitive restructuring) happens with the most emotional impact (weakening hot thoughts and underlying beliefs).
- It helps clients achieve their objective therapy goals.
- It builds self-confidence and lessens shame.
- It is where the skill of external mindfulness is most strengthened.
- It lessens anxiety by decreasing perception of ***threat likelihood*** and ***severity***, and increasing ***coping***:

**anxiety intensity = (*threat likelihood X threat severity*) + physiology
*coping***

DEBATE: habituation vs. learning

EXPOSURES are designed to achieve anxiety **HABITUATION**.

[A la traditional exposure therapy.]

VS.

EXPERIMENTS are designed to bring about **LEARNING** (disconfirming hot thoughts and underlying beliefs).

[A la Richard Heimberg, Stefan Hofmann,
David M. Clark, Trial-Based Cognitive Therapy, Michelle Craske, Reid Wilson, Peter McEvoy.]

Synthesis:

Experiments are designed with the immediate goal of bringing about learning; longer-term goals are anxiety habituation, increasing self-confidence, lessening shame, and helping clients achieve their therapy goals.

Choosing experiments

- Clients choose; we suggest, but do not *assign* experiments.
- Design experiments to test client's hot thoughts and predictions, and underlying beliefs.
- Choose experiments to help clients achieve their ***therapy goals***, eg.:
 - meeting people; socializing; networking; making and nurturing friendships; dating and pursuing romantic relationships; physical intimacy; revealing personal information; interacting with strangers; speaking in groups; public speaking; stage performing; using public bathrooms; being around strangers in particular places; eating / writing / phone calling around others; applying for and interviewing for jobs; asserting oneself; etc.

DEBATE: use of fear hierarchies

Use fear hierarchies (graduated exposure) to increase follow-through, decrease avoidance and achieve habituation.

[A la traditional exposure therapy, Richard Heimberg, Stefan Hofmann, Trial-Based Cognitive Therapy.]

VS.

Randomly choose experiments related to client's therapy goals to test a client's hot thoughts, predictions and underlying beliefs; this approach increases the element of surprise so as to increase learning.

[A la David M. Clark, Michelle Craske, Reid Wilson.]

Synthesis:

Choose experiments to test client's anxiety thoughts and to achieve client's goals. Use a loose hierarchy as needed to increase follow-through and decrease avoidance. ("If that's too scary to do now, what do you feel ready to do instead in order to test this hot thought?")

[handouts pp. 31-33]

DEBATE: what types of experiments?

Straightforward experiments: working on personal goals while testing hot thoughts and beliefs. [A la Richard Heimberg.]

VS.

Paradoxical experiments (shame-attacking / social mishap / decatastrophizing): seeking out the feared outcome to test out threat likelihood, severity and coping.

[A la Albert Ellis, David Burns, Stefan Hofmann, David M. Clark, Christine Padesky, Reid Wilson.]

Synthesis:

Start with straightforward experiments. Introduce paradoxical experiments after the client has started to make progress. Initially do paradoxical experiments yourself with client observing. Then have client do them in session and as homework. Try combining paradoxical and straightforward experiments (eg. saying something stupid within a straightforward conversation with a stranger). Avoid “hit and run” experiments (a paradoxical one followed by quick escape). Avoid just having fun with acting silly. It needs to trigger anxiety to generate learning. [handouts pp. 23-27, 30]

DEBATE: acceptance v. defiance

Accept and defuse from anxious feelings and thoughts while focusing mindfully on pursuing valued activities (experiments).

[A la ACT: Acceptance and Commitment Therapy.]

VS.

Seek out anxiety and do battle with it, defy it.

[A la Reid Wilson.]

Synthesis:

First emphasize acceptance and defusion. Soon thereafter, introduce and emphasize seeking out anxiety (*“I want to challenge myself and improve my life!”*) and, depending on client’s receptivity, defying it (*“I refuse to obey you anymore!”*; *“I refuse to let you hold my life back anymore!”*). Try *Anxiety Challenger* app or Experiment Challenge Log.

[handouts p. 34]

DEBATE:

in-session vs. homework experiments

In-session experiments: they are less scary for clients to do and they start the learning process; they prepare and motivate clients to do experiments on their own as homework.

- Experiments with therapist, other staff, group members; follow-up feedback from these persons.
- Video-recording of in-session experiments to test hot thoughts and predictions about how client appears / performs; use of Video Evidence Worksheet. [\[handouts p. 20\]](#)
- Virtual reality experiments.
- Experiments in imagery: practicing self-confidence in the experiment. [\[handouts pp. 28-29, #8\]](#)
- Field trip (in vivo) experiments with therapist out of office.

Homework experiments: more frequent practice and learning; they build self-confidence and decrease anxiety faster; they further achievement of client's therapy goals.

VIDEO EVIDENCE WORKSHEET

Experiment & date _____

BEFORE viewing the video: First spend a couple minutes with your eyes closed imaging how you came across during your experiment. Then complete the following questions:

⇒ (Place an X on this scale.) Overall, how well do you think you came across during the experiment?

0	25	50	75	100
terrible	bad	so-so	good	great

⇒ Using the scale above, give a numeric rating for how well you think you did each of the following:

Eye contact: _____	Face twitching: _____
Stuttering: _____	Voice quivering: _____
Long pauses: _____	Fluid speech: _____
Fidgeting: _____	Acted friendly: _____
Fillers (um, ah, so, etc.): _____	Interesting / engaging: _____
Trembling / shaking: _____	Appeared awkward: _____
Sweating: _____	Appeared embarrassed: _____
Blushing: _____	Hand gestures: _____
Balanced conversation: _____	Got your points across: _____

❖ Now watch the video mindfully, with an objective, non-biased mindset, as though you were viewing a video of a stranger, not yourself. Watch the video with an attitude of curiosity, and ignore any distressing thoughts and feelings you may have. If you are distressed while viewing your video, then take a break and watch it a second time more mindfully: with a sense of curiosity and emotional detachment, as though it were a stranger in the video. If you are still distressed after seeing it a second time, then take a longer break and watch it a third time. The goal is to be able to observe it objectively, without emotional distress. It does not mean that you will like everything you see, just that you accept it all, and do not get upset by any of it.

AFTER viewing the video:

⇒ (Place an X on this scale.) Overall, how well do you think you came across during the experiment?

