Cognitive-Behavioral Treatment of Social Anxiety in Clinical Practice

DSM-IV Definition of Social Phobia (Social Anxiety Disorder)

A marked and persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others. The individual fears that he or she will act in a way (or show anxiety symptoms) that will be humiliating or embarrassing.

Diagnostic and Statistical Manual Of Mental Disorders, 4th Edition American Psychiatric Association 1994

Other DSM-IV Criteria for Social Phobia

B. Exposure to the feared situation almost invariably provokes anxiety

C. Person recognizes that the fear is excessive or unreasonable

D. Feared situations are avoided or endured with intense anxiety

E. Interference with functioning or distress about having the phobia

More DSM-IV Criteria for Social Phobia

F. In individuals under 18, duration of at least 6 months

G. Not due to the direct effects of a substance or general medical condition and not better accounted for by another mental disorder

H. If a general medical condition or another mental disorder is present, the fear is unrelated to it

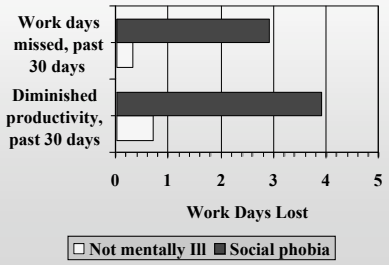
Situations Feared by Persons with Social Phobia

- Public Speaking
- Speaking in Meetings or Small Groups
- Dating Interactions & Parties
- Meeting Strangers
- Initiating & Maintaining Conversations
- Assertive Behavior
- Talking to People in Authority
- Observation by Others

Disability in Social Phobia – I

- Social Impairment
- Educational Impairment
- Occupational Impairment

Functional Impairment Associated with Social Phobia in Primary Care (Stein et al., 1999)

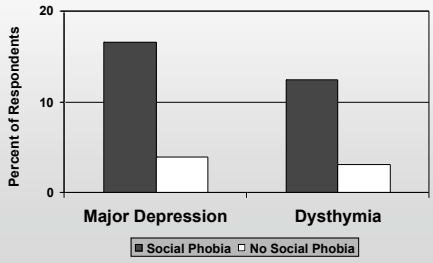


Disability in Social Phobia – II

- Need for Public Assistance
- Depression
- Suicidal Ideation and Behavior
- Alcohol and Substance Abuse

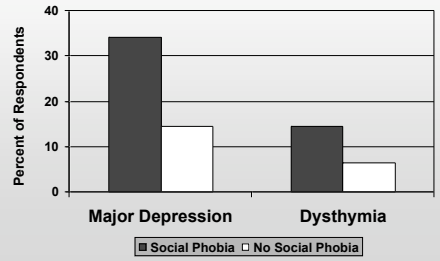
Affective Disorders in the Epidemiological Catchment Area study

(Schneier et al., 1992)



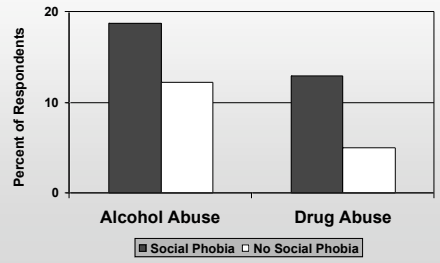
Affective Disorders in the National Comorbidity Survey

(Kessler et al., 1994; Magee et al., 1996)



Substance Use Disorders in the Epidemiological Catchment Area study

(Schneier et al., 1992)



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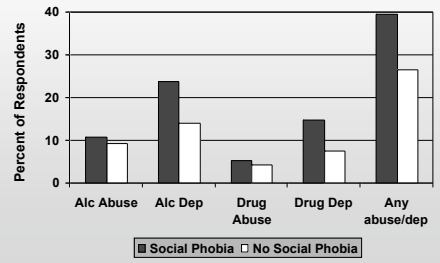


Prevalence of DSM-III-R Social Phobia in the National Comorbidity Survey
(Kessler et al., 1994)

