

Powerpoint and Handouts

**CBT APPROACHES
TO SOCIAL ANXIETY**

**Part 1: Digging Deeper
into the Models**

Richard Heimberg, PhD

presented by
Taylor Wilmer, PhD
(NSAC Montgomery County, Maryland /
Northern Virginia)

Also see Heimberg's therapist manual:
*Managing Social Anxiety, Therapist Guide: A
Cognitive-Behavioral Therapy Approach (3rd
edition)*, by Debra Hope, Richard Heimberg and
Cynthia Turk. Also see his client workbook:
*Managing Social Anxiety, Workbook: A
Cognitive-Behavioral Therapy Approach (3rd
edition)*, by the same authors.

Rapee-Heimberg Cognitive Behavioral Model of Social Anxiety Disorder

Taylor Wilmer, PhD

Center for Anxiety and Behavioral Change

Rockville, MD & McLean, VA



Center for **Anxiety** & **Behavioral Change**

Rockville, MD • McLean, VA

NSAC REGIONAL CLINIC

MONTGOMERY COUNTY, MD & NORTHERN VA

- No financial conflicts of interest.

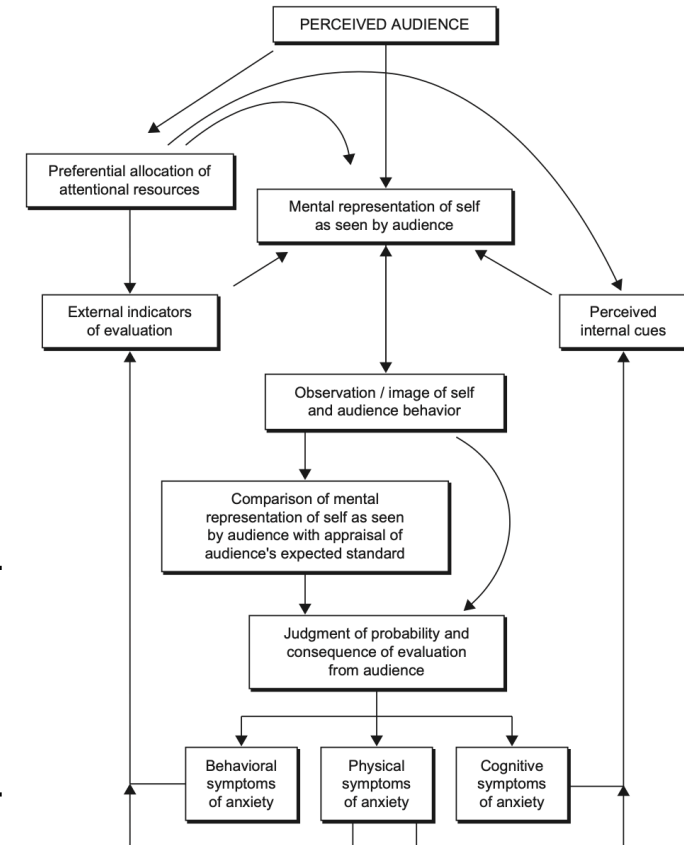
Rationale for the Rapee-Heimberg Model

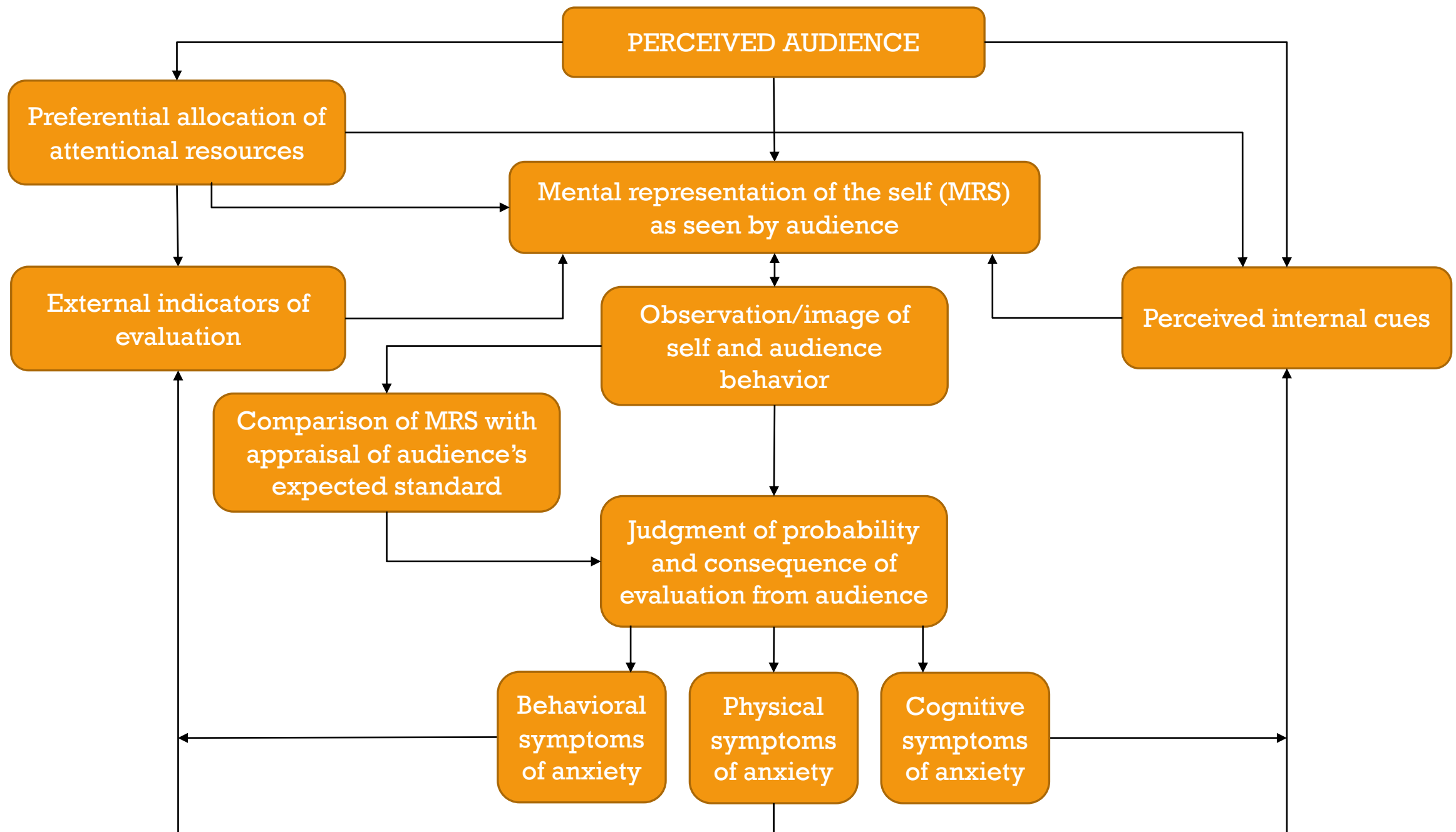
Goal

Explain the *development* and *maintenance* of anxiety in *anticipation of or entrance into* a social situation.

Assumptions

- Individuals with social anxiety believe that other people are inherently critical.
- Individuals with social anxiety place fundamental importance on positive social evaluation.





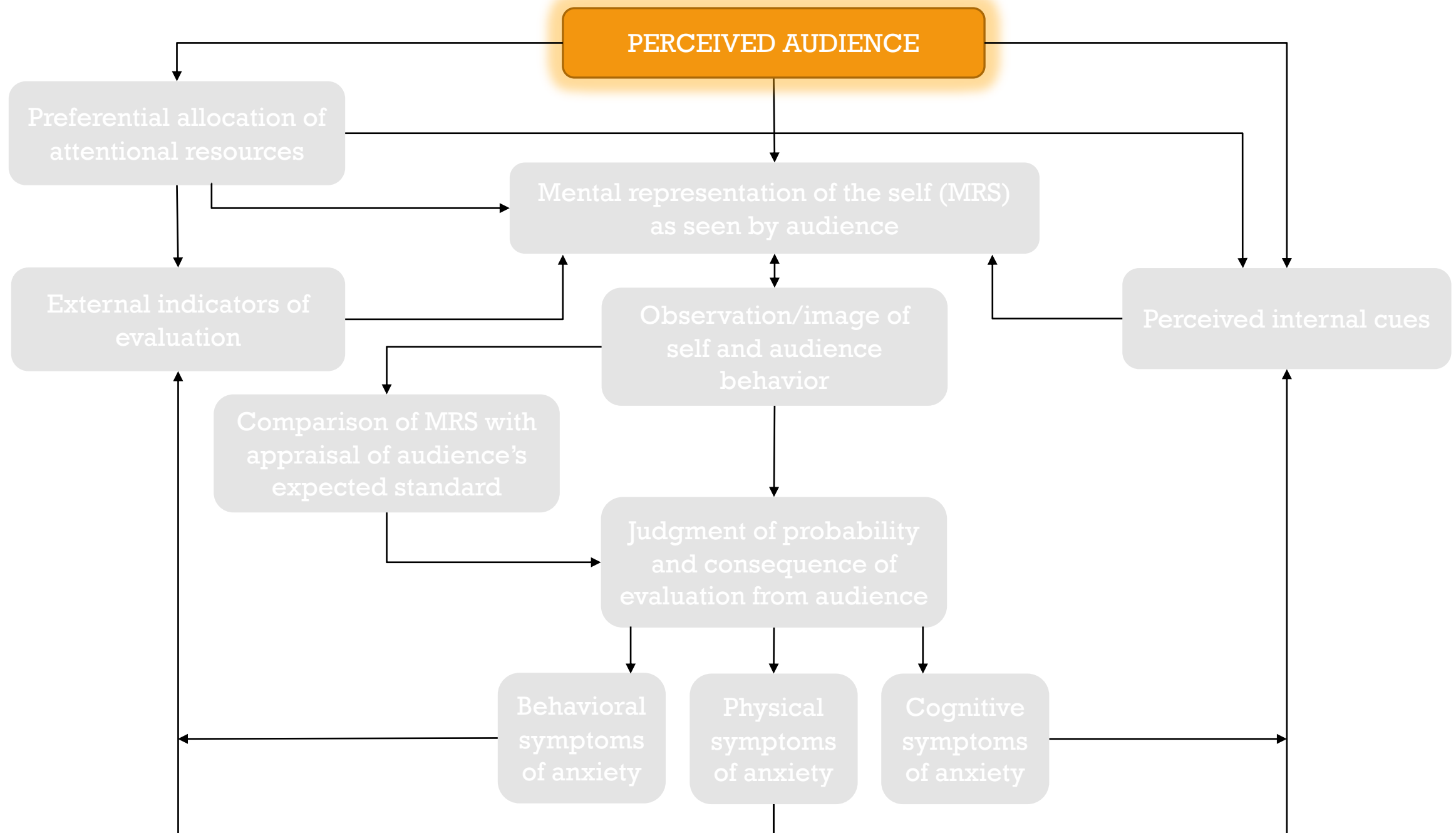
Case Example

MARK, 20

- Single male
- Sophomore at a large university
- Social Anxiety Disorder, ADHD-I

SOCIAL SITUATION

- Unsure about how to do a project for class
- One day before the due date
- At office hours to ask the professor for help



