Cognitive-Behavioral Therapies for Social Anxiety Disorder:

An Integrative Strategy

Larry Cohen, LICSW, A-CBT

NSAC NATIONAL SOCIAL ANXIETY CENTER

Presenter:

Larry Cohen, LICSW, A-CBT

larrycohen@socialanxietyhelp.com; 202-244-0903

- National Social Anxiety Center (NSAC): Co-Chair, cofounder, NSAC DC representative (2014-present).
- Founder of Social Anxiety Help: psychotherapist in private practice, Washington, DC (1990-present). Has led ~100 social anxiety CBT groups, 20 weeks each. Has provided individual or group CBT for >1,000 socially anxious persons.
- Academy of Cognitive and Behavioral Therapies (A-CBT): Diplomate in cognitive-behavioral therapy (2008-present). Fellow status conferred in 2020 for having made "sustained outstanding contributions to the field of cognitive therapy".

DISCLOSURE: *no commercial relationships or other conflicts of interest.*

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 a highly-rated, monthly educational social anxiety blog (nationalsocialanxietycenter.com/blog/), a Facebook page (facebook.com/NationalSocialAnxietyCenter/), a large library of CBT for social anxiety self-help videos (nationalsocialanxietycenter.com/social-anxiety-self-help-videos/), and a series of sample CBT for social anxiety therapy sessions (nationalsocialanxietycenter.com/example-cbt-sessions/). For clinicians, NSAC offers online clinical education, peer consultation, training seminars, research summaries and interviews with researchers (nationalsocialanxietycenter.com/for-clinicians/). NSAC currently has 30+ regional clinics around the US (nationalsocialanxietycenter.com/regional-clinics).

To learn about affiliating as an NSAC Regional Clinic or Associate, please visit here:
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 very 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 FOR SOCIAL ANXIETY TREATMENT

- *Cognitive Therapy for Social Anxiety Disorder:* OXCADAT (Oxford Centre for Anxiety Disorders and Trauma). Many training videos, questionnaires and worksheets by David M. Clark, oxcadatresources.com/social-anxiety-disorder/. (You must register with them online, but it is all free.) Article on how to use this model for online sessions: http://cambridge.org/core/journals/the-cognitive-behaviour-therapist/article/treating-social-anxiety-disorder-remotely-with-cognitive-therapy/802A3184852147532BD4EF2228AE5DAE.
- *Managing Social Anxiety: A Cognitive-Behavioral Approach - Therapist Guide,* 3rd ed., 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,* 2nd ed., by Stefan Hofmann and Michael Otto. (Focuses on group CBT for social anxiety, but it is very applicable to individual CBT.)
- *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.)
- *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.
- **NSAC SOCIAL ANXIETY TRAINING RESOURCES:** clinical demonstrations, workshops, webinars, research summaries, researcher interviews and online peer consultation meetings offered for free by NSAC to to any clinician: http://nationalsocialanxietycenter.com/for-clinicians/.

RESOURCES FOR SOCIALLY ANXIOUS CONSUMERS

- The National Social Anxiety Center: blog, articles, self-help videos and audios, referrals, nationalsocialanxietycenter.com.
- Attention training videos: (start with #6-8, then 1-5), youtube.com/playlist?list=PLjGQ1qp_lGNW8OdES0K5plTPvz4pVPp0d.
- *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: online discussions and information, referrals, support group, socialanxietysupport.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.
- Social anxiety support and activity groups: search meetup.com, groups.google.com and group.io.
- CBT Thought Diary app: a good cognitive restructuring app.
- Dialup app: sets up anonymous audio conversations with strangers.
- Rejection Therapy Game: dozens of ideas for paradoxical experiments, rejectiontherapy.com/game.
- Dear Evan Hanson, Broadway and movie musical about a high schooler with social anxiety.

All three waves in the ocean: An integrative CBT strategy

- The 3 waves of evidence-based therapy: 1. behavioral change; 2. cognitive change; 3. acceptance, mindfulness and commitment. All are now considered forms of cognitive-behavioral therapies. Waves don't replace each other; they're all part of one dynamic ocean.
- We are integrating the 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:

anxiety intensity = (threat likelihood X threat severity) + physiology
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 and pursue personal values.