N = 8,098, Ages 15-54

12-Month Prevalence 7.9%

Lifetime Prevalence 13.3%

Third Most Prevalent Psychiatric Disorder

Subtypes of Social Phobia

Generalized

Nongeneralized

Discrete

Generalized Social Phobia

Fear of Most Social Situations

Strong Familial Aggregation

Earlier Age at Onset / Chronic Course

Greater Impairment

Greater Comorbidity

May Be Less Responsive to Treatment

May Require Prolonged Intensive Treatment

Similarity to Avoidant Personality Disorder

Cognitive-Behavioral Conceptualization Of Social Phobia

Social Phobia: Genetic and Environmental Factors

- Genetic Contributions
- Parental Anxiety
- Parental Attitudes about Child-Rearing
- Teasing and Other Negative Peer Social Experiences

Social Phobia: Beliefs about Social Situations

- Social situations are potentially dangerous.
- One must perform perfectly in order to avoid these dangers.
- Other people are able to do so.
- The person lacks the qualities necessary to perform in the desired fashion.

Social Phobia: Predictions about Social Situations

Social situations inevitably lead to:

- Embarrassment
- Humiliation
- Rejection
- Loss of Status

Social Phobia: Anxiety Symptoms

- Anxious anticipation of social situations
- Attentional focus on social threat cues
- Negative thoughts about self and evaluation by others
- Increased physiological arousal

Social Phobia: Consequences of Anxiety

- Real or perceived disruption of behavioral performance
- Judgment of performance as inadequate
- Focus on perceived negative outcomes
- Shame
- Renewal of the maladaptive cycle

Cognitive-Behavioral Group Therapy for Social Phobia

Benefits of Group Treatment for Social Phobia

- Reality Testing
- Exposure to Social Stimuli
- Social Support
- Learning from Watching and Helping Others
- Social Influence and Persuasion
- Vehicle for Specific Treatment Techniques

Cognitive-Behavioral Group Therapy: Treatment Components

- Structured Cognitive Exercises
- Exposures to Simulated Anxiety-Provoking Events
- Cognitive Restructuring Before, During, and After Exposures
- Behavioral Homework Assignments
- Cognitive Homework Assignments

Managing Social Anxiety: A Cognitive-Behavioral Therapy Approach

Debra A. Hope, Richard G.Heimberg, Harlan R. Juster, & Cynthia L.Turk

The Psychological Corporation
2000

Physical Symptoms of Anxiety

- Palpitations (heart pounding)
- Tachycardia (heart racing)
- Dizziness
- Nausea
- Smothering sensations
- Lump in the throat
- Shakiness
- Blurred vision
- Headaches
- Muscle aches
- Tightness in the chest
- Chest pain
- Ringing in the ears
- Shortness of breath
- Diarrhea
- Flushing
- Blushing
- Chills
- Paresthesias
- Depersonalization/ derealization

Behavioral Problems in Social Phobia

- Overt avoidance
- Failure to initiate approach behavior
- Subtle avoidance
- Safety behaviors
- Freezing / Hesitation

Automatic Thoughts in Social Phobia

Stream of conscious thoughts

Parallel stream of evaluative thoughts

Quick, brief, not the result of deliberate reasoning

Appear to spring up automatically

At the edge of awareness if at all / therefore more aware of emotion than thought

Uncritically accepted as accurate reflections of the world

Negative, likely to be distorted

Example of a Completed Monitoring Your Automatic Thoughts Form

DATE 4/9	NAME *JOHN*

1. SITUATION (Briefly describe the anxiety-provoking situation.)

Thinking about calling Susan and asking her to go to lunch tomorrow.

2. AUTOMATIC THOUGHTS (List the thoughts you have about this situation.)

She won't want to go with me.

It will be awkward if she says no.

She is probably too busy.

I'll be even more anxious if she says yes because then I will have to go.

I don't know what restaurant to suggest.

I'll sound nervous.

She will think I'm odd when my voice shakes.

3. EMOTIONS YOU FEEL AS YOU THINK THESE THOUGHTS (circle all that apply)

Anxious/nervous, frustrated

List of Thinking Errors

All-or-Nothing Thinking
Fortune Telling / Catastrophizing
Disqualifying the Positive
Emotional Reasoning
Labeling
Mental Filter
Mind Reading
Overgeneralization
Should Statements

All-or-Nothing Thinking

You view a situation in only two categories instead of on a continuum.

Dual Process:

1. View self-situation in dichotomous terms
2. Negative category much larger than the positive category

Examples of All-or-Nothing Thinking from Social Phobic Patients

I am ugly if I am not as attractive as a movie star.

My speech was a total failure because I stumbled over my words.

I am stupid because I did not do well on the exam.

