EDITOR'S NOTE FOR ARTICLES 1 AND 2: Article 1 in this Module is followed by a series of Appendices in Article 2. The Appendices document more fully many of the details in this case study of manualized group treatment, and in so doing they reflect the careful and systematic way in which the various facets of the treatment have been made clear, explicit, and concrete by the authors. Hyperlinks are provided in Article 2 to facilitate navigating within the extensive material provided.

Identifying and Targeting Idiosyncratic Cognitive Processes in Group Therapy for Social Phobia: The Case of Vumile

Appendices

Appendix 1: Poster advertising the program

Hallo !!

Thank you for taking the time to read this message. We hope that it will serve to act as an important guide in some of your lives.

DO YOU FEAR…*and spend your life avoiding any of the following social situations:*

* speaking/presenting to small or large groups?
* talking to authority figures?
* being the center of attention?
* making small talk at parties?
* eating, drinking or writing in front of others?
* taking part in group activities?

When is such situations do you experience blushing, breathlessness, shaking, trembling, fear if vomiting, butterflies in the stomach, a sudden need to go to the toilet or sheer panic? Do you feel the need to escape from such a situation in order to cope?

IF SO – you could be suffering from **SOCIAL PHOBIA** - the most common anxiety disorder.

The **GOOD NEWS** is that **HELP IS AVAILABLE** !!! Social phobia is a treatable condition and with support and guidance you could be freed from this debilitating experience.

SO – how can you go about getting help?
Help is close at hand. We are appealing to you to accept this chance to receive guidance and treatment. As a part of a psychology research project, we are conducting a treatment program for social phobics. The program will involve a series of treatment sessions. Complete confidentiality is guaranteed.

What have you got to lose? With help you could be living the life you want to – without having to be overcome by fear and regular distress. We ask you to find the courage to accept this opportunity. We realise it may be difficult for you to take this step – but you will be doing yourself a favour. We want to help you. **TAKE THAT VERY IMPORTANT STEP.**

Thank you for your time. Please feel free to phone us or e-mail – at any time.

Back to list of Appendices

Appendix 2. Participant self-report assessment form

Where possible answer on this sheet. For questions which require more detailed answers please answer on separate sheet. Thank you for taking time to answer this questionnaire.

Name …… Date ……..

A. Current Life Situation

1. Please briefly describe what you do on a typical weekday, starting with the time that you wake up in the morning, and ending with the time that you go to sleep at night. Did this pattern change when your present difficulties began?

2. How are you getting along with people? How do people seem to feel about you? Do you have friends? Any close friends? How often do you see them? Have your relationships with others changed as a result of your current difficulties?

3. Are you dating anyone at the present moment? If so, how would you characterise your relationship with this person? If not, are you happy with this situation?

4. How would you describe your present relationship with your family of origin?
   How often do you visit them?

5. Has your performance at university been affected by your problem?

6. Have you ever used drugs or alcohol on a regular basis? If so, how often and in what amounts?
   Has this ever been a problem for you?
   Is this currently a problem for you?
   Do you think this is a problem?

B. Developmental History

1. When and where were you born?
   Did you experience any significant moves as a child? If so, when did these occur and what were the reasons that your family moved?
   Were you ever separated from one or both parents for a period of time during your childhood?

2. What were your parents occupations when you were growing up?

3. Do you have any brothers or sisters?
   What are their current ages?
   Where did you fit in, in terms of birth order?

4. How would you describe your father, especially during your childhood?
   How did your father respond to you when you were upset (angry, depressed, anxious) about something? When you were happy about something?
   How did he discipline you when you misbehaved?
   How would you characterise your relationship with your father during your childhood?

5. How would you describe your mother, when you were a child?
   How did your mother respond to you when you were upset (angry, depressed, anxious) about something? When you were happy about something?
   How did she discipline you when you misbehaved?
   How would you characterise your relationship with your mother during your childhood?

6. How would you describe your parents' relationship during your childhood?
   Did your parents ever argue? If so, what kinds of things did they argue about?
   How did their fights make you feel?

7. How would you characterise your relationship with your sibling(s) as a child?

8. Was religion an important part of your upbringing? If so, in what way was it important?

9. Did you have any particular fears as a child (objects, situations)?
   Do you still have any of these?

10. How were your marks/grades at school?
    Primary school:

    High school:

    How did you feel about examinations while you were at school?
    Primary school:

    High school:

    Did you make many friends at school? Any close ones?
    Primary school:

    High school:

11. Were you ever in trouble with the police or school authorities? If so, when did this occur? Can you describe the incident(s)?

C. Social History

1. At what age did you begin dating?

2. Do you have difficulty communicating with the opposite sex? If so, what creates these difficulties?

3. Have you had any serious (long-term, exclusive) relationships? Can you describe the most significant one(s)? How did it (they) begin and why did it (they) end?

Is there any common pattern that seems to take place in many of your romantic involvements?

4. How Is (are) your sexual relationship(s) with your partner(s)?
Are you satisfied with the quality of this relationship?

D. School/Occupational History

1. What year did you graduate from high school?
What is the highest degree you have obtained? In what field is this degree?
Did you take any time off from school during your education? If so, why?

2. What have you done since leaving school?

E. Medical History

1. When was your last medical check-up?
What were the results?

2. Are you currently in treatment for any medical condition?
Are you taking any medication at the present time? If so, what type(s) and at what dosage?
Do you have any medication or food allergies?

3. Have you ever had or do you presently have an eating disorder of any kind? If so, which eating disorder and to what extent?
What have you done about this eating disorder?

4. Have you ever been for any kind of psychological therapy/treatment? Explain the nature of this.

F. General

1. What are some of your goals for this treatment program?

Back to list of Appendices

Appendix 3: Consent form

Rhodes University Department of Psychology
Psychology Honours Research Project

CONSENT FORM

I, ……., agree to participate fully in the Psychology Honours Research Project, entitled: "An Evaluation of the effectiveness of a group therapy program for social phobia among a group of students at Rhodes University."