0	25	50	75	100
terrible	bad	so-so	good	great

⇒ Using the scale above, give a numeric rating for how well you think you did each of the following:

Eye contact: _____	Face twitching: _____
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Fillers (um, ah, so, etc.): _____	Interesting / engaging: _____
Trembling / shaking: _____	Appeared awkward: _____
Sweating: _____	Appeared embarrassed: _____
Blushing: _____	Hand gestures: _____
Balanced conversation: _____	Got your points across: _____

Avoidance & other safety-seeking behaviors

Introducing this to clients:

- Safety-seeking behaviors (SSBs) are what we do too little or too much in an effort to lessen risk and anxiety.
- They are the major obstacle to making progress (on our own and in therapy).
- They are a ***false friend, an enemy in disguise***: they may reduce our anxiety in the short run, but increase our anxiety / shame / depression beyond that.
- They are ***crutches*** we lean on too much, that seem to help us but really keep us weaker.
- ***Avoidance is not neutral: it is a step backwards*** because it reinforces our belief in the hot thoughts and beliefs that led to avoidance and make us anxious.
- They prevent us from learning that our hot thoughts and beliefs are distorted, so we don't lessen anxiety or build self-confidence. Even when it goes well, our confidence is in the SSBs, not in ourselves.
- They backfire: they hurt how we come across to others (our appearance, our conversations, our performance). Analogy of actor on stage.

Identifying safety-seeking behaviors

Ask client: What do you do or avoid doing to try to lessen your anxiety and make things go better for you?

- Avoidance: overt and covert.
- Efforts to prevent / hide anxiety symptoms.
- Efforts to make the conversation / interaction / performance go better.
- What they are focusing their attention on.
- Efforts to not be the center of others' attention.
- Alcohol, other drugs and even medications (especially PRN meds).
- Examine what they did before, during and after experiments and other experiences in an effort to lessen risk and anxiety.

DEBATE:

social skill deficit or safety-seeking behaviors

Some maintain that social skill deficits cause social anxiety. They therefore believe it is necessary to extensively train socially anxious persons in social skills in order to help them overcome their social anxiety.

[A la SET: Social Effectiveness Therapy.]

vs.

Socially anxious people often have the core belief that they are socially inept / deficient. In fact, research demonstrates that their social skills are usually in the normal range. However, their reliance on avoidance and other safety-seeking behaviors inhibits their use of social skills that they do utilize when they are not anxious.

Synthesis:

Conceptualize problems as the result of safety-seeking behaviors so we do not reinforce core belief of being socially inept / deficient. Be very cautious when clients want to study and practice social skills so that it does not become a new SSB and reinforces their belief in deficiency. Identify any actual skill deficit, stress that it is the result of avoidance and not deficiency, and practice it in experiments both in session and as homework. Exception: persons on autism spectrum need intensive social skills training.

DEBATE:

eliminate or reduce safety-seeking behaviors

Some limited use of safety-seeking behaviors is perfectly normal for anyone, so it is not necessary to eliminate them all in socially anxious clients. It is better to reduce SSBs gradually so as not to foster avoidance or intense anxiety.

vs.

Safety-seeking behaviors inhibit learning and hurt how the client comes across. Therefore it is necessary to eliminate all SSBs.

Synthesis:

Eliminate (or at least greatly reduce) all SSBs that the client is willing to drop / reduce in order to decrease avoidance and start the learning process. This includes alcohol and PRN medications. When discussing what was learned in an experiment, identify SSBs that may have inhibited learning or hurt how the client comes across. Target these for elimination in the next experiments.

DEBATE:

are these safety-seeking behaviors?

- Medications, especially PRN, eg.: benzodiazepines (Xanax, Klonopin, Ativan, etc.) and beta blockers (Inderal / propranolol, etc.).
- Preparation (for public speaking, performance, conversations).
- Relaxation practice before and during experiments.
- Imagery of doing experiments with confidence.
- Studying and practicing social skills.
- Cognitive restructuring (especially before experiments).
- Mindfulness practice.
- Going to experiments with friends or other group members.

Criteria to consider: to what degree does the behavior foster / inhibit learning, or help / hurt how clients come across?

Before doing experiments

Long version:

[handouts pp. 28-29]

Complete Cognitive Restructuring Worksheet.

[handouts pp. 11-14]

- Identify hot thoughts and predictions (and perhaps the core beliefs).
- Identify constructive attitude (realistic, helpful and compassionate) to counter the hot thoughts, predictions and beliefs.
- Identify positive motivators: way you expect to benefit by doing the experiment (immediately and in the long run).
- Identify safety-seeking behaviors you anticipate using.
- Identify behavioral goals to counter the safety-seeking behaviors; always include mindful focus on the conversation / activity with thought defusion.
- Optional: imagery; written / role-played arguments. [handouts pp. 28-29, #7-8]
- Carry constructive attitude, positive motivators and behavioral goals on card / phone, and periodically read, recite, listen to it. [handouts pp. 28-29, #6]

COGNITIVE RESTRUCTURING WORKSHEET

Name _____

SITUATION & DATE event, circumstance or experiment (past, present or future) when you feel distressed or avoid
5/11: *going to a party where I know few people*

FEELINGS (intensity 0-100% before & after completing CRW) emotions and physical sensations
--nervous: 90% → 60% --embarrassed: 50% → 35% --jittery: 50% → 25%
--tense: 75% → 50% --self-conscious: 100% → 50%

HOT THOUGHTS (belief 0-100%) your most distressing ideas, concerns, images, predictions &/or core beliefs
--I won't know what to say, or I might say something stupid. 75%
--I'll appear tense & nervous. 80% --People will think poorly of me,
--I've got to find a way out of this. 75% and won't enjoy talking to me. 100%

SAFETY-SEEKING BEHAVIORS things you do or avoid to try to cope, including how you focus your attention
--don't initiate conversations --stay off by sidelines --withdraw, say very little
--try to script what to say next --focus on myself to try to appear less nervous

COGNITIVE DISTORTIONS in your hot thoughts
--perfectionistic thinking --magnifying & minimizing
--fortune telling --self-defeating thinking

CHALLENGING QUESTIONS to debate your hot thoughts
--What's the objective evidence? --How likely is it that this would happen,
--What good things might I experience? and how could I handle it if it did?