➢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

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

Judgment happens. It's not all in their heads!! A therapy goal is to depersonalize judgment: to see it as a reflection not of personal deficiency (a shame belief), but of the other person's bias or taste.

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% past year.
- 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. “They’re just being nice.”
- Internal focus on thoughts and feelings: leads to impaired conversations, and over-reliance on internal “evidence” (feelings, images, thoughts) 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 in 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 and predictions.
- 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 PROPHESIES.

[EXAMPLE]

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: Which treatment is most effective for social anxiety? Individual CBT (Clark model) is significantly more effective than all other treatments: exposure therapy; group CBT; Acceptance and Commitment Therapy; social skills training; medication; self-help (with and without support); mindfulness meditation; interpersonal therapy; supportive therapy; relaxation training; and psychodynamic therapy.
- Also research on: negativity bias; fading positive memories; impact of negative self-images; perfectionism; suppression of emotional expression; online CBT; virtual reality therapy; genetic links; impact of expectancy on medication effectiveness; barriers to treatment; problematic social networking use; visual avoidance; seeking conformity; use of imagery rescripting; pre- and post-event rumination; increased anxiety day after drinking; visible symptoms vs. performance; intolerance of uncertainty and distress tolerance; use of video feedback; impact of CBT on brain structure; use of CBD oil.

For details, see meta-analysis of 101 trials with >31,000 participants: thelancet.com/journals/lanpsy/article/PIIS2215-0366(14)70329-3/fulltext and NSAC research summaries: 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 decreasing perception of ***threat likelihood*** and ***severity***, and increasing ***coping***:

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

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. 2]

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 and safety-seeking behaviors in a conversation with new person (or giving a presentation). 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.

  [**CLINICAL DEMO. 1**: see last slide]

- Playing recording of hot thoughts while client presents / converses. [**CLINICAL DEMO. 2**: see last slide]

  [Recording of social anxiety hot thoughts: see last slide]: 

- Curiosity training: while observing (videos) and while participating (conversation). [handouts p. 2]
- Maintaining daily Mindfulness Practice Log for curiosity training. [handouts p. 3]
- Other thought defusion techniques. [handouts p. 5]

Larry Cohen, LICSW • SOCIAL ANXIETY HELP
4808 43rd Place NW • Washington, DC 20016 • larrycohen@socialanxietyhelp.com • 202-244-0903

MINDFULNESS PRACTICE FOR SOCIAL ANXIETY

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.

External mindfulness for social anxiety: paying attention with curiosity (taking interest) in the conversation, person, activity and/or situation in the present moment, while treating your thoughts and feelings like background noise. Get absorbed, engrossed, lost in the conversation or activity. Focus on what you see and hear (touch, taste, smell), rather than what you feel and think. *Get out of your head and into the moment.*

Curiosity training while observing:

- Daily watch one or more of these attention training videos. Start with videos 6-8, then watch 1-5: *youtube.com/playlist?list=PLjGQ1qp_IGNW8OdES0K5plTPvz4pVPp0d*. Get absorbed in all that you see and hear in these videos, while treating your thoughts and feelings as background noise. Gently return your attention to what you see and hear whenever you're distracted.
- Watch this music video about a socially anxious high school senior (Waving Through a Window from the musical, *Dear Evan Hansen)*: youtube.com/watch?v=RElOnCTwjF0. Optionally watch any other music video of your choice. Slowly alternate your focus on the lyrics, the instruments, the different singers and actors. Watch the video again and switch your focus to different elements. Get engrossed in what you see and hear. Treat your thoughts and feelings as background noise.
- When you tire of the recordings, go into a location with a variety of sounds and sights, and ideally including people you are not interacting with. Spend 10 minutes or so closely paying attention to what you see and hear, slowly alternating your focus from one sight or sound to another. Treat any thoughts and feelings you may have as background noise.
- For all of the above, daily log the per cent mindful you were each time you practice.