I might as well not try because I won't be able to do it.

Fortune Telling

Your predict that something negative is going to happen in the future, as if you were gazing into a crystal ball.

Examples from social phobic patients:

I won't be able to say (write, eat, do) anything at all.
I'll look like a fool.
My voice (hand) will shake.
I'll panic (freeze).
I won't be able to keep her interest.
She won't want to go out with me again.
He'll see how anxious I am.

Disqualifying the Positive

You unreasonably tell yourself that your positive experiences, deeds, or qualities do not count. In so doing, you reject evidence that contradicts your negative beliefs about yourself and your abilities.

Examples from social phobic patients:

I must have been having a good day.

I was lucky. Just wait until next time.

That was easy. I don't know what I got so worked up about.

My date only went well because she was so nice.

Emotional Reasoning

You think something must be true because you "feel" (actually believe) it so strongly, ignoring or discounting evidence to the contrary.

Examples from social phobic patients:

I'm so nervous that other people must be thinking bad things about me.

I feel so foolish (stupid), I must really look foolish (stupid).

If I get anxious, I know I must be coming across badly.

Mind Reading

You believe you know what others are thinking, failing to consider other, more likely, possibilities, and you make no effort to check it out.

Examples from social phobic patients:

He doesn't like me.

My boss thinks I'm incompetent.

She must think I'm boring.

He is not really interested in what I'm saying.

He/she/they must think I'm unfriendly….weird….defective….flawed….neurotic…. mentally ill….a nut case….unacceptable.

Disputing and Responding Rationally to Automatic Thoughts

Questions for Disputing Distorted Thoughts

Do I know for certain that _____ ?

Am I 100% sure that _____?

What evidence do I have that _____ is true?
What evidence do I have that the opposite is true?

What is the worst thing that could happen? How bad is that?
How can I cope with that?

Do I have a crystal ball?

Is there another explanation for _____?

Is there another point of view?

Does _____ have to lead to or equal _____?

What does _____ mean? Does _____ really mean that I am a(n) _____?

Effective Rational Responses

Brief, Focused, Positive

Summarizes content of disputation of automatic thoughts in a meaningful way

Client does not have to believe it, but must be willing to entertain it

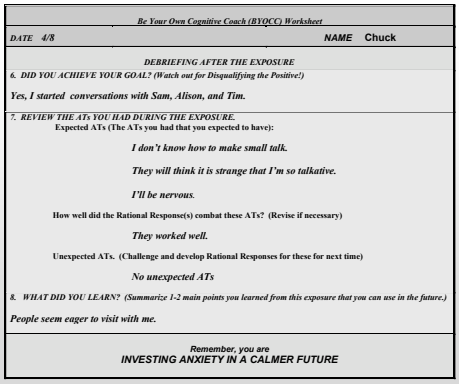
Attention to it

- disrupts focus on automatic thoughts
- introduces alternative viewpoint
- cues client to engage cognitive coping skills

Example of a Completed Cognitive Restructuring Practice Form	
1. Situation *Returning a defective jacket to the store*	
2. Automatic Thoughts	**3. Thinking Errors**
The clerk will be angry.	*Mind Reading, Fortune Telling*
I'll be nervous.	*Fortune Telling*
They won't take the jacket back and I'll look stupid for having asked.	*Catastrophizing, Labeling*
It will be a big scene.	*Catastrophizing*
I should have looked the jacket over more carefully before I took it home.	*Should Statement*
EMOTIONS (circle all that apply) *anxious/nervous, embarrassed*	

Example of a Completed Cognitive Restructuring Practice Form
4. Use Disputing Questions to Challenge ATs in Anxious Self/Coping Self Dialogue
Anxious Self (AT): *The clerk will be angry.*
Coping Self: *What evidence do you have that the clerk will get angry?*
Anxious Self: *None I guess. I just expect the clerk will be angry because I shouldn't have to return the jacket.*
Coping Self: *Who made the rule that you shouldn't return a defective jacket?*
Anxious Self: *No one I guess. I just think it is "buyer beware" and I should have looked it over more carefully before I bought it.*
Coping Self: *Do you have any evidence that you could have guessed it would be defective before you took it home?*
Anxious Self: *No. It looked fine at the store. Then one of the seams came out the first time I wore it. I really need the jacket.*
Coping Self: *So you did what you could but it was just defective. You need the jacket so you need to exchange it. Can you explain that to the clerk?*
Anxious Self: *Yes. I'll just explain what happened to the clerk. It was not my fault so the clerk does not really have a reason to get angry.*
5. Rational Response(s): *All I can do is explain to the clerk what happened and ask for an exchange.*