Requirements:

1) I agree to attend each weekly session, for two hours, or as decided upon by the group, until the program is completed.

2) I agree to complete all the assessment forms throughout the duration of the program.

3) I agree to allow the sessions to be audiotaped and videotaped. I understand that these will remain confidential and will only be viewed by the group facilitators. I understand that this is an important aspect of the program so as to assess progress.

4) I agree to complete the required homework assignments after each session.

5) I agree to participate in the debriefing interviews at the end of the program.

6) I agree to allow the assessment and debriefing interviews to be tape-recorded.

7) I understand that the project will include narratives or case vignettes. However, names will be changed.

8) I agree to maintain complete confidentiality concerning all information disclosed about the group members.

9) I understand that, should I for any reason need to withdraw form the program, I am able to do so. However, I must discuss this with the group facilitator.

Signed by
Research participant: ……..… Date: ……

Signed by
Researcher: ……. …….. Date: ……

Back to list of Appendices

Appendix 4. Post-session feedback questionnaire

Adapted from Freeman, Pretzer, Fleming, and Simon (1989)

REPORT ON THERAPY SESSION

Name: _____

Date of session: _____

Main goal(s) of session:
_____

PART I. **Please circle your response on the scales given to each of the following:**

1. Before you came in today, how much progress did you expect to make in dealing with your problems **in today's session**?

1	2	3	4	5	6	7
MUCH PROGRESS			SOME PROGRESS			NO PROGRESS

2. **In today's session,** how much progress do you feel you actually made?

1	2	3	4	5	6	7
MUCH PROGRESS		SOME PROGRESS		NO PROGRESS		THINGS GOT WORSE

3. **In future sessions,** how much progress do you think you will be able to make in dealing with your problems?

1	2	3	4	5	6	7
MUCH PROGRESS			SOME PROGRESS			NO PROGRESS

4. How satisfied are you with **today's session**?

1	2	3	4	5	6	7
VERY SATISFIED		SATISFIED		INDIFFERNT		DISSATISFIED

5. **In today's session,** how well do you think the facilitators understood your problem?

1	2	3	4	5	6	7
VERY WELL			FAIRLY WELL			POORLY

6. How well were you able to convey your problems or concerns **in this session**?

1	2	3	4	5	6	7
VERY WELL			FAIRLY WELL			POORLY

7. **In today's session,** did you find that everyone in the group had an equal opportunity to speak about their problems, or did certain people dominate the discussions?

1	2	3	4	5	6	7
VERY FAIR OPPORTUNITY		FAIR OPPORTUNITY	DISCUSSIONS WERE DOMINTATED BY SAME PEOPLE			DISCUSSIONS WERE VERY DOMINATED BY SAME PEOPLE

8. **In today's session,** did you find that the group showed support for one another?

1	2	3	4	5	6	7
VERY MUCH			SOME			NOT AT ALL

9. **In today's session,** how much could you / did you trust (have confidence in) the rest of the group?

1	2	3	4	5	6	7
VERY MUCH			SOME			NOT AT ALL

10. **In today's session,** did you find that the group showed empathy for one another?

1	2	3	4	5	6	7
VERY MUCH			SOME			NOT AT ALL

PART II. **Please answer the following questions about homework.**

1. Was homework assigned in the **last session?** …… YES ……. NO

2. Was the last session's homework discussed (the homework discussed need not particularly have been yours)?
in today's session? ……. YES …….... NO

3. How helpful was the homework and the discussion of it (the homework discussed need not particularly have been yours)?

1	2	3	4	5	6	7
VERY		SOME		NOT AT ALL		NONE APPLICABLE

4. How pleased are you with the homework that was assigned **in today's session?**

1	2	3	4	5	6	7
VERY		SOME		NOT AT ALL		NONE WAS ASSIGNED

PART III. **Rate the extent to which the facilitators were the following in this session:**

	VERY MUCH	SOME	NOT AT ALL
1. Sympathy and caring.	1	4	7
2. Competent (knows what s/he is doing)	1	4	7
3. Warm and friendly.	1	4	7
4. Supportive and encouraging.	1	4	7
5. Involved and interested.	1	4	7

PART IV. **Rate the extent to which you gained the following skills in today's group session. Please refer only to this session. Keep in mind that not all of these skills can be gained in any one session.**

	VERY MUCH	SOME	NONE
1. Better insight into and understanding of my psychological problems.	1	4	7

2.	Methods or techniques for better ways of dealing with people (i.e. asserting myself).	1	4	7
3.	Techniques in defining and solving my everyday problems.	1	4	7
4.	Confidence in undertaking an activity help myself.	1	4	7
5.	Greater ability to cope with my anxiety.	1	4	7
6.	Better control over my actions.	1	4	7

		VERY MUCH	SOME	NONE
7.	Greater ability to **recognize** my unreasonable **thoughts.**	1	4	7
8.	Greater ability to **correct** my unreasonable **thoughts.**	1	4	7
9.	Greater ability to **recognize** my self-defeating or erroneous **assumptions.**	1	4	7
10.	Greater ability to **evaluate** my self-defeating or erroneous **assumptions.**	1	4	7

PART IV. **(i) Please describe the most outstanding aspect of today's session, (ii) any interests or concerns you would like to share.** (Please write on the other side of the page if this space is inadequate).

Back to list of Appendices

Appendix 5. Evaluation form used at first follow-up interview

Name: _____ Date: _____

FEEDBACK ON SESSIONS 1 TO 10,
& SAFETY BEHAVIOR S EXPERIMENT

Please provide feedback for the following using the scale as given below:

1 2 3 4 5 6 7

- Very valuable	**Neutral**	**- Completely valueless**
- Made complete sense		**- Made no sense**
- Very effective		**- Not effective**
- Very useful		**- No use at all**
- Well understood		**- No understanding**
- Learnt much		**- Learnt nothing**

Session 1:

In this session, we introduced ourselves to one another, and then went on to introducing various other things. You were introduced to social phobia, social anxiety, cognitive behavior therapy, and a basic idea of what the therapy to follow will entail. We began by trying to identify situations that each of you feared.