Curiosity training while participating:

- Every day for at least 5 minutes, focus mindfully (with an attitude of curiosity as opposed to judgment) during conversations you are in. ***Get absorbed / lost in the conversation.*** Treat your thoughts and feelings like background noise.
- Make sure you put yourself in such situations daily so you can practice.
- Ideally start with conversations in which you are pretty comfortable. Proceed to conversations you are more anxious about as you get better at this. Consider signing up for anonymous conversations with eager strangers through the ***dialup*** app.
- Adopt an attitude of curiosity: ie. take interest in the person(s) and what they are saying.
- Practice this gently, patiently and persistently; don't criticize yourself or strain to be perfect at this.
- Optional: silently say "mindful," "curious," or "background noise" when you slip and focus on thoughts or feelings; then return your attention to the conversation or activity in the moment. Or simply return your attention to what you see and hear without using the silent word.
- If you have difficulty remembering to practice, ***turn your social anxiety into a cue***: whenever you feel anxious during an interaction, ***treat that anxiety as a reminder to get out of your head and focus externally on the conversation / activity / person in the moment.***
- Daily log the minutes and per cent mindful you were each time you practice.

MINDFULNESS PRACTICE LOG
Curiosity training while…

Name ______________________________

Write date→							
OBSERVING (log what you observed, how long, % mindful)							
PARTICIPATING (log conversation / activity, how long, % mindful)							

Write date→							
OBSERVING (write what you observed and your % mindful)							
PARTICIPATING (log conversation / activity, how long, % mindful)							

Write date→							
OBSERVING (write what you observed and your % mindful)							
PARTICIPATING (log conversation / activity, how long, % mindful)							

Write date→							
OBSERVING (write what you observed and your % mindful)							
PARTICIPATING (log conversation / activity, how long, % mindful)							

Cognitive restructuring (aka reframing)

Why it is a crucial strategy:

- It helps clients disconfirm beliefs and hot thoughts / predictions / expectancies 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***:

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

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 / predictions / expectancies 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 triggers, 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 and to decrease avoidance. 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 experience and 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: to learn from the experiments, and to counter post-event rumination.

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. 6-7]
- *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 (CR)

- CR worksheets: before experiments, or when upset / avoiding / depressed / ruminating. [handouts pp. 8-11]
- Carrying, reading, listening to constructive attitude on card / phone. [handouts p. 24, #5]
- Apps to do CR (eg. CBT Thought Diary) [handouts p. 5]
- Various brief oral approaches to doing cognitive restructuring. [handouts p. 4]
- Written arguments between hot thoughts and constructive attitudes. [handouts p. 24, #5; p. 12]
- Role-played arguments between hot thoughts and constructive attitude. [**CLINICAL DEMO. 3**: see last slide]
- Confident imagery of experiments: not for habituation, but to identify and modify disturbing images, and to practice self-confidence. [**CLINICAL DEMO. 4**: see last slide; handouts pp. 25, #7-8]
- ***Pride and Gratitude Log***: proactively looking for evidence against hot thoughts and underlying beliefs. [handouts p. 16]
- Experiment worksheets: partly before and partly after experiments. [handouts pp. 13-14]
- Video evidence worksheets: after recorded in-session experiments. [handouts p. 15]
- Targeting post-event rumination: CR and ***Being a Good Parent to Self***. [**CLINICAL DEMO. 5**: see last slide; handouts pp. 5, 25 #11]

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 truer, 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.]

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: external mindful focus & drop 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 yourself, your hot thoughts & core beliefs? How can you build on this? ⇒ **Rate belief: 0-100%**

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***:

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

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 (testing and modifying hot thoughts, predictions / expectancies, and underlying beliefs); longer-term goals are anxiety habituation, increasing self-confidence, overcoming 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.

[handouts pp. 17-23]

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 / underlying belief?")

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. 18, 20-23, 26]

DEBATE: acceptance v. defiance

Accept and defuse from anxious feelings and thoughts while focusing mindfully on pursuing valued activities (eg. while doing 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. 27]

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.