Be Your Own Cognitive Coach (BYOCC) Worksheet	
DATE 4/8	*NAME* Chuck
PREPARATION BEFORE THE EXPOSURE	
SITUATION (Briefly describe the anxiety-provoking situation.) *Start 3 conversations with co-workers*	
1. AUTOMATIC THOUGHTS (List the thoughts you have about this situation.) *I don't know how to make small talk.* *They will think it is strange that I'm so talkative.* *I'll be nervous.*	*2. THINKING ERRORS (See list below.)* *All or Nothing Thinking – either I'm perfect or incompetent at small talk with nothing in between* *Emotional Reasoning – I feel uncomfortable making small talk so I think that means I don't know how to do it.*
EMOTIONS YOU FEEL AS YOU THINK THESE THOUGHTS (circle all that apply) anxious/nervous, irritated	*THINKING ERRORS: All or Nothing Thinking, Overgeneralization, Mental Filter, Disqualifying the Positive, Mind Reading, Fortune Telling Error, Catastrophizing, Emotional Reasoning, Should Statements, Labeling*
3. CHALLENGES (Using the Disputing Questions below, challenge the most important AT(s) you listed above. Be sure to answer the question raised by the Disputing Question.) *What evidence do I have that I don't' know how to make small talk? No evidence. I just feel uncomfortable.* *What evidence do I have that I know how to make small talk? I did it during the in-session exposure. There are some trivial things to talk about like the weather. These are short conversations so I shouldn't run out of things to say.*	
DISPUTING QUESTIONS: Do I know for certain that -----? Am I 100% sure that -----? What evidence do I have that -----? What is the worst that could happen? How bad is that? Do I have a crystal ball? Is there another explanation for -----? Does ----- have to lead to or equal -----? Is there another point of view?	
4. RATIONAL RESPONSE(S) (Summarize the challenges into a rational statement to use to combat the AT.) *Being friendlier isn't strange.* *I can always talk about the weather.* *There isn't much small talk in short conversations.*	
5. ACHIEVABLE BEHAVIORAL GOAL (Something that is do-able and can be seen by others) *Just start the 3 conversations*	



Be Your Own Cognitive Coach (BYOCC) Worksheet

DATE 4/8 *NAME* Chuck

DEBRIEFING AFTER THE EXPOSURE

6. DID YOU ACHIEVE YOUR GOAL? (Watch out for Disqualifying the Positive!)

Yes, I started conversations with Sam, Alison, and Tim.

7. REVIEW THE ATs YOU HAD DURING THE EXPOSURE.

Expected ATs (The ATs you had that you expected to have):

I don't know how to make small talk.

They will think it is strange that I'm so talkative.

I'll be nervous.

How well did the Rational Response(s) combat these ATs? (Revise if necessary)

They worked well.

Unexpected ATs. (Challenge and develop Rational Responses for these for next time)

No unexpected ATs

8. WHAT DID YOU LEARN? (Summarize 1-2 main points you learned from this exposure that you can use in the future.)

People seem eager to visit with me.

Remember, you are
INVESTING ANXIETY IN A CALMER FUTURE

In-Session and *In Vivo* Exposures

Examples of In-Session & *In Vivo* Exposures

- Dyadic Conversation
- Meeting Someone for the First Time at a Party
- Joining in an Ongoing Conversation
- Making a Telephone Call to Someone You Like
- Make a Presentation in a Class or Seminar
- Speaking Up in a Group
- Presenting Your Views in a Meeting at Work
- Asking Someone for a Date
- Interviewing for a Job
- Chairing a Meeting of a Self-Help Group
- Demonstrating a Procedure to a New Employee
- Eating or Drinking While Having a Conversation
- Writing While Others Observe

Do's and Don'ts of Therapeutic Exposure

1. DO throw yourself into the exposure as completely as possible.
2. DON'T try to avoid the anxiety by interrupting the exposure or making it less realistic.
3. DO say your Rational Response to yourself as your ATs come up.
4. DO repeat your Rational Response aloud when you give a SUDS rating.