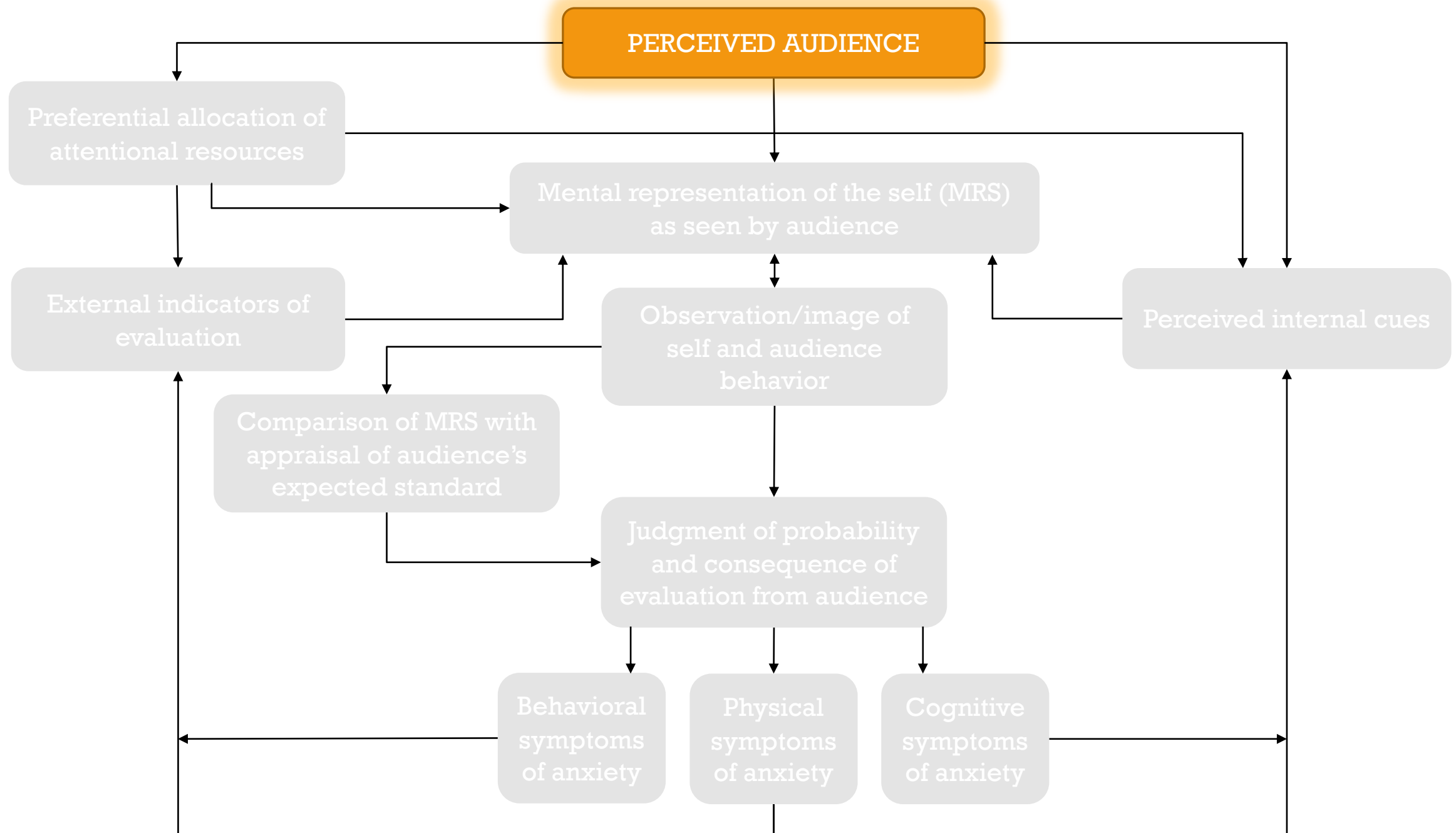
Perceived Audience

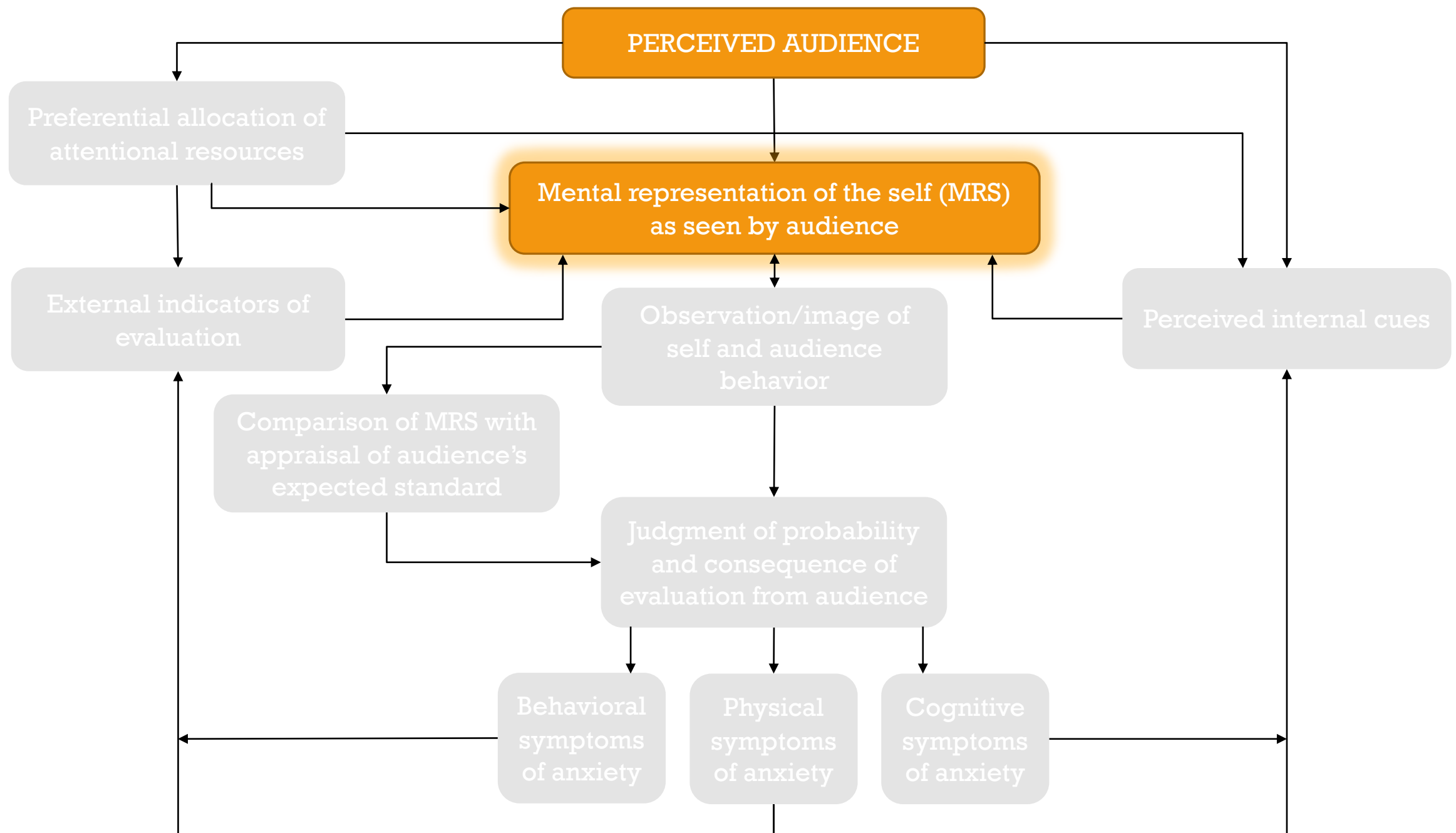
Perceived Audience

Any person or group that could potentially observe an individual's appearance or behavior.

- The audience may be *real* or *imagined*.
- The social threat may be *direct* or *indirect*.







Mental Representation of Self as Seen by Audience (MRS)

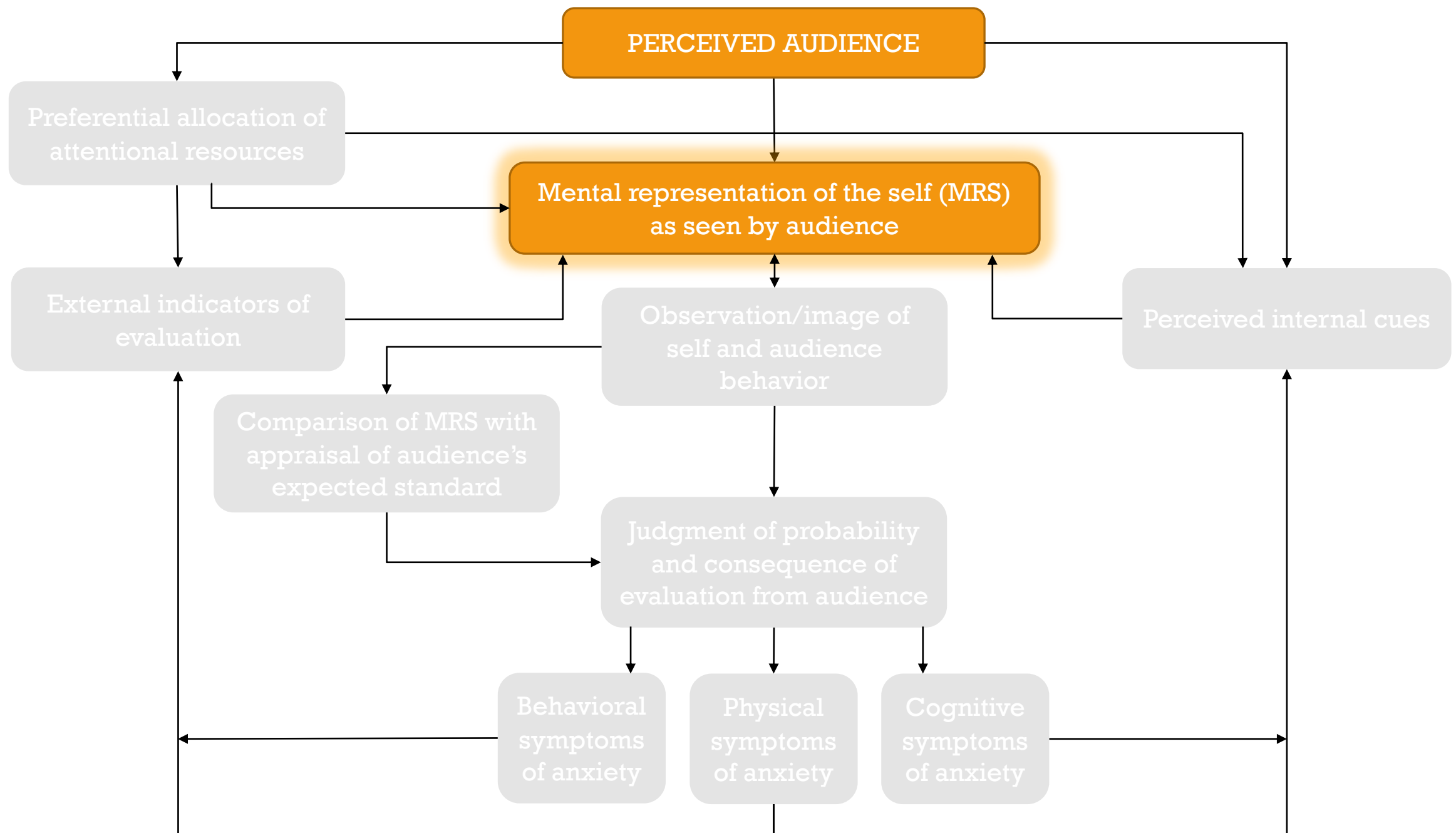
The socially anxious individual forms a mental representation of how he/she is perceived by the audience.