[**CLINICAL DEMO. 6**: see last slide; handouts p. 15]

- Virtual reality experiments.
- Experiments in imagery: practicing self-confidence in the experiment.

[**CLINICAL DEMO. 4**: see last slide; handouts pp. 25, #7-8]

- 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.

Name _____

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 a 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:	_____
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:	_____

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, and to prevent one's fears from coming true.
- 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 they did *before, during and after* experiments and other socially anxious experiences in an effort to lessen anxiety, and to prevent fears from coming true.

- Avoidance: overt and covert.
- Efforts to prevent / hide anxiety symptoms.
- Efforts to make the conversation / interaction / performance go better.
- Focus attention on self-monitoring, self-evaluation or mind-reading.
- Negativity bias: before, during and after triggers; worry & rumination.
- Efforts to not be the center of others' attention.
- Suppression of emotional expression, both positive and negative.
- Alcohol, CBD, other drugs and even medications (especially PRN meds).

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.), beta blockers (Inderal / propranolol, etc.), and CBD oil.
- 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

Client instruction sheet for doing social anxiety experiments [handouts pp. 24-25]

Complete first three columns of Experiment Worksheet. [handouts pp. 13-14]

- Identify hot thoughts and *observable predictions* (and perhaps underlying core beliefs).
- Identify behavioral goals for experiment to test these hot thoughts, predictions and beliefs; eliminate or minimize safety-seeking behaviors; always include mindful focus on the conversation or activity with thought defusion.

Optional: do cognitive restructuring before experiments you find especially difficult or scary in order to decrease anticipatory anxiety and worry, increase motivation, and make it more likely that you will do the experiment rather than avoid it.

- Cognitive Restructuring Worksheet [handouts pp. 8-11]
- Confident imagery [**CLINICAL DEMO. 4**: see last slide; handouts pp. 25, #7]
- Written / role-played arguments to challenge hot thoughts.
  [**CLINICAL DEMO. 3**: see last slide; handouts pp. 12, 24 #5]
- Carry constructive attitude, positive motivators and behavioral goals on card / phone, and periodically read, recite, listen to it. [handouts p.24 #5]
- After the above steps, choose a series of valued activities to refocus mindfully on while defusing from your worrying thoughts and feelings. [handouts p. 5]

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: external mindful focus & drop 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 yourself, your hot thoughts & core beliefs? How can you build on this? ⇒ **Rate belief: 0-100%**
5/11: going to a party where I know few people	--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%	--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	--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.	--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	--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%	--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	--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.	--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%

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*

During experiments

- Focus mindfully on the conversation / activity, with thought defusion. Get absorbed in what you see and hear, and treat what you think and feel as background noise.
- Carry out your goals with minimal hesitation, as soon as possible. Drop or minimize your safety-seeking behaviors.
- 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.

[handouts p. 25, #10]

After doing experiments

Complete last two columns of Experiment Worksheet. [handouts pp. 13-14; p. 25 #12]

- Identify the evidence gathered related during the experiment: what actually happened?; did your feared predictions and hot thoughts come true?; how well you were able to cope with anything bad that happened, and how bad was it?
- Identify what you learned about yourself, your hot thoughts and your core beliefs. How you can build upon that going forward?

Don't ruminate or beat yourself up! Instead, **be a good parent / friend to yourself**. Analogy of a disapproving parent vs. an affirming and gently challenging parent.