CONSTRUCTIVE ATTITUDE (belief 0-100%) a truer, compassionate & helpful alternative to your hot thoughts, predictions &/or core beliefs (including answers to your challenging questions)

While mingling in other settings, I've found that the conversation is more likely to go well if I focus mindfully in the moment, and not on my feelings and how I think I'm coming across. If one conversation doesn't go so well, I can feel proud that I was being friendly and took a risk. Then I'll simply move on and talk to someone else. Some people have told me I don't appear as anxious as I think I do. In the rare event that someone is so rude as to say I appear nervous or that I said something stupid, I can simply acknowledge it non-defensively and point out that everyone has this experience at times. Some people will enjoy talking to me and I'll enjoy talking to some people, despite some initial awkwardness. But no one is liked by everyone, so I don't have to be afraid of being disliked by a stranger at a party. 65%

Positive motivators specific ways you expect to benefit (short- & long-term) by doing the experiment or action steps

This is good practice at meeting people and making small talk. I'll feel proud of myself for trying and for being friendly, no matter how it goes. I'll probably enjoy some of the conversations. I might meet someone I like. In the long run, this will help me make friends and get a date. 80%

Short version *Focus on enjoying the conversation.*

BEHAVIORAL GOALS & ACTION STEPS a more helpful alternative to your safety-seeking behaviors
[Rerate your feelings after completing this worksheet.]
--attend party & stay 2+ hours --focus mindfully on the conversation
--greet 5+ new people --try to keep the conversations going
--start 2 conversations for at least 15 minutes each

Before doing experiments

Short version:

Complete first three columns of Experiment Worksheet.

[handouts pp. 18-19]

- Identify predictions and hot thoughts (and perhaps core beliefs),
- Identify the experiment you will do to test these predictions; always include mindful focus on the conversation / activity with thought defusion.

EXPERIMENT WORKSHEET

Name _____

<i>Before experiment</i>		<i>After experiment</i>		
SITUATION & DATE:	PREDICTIONS: What exactly do you fear will happen (your verbal hot thoughts and disturbing images)? What are the underlying core beliefs? ⇒ Rate belief: 0-100%	EXPERIMENT: What will you do to test your predictions? Specify your behavioral goals. Include mindful focus & eliminating safety-seeking behaviors.	EVIDENCE: What actually happened? Did your feared predictions come true? If so, how bad was it for you, and how did you cope with it?	WHAT I LEARNED: What do these experiments tell you about your hot thoughts & core beliefs? ⇒ Rate belief: 0-100%

Combat pre-event rumination: worry and dread

[handouts p. 29, #10]

- Complete cognitive-restructuring worksheet on the experiment.

[handouts pp. 11-14]

- Make sure you write positive motivators: how you expect to benefit by doing the experiment, both immediately and longer term. [same handouts]

- Carry (on a card or phone) your constructive attitude and positive motivators whenever you start to worry. You may want to record and listen to yourself reciting these with a tone of conviction. [handouts p. 28, #6]

- Conduct imagery of doing the experiment with self-confidence.

[handouts pp. 28-29, #8]

- Choose a series of valued activities to refocus mindfully on while defusing from your worrying thoughts and feelings. [handouts p. 5]

During experiments

- Focus mindfully on the conversation / activity, with thought defusion.
- Carry out your goals with minimal hesitation, as soon as possible.
- Pat yourself on the back after each challenging step you take (“You go!”; “Yea, me!”, “That was great!”).
- Recite a short constructive attitude or motivator to challenge any avoidance or hesitation (eg. *“I don’t have to be perfect.”*; *“I refuse to let anxiety hold my life back anymore!”*)
- Take a cognitive restructuring break if you are having great difficulty (eg. in a bathroom): review your constructive attitude and positive motivators (or write them then), and identify simple behavioral goals to work on when you go back and resume the experiment

After doing experiments

Long version:

[handouts p. 29, #13-14]

Complete Post-Experiment Worksheet.

[handouts pp. 16-17]

- Identify how you helped yourself and how you hurt yourself (before, during and after the experiment).
- Identify the evidence gathered related to your hot thoughts, predictions and core beliefs.
- Identify what you learned and how to apply this going forward.

Short version:

Complete last two columns of Experiment Worksheet.

[see handouts pp. 18-19]

- Identify the evidence gathered related to your predictions and how well you were able to cope with what happened.
- Identify what you learned regarding your hot thoughts and core beliefs.

Experiment, Date, Duration & SUDS variation	How I helped myself before, during &/or after	How I hurt myself Safety-seeking behaviors before, during &/or after	The evidence I garnered relating to my predictions, hot thoughts or unhealthy old core beliefs	What I learned and how I want to apply this going forward Include what you plan to do next time
<p>5/7: attending & mingling at a party where I know very few people; 2 hours; SUDS: 50-80 before; 90-40 during; 25 right after</p>	<p>--I attended despite feeling like avoiding. --I said hello to 5 or 6 people --I started 2 conversations. --I told myself to try again after the first awkward conversation.</p>	<p>--I kept criticizing myself during & after. --I spoke briefly and scripted too much, especially in the first conversation. --I forgot to practice mindfulness much of the time.</p>	<p>--One conversation seemed to be enjoyable to both of us. --No one appeared to react negatively to me, not even in the first awkward conversation. --Two people came up to me and started conversations.</p>	<p>--I can engage in normal, friendly conversation with strangers, and most people react positively to me. --Some awkwardness is no big deal, and the conversation may still be otherwise pleasant. --Focus mindfully and say what comes to mind naturally rather than script. Treat self-criticism like background noise. Speak expansively and try to extend the conversations longer.</p>
<p>5/9-12: initiate social conversation with coworkers daily; 2-3 minutes each; SUDS: 60-40 before; 60-20 during; 25-0 right after</p>	<p>--I initiated conversations on most days. --I focused pretty mindfully. --I extended the conversations a little longer & resisted my desire to end them quickly. --I spoke more expansively than I usually do. --I congratulated myself afterwards.</p>	<p>--I avoided the first day, making up an excuse. --I sometimes criticized myself, but was able to return to mindful focus. --I could have extended some of the conversations longer.</p>	<p>--Everyone reacted normally to me. They asked me follow-up questions, indicating they felt OK about chatting to me. --Kim initiated a conversation with me the day after I initiated a conversation with her, indicating she enjoyed talking to me. --I first thought that Bob was bothered by talking to me because he said he had to get back to work. But then I remembered he had asked me a couple friendly questions during the conversation, indicating he was happy to talk to me, but he just was very busy.</p>	<p>--I can engage in friendly chit chat with work acquaintances and people seem to enjoy talking with me. --Chat with coworkers daily. Try to get to know people better. Speak expansively and extend the conversations longer when possible. --Focus mindfully and treat self-criticism like background noise.</p>