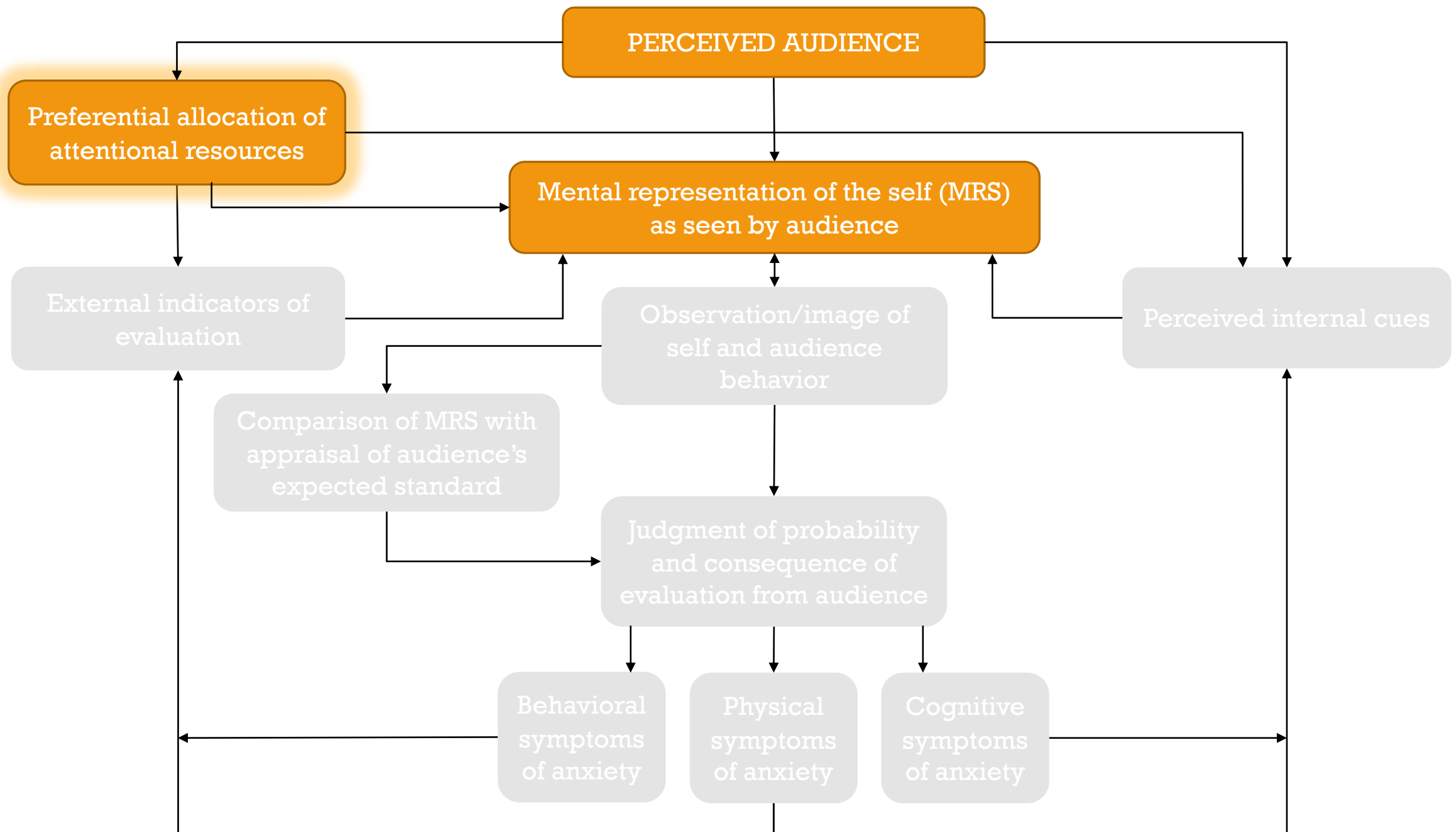
- Visual image of self (mirror/pictures)
- Past social experiences (e.g., in class)
- Past feedback from others (e.g., email responses)
- Internalized negative self-perceptions



Baseline Image



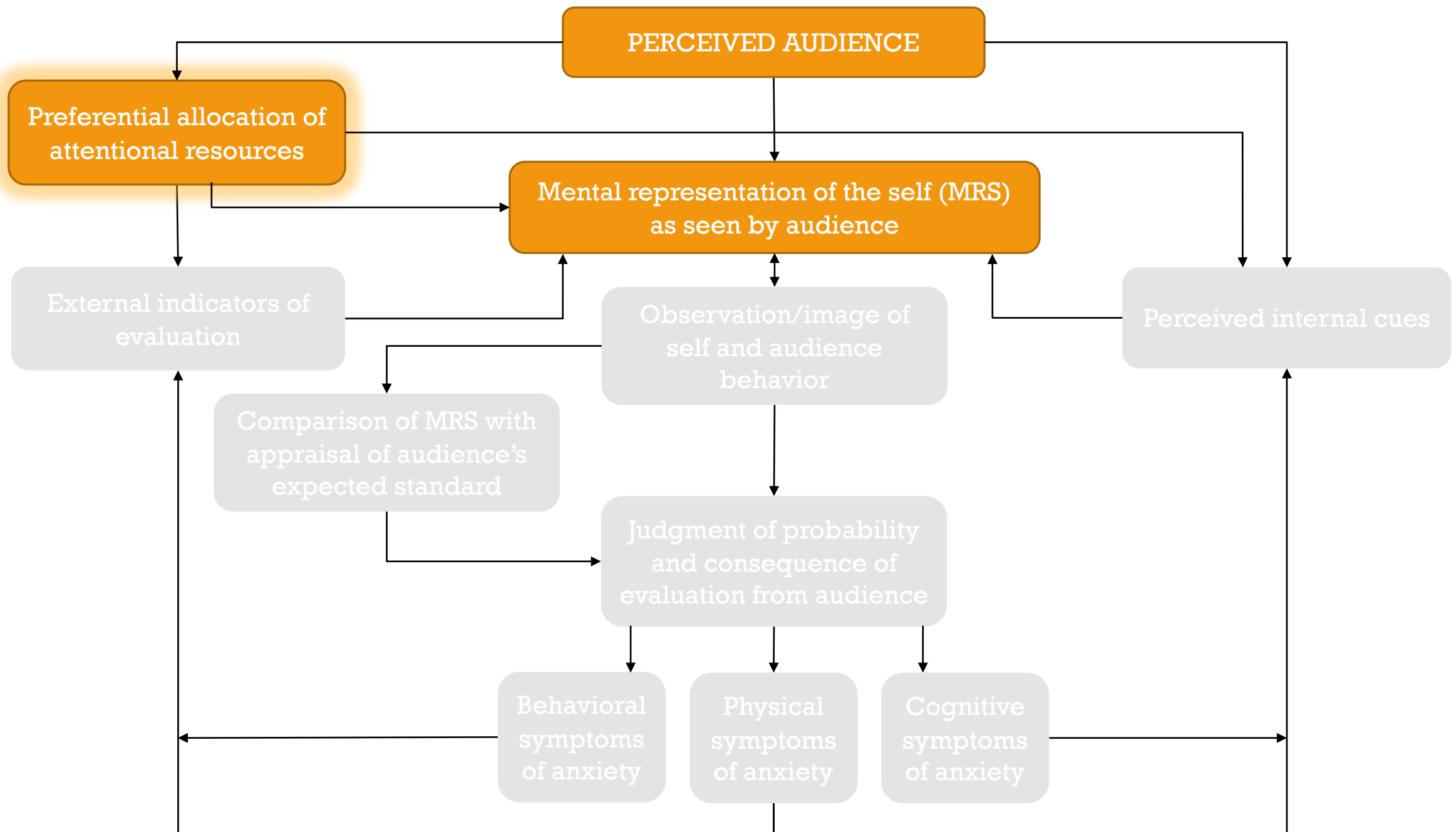


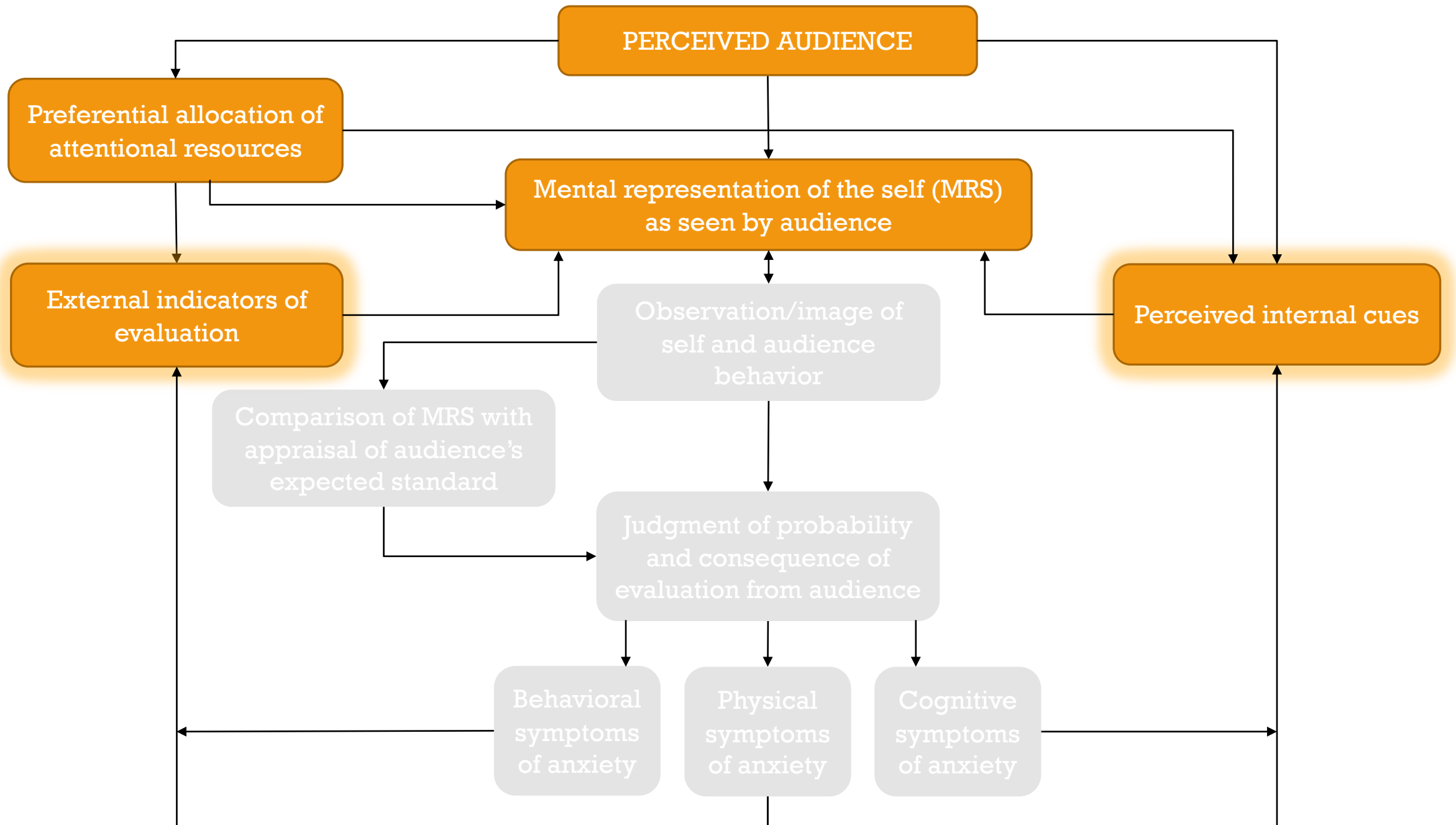


Preferential Allocation of Attentional Resources

Attention is directed towards:

- **Monitoring external environment for social threat**
- **Monitoring internal cues for potential “flaws”**
- **Engaging in the social task at hand**