[**CLINICAL DEMO. 5**: see last slide; handouts pp. 5, 25 #11]

- 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, turn any negatives into a constructive learning experience by identifying anything you would like to do differently next time.
- OPTIONAL: Complete a Cognitive Restructuring Worksheet if you are having difficulty letting go of rumination. Then choose a series of valued activities to do, and focus mindfully on the activity while defusing from your troubling thoughts and feelings. [handouts pp. 5, 8-11]

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. [**CLINICAL DEMOS. 1 & 6**: see last slide]
- Do in vivo experiments accompanied by therapist before doing them on own as homework.
- Do experiments in imagery or virtual reality before doing them in vivo.
  [**CLINICAL DEMO. 4**: see last slide; handouts pp. 25, #7-8]
- 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!"*
- *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, including positive motivators. Perhaps do written / role-played argument to challenge hot thoughts. [**CLINICAL DEMO. 3**: see last slide; handouts pp. 8-12, 24 #5]
- Homework / accountability buddies (friend / group comember); or report to therapist.
- Consensual role play with self-compassion [**CLINICAL DEMO. 7**: see last slide]
- Conduct (or view videos of) surveys to test hot thoughts before doing experiment.

Surveys as experiments

- To test hot thoughts and underlying beliefs. [handouts p. 52]
- To make it easier to follow through and do experiments.

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 trigger 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 = $\frac{\text{threat likelihood X } \textit{threat severity}}{\textit{coping}}$ + physiology

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, many clients dismiss this as unhelpful, saying:
  - They don't believe anyone would actually *say* that, and are more concerned 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 or mean. These clients say they aren't so distressed by what a rude or mean person says, but by what a nicer person may *think* of them.
- 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 the client, even if they indicate feeling too much anxiety to actually use them. Also identify what the client would do immediately after asserting self.

  [handouts pp. 28-29]

- Have the 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 fears and assertions are scripted, and the client is practicing responding in an increasingly confident tone. Have the client continue doing what they intend right after each assertion (eg. continue conversing, or end the conversation). Then use role plays where the fears are increasingly unplanned and harsh, and the client has to modify or create assertions on the spot. Repeat practice until the client sounds and feels confident in asserting self.

  [**CLINICAL DEMO. 8**: see last slide]

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.
- Practice the key assertions alone and out loud, with a tone of conviction, like an actor practicing for a part. Repeatedly practice on multiple days until you feel confident and empowered in using your assertions.
- Practice the assertions in a series of ***imagery experiments***, both in session and as homework. Imagine the fears coming true, and imagine asserting yourself with increasing confidence. Repeat imagery on multiple days. [handouts p. 25, #7-8]

➢ 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.

Name _____ Date _____

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.]

Name _____ Date _____

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 of us), we increase our sense of ***coping*** and decrease our perception of ***threat severity.***

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

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 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 and images about ourselves and how others react to us, and perfectionistic beliefs about others' expectations of us. Core belief change work is therefore necessary. Exposure therapy alone is less effective.

[A la Richard Heimberg, 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. 30]
- Peeling the onion (downward arrow) starting with social anxiety hot thoughts:

  If that were true, what would it mean about you / others / your future?

  [handouts pp. 31-32]

- Social Attitudes Questionnaire. [Register to download: oxcadatresources.com/questionnaires/.]
- Lifetraps chapter: underline most relevant passages. [handouts pp. 33-37]
- Compile all the above in Unhealthy Old CBs worksheet. [handouts pp. 38-39]