1. How much understanding did you gain form the first session's introduction to social phobia and cognitive behavior therapy? _____

2. How useful were the notes on these topics provided to you to take home? _____

3. How much did you learn about yourself regarding the "feared and avoided situations" exercise (ex.1)? _____

Further comments:

Session 2:

In this session, we started working with the identified feared situations. We identified what "negative thoughts" and "automatic anxiety symptoms" each of you experienced in the feared situations. You were presented with a brief explanation on automatic anxiety symptoms, and we discussed them. You were given an extensive homework exercise on identification of negative thoughts and automatic anxiety responses.

4. How much did you learn about yourself regarding the "identifying negative thoughts" exercise (ex. 2)? _____

5. How much did you learn and understand about automatic anxiety symptoms based on the presentation and the notes given to you to take home? _____

6. How much did you learn about yourself regarding the "automatic anxiety symptoms" exercise (ex. 3)? _____

7. How much use was the homework record sheet provided to you on identifying negative thoughts? _____

8. How useful was the homework exercise where you had to list your anxiety symptoms on a scale of 1 to 5? _____

Further comments:

Session 3:

In this session, we went a bit further to identify which "safety behavior s" each of you used in your feared situations. You were presented with the reasoning behind why safety behavior s are used by people. What role do they play in making a person feel safer about a situation. You were also provided case studies of people that used safety behavior s in their given feared situations. Later you went on to understand the "shift of attention" that takes place for you in a feared situation. Your homework required for you to identify your safety behavior s using the checklist, and to figure out better, how your attention shifts in the feared situation.

9. How much did you learn about safety behavior s form the presentation on it? _____

10. How useful did you find the checklist of safety behavior s and the case studies about the way people used their safety behavior s? _____

11. How much did you learn about yourself regarding the "safety behavior s" exercise ex.4 (not the experiment)? _____

12. How much did you learn from the presentation on shift of attention and increased self-awareness? _____

13. How much did you learn about yourself regarding the "shift of attention" exercise (ex. 5)? _____

14. How much use was the homework sheet on identifying safety behavior s using the list? _____

Further comments:

Session 4:

In this session, we used the information we had already collected to learn more about how "increased self awareness" plays a role in our functioning in a feared situation. Now having found this out, we went about to put all the pieces of the puzzle together and construct models of what exactly was done in the feared situation. An idea of how this should be done was presented to you, and you had to construct your models as part of homework.

15. How much did you learn about yourself regarding the "increased self awareness" exercise (ex. 6)? _____

16. How well did you understand the presentation on how to use the model? (Where you basically put everything together and finally see how all the exercises done so far work together.) _____

17. How effectively did you manage to construct this model as part of the homework? _____

Further comments:

Session 5:

In this session, we basically reviewed the models that you constructed for homework, and we discussed what you would do over the vacation.

18. How much did you understand about the presentation regarding what happens next, once you have constructed your model? _____

19. How well did the vac. go in respect to effectively conducting experiments with feared situations, whereby you can construct new models? _____

Further comments:

Session 6:

In this session, we reviewed what you did over the vacation and re-evaluated the models each of you had constructed. We went further to discuss the "safety behavior experiment" and each of you identified situations you considered highly anxiety provoking to use as part of the role plays. We briefly discussed what was meant by "dropping the safety behavior s" which would be an important part of your role playing in the experiment.

20. How much did you understand and realize the need for the safety behavior s experiment? _____

21. How valuable was the discussion about the homework you did during the vac.? _____

22. Even if it wasn't entirely your homework discussed, to what extent could you relate to, and understand more about yourself with the discussion of other people's homework?

_____

Further comments:

SAFETY BEHAVIOR S EXPERIMENT

Each of you were involved in role playing the same situation twice. Once with your safety behavior s and once without them. You were then given feedback by your volunteer role player(s) who you were interacting with in the role plays. Both role plays were video taped and you viewed these video tapes in order to establish for yourself, in which role play you saw yourself as interacting better. You and your volunteer role player(s) filled out assessment forms in order for comparison of your self evaluation and the observer evaluation of you.

23. Did you find that overall the experiment made sense and was a value to you?

_____

24. Did you find the volunteer role players' feedback valuable? _____

25. Did the video feedback have much value or make much sense to you regarding your self awareness? _____

26. Was the way in which the role plays were conducted and the debriefing provided to you effective?

_____

27. Was the records sheet provided to you after each role play effective to your understanding of how you felt you conducted and experienced the situation?

_____

Further comments:

Sessions 7/8/9/10

In these sessions, you have basically been reviewing the safety behavior s experiments. and homework where you had to go out and conduct experiments of your own. Your experiences and findings have been central to the discussions. Even though your homework is discussed along with everyone else's, the idea is to see how much you can identify with, and learn from other peoples' experiences as well. You have in addition been introduced to "post mortem" and how it works, the presence of "assumptions and beliefs" and how they work, and you have been presented with a manual on "Cognitive Restructuring" for your own use. This manual should enhance your understanding of your feared situations whilst helping you do therapy on yourself where this is possible. You have also been introduced to the concept of "low self-esteem" and how this may be playing a role in your interaction with others, and with your "self concept".