EXPERIMENT WORKSHEET

Name _____

Before experiment		After experiment		
SITUATION & DATE:	PREDICTIONS: What exactly do you fear will happen (your verbal hot thoughts and disturbing images)? What are the underlying core beliefs? ⇒ Rate belief: 0-100%	EXPERIMENT: What will you do to test your predictions? Specify your behavioral goals. Include mindful focus & eliminating safety-seeking behaviors.	EVIDENCE: What actually happened? Did your feared predictions come true? If so, how bad was it for you, and how did you cope with it?	WHAT I LEARNED: What do these experiments tell you about your hot thoughts & core beliefs? ⇒ Rate belief: 0-100%
5/11: going to a party where I know few people	<ul style="list-style-type: none"> --I won't know what to say, or I might say something stupid. --I'll appear tense & nervous. --People will think poorly of me, and won't enjoy talking to me. --I have an image of people snickering, giving me disapproving looks, and getting out of the conversation quickly. --85% 	<ul style="list-style-type: none"> --attend party & stay 2+ hours --greet 5+ new people --start 2 conversations --focus mindfully on the conversation --try to keep the conversations going for at least 15 minutes --speak more expansively 	<ul style="list-style-type: none"> --One conversation seemed to be enjoyable to both of us. We both talked actively for about 20 minutes. --No one appeared to react negatively to me, not even in the first awkward conversation. --Two people came up to me and started conversations. 	<ul style="list-style-type: none"> --If I approach people, focus mindfully and speak longer, I'm pretty good at making social conversation, and some people enjoy talking to me. A little awkwardness with a new person is no big deal. --70%
5/9-12: social conversation with coworkers	<ul style="list-style-type: none"> --I won't know what to say, or I might say something stupid. --I'll appear tense & nervous. --People will think I'm bothering them. --People will think poorly of me, and won't enjoy talking to me. --I have an image of people snickering, giving me disapproving looks, and getting out of the conversation quickly. --65% 	<ul style="list-style-type: none"> --initiate social conversation with at least 1 coworker daily --focus mindfully on the conversation --try to keep each conversation going for 2-3 minutes --speak more expansively 	<ul style="list-style-type: none"> --Most people reacted in a friendly way. They asked me follow-up questions and seemed interested in chatting. --Steve was brief with me and kept looking at his work. I took that to mean he was busy & wanted to be left alone, so I excused myself. But he was friendly the next day. --Kim initiated a conversation with me the day after I talked with her. 	<ul style="list-style-type: none"> --Most of the time coworkers enjoy talking to me. If someone turns out to not want to talk, I can excuse myself and no harm has been done. I'm good enough at making conversation so long as I focus mindfully and speak more expansively. --75%

Combat post-event rumination: beating yourself up

Be a good parent / friend to yourself: analogy of a disapproving parent vs. an affirming and gently challenging parent. [\[handouts p. 8; p. 29, #13\]](#)

- After experiments (and other anxiety triggers), first identify the positive steps you took. Be specific, not general. Begin each with *“I am proud that...”* Don’t disqualify the positive, no matter how small or imperfect. You may want to record and listen to yourself reciting these with a tone of conviction whenever you start to ruminate.
- Do not criticize yourself or put yourself down. Instead, identify anything you would like to do differently next time.
- Complete the Post-Experiment Worksheet or the Experiment Worksheet, and identify what you can learn from the experiment. [\[handouts pp. 16-19\]](#)
- Choose a series of valued activities to do, and focus mindfully on the activity while defusing from your troubling thoughts.
- Complete the Pride and Gratitude Log daily. [\[handouts p. 21\]](#)

Increasing follow-through with experiments

- Clients choose their own experiments; we suggest ideas and ask clients for their own suggestions; we do not *assign* experiments.
- Do initial experiments in session to serve as practice: with therapist, other staff, group members (perhaps with video recording); follow-up feedback from these persons.
- Do in vivo experiments with therapist before doing them on own as homework.
- Do experiments in imagery or virtual reality before doing them in vivo.
- Write, carry and recite positive motivators: how the client expects to benefit by doing the experiment, both immediately and longer term. Or recite defiant motivators to rebel against your anxiety, eg: *“I refuse to let you hold back my life anymore!”* [A la Reid Wilson.]
- *How likely are you to do this experiment?* If less than 90%, identify and problem-solve around obstacles, and/or make the experiment goals easier. Or complete cognitive restructuring worksheet first. Carry and recite short constructive attitude.
- Homework / accountability buddies (friend / group comember); or report to therapist.
- Consensual role play with self-compassion [A la Trial-Based Cognitive Therapy.] **[DEMONSTRATION]**
- Conduct (or view videos of) surveys to test hot thoughts before doing experiment.

Surveys as experiments

- To test hot thoughts and underlying beliefs.
- To make it easier to follow through and do experiments.

[handouts p. 58]

Work with client to write out 1-3 questions to ask others that will gather evidence to test hot thoughts and underlying beliefs. Examples:

- *What do you think when you see someone blush (sweat / jitter / speak nervously / have difficulty urinating)?*
- *How would you react to that person?*
- *Do you ever blush (sweat / jitter / speak nervously / have difficulty urinating)?*

Therapist and/or client asks many people the same questions in person or in writing. Record the exact answers (take notes, use video / audio recording, do the survey by email / text).