Perceived Internal
Cues

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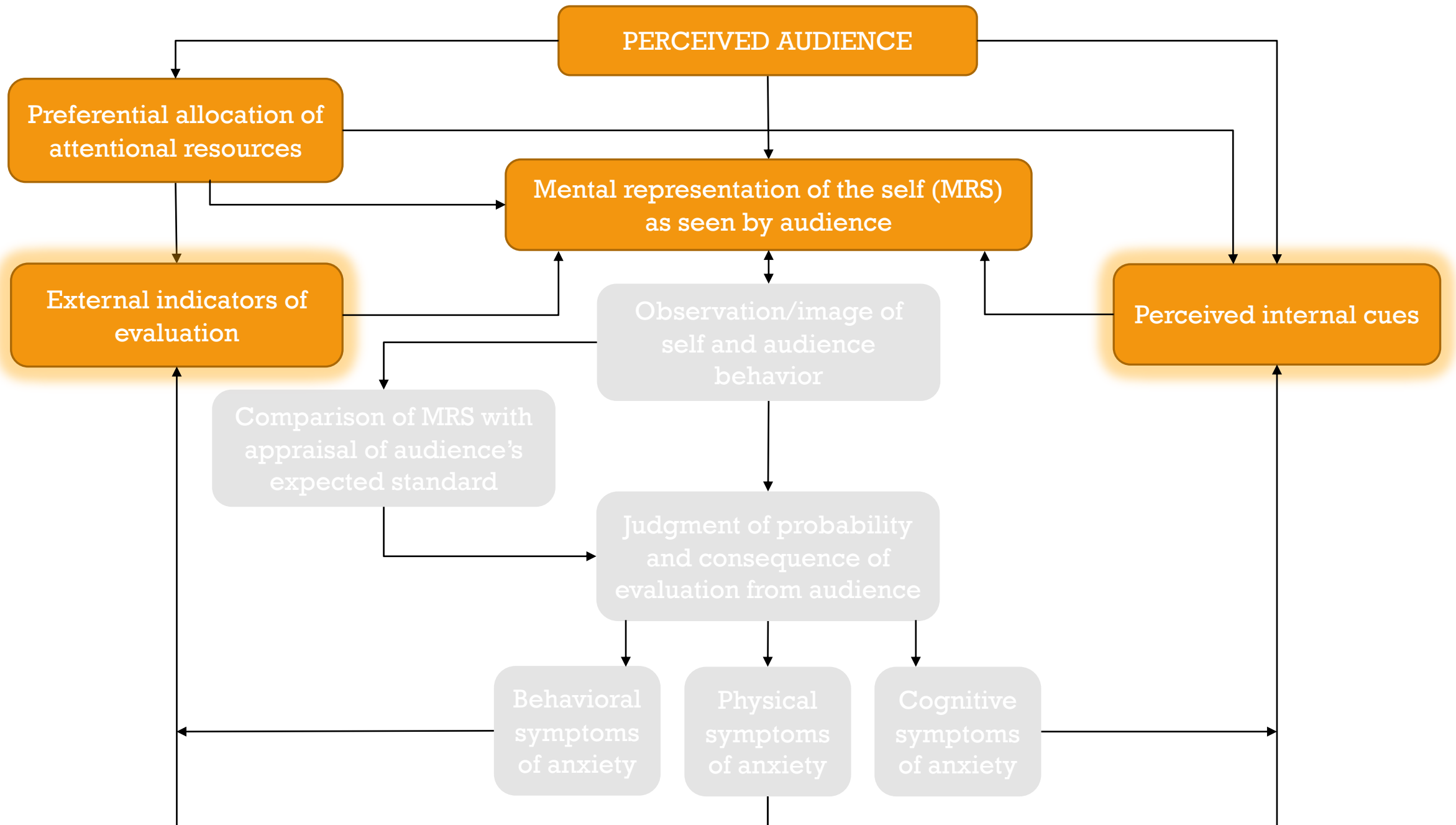
External Indicators of
Evaluation

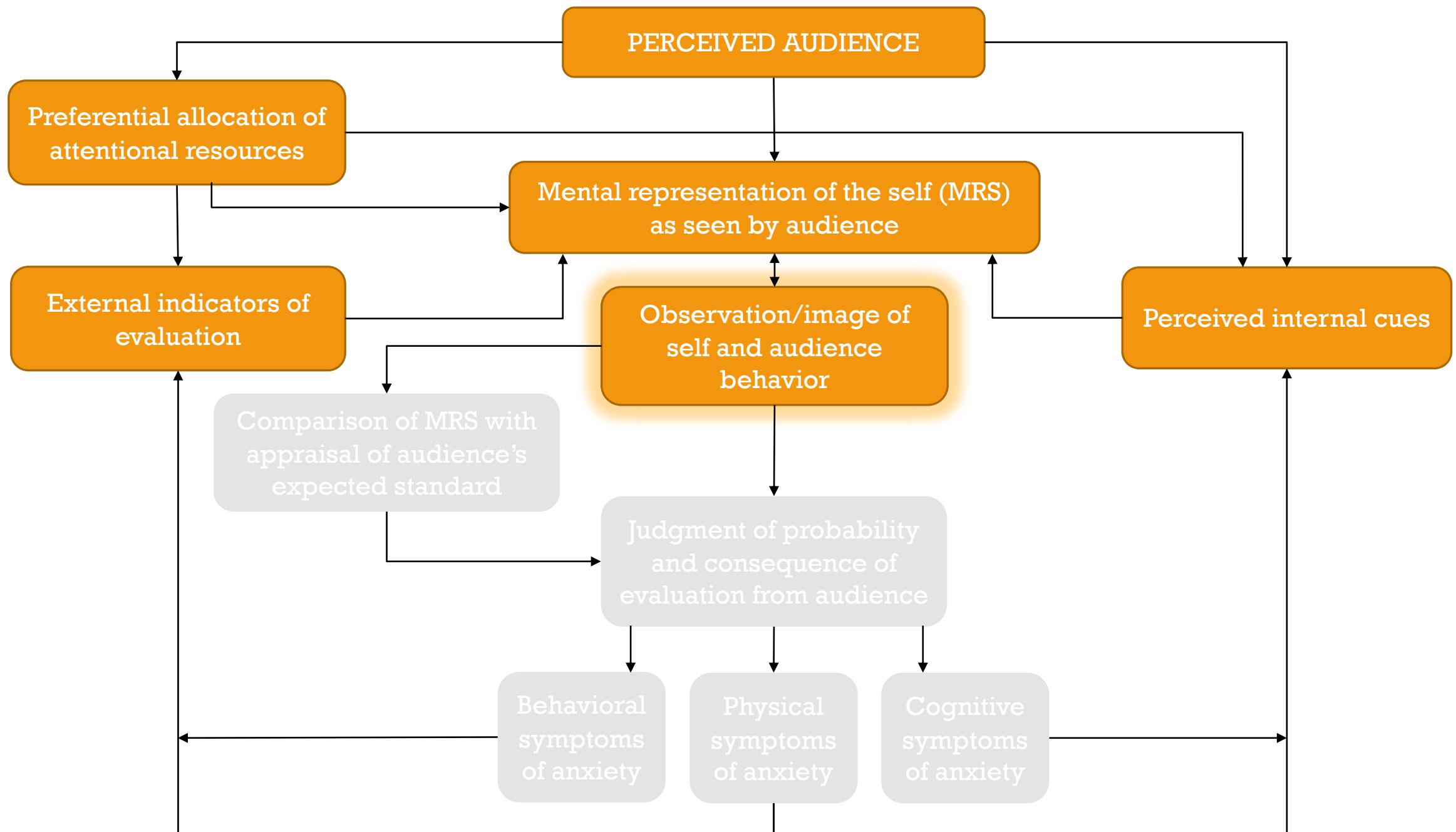
Perceived Internal Cues

- Visual signs of anxiety (blushing, trembling)
- Proprioceptive feedback (slouching, head down)
- Behavior (fidgeting, gaze avoidance)

External Indicators of Evaluation

- Verbal signals (“Give me just a minute.”)
- Nonverbal signals (glancing at the clock)



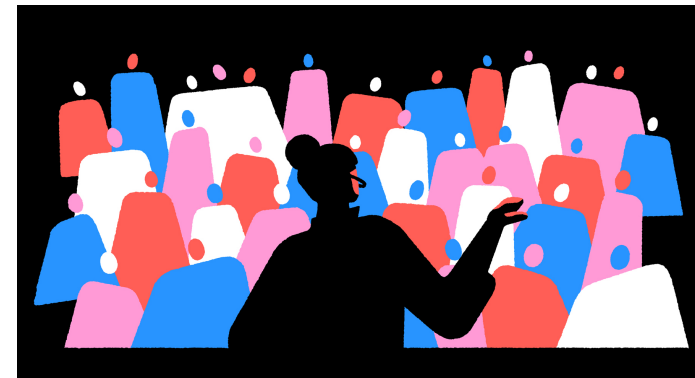


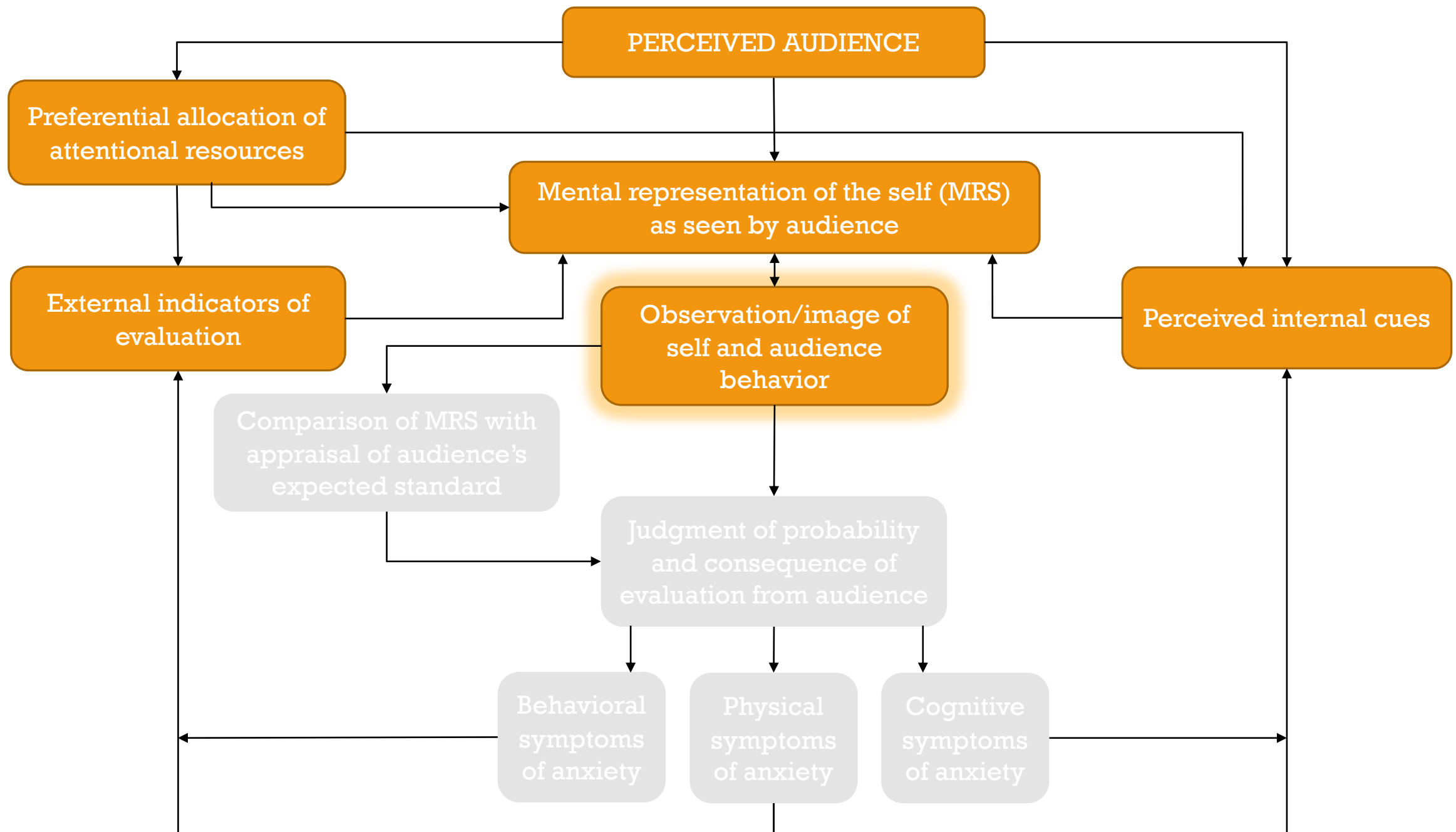
Observation +
Image of Self and
Audience
Behavior