28. Were the discussions about the safety behavior s experiments of any value to you? (this is including discussions of other people's experiences; did the discussions provide more understanding and make more sense of how you experienced your own experiment) _____

29. How useful were the records given to you as part of homework; the daily dysfunctional thought record, and the record for noting behavior al experiments. _____

30. Were the discussions regarding these record sheets useful to you? This is including the discussions of other people's records – did it make more sense to your understanding of experiments you conducted as part of homework. _____

31. How much did you learn and understand from the presentation on post mortem? _____

32. Did you manage to effectively understand and identify your use of post mortem as part of your homework experiments? _____

33. How well did you understand the presentation on the cognitive restructuring manual? _____

34. Did you mange to effectively use it to make more sense of your homework experiments? _____

35. How much did you understand and learn from the presentation on the presence of "assumptions and beliefs"? _____

36. How effectively did you manage to identify and work with your existing assumptions and beliefs as part of the homework? _____

37. How much sense and effectiveness did you receive from the handout on "low self-esteem"? _____

38. Did the handout on low self-esteem enable you to carry out experiments as part of homework with a better understanding of yourself? _____

39. How useful did you find the explanation on the development and maintenance plan, i.e. what you have to do for yourself once the group is over? _____

40. How effectively have you been able to put this plan into use thus far? _____

_____

Apart from comments you have given on each session, is there anything else you would like to add? If so, please explain yourself clearly, and give ideas of what you think might make our last sessions most worthwhile. Have you got any unfinished business that needs to be paid special attention to; that is, were you left behind in any of the sessions and are still left wondering what exactly happened there?

Back to list of Appendices

Appendix 6. Group Therapy for Social Phobia: Treatment Manual

Introduction

This manual is a supplement to Clark's (1997) manual for the individual treatment of social phobia and should be used in conjunction with it:

CLARK, D, M. (1997). *Cognitive therapy for social phobia: Some notes for therapists.* Oxford: University of Oxford, Department of Psychiatry.

Each session is described in detail. The overheads used for didactic purposes as well as the exercises, homework assignments, and handouts issued to participants during the session are included after the description of each session

For research purposes, we had participants complete the following self-report scales at the start of each session: Beck Depression Inventory-II, Beck Anxiety Inventory, Social Cognitions Questionnaire, Social Behavior s Questionnaire, Social Summary Rating (these last three are in the Clark, 1997, manual).

The Fear of Negative Evaluation Scale (Watson & Friend, 1969), and the Social Anxiety Questionnaire (Clark, 1997) were completed at sessions 1 and 13 only.

Exercises in pairs: In sessions 1 - 4, we conducted six exercises in which members worked in pairs. These structured the process of gathering information that was required for constructing their idiosyncratic cognitive models. A copy of a blank cognitive model follows after the description of session 1.

We encouraged members to work with a different partner for each exercise. Pairing participants provides a chance for each participant to learn more about another participant on a one-to-one basis. Therefore, by the end of the 6 different exercises (one or two per session), at the start of the program, every participant has had an experience of one on one interaction with every other. In these exercises, participants interviewed one another with specific questions designed to help them gain insight into cognitive, emotional and behavior al responses in anxiety provoking social situations. This encouraged participants to become active in the assessment process and in supporting other group members. First participant A interviewed participant B and made notes about A's responses which were given to A at the end. Then the roles were reversed and participant B interviewed participant A in the same way. This also encouraged a sense of mutuality and carried the message that each member can both assist and be assisted.

Overhead projector transparencies: We used transparencies displayed by means of an overhead projector for many of the presentations included in the program. Below these are often referred to as "overheads". The overall structure and content is shown here, but for convenience we have reduced the font size and have not kept all the original formatting.

Back to Treatment Manual index

SESSION 1

1. Introductory exercise

Any ice-breaking introductory exercise can be used. In our group, participants and group leaders sat in a circle and a ball of string was tossed at random from one individual to the next. Each time the ball of string is passed on, the last person to have caught it should hold onto a piece of the string so that a web forms across the space between the group members. Each member introduces him/herself with name and any two pieces of information about him/herself that she/he would like to share, before passing the ball of string to the next person.

This exercise serves to introduce the members to each another, and forces everyone to participate at least minimally. It also symbolically suggests that the group members are connected through the web that has been formed. It is demonstrated that even if one person lets go of their string in the web, the web is destroyed. The web signifies the supportive framework of the group context and the joining together in a common venture.

2. Ground rules and contracting

The group leaders discussed the nature and importance of confidentiality and motivated participants to attend regularly and to attend the whole program. We had each member sign a consent to participation agreement because this was a research study but would not do this if implementing the program otherwise.

3. Introduction to cognitive therapy for social phobia

The basic features of social phobia and cognitive therapy were explained using overheads. Participants were also given the handout *A guide to cognitive therapy for social phobia* (Clark, 1997, pp. 61-62).

4. Awareness exercise in pairs (1): "Identifying feared situations"

In this exercise in pairs, participants take it in turns to use a structured series of questions (see worksheet below) to help their partner to identify his/her own feared situations that will be written into the "Situation" block of the model. The exercise should last around 20 minutes (10 minutes per person in the pair).

6. Group discussion about feared situations

Participants rejoin the group and each member has the opportunity to discuss the situations they have identified as feared situations. Group leaders use what is presented to empathically engage with members about the situations which are problematic, to normalize their difficulties as typical of social phobia and to enlarge about the various aspects of the cognitions, emotions, behavior s and physical responses associated with social phobia which group members might mention.

7. Homework
The following homework exercises were given at the end of session 1:

1) Participants are asked to imagine what their lives would be like if they did not have any anxieties or fears. This involves making a list of what they would do in the situations that they have identified as feared situations, if they did not experience fear or anxiety. In particular, what would they do differently?

2) Participants make a list of all the goals that they had failed to achieve in their lives because of the fears and anxieties they experience.

3) Participants list the goals that they would like to achieve in this program. The importance of goals for the program is highlighted as this may give the participants a sense of purpose and motivation.

8. Session Feedback Questionnaire
The session feedback questionnaire (SFQ) was completed at the end of each session. This questionnaire gives information to the group leaders about positive responses to the activities of the session and where participants are still facing difficulties, and what the participants would like to see changed about the program. Group leaders reviewed the session feedback questionnaires after each session and as far as possible responded to the feedback in the planning of the next session.