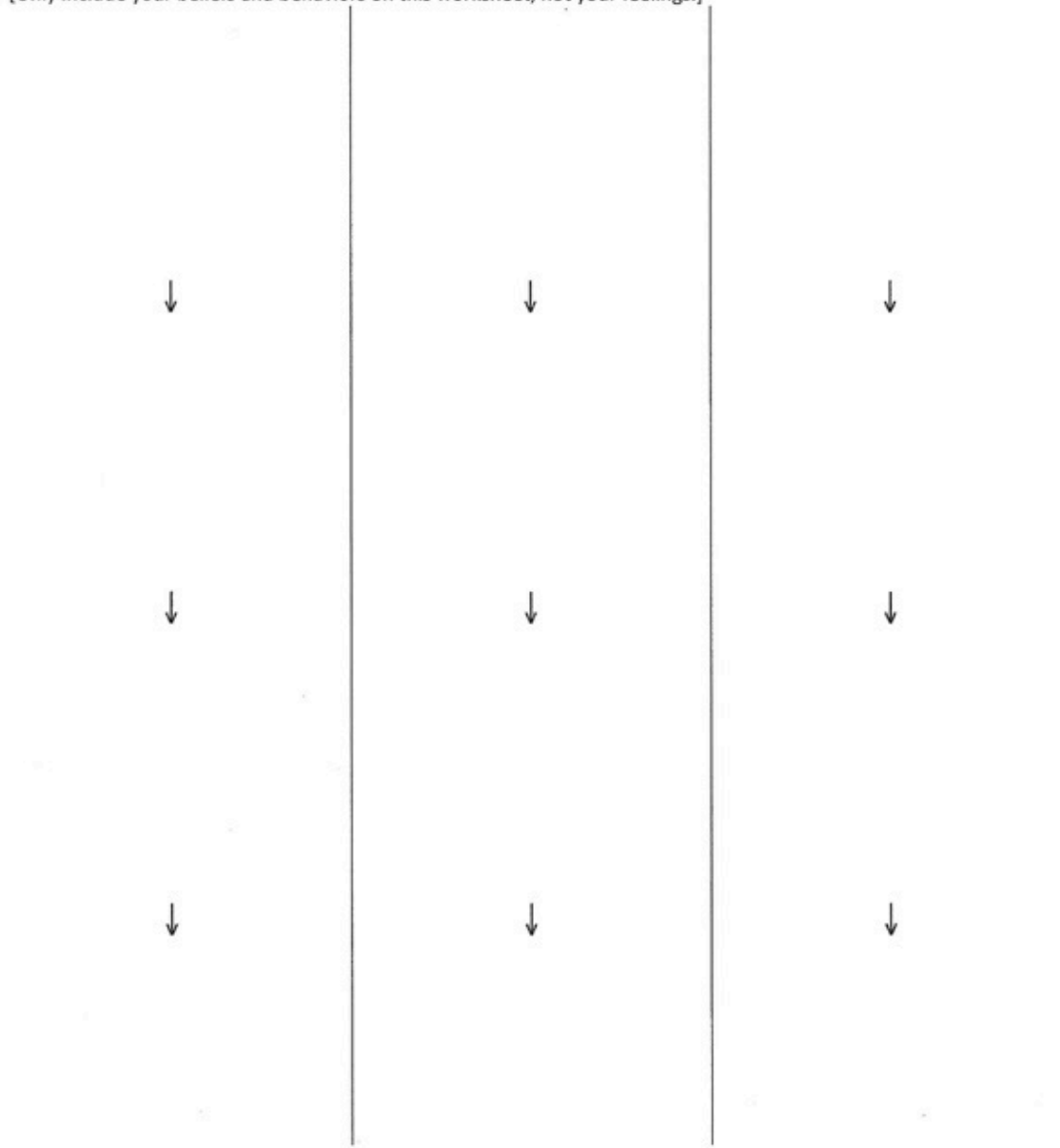
PEELING THE ONION

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 wont know what to say.

↓

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

↓

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

↓

I won't have friends or a romantic relationship.

They'll see that I'm nervous.

↓

They'll think I'm strange or weak.

↓

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

↓

I won't have friends or a romantic relationship.

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

↓

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

↓

I won't have friends or a romantic relationship.

↓

Writing healthy new core beliefs

[handouts pp. 40-44]

Criteria: counter all your unhealthy CBs; >50% believable to you; worded mainly in the positive (avoid double negatives and defensive wording)

Strategies to generate ideas:

- 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, especially in challenging situations?
- People you admire: what do you imagine their CBs are?
- You as mentor: what would you want to teach someone who turns to you for life guidance?