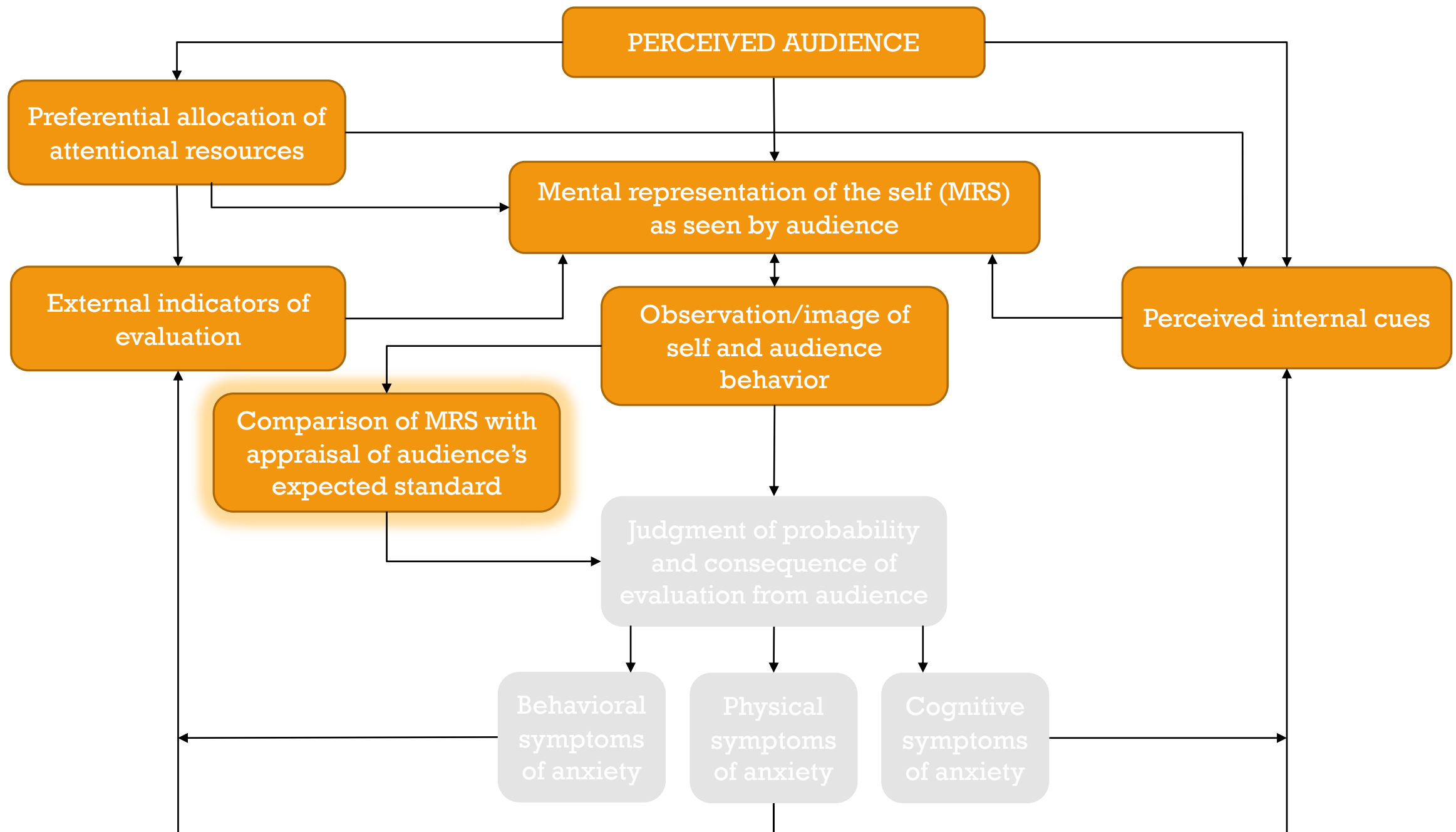
Baseline Image



Mental representation of the self as seen by the audience is modified on a moment-to-moment basis, based on internal and external cues.







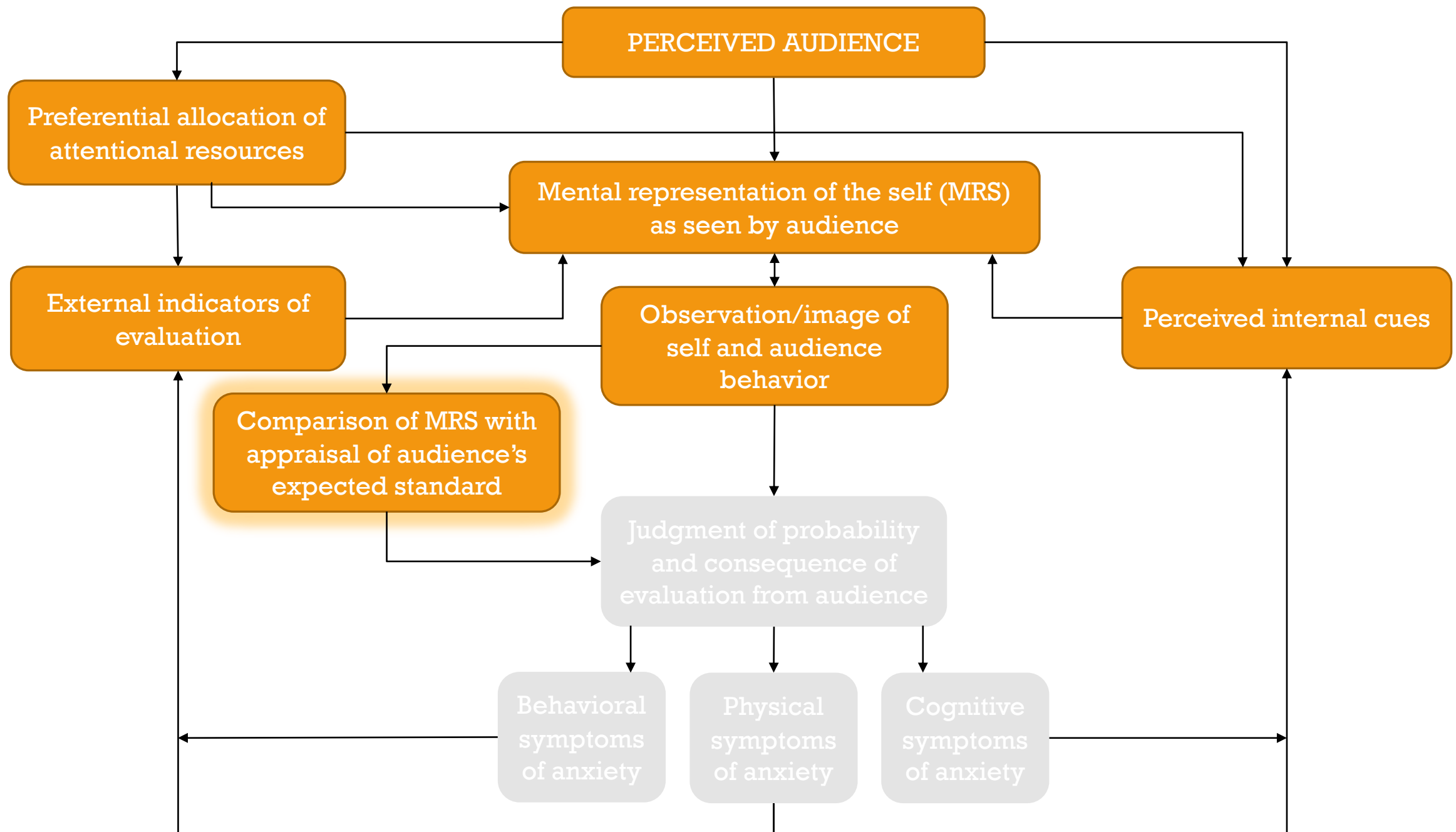
(Negative) mental representation of the self

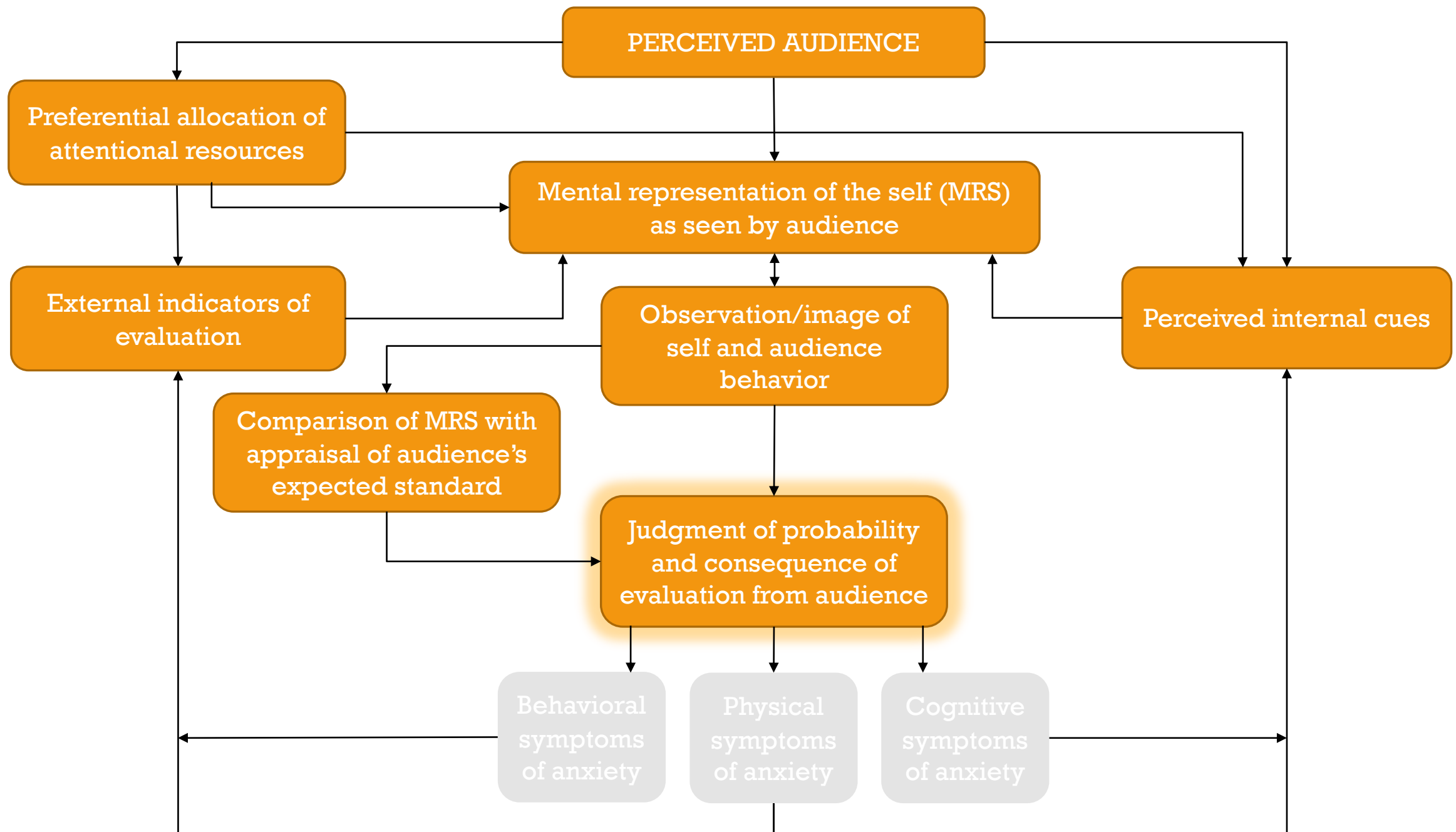


**(Very high) social performance standard
expected by the audience**

Comparison of Mental
Representation of Self as
seen by Audience with
Appraisal of Audience's
Expected Standard