Back to top of session 1
Back to treatment manual index
On to Session 2

Materials used in Session 1

2 overheads on social phobia and cognitive therapy

Social Phobia

- What is it?

You feel anxious or uncomfortable in certain social situations.

- What are these situations?

Making conversation in a group.
Eating in public.
Writing in public.
Speaking at a tutorial or giving a lecture.
Situations in which you fear that you will show signs of anxiety.

- Where does this leave you?

Shaking, sweating, blushing, heart pounding, dizzy.

- End result?!

Fear of being rejected, humiliated or just performing badly.

- What happens then?

Avoidance of the situation.
Endurance of the situation with great difficulty.

What is cognitive therapy?

- A structured process

Based on tested models of specific problems

Approach to social phobia developed at Oxford University for individuals.

- The program

Personalized program for each participant.
Detailed analysis of the problem through questioning and self-monitoring exercises
Detailed checking of what happens using video feedback
Learning new ways of thinking and behaving
Experimenting with new ways of thinking and behaving in role play
Graded exposure to anxiety provoking situations.
Regular feedback, review of progress and adjustment of program to suit individual.

Handout: An introduction to social phobia

An introduction to social phobia

What is social phobia?

It is common to feel anxious or uncomfortable in certain social situations. Many people for example become nervous when asked to speak in front of an audience. Even seasoned actors and teaches experience anxiety in social situations. This type of situation is uncommon for many people, but anxiety can still occur in more usual day-to-day situations which involve you and one or more other people. For instance you may feel anxious making conversation in a group, you may feel self-conscious eating or writing in public, you may fear showing signs of anxiety such a shaking, sweating, or blushing. These are all examples of social phobia, in which people fear being conspicuous, making a fool of themselves or performing badly in social situations.

Different people have different worries when in social situations and different combinations of anxiety symptoms. Some symptoms are physical and include: shaking, sweating, blushing, crying, dizziness, speeded heart rate, voice tremor, dry mouth. Other symptoms include difficulty concentrating, getting words wrong, difficulty thinking, mind going blank and so on.

Avoidance is a common feature of social phobia. You may have found that you avoid certain social situations, or you may find that you regularly feel uncomfortable in situations you cannot avoid. It may be a very specific circumstance the triggers your anxiety, or it may be that you feel anxious in a range of situations.

Handout: An introduction to cognitive therapy

An introduction to cognitive therapy

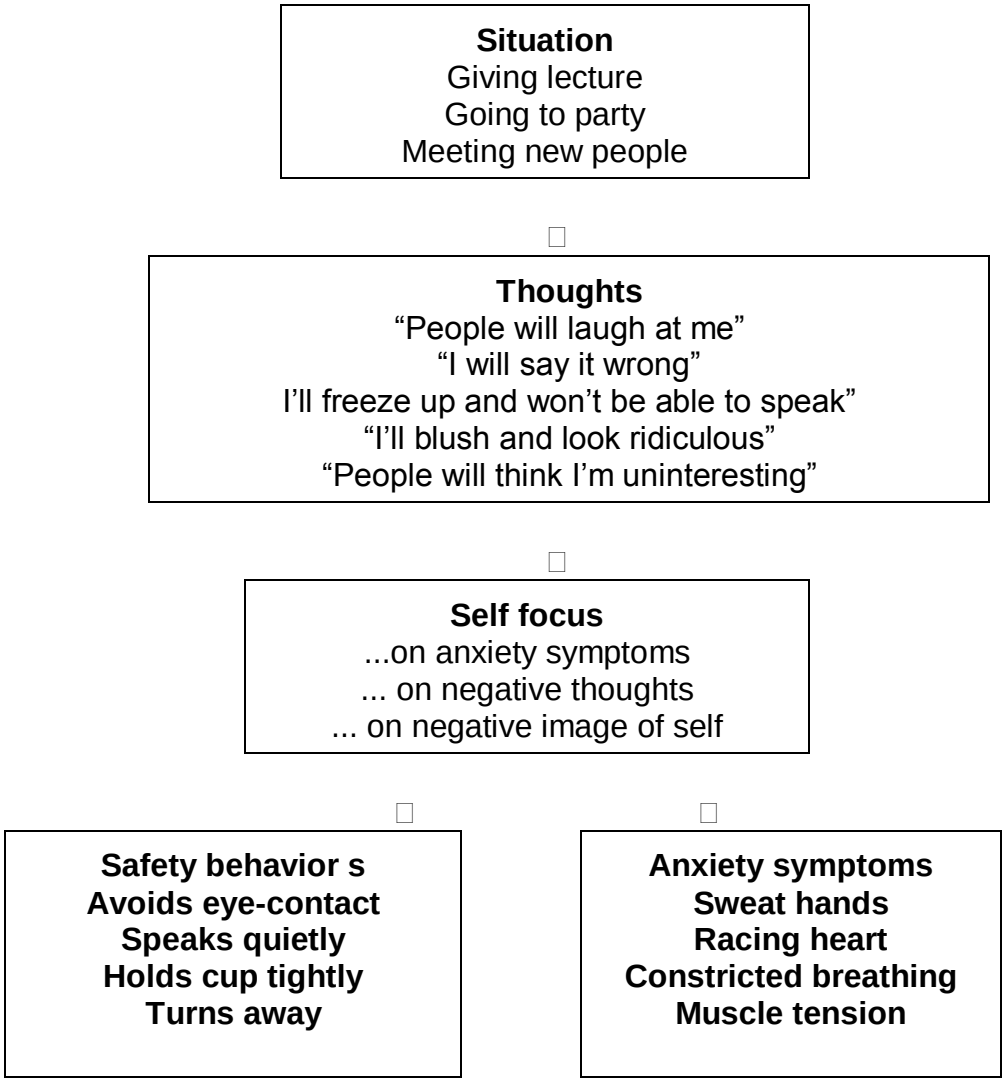
What is cognitive therapy?