Do's and Don'ts of Therapeutic Exposure

5. DO give SUDS ratings quickly without worrying about being too precise. Trying to be too precise could be a subtle way to avoid fully participating in the exposure.
6. DO stay in role until your therapist says it is time to stop.
7. DON'T be discouraged if it does not go as well as you would like. Remember it takes repeated exposures to fully conquer one's fears.

In-Session Exposures: General Set-Up Considerations

- Select the Target Situation
- Design the Exposure Task
  - Arrange the Physical Space
  - Determine Need for Props
  - Determine Specific Behavior Required of Patient
  - Determine Need for Other Group Members to Participate
  - Determine Need for Additional Personnel
  - Instruct Other Participants on Required Behavior
- Incorporate Feared Outcomes?
- Record SUDS

Cognitive Restructuring Procedures for In-Session Exposures

Before the Exposure Begins:

1. Review situation
2. Identify automatic thoughts
3. Identify cognitive distortions in automatic thoughts
4. Dispute distortions in automatic thoughts
5. Develop rational response(s)
6. Set appropriate goal

During the Exposure:

1. Repeat rational response(s) and provide SUDS ratings at 1-minute intervals
2. Use disputing questions and rational responses as automatic thoughts occur

Characteristics of Goals for In-Session Exposures

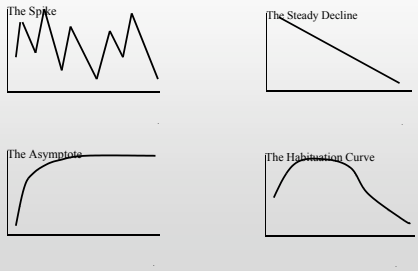
- Realistically attainable by the patient
- Concrete and specific
- Easily monitored by the patient
- Stated in terms of the patient's behavior
- Under control of the patient
- Stated in terms of behavior rather than anxiety

Cognitive Restructuring Procedures for In-Session Exposures

After the Exposure Concludes:

1. Review goal & determine goal attainment
2. Review occurrence of automatic thoughts
3. Review use of cognitive coping skills
4. Query occurrence of other automatic thoughts
5. Examine SUDS ratings and their relationship to automatic thoughts
6. Set homework assignment

Variations in SUDS Patterns During In-Session Exposures



Fears of Being Observed by Others

In-Session Exposures: Set-Up Considerations for Eating in Public

Setting:

- Lunch at school cafeteria
- Dinner party at patient's home
- Cocktail party
- Pot luck dinner with friends from work
- Banquet or luncheon

Type of Food (Utensil foods better than finger foods):

- Salad with dressing
- Soup or dishes with cream sauce
- Pasta
- Ice cream or other deserts

In-Session Exposures: More Set-Up Considerations for Eating in Public

Situation:

- Conversation with unfamiliar other?
- Working lunch?
- Outing with acquaintances or friends?
- On a date?
- Rehearsal dinner?

Behavior Required of Patient:

- Serve food to others?
- Maintain conversation while eating
- **PATIENT MUST EAT!**

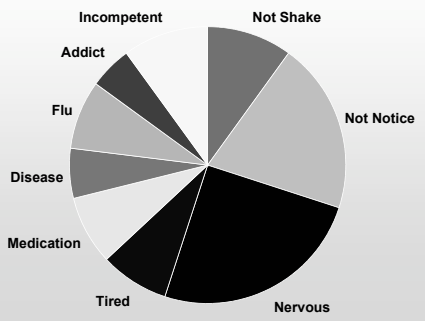
In-Session Exposures: Set-Up Considerations for Writing in Public

- Type of writing implement
- Type of form required
- Size of spaces in which patient must write
- Number of repetitions
- Formality of situation (e.g., legal transaction)
- Waiting in line?

Key Automatic Thoughts Among Patients with Observational Fears

- "My hand will shake / I'll make a mistake."
- "Someone will see my hand shake / mistake."
- "The person will think there is something wrong with me."
- "The person will think I am incompetent."

The Pie Chart Technique:
Addressing Miguel's Fears of Shaking



Eating In Front Of Others

- Dine inside the fast-food restaurant rather than using the drive-through window.
- Eat at a deli rather than picking up something to take home.
- Invite co-workers or friends to Happy Hour and have *hors d'oeurves*.
- Eat with chop sticks at Asian restaurants.
- Have at least a little bit of food whenever it is offered.
- Create extra opportunities for eating with others by bringing food to share with co-workers, family, or friends.
- Go to restaurants when they are more or less crowded—whichever is more difficult for you.