Discuss survey results with client afterward: *What can you learn from this evidence?*

- Alternatively: watch and discuss David M. Clark's survey videos if relevant to client's hot thoughts. (You have to register.)

oxcadatresources.com/social-anxiety-disorder-training-videos/

Head-held-high assertion aka assertive defense of the self

[a la Christine Padesky]

Why it is often a useful strategy:

- Cognitive restructuring and experiments probably cannot reduce our perception of threat likelihood to zero. Even if we perceive it to be highly unlikely that our fear may come true, the possibility that it could may still cause much anxiety and avoidance.
- In order to reduce our anxiety and avoidance, we therefore need to increase our confidence at ***coping*** with the possibility of a threat materializing, which will also decrease our perception of ***threat severity***.

**anxiety intensity = (threat likelihood X threat severity) + physiology
*coping***

DEBATE: limitations of the assertion strategy?

- Because social anxiety fears are often invisible (others' negative judgments), we typically don't have the opportunity to assert ourselves.
- Padesky addresses this concern by suggesting that the client *imagine* that the fear comes true in a visible way (eg. a stranger says something harshly critical) so that the client can practice assertion in role plays and imagery. However, clients often dismiss this as unhelpful, saying:
 - They don't believe anyone would actually *say* that; they are more upset that someone would *think* it, and perhaps tell others behind their backs.
 - They would not be so upset if someone actually did *say* it because it would mean that that person is very rude / unkind. So again, these clients are much more upset that someone might simply *think* it, and possibly speak badly of them to others.
- Even when a fear does come true in a visible way, we often don't have the opportunity to assert ourselves due to circumstances (eg. the critical stranger quickly leaves).
- These limitations can be partially addressed through the use of *proactive assertions* as experiments when we fear that someone is thinking badly of us but is not saying so.

Using the assertion strategy (1)

- Using Head-Held High Assertion worksheet, guide client in identifying fears come true, and writing non-defensive, non-aggressive assertions to use. Make sure the assertions feel right to client, even if s/he indicates feeling too much anxiety to actually use them. Also identify what the client would do immediately after asserting self. [\[handouts pp. 35-36\]](#)
- Have client practice using HHH assertions in a series of progressively more challenging ***role play experiments*** in session, where the therapist plays a critical person. Start with role plays where the fear and assertion are scripted, and the client is practicing responding in an increasingly confident tone. Have the client continue doing what s/he intends right after each assertion (eg. continue the conversation, or end the conversation). Then use role plays where the fear is increasingly modified and unplanned, and the client has to modify or create assertions on the spot. Repeat practice until the client sounds and feels confident in asserting self. [\[DEMONSTRATION\]](#)

Using the assertion strategy

(2)

- Also write and practice **proactive assertions** where the client is asserting self when concerned the other person is thinking badly of the client but is not saying so. Make sure this does not come across as reassurance seeking, and that the client does what s/he planned right after each assertion. Practice these in a series of progressively more challenging and less scripted role plays until the client sounds and feels confident.

[EXAMPLES]

- Practice the assertions in a series of **imagery experiments**, both in session and as homework. The client imagines the fear coming true, and imagines asserting self with increasing confidence. [handouts pp. 28-29, #8-9]
- Practice the key assertions alone and out loud, like an actor practicing for a part.
- When the client feels ready, practice using a series of **paradoxical experiments** in which the client seeks to evoke the fear come true, and in which the client uses the assertion and does what s/he intends right after. Even if the fear doesn't come true, the client can sometimes paradoxically use the proactive assertion. These experiments can begin together with the therapist while interacting with strangers outside of the office. Client then continues these experiments as homework. [EXAMPLES]

HEAD-HELD-HIGH ASSERTION**Fear-Come-True**

[Write the things you fear the most in social or performance situations that make you anxious. Be specific as to what you most fear will happen, and what you most fear people will say or do in reaction to you. Include anything you most fear, no matter how unlikely it is to occur.]

Head-Held-High

[Write the specific ways you would like to handle your fears-come-true, including both what you would SAY and DO. Write out how you would like to assert yourself to the persons who criticize or otherwise react negatively toward you. Use a tone of confidence and conviction. Don't be defensive, overly apologetic or aggressive. Disarm the critics by starting your assertion with acknowledging any truth there may be in the criticism or other negative reaction, but minus any exaggeration or insult. Then stand up for yourself. Write it out even if you don't think you would have the nerve to say it, as long as you would want to.]

HEAD-HELD-HIGH ASSERTION**Fear-Come-True**

[Write the things you fear the most in social or performance situations that make you anxious. Be specific as to what you most fear will happen, and what you most fear people will say or do in reaction to you. Include anything you most fear, no matter how unlikely it is to occur.]

1 -I start blushing/sweating when mingling with new people at a social event, and someone tells me I look weird and weak.

2 -I say something stupid or incorrect during a conversation, and the other person gives me a weird look. I assume he/she thinks poorly of me and has lost respect for me.

3 -I unintentionally offend someone in a conversation, and s/he tells me how hurt and angry s/he is at me.

4 -Someone tells me that s/he thinks I'm boring, unappealing or unattractive, and so doesn't want to have anything to do with me.

5 -I appear nervous when speaking at a meeting and people tell me that must mean I don't know what I'm talking about and am not good at my job.

6 -I go blank when speaking at a meeting because I am so anxious. I can't continue speaking, and people start looking at me strangely. I presume they must be thinking poorly of me, and that they no longer respect me.

Head-Held-High

[Write the specific ways you would like to handle your fears-come-true, including both what you would SAY and DO. Write out how you would like to assert yourself to the persons who criticize or otherwise react negatively toward you. Use a tone of confidence and conviction. Don't be defensive, overly apologetic or aggressive. Disarm the critics by starting your assertion with acknowledging any truth there may be in the criticism or other negative reaction, but minus any exaggeration or insult. Then stand up for yourself. Write it out even if you don't think you would have the nerve to say it, as long as you would want to.]

1 -It's true that I do blush and sweat easily when I'm uncomfortable. We all have quirks, and that happens to be mine. [Then continue the conversation.]

2 -It's true, that was a silly thing for me to say. I'm sorry about that. I'm just like everyone else in that I sometimes say silly things. Oh, well. Let's move on. [Then continue the conversation.]

3 -I apologize. I certainly didn't mean to offend you. I sometime make mistakes. [Then continue the conversation.]

4 -Oh, well. It's unfortunate that you don't find me to your liking. Fortunately, we all have different tastes and other people like me as I am. [Then move on and start a conversation with someone else.]