Cognitive therapy is a well respected psychological treatment for emotional disorders such as anxiety disorders, depression and inappropriate anger. Cognitive therapy is based on the idea that emotional disorders can be treated by identifying the false, illogical and negative thinking that causes and maintains our negative emotions - and by changing it. This is often accomplished by carefully monitoring your thoughts during periods of distress. Very often individuals with these thoughts are not aware of their inappropriate and negative thinking since the thoughts can be very automatic or "unconscious". Therapy is therefore directed at clarifying these thoughts and working to develop a different set of attitudes and attributions. In this program you will work within the group and alone to identify key thoughts and behavior s which help to maintain your problem. Special techniques are used to help you determine how realistic your thoughts are, and find out what to do to change the way you feel in social situations, and try to improve the way you see yourself.

Our group represents a group cognitive therapy program. This means that you have the opportunity to learn the skills to help you to identify and change your negative thinking in a classroom-like setting it does not mean sitting around with a group of strangers discussing your private life but instead being involved in a series of discussions and exercises together as a means of learning together and guiding one another.

Clark and Wells social phobia model template

A model of social phobia
(David Clark, 1999)



Exercise 1: "Identifying feared situations"

Exercise 1

Feared or avoided situations

What types of situation do you fear?

Which of these situations are avoided?

What are the main things you are afraid may happen in these situations?

What are afraid people will think about you?

Homework sheet for session 1

Homework exercise 1

Try to imagine some of the things you may have done if you were without your anxiety and fears.

Make a list with these questions in mind:

1 What might I have done in situations if I did not experience fear and anxiety?

2 What specific activities would I be engaging in which I am now avoiding?

3 What goals have I failed to achieve because of my problem?

Also think about some of your goals for this program. What are you hoping to achieve or gain? This is important as you will have a sense of purpose and motivation if you are aiming for a worthwhile goal.

Don't ever stop trying to get where you always wanted to be.
The moment you stop trying
is the moment your dreams stop coming true.

Rebekah Shing

Back to Treatment Manual index
Back to start of Session 1
Back to Materials used in Session 1

SESSION 2

1. Review/Discussion of homework

The group leaders reviewed the homework sheets at the start of the session in order to select material for use as teaching examples. They invited participants to share with the group what they had done for homework and responded to the material shared by members in a therapeutic manner, using it for psycho-education, or to ask further exploratory questions designed to bring to light cognitions or behavior s relevant to the model.

Whilst discussing homework participants often mention obstacles to progress which the group leaders can help them to understand and address. They also mention positive responses or achievements whilst conducting homework assignments/experiments. This can be motivating for other members as they see how the structured program enables individuals to make progress.

2. Presentation on dysfunctional thoughts
A brief presentation is given on the way in which negative automatic thoughts arise in social situations and contribute to the maintenance of social anxiety.

3. Awareness exercise in pairs (2): Identifying negative thoughts
In this exercise in pairs, participants take it in turns to use a structured series of questions (see below) to help their partner to identify his/her own negative thoughts that will be written into the "Thoughts" block of the social phobia model. The exercise should last around 20 minutes (10 minutes per person in the pair).

4. Presentation on "Automatic Anxiety Responses"
A presentation, supported by overheads (not posted here), explained the nature of automatic anxiety responses. Some physiological background was given on the sympathetic and the parasympathetic branches of the autonomic nervous system. The concept of enabling and disabling anxiety was introduced and illustrating with the classic "inverted U" figure. The handout, *Automatic anxiety responses* was given to participants.

5. Awareness exercise in pairs (3): Identifying automatic anxiety responses
In this exercise in pairs, participants take it in turns to use a structured series of questions (see below) to help their partner to identify his/her own automatic anxiety responses that will be written into the "Anxiety symptoms" block of the model. The exercise should last around 20 minutes (10 minutes per person in the pair).

6. Homework exercises
1) Now that participants are aware of the specific negative thoughts and anxiety symptoms they experience when they engage in feared situations, the next step is for them to monitor these thoughts and symptoms whilst in situations that they fear. They are given a sheet on which are printed the first three columns of the "Daily Record of Dysfunctional Thoughts" and it is explained that they will be completing these three columns as part of homework for the remainder of the program, each time they are investigating or experimenting with an anxiety provoking or feared situation.

2) Participants are asked to list their anxiety symptoms. They are required to imagine anxiety provoking situations that vary in the intensity of anxiety they feel. For each

anxiety-provoking situation, they should try to remember the automatic anxiety symptoms they experienced, and note this down.

Back to Treatment Manual index
Back to start of Session 2
Forward to start of Session 3

Materials used in Session 2

Exercise 2: "Identifying negative thoughts"

Exercise 2
Identifying negative thoughts

1. What went through your mind, what were you thinking ....
a) before you entered the situation

b) as you entered the situation

c) as you noticed X symptom

2. What was the worst you thought would happen?

3. What did you think people would think/notice?

4. What would that mean? What would be so bad about that?

Handout: "Automatic anxiety responses"

Automatic anxiety responses

Defining anxiety

Anxiety, most generally, is a vague, unpleasant emotional state. When anxious, you experience feelings such as apprehension, and dread distress, and uneasiness. You will feel anxious when you are faced with a threatening situation.

What happens to our bodies when we are in a threatening situation? This is something you might have already discovered when answering some of the questionnaires. You are asked whether you experience feelings such as numbness, tingling, dizziness, lightheadedness, your heart beating faster, feeling shaky, your face being flashed, feeling faint and other symptoms. These are the things that happen to your body when you are anxious. However isn't it amazing that your body reacts when actual fact it is your mind that realises that you are in a threatening situation. This can be explained as follows: our bodies have a system called the **autonomic nervous system**. This system functions without any conscious control over, it in other words it works automatically. This autonomic nervous system is to parts namely the sympathetic nervous system and the parasympathetic nervous system. We are interested in particular in the sympathetic nervous system.