Drinking In Front Of Others

- Carry something to drink with you whenever possible.
- Stop at a fast-food restaurant and have your drink inside rather than getting something to go.
- Remove the straw from your drink .
- Pick beverages (or types of containers) that you find more difficult to drink (or drink from) whenever possible.
- Invite co-workers, friends, or family to join you on occasions in which beverages will be served.
- Take breaks at work with others and drink something.
- Order extra beverages when dining out, such as having a beverage and water with the dinner and coffee after dinner to provide more opportunities to practice.

Writing In Front Of Others

Write a check or use a credit card rather than paying cash. Do not write out the check until you are at the end of the check out line.

Go inside the bank to do your business. Do so at the busiest time.

Volunteer to take the minutes at a meeting or to write on the chalk board during a class.

If there is more than one place to pay for items in a store, pay for part of your items in each place, using a check or credit card each time.

Do your grocery shopping by purchasing a few items at several different stores, writing a check each time.

Use a gas station where you can pay by credit card to a cashier rather than just swiping your card at the pump.

Addressing "I'll make a mistake"

Mistakes are a part of the human condition

For serious mistakes, there are safety nets

Most feared mistakes are truly trivial but catastrophized by the patient

Important to help patient put mistakes in perspective

"If ____ happens, it will be unpleasant but I can live through it."

Putting a Mistake in Perspective

Stubbing my toe

all of my family killed

How would you rate missing the winning field goal?

Fears Of Making Mistakes

Take on a new hobby or sport, particularly one that is taught in a class: music, tennis, golf, dance, painting, arts and crafts, woodworking, etc.

Take your dog to obedience classes.

Join a community sports team.

Volunteer to read something aloud in a meeting and stumble over your words occasionally

Pay for something with "exact change" but be over or under by a few cents, etc.

Play games in which you are likely to make errors, such as trivia games or charades.

Fears of Social Interaction

In-Session Exposures: Set-Up Considerations for Social Interactions

Interaction Settings:

- College Class
- Singles' Club
- Health Club
- Church Group
- Restaurant
- Supermarket
- Patient's Home
- Party Hosted by a Mutual Friend

In-Session Exposures: More Set-Up Considerations for Social Interactions

Familiarity:

- Has the patient met the person before?
- Do they have common experiences to talk about?
- Has a previous interaction gone badly?
- Has a conversation with the same person been the focus of a previous in-session exposure?

Behavior of the Other Person:

- Receptive or disinterested?
- Warm or aloof?
- Quiet or talkative?
- Notice the patients anxiety or not?

Key Automatic Thoughts Among Patients with Social Interaction Fears

"I won't know what to say."

"I never have anything interesting to say."

"I'm not very good at making conversation."

"She'll think I'm boring."

When he gets to know me, he won't like me."

Small Talk / Big Fear

The brief casual conversations that make the world go 'round….

- Greeting your neighbor when you see her in the yard
- Asking a coworker whether he did anything fun this weekend
- Complimenting a friend on her new outfit
- Chatting with the cashier at the grocery about the hot weather
- Talking to a fellow student about a class while waiting for the instructor to arrive

Reasons Why Patients Fear Small Talk

- Assume total responsibility for conversational flow
- Eliminate potential conversation topics as superficial
- Exaggerate likelihood and length of silences
- Uncomfortable with terminating conversations

Fears of Public Speaking

Public Speaking Fear

Public speaking is not only about making formal speeches. It also includes...

- telling a joke to a group of people at a party
- stating your opinion to a group
- reading scriptures at a religious service
- offering a eulogy at a friend's funeral
- making a toast at a wedding reception
- speaking up at a self-help group or twelve-step meeting
- giving a report during a meeting
- explaining how to do something to a group of people
- answering a question in a class
- making a presentation in a class

In-Session Exposures: Set-Up Considerations for Public Speaking

Will the Speaker:

- Speak from notes or extemporaneously?
- Speak on a particular topic?
- Entertain questions or speak without interruption?
- Present factual material or opinion?

Does the speaker:

- Fear the occurrence of a problem with his/her behavior (e.g., stumbling over his/her words, mispronouncing words)?
- Fear a specific physiological response (e.g., sweating, shaking)?