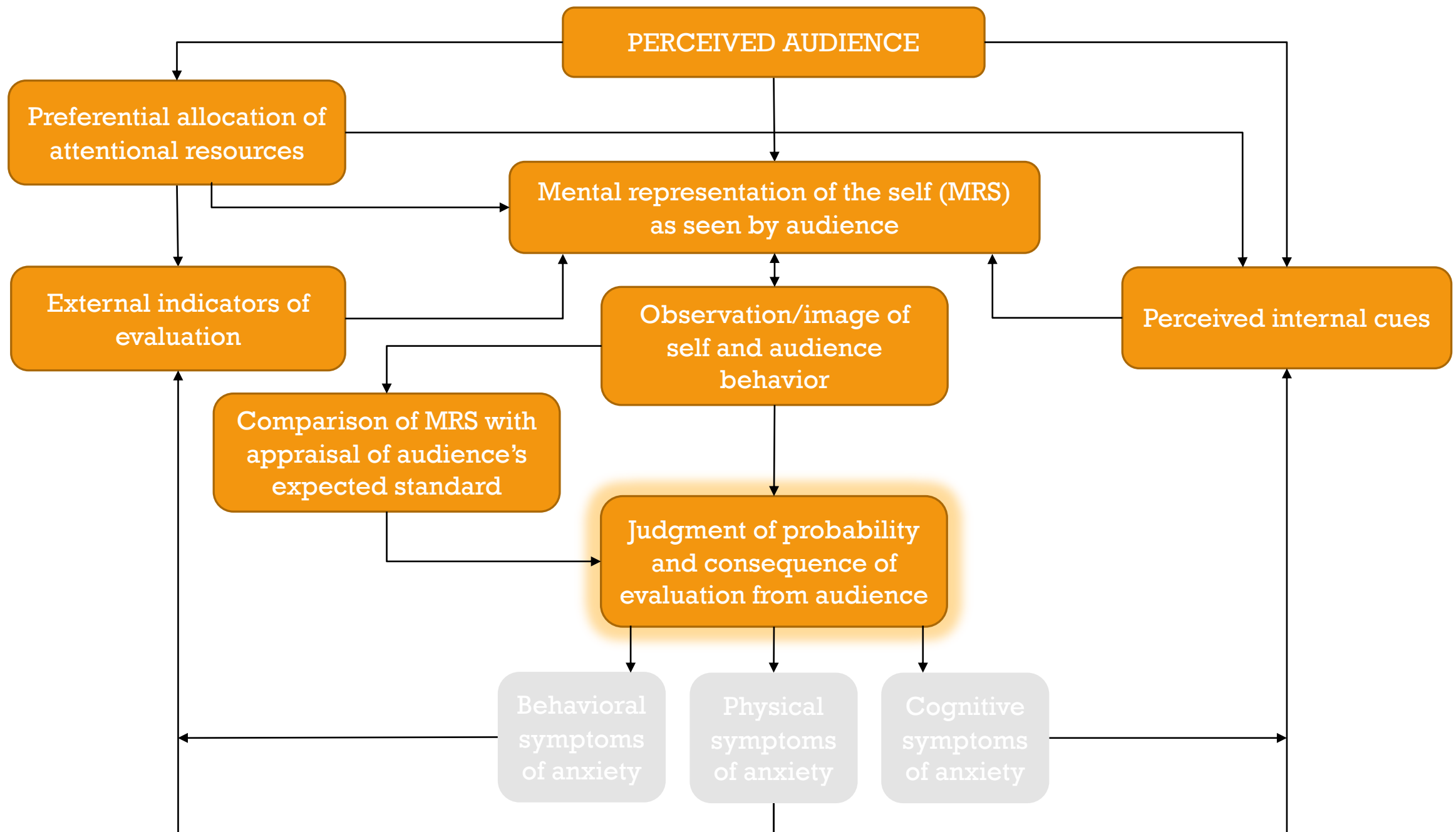
Judgment of Probability and Consequence of Evaluation from Audience

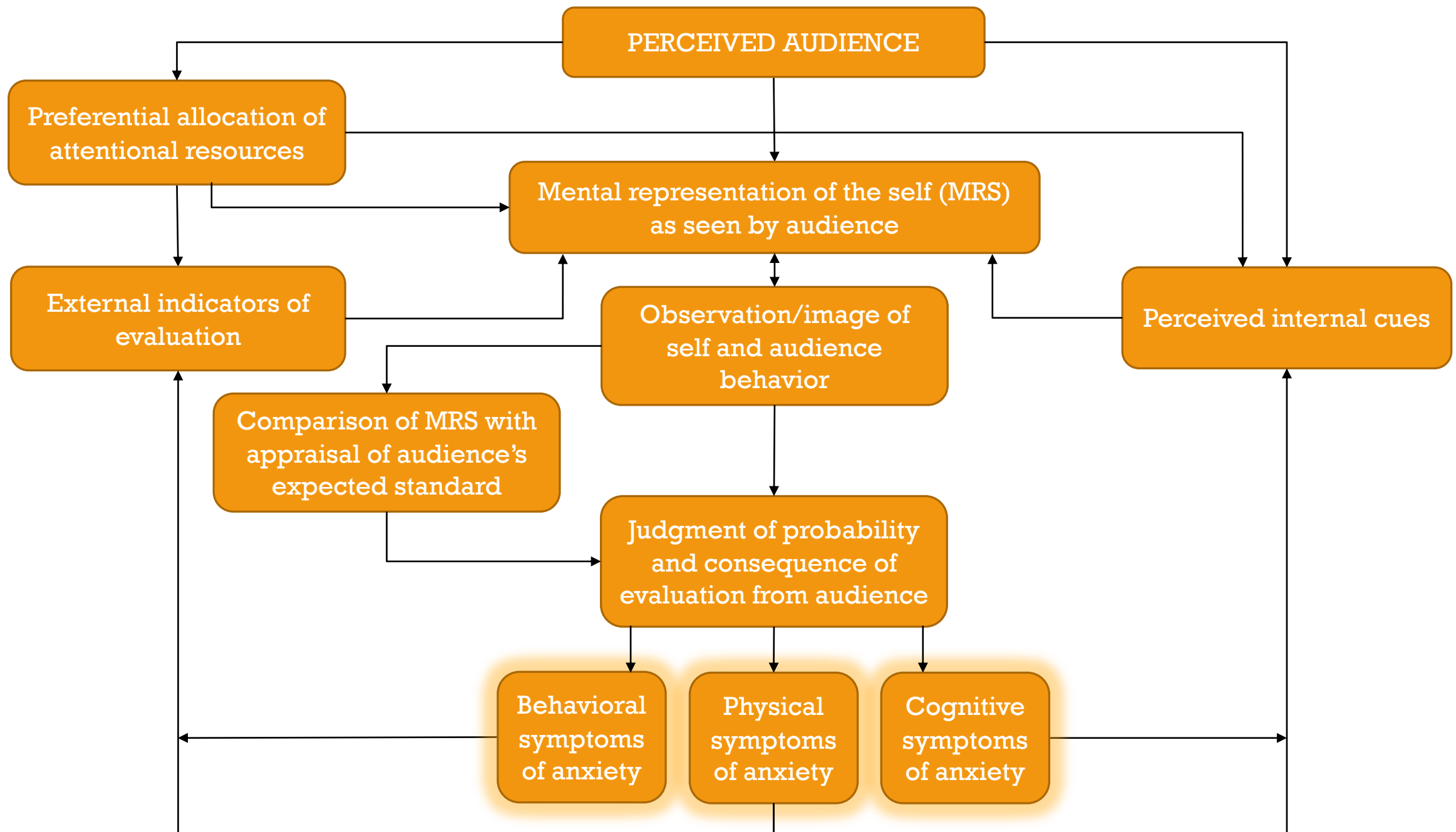
Judgment

- How *likely* is negative evaluation?
- What are the *consequences* of negative evaluation?

→ **Very likely**

→ **Very bad**





Behavioral Symptoms of Anxiety

Avoidance Behaviors

- Overt avoidance/escape of the situation
 - Pretending to get a phone call to leave a meeting.
- In-situation (subtle) avoidance (safety behaviors).
 - Not making eye contact in a conversation.



Physical Symptoms of Anxiety

Physiological Responding

- Report more visible somatic symptoms
- Overestimate the visibility of symptoms
- Assume very negative judgment of symptoms



Chills or hot flashes



Sweating



Trembling or shaking

Cognitive Symptoms of Anxiety

Negative Thoughts

- Situation-specific thoughts of negative evaluation in response to social stimuli.
 - Mind Reading
 - "He thinks I'm lazy or stupid."
 - Catastrophizing
 - "I'm going to fail this project."
 - Labeling
 - "I'm a terrible student."



Resources

Original Articles

Rapee, R. M., & Heimberg, R. G. (1997). A cognitive-behavioral model of anxiety in social phobia. *Behaviour Research and Therapy*, 35(8), 741–756.

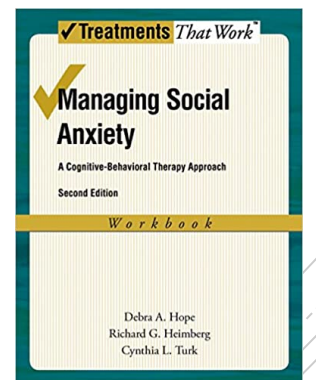
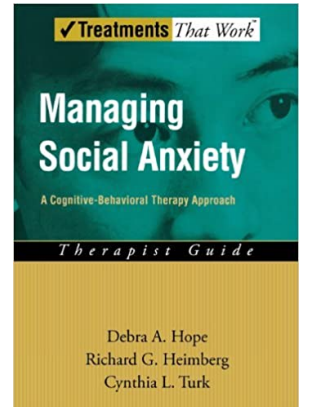
Heimberg, R. G., Brozovich, F. A., & Rapee, R. M. (2010). A Cognitive Behavioral Model of Social Anxiety Disorder. *Social Anxiety*, 395–422.

Wong, J., Gordon, E. A., & Heimberg, R. G. (2014). Cognitive-Behavioral Models of Social Anxiety Disorder. *The Wiley Blackwell Handbook of Social Anxiety Disorder*, 1–23.

Therapy Manuals

Hope, D. A., Heimberg, R. G., & Turk, C. L. (2019). *Managing Social Anxiety, Therapist Guide*.

Hope, D. A., Heimberg, R. G., & Turk, C. L. (2019). *Managing Social Anxiety, Workbook*.