The sympathetic nervous system

The sympathetic nervous system is responsible for "sympathetic" functioning between the internal organs and the central nervous system. This system mobilizes the body's resources for physical and/or psychological arousal in emergency situations. That is why, when you are in a threatening situation and start experiencing anxiety, the sympathetic nervous system starts to have effects that are visible as physical responses that you can actually feel. Arousal of the sympathetic nervous system (SNS) is called the "fight or flight" response. Some of the symptoms or effects of the SNS as you would feel them are as follows:

- perspiration: new select in order to cool your body, as many of us feel unnecessarily hot.
- the bronchial in the lungs dilate (or expand) to allow a greater flow of oxygen.
- heart rate and blood pressure increase the.
- pupils dilate to allow more light to enter the eyes.
- digestive and at the intestine or activities are inhibited or slowed down to allow blood, which otherwise would be needed there, to be used for more important functions: butterflies in your stomach.

On this page we showed a diagram of the inverted “U” function with a brief explanation of "enabling" versus “disabling" anxiety.

Exercise 3: “Automatic Anxiety Responses”

Exercise 3
Automatic anxiety responses

1. When you are afraid that X will happen what do you notice happening in your body?

2. What sensations do you experience at first (that is upon realizing that X will happen)?

3. What other sensations do you experience as time progresses (that is while X is happening)?

Homework exercise: Making a list of anxiety symptoms

Homework assignment: Session 2

List of anxiety symptoms

Write down the symptoms you experience in situations that create anxiety for you. Use the following order to establish for yourself the symptoms you experience depending on the intensity of the anxiety provoking situation.

5. Most anxiety ever

4. Very anxious

3. Anxious

2. Mildly anxious

1. No symptoms

Back to Treatment Manual index
Back to start of Session 2
Back to Materials used in session 2

SESSION 3

1. Review and discussion of homework

The group leaders reviewed the homework sheets at the start of the session in order to select material for use as teaching examples. They invited participants to share with the group what they had done for homework and responded to the material shared by members in a therapeutic manner, using it for psycho-education, or to ask further exploratory questions designed to bring to light cognitions or behavior s relevant to the model.

2. Presentation on Safety Behavior s

A presentation is made on the nature and function of safety behavior s with the aid of an overhead. Participants are given the handouts *Coping with Social Phobia - 2: Safety Behavior s* (Clark, 1997, pp. 63-4) and *Understanding safety behavior s through factual case studies* (see below). Volunteers are invited to read a case study of their choice to the group. After each narrative, the case study is discussed and participants volunteer

to act out the safety behavior s used in the case study. Finally, the *Checklist of safety behavior s* (see below) is handed out.

3. Awareness exercise in pairs (4): "Identifying safety behavior s"
In this exercise in pairs, participants take it in turns to use a structured series of questions to help their partner to identify his/her own safety behavior s that will be written into the "Safety behavior s" block of the model. The exercise should last around 20 minutes (10 minutes per person in the pair).

4. Presentation on shift of attention and increased self-focus
The concept of self-focused attention and its role in maintaining social phobia is introduced with the aid of the overhead entitled "Shift of attention and increased self-focus". *Coping with social phobia - 3: Self-consciousness* (Clark, 1997, pp. 65-66) is given to participants.

5. Awareness exercise in pairs (5): "Identifying shift of attention and increased self-focus"
In this exercise in pairs, participants take it in turns to use a structured series of questions to help their partner to examine the process of shifting attention that results in increased self-focus. At this stage the aim is to help participants notice the process in themselves and to begin to monitor it more closely. The actual contents of self-focussed attention are addressed in an exercise in session 4. The exercise should last around 20 minutes (10 minutes per person in the pair).

6. Homework exercises
As part of homework, participants are required to continue entering anxiety provoking situations. In addition to completing the daily record of dysfunctional thoughts, they are now asked to identify safety behavior s and notice the shift to self-focussed attention. Three aids are provided to help them with this: i) they can tick off their safety behavior s, using the *Checklist of Safety Behavior s*; ii) they are also given a blank sheet with the heading ***Observation of Safety Behavior s*** on which to write their own case narrative, similar to the case studies discussed in the group, regarding the way in which they used their safety behavior s; iii) they can also use the worksheet entitled "Homework exercise on shift of attention and increased self-focus".

Back to Treatment Manual index
Back to start of Session 3
Forward to Session 4

Materials used in Session 3

Handout: "Understanding Safety Behavior s through factual case studies"

Understanding Safety Behavior s through factual case studies

Michael's case: Michael finds that having tea with his wife's family is a threatening situation. They sit formally around a table and this creates anxiety for him. The negative thoughts that enter his mind are as follows: "if I hold the cup, I'll shake, they'll notice, I'll feel embarrassed, they'll think it is not normal… it's strange. Maybe they'll think I'm a nervous person." The automatic anxiety responses that Michael then suffers from are sweating, hot flushes and trembling. In order to conceal his anxiety, Michael employs one or more of the following safety behavior s: he avoids the possible humiliation by getting his wife to hold the cup for him. He tries to take control of himself. He attempts to take deep breaths beforehand and says to himself, "relax, relax..." He attempts to hold the cup in one hand and the saucer in the other, and grips them very tightly. He also avoids eye contact.

Rita's case: Rita finds making a telephone call to be anxiety provoking. The negative thoughts that enter her mind are, "I won't be able to speak, I'll stutter. The other person will be confused. I'll be upset with myself." The automatic anxiety responses Rita then suffers from are: feeling tense, having sweaty hands, shoulders tensed up, shaky hands and heart racing. In order to conceal her anxiety, Rita employs the following safety behavior s. Before the situation she rehearses what she has to say. She thinks about how she is feeling and depending on this she delays the call if necessary. She also thinks about what she might be asked. During the call she focuses on her body and tries to relax. She monitors her voice and how it sounds, and checks whether she is stuttering. She thinks about changing sentences. He avoids using words such as the what? Why? If she feels that she is beginning to stutter she puts her hand on her chest.