In-Session Exposures: More Set-Up Considerations for Public Speaking

Setting:

- Standing at a podium or in front of an audience?
- Sitting around a table?
- Chalkboard or easel required?

Behavior Required of the Audience:

- Look attentive but say nothing?
- Ask questions?
- Disagree with the speaker?
- Look bored and disinterested?
- Make disparaging remarks?

Key Automatic Thoughts Among Patients with Public Speaking Fears

- "I'll freeze up and not be able to talk."
- "My mind will go blank."
- "They'll ask questions I can't answer."
- "I shouldn't be nervous in this situation."
- "They'll see how nervous I am."
- "If I get more prepared, I'll be less nervous."

CBT Interventions for Patients with Public Speaking Fears

- Pie Chart Technique
- "Silent SUDS"
- "Purposeful Pauses"
- "Planned "I don't knows"
- Repeated interruptions
- Reading technical material aloud
- Videotape replay
- Preparation Limits

Steps for Overcoming Social Anxiety
with Exposure and Cognitive Restructuring
(Record responses on the BYOCC Worksheet for homework exposures)

Before entering the exposure situation. . .

1. **Pick an anxiety-provoking situation that you would like to work on**
2. **As you imagine yourself in that situation, identify the ATs and emotions caused by the ATs**
3. **Identify Thinking Errors in the ATs**
4. **Challenge 1-2 of the ATs with Disputing Questions. Be sure to answer the question.**
5. **Summarize answers to Disputing Questions into a Rational Response**
6. **Think about the situation in more detail and pick an achievable behavioral goal**

Enter the exposure situation. . .

7. **Complete the exposure, using the Rational Responses to help control your anxiety. Stay in the situation until it reaches a natural conclusion or your anxiety decreases.**

After the exposure is over. . .

8. **Debrief your experience in the situation**
   - **Did you achieve your goal?**
   - **Did you have the ATs you expected to have?**
   - **How well did the Rational Response(s) work?**
   - **Did you have unexpected ATs? Take a moment to challenge them now. (Steps 3-5 above)**
9. **Summarize what can you take from this experience that you can use in similar situations in the future.**

Challenging Underlying Beliefs

Sample Worksheet for Danielle
Peeling Your Onion—Discovering and Challenging Your Core Beliefs

1. Look over all of your completed BYOCC worksheets and write down the ATs that seem to occur the most frequently.
I'll make a mistake.
I won't do a good job.

2. Look over all of your complete BYOCC worksheets and write down any ATs that seem especially powerful. These could be ones that seem the most important in general or seem especially important to how you think about yourself. Also, be sure to write down any ATs that make you feel a strong emotion when you think about them.
I'll make a mistake.
I messed up a project for my boss.
I need to do a good job.

3. Looking over what you wrote in Step 1 and Step 2, write down any themes that seem to occur in your frequent ATs and your powerful ATs.
Making mistakes, doing things right.

4. Pick the one theme in Step 3 that seems the most important to how you think about yourself and your life. Write it here.
I am the kind of person who wants to do things right.

Now it is time to peel the onion and see what ATs and core beliefs might be under that theme. Each of the following boxes contains three questions. Ask yourself the question that best fits and write the answer in the box. Keep repeating this procedure until you can no longer answer the question.

5. Looking at the theme in Step 4, ask yourself one or more of the following questions. (Pick the question(s) that makes the most sense as not all questions fit for each thought). Write down your answer to the question(s) in the box.

Why is this important? What does it mean if this is true? What would be bad about that?

It is important to do things right because that is the kind of person I want to be.

List the emotion(s) you feel when you think about your answer
Frustrated, guilty

Sample Worksheet for Danielle
Peeling Your Onion—Discovering and Challenging Your Core Beliefs

6a. Repeat Step 5 for the answer you wrote in the previous box.
Why is this important? What does it mean if this is true? What would be bad about that?

To do things right means to do things the way they should be done. To do them perfectly.

List the emotion(s) you feel when you think about your answer: ***Angry, frustrated, overwhelmed***

6b. Repeat Step 5 for the answer you wrote in the last box.
Why is this important? What does it mean if this is true? What would be bad about that?

I should do things perfectly. Dad used to say, if you aren't going to do it right, don't do it.