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. 45]
- Carry and read / recite core belief flash cards for social anxiety triggers. [next slide; handouts pp. 45-46]
- Experiments to test / defy unhealthy old CBs: [handouts p. 47-48]
  - Rebel experiments (straightforward and paradoxical). [handouts p. 47]
  - Act-as-if experiments (straightforward and paradoxical). [handouts p. 48]
  - Core belief action plan. [handouts pp. 49-50]
- Gathering evidence supporting healthy new CBs: [handouts p. 16, 51-53]
  - Pride and gratitude log. [handouts p. 16]
  - Core belief evidence log. [handouts pp. 51, 53]
  - Gathering evidence through experiments. [handouts p. 51]
  - Gathering historical evidence. [handouts pp. 51-52]
  - Why others like / respect us. [handouts p. 52]
  - Core belief continuum. [handouts p. 52]
  - Field research: systematic observation; surveys. [handouts p. 52]

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 belief 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 belief 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. 54, 56-59]
- Core belief arguments: written, role plays. [**CLINICAL DEMO. 9**: see last slide; handouts pp. 54-55, 60-63]
- Core belief trials. [A la Trial-Based Cognitive Therapy.] [handouts p. 55]
- Letting go of past: letter-writing; role-playing; imagery; advantages v. disadvantages; gathering historical evidence; conducting rituals; CB trials; then vs. now. [handouts pp. 64-65]
- Imagery:
  - Imagery of acting as if you fully believe new CBs in anxious situations. [handouts p. 66]
  - Imagery rescripting of painful social anxiety memories. [handouts p. 65]
    [Detailed instructions here: ncbi.nlm.nih.gov/pmc/articles/PMC3267018/]
  - Then vs. now. [next slide; handouts p. 64]

Then vs. Now
aka Stimulus Discrimination Training

[A la David M. Clark]

Purpose: to break the link between the client's recurrent socially anxious self-image and the memories that created it. [handouts p. 64]

- 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 they and others are different then vs. now, including evidence from past in-session and homework therapy experiments.
- Homework: whenever feeling socially anxious, notice the ways they and others are different now vs. then, and record it in core belief evidence log.

[**CLINICAL DEMO. 10**: see last slide]

Scales for assessment and measuring progress

- **Liebowitz Social Anxiety Scale:** at assessment, midway in treatment, and at end. 24 items requiring separate anxiety and avoidance ratings for each trigger. [handouts p. 69]
  [Self-scoring online version: nationalsocialanxietycenter.com/liebowitz-sa-scale/]
- **Social Anxiety Weekly Summary Scale:** at start of each session. 6 questions assessing client's progress in reducing anxiety, avoidance, internal focus, and worry/rumination. [handouts p. 70]
- **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 free pdf versions: oxcadatresources.com/questionnaires/]

Beyond therapy: making further progress & preventing relapse

In last session(s), use Continuing Forward worksheet, or client notebook / phone. [handouts pp. 67-68]

- Help client identify and write specific ways they have made progress: concrete ways things are different for client now vs. at start of therapy.
- Help client identify and write what they have 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.

Clinical demonstrations of CBT for social anxiety techniques

National Social Anxiety Center (NSAC) clinical demonstrations:

All the following can be viewed and downloaded here: nationalsocialanxietycenter.com/professional-workshops/cognitive-behavioral-therapy-for-social-anxiety-clinical-demonstrations/

1. **External mindfulness experiment** (slides 24-26, 54)
2. **Defusing from hot thoughts experiment** (slide 24); audio recording is also available at above link
3. **Cognitive restructuring argument** (hot thoughts vs. constructive attitude; slides 33, 49, 51, 54)
4. **Confident imagery** (to increase commitment to do homework experiments; slides 33, 42, 49, 54)
5. **Cognitive restructuring and being a good parent to yourself** (to overcome post-event rumination; slides 33, 53)
6. **Use of video evidence in experiments** (slides 42-43, 54)
7. **Consensual role play** (to increase commitment to do homework experiments ; slide 54)
8. **Head-held-high assertion practice** (slides 58-60)
9. **Core belief argument** (slides 67, 71)
10. **Then vs. Now** (to weaken old self-images and core beliefs; slide 72)

Oxford Centre for Anxiety Disorders and Trauma (OXCADAT) clinical demonstrations:

An excellent and large array of CBT for social anxiety training videos, including: workshop videos; clinical demonstrations; internet program videos; and videos of conducting surveys to test hot thoughts. You must register, but they are all free and are available here: oxcadatresources.com/social-anxiety-disorder-training-videos/