5 -It's true that I get nervous speaking in front of groups. Lot's of people do. But I happen to be very good at my job and have important things to say. [Then continue speaking at the meeting.]

6 -Excuse me. I'm afraid I just lost track of what I was saying. Oh, well. I'm going to go back to my previous point and continue from there. I'd appreciate your patience and attention. [Then continue speaking at the meeting.]

Core belief change work

Why it is usually a very important strategy:

- It is aimed at decreasing ***shame***, which is a core element of SAD for most people. All the other strategies primarily target anxiety, not shame.
- By improving our self-confidence and self-esteem (core beliefs about self), and decreasing our perfectionism (core beliefs about others' expectations), we increase our sense of ***cop***ing and decrease our perception of ***threat severity***.

anxiety intensity = (threat likelihood X ***threat severity***) + physiology
coping

DEBATE: whether to target core beliefs

SAD is a phobia: an exaggerated and debilitating fear. Underlying core beliefs are not the problem and do not need to be targeted. Exposure therapy is the core of the treatment.

[A la Richard Heimberg, Stefan Hofmann, ACT, Michelle Craske, Christine Padesky, Reid Wilson.]

VS.

The large majority of persons with SAD experience much shame as well as anxiety, often causing depression. Social anxiety is more than a phobia, as it is based on negative beliefs about self, and perfectionistic beliefs about others' expectations. Core belief change work is therefore necessary. Exposure therapy alone is less effective.

[A la David M. Clark, Trial-Based Cognitive Therapy, Peter McEvoy]

Synthesis:

Start with experiments incorporating external mindfulness, cognitive restructuring (targeting hot thoughts) and assertiveness. Identify underlying beliefs ASAP, and begin work to target these after client starts making good progress. A minority of clients are satisfied with their progress prior to doing any core belief work, and that is OK for them.

Major core belief themes in SAD:

- ***Fundamental personal deficiency:*** I'm socially inept. I'm bad at meeting people or making small talk. I'm boring. I'm unattractive. I'm unsuccessful. I'm far behind where I should be in life. I'm weird / weak / inferior / not good enough / not likable.
- ***Perfectionistic standards:*** I have to meet others' expectations of me completely or they won't like / respect me, and will think badly of me. I always have to please / impress others, or I'll be found unacceptable.
- ***Suspiciousness:*** If I let others get to know me, they will judge / hurt / take advantage of me.

Identifying unhealthy old core beliefs

- Listen closely: sometimes the clients reveal their core beliefs when identifying their hot thoughts.
- Inventory of unhealthy old core beliefs. [handouts p. 37]
- Peeling the onion (downward arrow) starting with social anxiety hot thoughts:
If that were true...
 - why would it be upsetting?
 - what would it mean?
 - what would it say about you / others / your future? [handouts pp. 38-39]
- Social Attitudes Questionnaire. [Register to download: [oxcadatresources.com/questionnaires/.](http://oxcadatresources.com/questionnaires/)]
- Lifetraps chapter: underline most relevant passages. [handouts pp. 40-44]
- Compile all the above in Unhealthy Old CBs worksheet. [handouts pp. 45-46]

PEELING THE ONION

Name _____ Date _____

↓ = *If that hot thought were true...*

...what would it mean about you / your life / other people / the world?

[Only include your beliefs and behaviors on this worksheet, not your feelings.]

↓

↓

↓

↓

↓

↓

↓

↓

↓

PEELING THE ONION

Name _____ Date _____

↓ = *If that hot thought were true...*

...what would it mean about you / your life / other people / the world?

[Only include your beliefs and behaviors on this worksheet, not your feelings.]

I might say something stupid, or I won't know what to say.

They'll see that I'm nervous.

They'll be angry or disappointed in me if I disagree and state my real opinions or concerns.

↓

↓

↓

I'll make a bad impression. They'll think I'm strange or socially inept.

They'll think I'm strange or weak.

They'll no longer like or respect me, and won't want to relate to me.

↓

↓

↓

They won't like me or respect me, and won't want to relate to me.

They won't like or respect me, and won't want to relate to me.

I won't have friends or a romantic relationship.

↓

↓

↓

I won't have friends or a romantic relationship.

I won't have friends or a romantic relationship.

Writing healthy new core beliefs

- Cognitive restructuring of unhealthy old CBs.
- Your best of times: what were your CBs then?
- Imagining a confident future: what would your CBs need to be in order to feel and act confidently in the future?
- People you admire: what are their CBs?
- You as mentor: what would you want to teach someone who turns to you for life guidance?

[handouts pp. 47-51]

Unhealthy Old Core Beliefs & Healthy New Core Beliefs

(Old) If someone does something that displeases me, that means he/she doesn't like me because I am flawed.

(New) Many people like me, flaws and all, just as I like many people, flaws and all.

(Old) People that don't follow the rules are bad.

(New) No one follows all rules all the time. That's part of being human. I can befriend people that I like nonetheless.

(Old) I have never learned how to meet people or connect well with people.

(New) When I am mindfully focused on the conversation, I usually connect well with people.

Short versions of new core beliefs:

I am wonderfully flawed, and I am capable of connecting with equally flawed people when I'm mindfully focused.

Unhealthy Old Core Beliefs

- I'm boring, no fun to be around, and socially awkward.
- I don't measure up to others and I don't like myself the way I am – if I was more like other people I would feel better about myself.
- I cannot be happy unless most people I know like and respect me.
- It's terrible to hurt other people's feelings and I should never do that.
- I must always be in control of every situation to make sure no one judges me or thinks poorly of me.

Healthy New Core Beliefs

- There will always be some people better than me and some people worse than me at everything – it is all relative and all subjective.
- Not everyone will like me, but they're not worth crying over. The people worth investing my time and energy in are the ones who appreciate me for who I am.
- No matter what other people (or myself, for that matter) think of me or how they judge me, I have intrinsic value as a human being.
- Nobody is perfect and I am still a good and likeable person even if I sometimes hurt or offend others.
- I cannot control other people's thoughts or behavior toward me. It is actually liberating to realize the only thing I can control is my perspective.