List the emotion(s) you feel when you think about your answer: Frustrated, guilty

7. Keep peeling your onion by asking yourself the questions and considering your emotions. It should feel as if you are getting to beliefs that are more and more personal and private. If you get stuck, stop and let yourself feel the emotions and more thoughts will likely come to your mind. If you hit a dead end, go back to a previous step and work with a different answer to the question(s). Use the back of this page to record your responses if necessary.

8. When you think you have arrived at the core of your onion, your core belief, write it below. Signs that this is your core belief include: (a) You feel strong emotions when you consider this belief. (b) The belief seems very personal, important and/or true. (c) The belief feels like something that you have thought for a long time.

I should do everything perfectly, even the first time.

9. Treat your core belief like an AT and record it on one of the BYOCC worksheets. Use the Thinking Errors and Disputing Questions to challenge your core belief. Develop a Rational Response and write it here.

Sometimes it is OK to do things "good enough."

10. List several therapeutic exposures that would be relevant to testing out whether your core belief is accurate or helpful.
Making little mistakes on purpose Playing golf for the first time Leaving a little bit of a mess in my living room when company is coming

Termination and Maintenance of Gains after Cognitive-Behavioral Treatment for Social Phobia

Checklist of Progress in CBT

Are You:

____ Able to identify ATs when you notice yourself becoming anxious?

____ Able to identify the Thinking Errors in your ATs?

____ Using Disputing Questions to challenge your ATs?

____ Able to develop Rational Responses and use them to combat anxiety in situations in which you get anxious?

____ Doing something every day to overcome your anxiety?

____ Looking for opportunities to enter situations that make you anxious rather than avoiding them?

____ Avoiding subtle avoidance and giving up safety behaviors ?

Keys to Maintaining Your Gains in CBT for Social Phobia

Avoid avoidance.

Keep using the cognitive skills.

View an increase in anxiety as an opportunity.

Reward yourself for your success.

Use additional strategies to control your anxiety if necessary.

My Accomplishments During Treatment For Social Anxiety
1. New skills I have learned:
2. Changes I have made in my life:
3. Ways in which I am more self-confident:
4. Things I have done that I never did before or had not done for a long time:

Goal for the First Month After Treatment Ends

By _____ (date one month after treatment ends), I want to accomplish the following:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Troubleshooting Cognitive-Behavioral Treatment For Social Phobia

Troubleshooting CBT for Social Phobia: Difficulties During In-Session Exposures

- The target patient experiences no anxiety during the exposure.
- Problems arise when groups members serve as role-players in an exposure for another patient.
- Exposures may turn out badly if the target patient's worst fears do come true.

Troubleshooting CBT for Social Phobia: Difficulties During Cognitive Restructuring

Problems Presented by Patients

- The patient reports no thoughts about the situation despite the presence of high anxiety.
- The patient does not recognize or accept the idea that his/her thoughts may be distorted or irrational.
- The patient does not grasp the central tenets of cognitive-behavioral treatment.

Troubleshooting CBT for Social Phobia: Difficulties During Cognitive Restructuring

Problems Presented by Therapists

- Therapists allow patients to tell long and detailed stories about their anxious experiences.
- Therapists solicit too many automatic thoughts before an exposure or homework assignment.
- Therapists dispute too many automatic thoughts before an exposure or homework assignment.
- Therapists question automatic thoughts which are unlikely to lead to productive change.

Troubleshooting CBT for Social Phobia: Difficulties During Cognitive Restructuring

More Problems Presented by Therapists

- Therapists argue with patients that their thoughts are distorted.
- Therapists tell patients what the “correct” thoughts are.
- Therapists tell patients what thinking errors their automatic thoughts might contain and what good rational responses might be.
- Therapists act as if all cognitive work must be completed before the in-session exposure begins.

Troubleshooting CBT for Social Phobia: Homework Assignments Gone Awry

It may be difficult to come up with an appropriate homework assignment.

The patient does not complete the assignment.

The patient procrastinates or avoids completing the assignment.

The patient reports that he/she did not complete the homework assignment, but the reasons for this failure were beyond his/her control.

Troubleshooting CBT for Social Phobia: More Homework Assignments Gone Awry

The patient completes the assignment in ways that are problematic.

The patient completes a homework assignment successfully but seems quite upset over what seems to be a positive outcome.

The patient attempts the homework assignment, and it turns out badly.