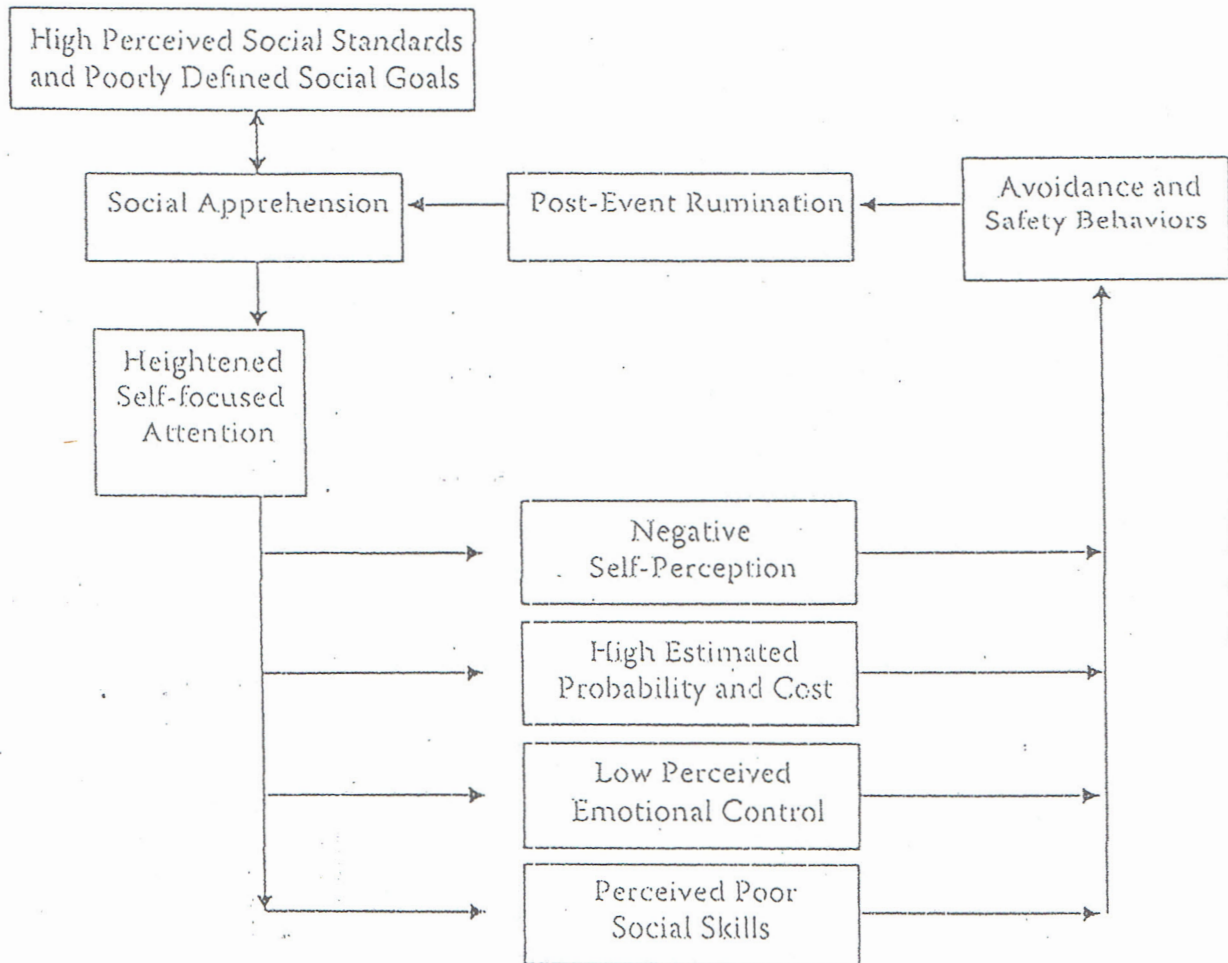
Stefan Hofmann, PhD

presented by
Lauren Neaman, PsyD, A-CBT
(NSAC Chicago, and NSAC Co-Chair)

Also see Hofmann's therapist manual:
Cognitive Behavioral Therapy for Social Anxiety Disorder: Evidence-Based and Disorder Specific Treatment Techniques (2nd edition), by Stefan Hofmann and Michael Otto.

Handout 1

A CBT Model of Social Anxiety Disorder



Christine Padesky, PhD

presented by
Jim Shenk, PhD, A-CBT
(NSAC San Diego)

Also see Padesky's [audio](#) presentation and [video](#) presentation on treating social anxiety.

Assertive Defense of the Self: **Building Confidence in Your Ability to Handle Criticism** **... As a Path to Freedom from Social Anxiety Disorder**

James L. Shenk, Ph.D.



Assertive defense of the self is a strategy to overcome social anxiety disorder by strengthening confidence that you could actually handle what others might say or think of you in an assertive way. This approach, developed by Christine Padesky (1997, 2020), can reduce your sense of fear and intimidation, helping you get enough confidence to then take the steps to enter into social situations with more boldness, expanding your life and opportunities.

- 1. Identify your most feared criticisms** (whether what people might say to me, or what people might think of me), and **develop assertive, adaptive responses to each. Put these in writing**, such as in a 2-column Criticisms – Adaptive Responses thought log.
- 2. Conduct role play exposures to the feared criticisms or judgments with practice in using the assertive, adaptive responses to each. Repeat the role plays, trying out different responses until you feel more confident that you have effective ways to handle these criticisms or judgments.** Start with low key delivery of the criticisms, and when you feel some confidence then move up to practice facing more challenging levels or deliveries of criticism. Practice with a therapist if possible, receiving support and coaching as needed in varied ways of responding (including voice tone, volume, posture, what to say or not say...) until your response seems reasonable and you feel more confident in how you could handle those criticisms.
- 3. Practice the exposures repeatedly between sessions in imagination, or by making varied audio recordings of the feared criticisms, then repeatedly practice assertive responding to the recorded or imagined criticisms in various ways.** You may be able to practice this entire procedure on your own using audio recording of feared criticisms, or imagining them, however there are advantages to having a therapist for the role plays and to provide coaching.
- (4). Challenge yourself to go out into real life social situations that you have been avoiding or fearing, carrying with you the confidence that you can cope if someone questions you or is critical of you in some way. Don't wait to feel free of anxiety or uncertainty, seek social opportunities to actually practice your assertive coping.** Put your prediction of how it will turn out in writing and **observe what actually does happen.**

Build your own confidence through this approach, and move forward to expand your life!

David M Clark, DPhil

presented by
Randy Weiss, LCSW, A-CBT
(NSAC Phoenix)

and Daniel Chazin, PhD
(NSAC Philadelphia)

Also see Clark's training [videos](#) and [other therapy materials](#) on treating social anxiety.
(You must register to view these resources.)

**CBT Approaches to Social Anxiety: Part 1
Digging Deeper into the Models**

**NSAC Clinical Education
Friday, Feb 5, 2021**

**David Clark Model – Cognitive Aspects
By Randy Weiss, LCSW
Phoenix Regional Clinic**

Clark posits that socially anxious individuals have developed negative images about themselves that had their origin in some earlier event, (often in adolescence).

Like other cognitive models, Clark proposes that clients then begin relating to others based on conditional assumptions, (i.e. "If people see my anxiety, they will judge me as incompetent." and unconditional negative beliefs about themselves, (i.e. "I am inferior.")

Where Clark differs from other approaches is that rather than have the client do traditional cognitive restructuring in the form of Thought Records to address their negative beliefs, he has them "back into" altering these beliefs by disproving or de-catastrophizing them over and over through strategically designed experiments.

His rationale: 2 key factors that maintain social anxiety:

- 1) Misplaced, self-focus vs. external focus on social interaction
- 2) Reliance on safety behaviors.

Treatment is delivered individually in 14-weekly sessions over 3-4 months.

When doing sessions in person, he encourages 90-minute sessions to allow sufficient time to do experiment in and outside of the office.

Core components of treatment that specifically address altering negative beliefs & images are:

- The use of questionnaires throughout therapy, (i.e. *Social Cognitions Questionnaire*, *Social Phobia Weekly Summary Scale*) to target negative beliefs to be tested during experiments
- The first session following assessment is the development of the client's personalized model. [SCREEN SHARE CLARK Model] This is done by walking the client thru a situation and having them identify their negative thoughts at the

time, how they saw themselves, how they think others saw them and the early-life explanation for these self images. Difference from Hofmann: Early life experience piece.

- The very next appointment is an in-session, experiential exercise to loosen the negative beliefs and self-imagery by having the client carry out 2 conversations with a “stranger” (a colleague of the therapist).
 - 1st conversation WITH self-focus and safety behaviors
 - 2nd conversation WITHOUT
 - Very powerful and effective.

- Ongoing experiments from Session 4 forward. These are conducted in a structured, strategic manner to:
 - Identify a negative belief to test (from Pt’s Model and weekly Cognitions Questionnaire)
 - *Loosening* the belief by briefly reviewing the client has learned in therapy so far (i.e. the initial experiential session, surveys, each experiment)
 - Each experiment is debriefed to *generalize* learning - - specifically, the implication of experiment outcomes for the Pt’s negative beliefs. [Daniel will be addressing how Clark uses experiments.]

- The use of surveys in combination with experiments to *loosen* negative beliefs

- ***Then vs. Now (aka Discrimination Training or Stimulus Discrimination Video***
 - This is Clark’s first-line intervention to address socially traumatic memories. Clients identify key differences between the old, traumatic event – **THEN** (e.g. freezing or stuttering when giving a presentation in H.S.) and the current feared social situation – **NOW** (speaking at an office meeting).
 - Then, the client is instructed to direct their attention *externally* during the present situation and mentally note all the differences they have already listed and observe how others are relating to her NOW vs. THEN.
 - [Video #20 – *Videos for Internet Program*]

- ***Imagery Re-Scripting***

- Reserved for patients whose response to the standard protocols is modest and who cannot overcome the negative image of themselves that is connected to the old social trauma.
- There are 4 Phases to this trauma work: Most like traditional CBT

Phase 1 – Cognitive Restructuring: The Pt's recurrent negative image, trauma memory, meanings, core beliefs are elicited. Phases 2, 3 & 4 are the *re-scripting* the meaning of the old trauma.

Phase 2 – The therapists elicits the *evidence* from the PAST that supports the client's beliefs.

Phase 3 – Beings the re-scripting by updating the traumatic memory with new, current information about how they interact, function.

Phase 4 – The therapist has the client re-live the trauma first, from the viewpoint of an objective observer, and then again, while, essentially, parenting themselves as the older, wiser adult

RESOURCES

Clark's website for therapists – training videos & forms:

<https://oxcadatresources.com/>

Clark's *Then vs. Now Video*:

<https://oxcadatresources.com/stimulus-discrimination/>

Clark's Questionnaires & Worksheets:

<https://oxcadatresources.com/questionnaires/>

Clark, et al. article on Treating SAD Remotely:

<https://www.cambridge.org/core/journals/the-cognitive-behaviour-therapist/article/treating-social-anxiety-disorder-remotely-with-cognitive-therapy/802A3184852147532BD4EF2228AE5DAE>

Wild & Clark article on Imagery Rescripting:

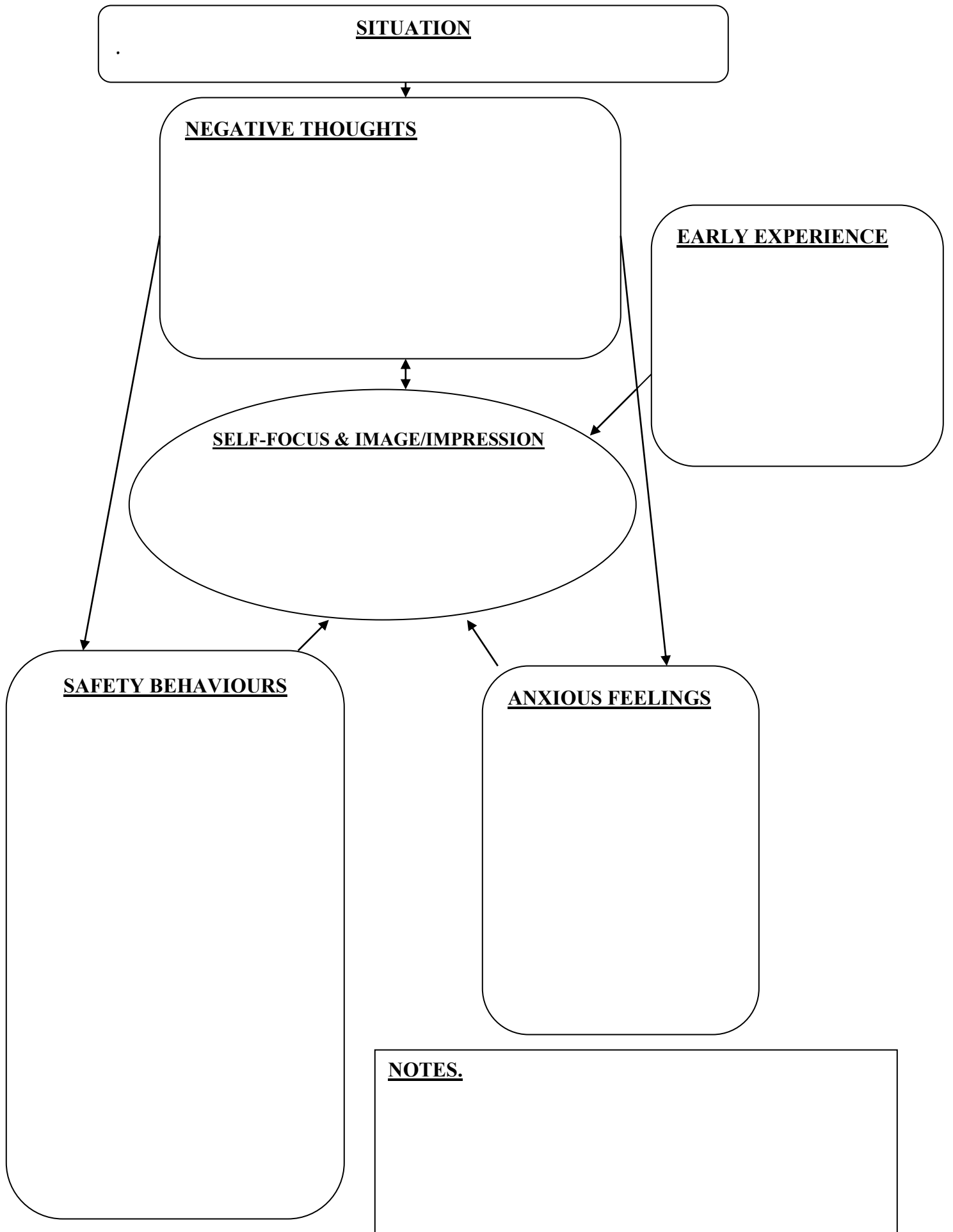
<https://www.sciencedirect.com/science/article/pii/S1077722911000757>

Randy Weiss, LCSW

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randywlcsw@gmail.com

www.randyweisstherapy.com



Name:

Date:

SOCIAL BEHAVIOUR QUESTIONNAIRE

Please circle the word which best describes how often you do the following things when you are anxious in or before a social situation.

| | | | | |
|--|--------|-----------|-----------|--------|
| Use alcohol to manage anxiety | Always | Often | Sometimes | Never |
| Try not to attract attention | Never | Sometimes | Often | Always |
| Make an effort to get your words right | Never | Sometimes | Often | Always |
| Check that you are coming across well | Always | Often | Sometimes | Never |
| Avoid eye contact | Never | Sometimes | Often | Always |
| Talk less | Always | Often | Sometimes | Never |
| Avoid asking questions | Always | Often | Sometimes | Never |
| Try to picture how you appear to others | Never | Sometimes | Often | Always |
| Grip cups or glasses tightly | Never | Sometimes | Often | Always |
| Position yourself so as not to be noticed | Always | Often | Sometimes | Never |
| Try to control shaking | Always | Often | Sometimes | Never |
| Choose clothes that will prevent or conceal sweating | Never | Sometimes | Often | Always |
| Wear clothes or makeup to hide blushing | Never | Sometimes | Often | Always |
| Rehearse sentences in your mind | Always | Often | Sometimes | Never |
| Censor what you are going to say | Always | Often | Sometimes | Never |
| Blank out or switch off mentally | Never | Sometimes | Often | Always |
| Avoid talking about yourself | Never | Sometimes | Often | Always |
| Keep still | Always | Often | Sometimes | Never |
| Ask lots of questions | Always | Often | Sometimes | Never |
| Think positive | Never | Sometimes | Often | Always |
| Stay on the edge of groups | Never | Sometimes | Often | Always |
| Avoid pauses in speech | Always | Often | Sometimes | Never |
| Hide your face | Never | Sometimes | Often | Always |
| Try to think about other things | Always | Often | Sometimes | Never |
| Talk more | Always | Often | Sometimes | Never |
| Try to act normal | Always | Often | Sometimes | Never |
| Try to keep tight control of your behaviour | Never | Sometimes | Often | Always |
| Make an effort to come across well | Always | Often | Sometimes | Never |
| Planning topics to talk about in advance of a conversation | Never | Sometimes | Often | Always |

Name:

Date:

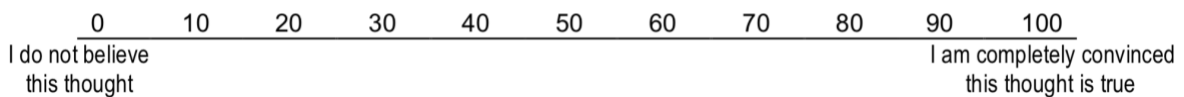
SOCIAL COGNITIONS QUESTIONNAIRE

Listed below are some thoughts that go through people’s minds when they are nervous or frightened. Indicate, on the LEFT hand side of the form, how often in the last week each thought has occurred; rate each thought from 1-5 using the following scale:

1. Thought never occurs
2. Thought rarely occurs
3. Thought occurs during half of the times when I am nervous
4. Thought usually occurs
5. Thought always occurs when I am nervous

| | | |
|-----|---|-----|
| ___ | I will be unable to speak | ___ |
| ___ | I am unlikeable | ___ |
| ___ | I am going to tremble or shake uncontrollably | ___ |
| ___ | People will stare at me | ___ |
| ___ | I am foolish | ___ |
| ___ | People will reject me | ___ |
| ___ | I will be paralysed with fear | ___ |
| ___ | I will drop or spill things | ___ |
| ___ | I am going to be sick | ___ |
| ___ | I am inadequate | ___ |
| ___ | I will babble or talk funny | ___ |
| ___ | I am inferior | ___ |
| ___ | I will be unable to concentrate | ___ |
| ___ | I will be unable to write properly | ___ |
| ___ | People are not interested in me | ___ |
| ___ | People won’t like me | ___ |
| ___ | I am vulnerable | ___ |
| ___ | I will sweat/perspire | ___ |
| ___ | I am going red | ___ |
| ___ | I am weird/different | ___ |
| ___ | People will see I am nervous | ___ |
| ___ | People think I am boring | ___ |
| ___ | Other thoughts not listed (please specify): | ___ |
| ___ | _____ | ___ |
| ___ | _____ | ___ |

When you feel anxious how much do you believe each thought to be true. Please rate each thought by choosing a number from the scale below, and put the number which applies on the dotted line on the **RIGHT** hand side of the form.



SOCIAL PHOBIA WEEKLY SUMMARY SCALE

- a) Please circle a number from the scale below that best describes how severe your social anxiety has been in the last week:

| | | | | | | | | |
|--|---|--------------------------------------|---|--|---|--------------------------------------|---|--------------------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Not at all disturbing and/or disabling | | Slightly Disturbing And/or Disabling | | definitely disturbing and/or disabling | | Markedly disturbing and/or disabling | | severely disturbing and/or disabling |

- b) Please circle a number from the scale below to show how often in the last week you have avoided difficult social situations or aspects of those situations.

| | | | | | | | | |
|------------|---|--------|---|-----------|---|-------|---|--------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Not at all | | Rarely | | Sometimes | | Often | | Always |

- c) For social situations *in general*, please choose a number from the scale below to show the extent to which your attention was focused on yourself or on the external situation in the last week.

| | | | | | | | | |
|-----------------------------|---|---|---|--------------|---|---|---|-----------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Entirely externally focused | | | | Both equally | | | | Entirely self focused |

- d) For social situations *that you found difficult*, please choose a number from the scale below to show the extent to which your attention was focused on yourself or on the external situation in the last week.

| | | | | | | | | |
|-----------------------------|---|---|---|--------------|---|---|---|-----------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Entirely externally focused | | | | Both equally | | | | Entirely self focused |

- e) Over the past week how often have you gone over in your mind things that you think might go wrong in a social situation *before* entering the situation.

| | | | | | | | | |
|------------|---|--------|---|-----------|---|-------|---|--------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Not at all | | Rarely | | Sometimes | | Often | | Always |

- f) Over the past week how often have you gone over social interactions in your mind *after* they have finished.

| | | | | | | | | |
|------------|---|--------|---|-----------|---|-------|---|--------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Not at all | | Rarely | | Sometimes | | Often | | Always |

RECORD SHEET FOR NOTING BEHAVIOURAL EXPERIMENTS

| Date | Situation | Prediction What do you think will happen? How much do you believe it will, 0-100? How would you know if it had? e.g. how would you predict other people would react? | Experiment What can you do to test the prediction? Remember to focus on what actually happens rather than your feelings & let go of Safety Behaviours. | Outcome Where was your attention focused? What actually happened? Was the prediction correct? | Learning What I learned in general about myself in social interactions. How can I build on this? |
|-------------|------------------|---|---|---|---|
| | | | | | |

Clark & Experimentation

1

About Me

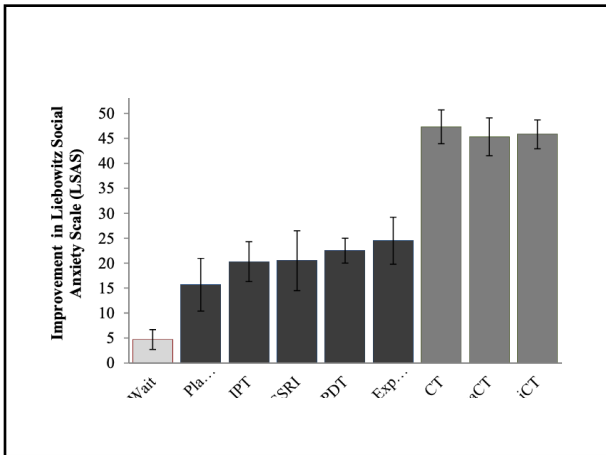
- Daniel Chazin, Ph.D.
- Center for Anxiety, OCD and Cognitive Behavioral Therapy
- Philadelphia, PA but virtual throughout PA
- Focus: Anxiety and Related Disorders
- Background in social anxiety approaches including:
 - Exposure and Response Prevention
 - CBT for Social Anxiety (Heimberg)
 - Cognitive Therapy for Social Anxiety (CT-SAD; Clark and others)
 - Comprehensive Cognitive Behavior Therapy (Foa, Ledley, Huppert)

2

Clark's Cognitive Approach

- Lots of Positive Features:
- Wealth of basic research on theory
- Excellent efficacy data
- One of two front-line txs recommended by NICE
- Acceptable to patients

3



4

Experiments: Definition and Context

- Behavioral Experiments – heart of this treatment
- Carefully planned behavioral exercises designed to test the validity of specific beliefs, assumptions, appraisals, interpretations or biases (regarding self, others, the world)

5

Experiments: Definition and Context

- Both similar and different from exposures
- Model is science
- Progression within Clark’s treatment
 - SB/Focus of Attention, (“People looking”), Likelihood, Consequences
- Sources of information

6

Procedure: Setup

1. "Fearful Concerns" or Beliefs
2. Situation
3. Predictions (feared outcomes)
4. Operationalized Predictions & Percent Belief
5. Dependent Variables
6. Safety Behaviors to drop

7

Procedure: Experiment and Debriefing

1. Drop Safety Behaviors and Shift Focus
2. Anxiety levels not germane
3. Outcomes & Re-Rating
4. Learning
5. Follow-up experiments

8