Core belief change work for social anxiety (1)

- Carry and read / recite / listen to healthy new core beliefs (CBs) often. [handouts p. 52]
- Carry and read / recite flash cards on applying new CBs to social anxiety triggers. [" pp. 52-53]
- Experiments to test / defy unhealthy old CBs: [handouts p. 54-55]
 - Rebel experiments (straightforward and paradoxical). [handouts p. 54]
 - Act-as-if experiments (straightforward and paradoxical). [handouts p. 55]
 - Core belief action plan. [handouts pp. 56-57]
- Gathering evidence supporting healthy new CBs: [handouts p. 58-59]
 - Gathering evidence through experiments. [handouts p. 58]
 - Gathering historical evidence. [handouts pp. 58-59]
 - Why others like / respect us. [handouts p. 59]
 - Core belief evidence log (perhaps combined with Pride & Gratitude Log). [" pp. 58, 60, 12]
 - Core belief continuum. [handouts p. 59]
 - Field research: systematic observation; surveys. [handouts p. 59]

Flash card example

POTENTIAL OR ACTUAL REJECTION: This situation triggers my unhealthy old core belief that I need others' approval to be OK. That belief makes me feel socially anxious and depressed, and leads me to be withdrawn and self-conscious around new people. This behavior makes it very hard for others to connect with me, which only leads me to feel badly about myself and be even more anxious, depressed and withdrawn. My healthy new core belief is that the only approval I actually need is my own. If someone rejects me, it just means that we aren't a good fit for each other. It doesn't mean that either of us is deficient! I'll take small risks in trying to connect with new people, and move on to someone else if someone turns out to be a bad fit.

CORE BELIEF ACTION PLAN

Name _____

UNHEALTHY OLD CORE BELIEFS (briefly stated)

HEALTHY NEW CORE BELIEFS (briefly stated)

RULES (dos & don'ts) DICTATED BY YOUR OLD CBs

PERSONAL GOALS you want to make good progress on before ending therapy

EXPERIMENTS you want to do before ending therapy to REBEL against your old CBs or ACT AS IF you fully believe your new CBs (straightforward and paradoxical)

CORE BELIEF ACTION PLAN

Name _____

UNHEALTHY OLD CORE BELIEFS (briefly stated)

I'm fundamentally deficient.

If someone sees any of my deficiencies, s/he will not respect, like or love me.

HEALTHY NEW CORE BELIEFS (briefly stated)

I have strengths and weaknesses, just like everyone else.

People respect, like or love me for who I am and don't expect perfection, just like I value others despite their imperfections.

RULES (dos & don'ts) DICTATED BY YOUR OLD CBs

- Don't go to social activities unless a few good friends will be there.*
- Don't initiate conversations with strangers, especially those I'm attracted to.*
- Don't join group conversations, or stay quiet when I am in groups.*
- Do script to make sure I have things to say.*
- Do avert eye contact, speak softly and speak briefly.*
- Do monitor my anxiety symptoms to try to hide them.*
- Do ask lots of questions to keep the focus on the other person.*
- Don't talk about myself, tell stories or assert myself.*
- Do end conversations early so I don't embarrass myself.*
- Don't speak up at meetings, or keep it very brief if I have to speak.*
- Do use fast-acting drugs (alcohol, benzos, beta blockers) to hide my symptoms.*

PERSONAL GOALS you want to make good progress on before ending therapy

- Meet new people and invite them out socially.*
- Make friends.*
- Date people I'm attracted to.*
- Give reports and presentations in meetings.*

EXPERIMENTS you want to do before ending therapy to REBEL against your old CBs or ACT AS IF you fully believe your new CBs (straightforward and paradoxical)

- Attend a group social activity each week, and initiate conversations with strangers (especially those I'm attracted to), and join group conversations with strangers.*
- Invite and go out with people as friends.*
- Invite out people I'm attracted to and go out on dates.*
- In all above conversations: no drugs/alcohol; focus mindfully on the conversation; reveal more about myself; speak expansively; have balanced conversations; tell stories; make more eye contact; speak louder; extend the conversations longer.*
- (Paradoxical) During some conversation, show anxiety symptoms or ask/say something stupid, then use brief HHH assertion, then continue the conversation.*
- Speak up more often and longer at staff meetings (without taking meds).*
- Give a presentation or speech at work or Toastmasters (without meds).*

Core belief change work for social anxiety (2)

- Advantages vs. disadvantages of old and new CBs. [handouts pp. 61, 63-66]
 - Core belief arguments: written, role plays. [handouts pp. 61-62, 67-70] **[DEMONSTRATION]**
 - Core belief trials. [A la Trial-Based Cognitive Therapy.] [handouts p. 62]
 - Stop reinforcing unhealthy old CBs: identify ways you behave according to old CBs; catch yourself when you do and turn it around. [handouts pp. 71-73]
 - Letting go of past: letter-writing; role-playing; imagery; advantages v. disadvantages; gathering historical evidence; conducting rituals; CB trials; then vs. now (see next slide). [handouts pp. 74-75]
 - Imagery:
 - Acting as if you fully believe new CBs in anxious situations. [handouts p. 76]
 - Imagery rescripting of painful social anxiety memories. [handouts p. 75]
- [Detailed version here: ncbi.nlm.nih.gov/pmc/articles/PMC3267018/.]
- Then vs. now (see next slide). [handouts p. 74]

ADVANTAGES v. DISADVANTAGES of UNHEALTHY OLD CORE BELIEFS

ADVANTAGES

- they sometimes motivate me to try really hard to improve myself and excel at what I do
- when I do well, I sometimes get praise and respect from others which feels really good
- I tend to avoid taking risks which is easier and feels safer
- this is how I'm used to seeing myself and my life; it feels familiar and secure
- when I'm unhappy, I get to feel sorry for myself which is somewhat comforting

35 %

DISADVANTAGES

- they often lead me to procrastinate when I'm concerned I won't do a good enough job
- they often cause me to worry and feel anxious about upcoming tasks and social activities
- they often lead me to feel depressed or embarrassed when I don't think I've met expectations
- I don't get to enjoy myself often because I'm so self-conscious
- it's hard to meet people and make friends
- I often withdraw from relationships rather than assert myself
- I'm afraid to let people get very close to me, assuming they'll inevitably be disappointed in me
- I don't develop new interests because I'm afraid I won't perform well enough
- I don't feel happy often because I focus mainly on my failings
- I miss out on a lot of opportunities because I feel discouraged or afraid to take risks
- life often feels like a constant struggle

65 %

ADVANTAGES v. DISADVANTAGES of HEALTHY NEW CORE BELIEFS

ADVANTAGES

- I'll procrastinate and avoid things less
- I'll be less worried and calmer
- I'll feel embarrassed and depressed less
- I'll enjoy myself more
- it'll be easier and more fun meeting people and making friends
- relationships will probably go better for me since it'll be easier to assert myself, and since I won't be so afraid of letting someone get close to me
- I'll be able to develop new interests more easily
- my life will feel fuller
- I'll feel happier more often
- I can still try to improve myself and excel, but not so desperately as before
- it'll still feel good to get praise and respect from others, but it'll be less upsetting when I don't
- it'll probably hurt a lot less when other reject me because I'll feel a lot better about myself
- although it may be challenging and feel unnatural at first, this new self-concept and lifestyle will probably get easier with time

60 %

DISADVANTAGES

- I may feel less motivated to try hard to improve myself and to excel
- I may not get as much praise and respect from others for excelling
- I will be taking risks a lot more often, which seems very scary and threatening
- I'll be rejected more often if I socialize more and also let people get closer to me
- it's going to be very hard and feel unnatural to try to change my self-concept and lifestyle after growing so used to the old ways

40 %

REINFORCING UNHEALTHY OLD CORE BELIEFS*(Patterns I engage in that are generated by and also strengthen my old core beliefs.)*

- **MENTAL FILTERING:** Ways I tend to look for and focus on things that falsely seem to support my old core beliefs. Also, ways I tend to ignore or disqualify things that refute my old core beliefs.
- **AVOIDANCE:** Things I tend to avoid doing in an effort to prevent the painful consequences that my old core beliefs claim are intolerable (eg. judgment, criticism, rejection, aloneness, embarrassment, mistakes, social blunders or being visibly anxious).
- **COMPENSATION:** Things I tend to do in an effort to make up for my presumed deficiencies that my old core beliefs claim are unacceptable (eg. physical attractiveness, personality traits, anxiety symptoms, social skills, intelligence or success).
- **SELF-FULFILLING PROPHECIES / VICIOUS CYCLES:** Ways my old core beliefs make me behave that bring about undesired results which, in turn, falsely seem to suggest that my old core beliefs are true. (Note: these behavior patterns usually begin with mental filtering, avoidance and/or compensation.)

--I tend to obsess about and beat myself up over every little social mistake I make.

--I often criticize myself whenever a situation doesn't go the way I wanted, even if it's not really my fault.

--I don't receive complements well. I think the person is just being nice, or insincere, or just plain wrong. I sometimes even tell him/her so!

--If I handle a situation partly well, I usually focus on the way it didn't go so well and don't give myself credit for the good parts. I credit others, or say I was lucky or that it doesn't really count for some reason.

--I avoid situations and interactions in which I fear I'll make a social mistake, or which I fear will lead to others judging me (eg. initiating conversations or invitations, asserting myself and participating in group discussions).

--I work much harder than I need to in order to perform perfectly and earn others' respect and admiration.

--I put people down in my mind in order to feel better about myself.

--I try too hard to always please others and be agreeable.

--My avoidance behaviors probably lead others to sometimes think I'm not interested in them, or that I'm not interesting. This would lead them to interact with me less than with others. I notice this and end up feeling that I don't measure up (which is one of my old core beliefs)!

--By putting most of my time and energy into trying to impress and please others, I may earn their respect. But they aren't likely to feel connected or close to me. I notice this and end up feeling that I don't measure up...reinforcing my old core belief yet again!

Then vs. Now

aka Stimulus Discrimination Training

[A la David M. Clark.]

Purpose: to break the link between the client's recurrent social anxiety image and the memories that created it.

[handouts p. 74]

- Elicit recurrent image / impression of self and others when socially anxious across varied situations. Have client close eyes and describe this image / impression and how it feels.
- Have client open eyes and identify the underlying core beliefs represented by the image: Why is that image upsetting? What does it mean? What does it say about you / others / your future?
- Elicit earliest / early memory in which the client had this image and felt this way. Have client close eyes and describe this early memory in detail and how it feels.
- Have client open eyes and describe all the ways s/he and others are different then vs. now, including evidence from past therapy experiments.
- Homework: whenever feeling socially anxious, notice the ways others and s/he are different now vs. then, and record it in core belief evidence log. **[DEMONSTRATION]**

[David M. Clark's training video on stimulus discrimination; must register:

[oxcadatresources.com/social-stimulus-discrimination/.](http://oxcadatresources.com/social-stimulus-discrimination/)]

Continuing forward

Use Continuing Forward worksheet, or client notebook / phone.

[handouts pp. 77-78]

- Help client identify and write specific ways s/he has made progress: concrete ways things are different for client now vs. at start of therapy.
- Help client identify and write what s/he has learned about self during therapy.
- Help client identify and write down areas of continued difficulty.
- Explain difference between ***lapse and relapse***. Explain how ***proactive and reactive CBT strategies and skills*** can help client:
 - maintain progress;
 - make further progress;
 - turn lapses into learning experiences to not only recover but also to make progress;
 - prevent relapse.
- Help client identify and write down ***proactive and reactive CBT strategies and skills*** to use after therapy. Include occasional ***booster sessions*** when needed.

Scales for assessment and measuring progress

- **Liebowitz Social Anxiety Scale:** at assessment, midway in treatment, and at end. 24 questions requiring separate anxiety and avoidance ratings for each trigger.
[handouts p. 79]
[Self-scoring online version: nationalsocialanxietycenter.com/liebowitz-sa-scale/.]
- **Social Anxiety Progress Record:** at start of each session. 4 questions assessing client's perception of progress in reducing anxiety, hot thoughts, avoidance, and impairment.
[handouts p. 80]
- **Social Phobia Inventory (SPIN):** 17 items requiring an anxiety rating for each trigger. It can be used at start of each session to assess progress, or just at assessment, midway and end of therapy.
[Self-scoring online version: psychology-tools.com/test/spin/.]
- **David M. Clark's process measures:** 4 separate questionnaires that can be used periodically to assess automatic thoughts, safety behaviors, core beliefs, and weekly progress.
[Register to get paper versions: oxcadatresources.com/questionnaires/.]