Alex's case: Alex finds that trying to join in the conversation while sitting in the staff room during a coffee break is a threatening situation. He thinks of asking a question, but then starts to feel anxious. The negative thought that enters his mind is, "I'll sound stupid." The automatic anxiety responses that Alex then suffers from are: feeling uncomfortable, tense, having sweaty palms, stiff muscles, and his mind going blank. In order to conceal his anxiety, Alex employs one or more of the following safety behavior s. He delays asking the question. He takes deep breaths to try and relax. He speaks quickly or mumbles with his hand over his mouth. He rehearses what he has to say and checks it against his memory of what he has just said.

John's case: John finds that meeting a member of the opposite sex where there is potential of the sexual attraction on either side to be highly anxiety provoking. The negative thoughts that enter his mind are, "if I appear to be sexually interested in any way I will be ridiculed. Oh my God this is awful! This girl will see that I am attracted to her. I will panic. She'll think I'm a total nutcase." The automatic anxiety responses that John then suffers from are: his heart races, he experiences shortness of breath, has panic feelings, and feels extremely hot. In order to conceal his anxiety, John employs one or more of the following safety behavior s. He leans away from the other person, and partially covers his face. He hides his hands between his knees in case they shake. He hunches his shoulders, drops his gaze and wraps his legs around each other. He curls up and makes himself as insignificant as possible, and smiles a lot.

Handout: "Checklist of safety behavior s"

Checklist of safety behavior s

Experiment with a situation where you experience anxiety. Tick the safety behavior s you used in the situation.

Use alcohol to manage anxiety	Blank out or switch off mentally
Try not to attract attention	Avoid talking about yourself
Make an effort to get your words right	Keep still
Check that you are coming across well	Ask lots of questions
Avoid eye contact	Think positive
Talk less	Stay on the age of groups
Avoid asking questions	Avoid pauses in speech
Try to picture how you appear to others	Focus on the your hands
Curl up and make yourself not easily noticeable	Hide your face
Grip cups or glasses tightly	Try to think about other things Talk more
Position yourself so as not to be noticed	Try to act normal Try to keep tight control of your behavior
Try to control shaking (put your hands between your knees)	Make an effort to come across well Smile a lot
Choose clothes that will prevent or conceal sweating	Cover your mouth while speaking Mumble/stutter
Wear clothes or make-up to hide blushing	Use distraction (e.g. play with your hair) Focus on your voice
Rehearse sentences in your mind	Other _____ _____ _____

Exercise 4: "Safety Behaviors"

Exercise 4
Safety Behavior s

1. When you think that a specific feared event might be happening or about to happen, do you do anything to try to prevent it from happening?

2. Is there anything you do to try to ensure that you come across well?

3. Do you do anything to try to control anxiety symptoms?

4. Do you do anything to try to prevent people from noticing and to avoid drawing attention to yourself?

5. Do you monitor how you are coming across? Do you try to work out how you are coming across?

Overhead: Shift of attention and increased self-focus

Shift of attention and increased self-focus

Enter social situation
↓
Feel anxious
↓
Shift attention to self
(focus on feelings/thoughts)
↓
Strictly monitor self
("I look so nervous/I'm shaking")
↓
Interpret information
("I look like a fool" "no one likes me" "I don't know what to say" "I am so boring")
↓
Draw conclusions about how I appear to others

- **Socially anxious people pay more attention to their own negative thoughts and uncomfortable feelings (interoceptive information)**
- **They pay little or no attention to cues from others when constructing an image of how they think they appear.**

Exercise 5: "Identifying the shift of attention and increased self-focus"

Exercise 5:
Identifying the shift of attention and increased self-focus

1. When you are afraid that something will happen, what happens to your attention?

2. Do you become self-conscious?

3. Do you start focusing attention on yourself and how you think you might appear?

4. You more or less aware of what other people and doing at that moment?

Homework exercise on shift of attention and increased self-focus

Homework exercise on shift of attention and increased self-focus

Experiment with a situation in which you experience anxiety. Answer the following questions:

1. when you are afraid that something will happen, what happens to your attention?

2. Do you become self-conscious?

3. Do you start focusing your attention on yourself and how you think you might appear?

4. Are you more or less aware of what other people and doing moment?

Back to Treatment Manual index
Back to Materials used in Session 3
Back to start of Session 3

SESSION 4

1. Review and discussion of homework

The group leaders reviewed the homework sheets at the start of the session in order to select material for use as teaching examples. They invited participants to share with the group what they had done for homework and responded to the material shared by members in a therapeutic manner, using it for psychoeducation, or to ask further exploratory questions designed to bring to light cognitions or behavior s relevant to the model.

2. Presentation on content of self-focus
A presentation is made of the way in which self-focussed attention takes the form of focus on specific kinds of images of self (as unattractive, inadequate or ridiculous) and of others (as uninterested, critical, mocking or rejecting).

3. Awareness exercise in pairs (6): "Contents of self-focus"
In this exercise the questions that are asked help participants identify what they notice as they focus their attention on themselves: what images they hold of themselves, how they think they appear to others, how they think they come across to others, and how they think they will look if they do not use their safety behavior s. This provides material for the Self-focus block of the model. The exercise should last around 20 minutes (10 minutes per person in the pair).

4. Presentation of the cognitive model and how to use it
The group leader summarises the complete model using the overhead of the cognitive model template first shown in Session 1. Participants are invited to give examples from their own experience of cognitions, behavior s, emotions and sensations relevant to the different blocks of the model. The group leader then shows the participants how all the blocks in the model are interlinked and how arrows can be drawn between the boxes. This demonstrates they way in which social phobia is maintained by "vicious circles".

5. Participants complete their own model for a specific situation
Participants are each handed a blank copy of the cognitive model, and they construct their idiosyncratic cognitive models with the use of any feared situation they have experimented with for homework. Some participants may still not be entirely clear about how to construct their models, and group leaders go around helping them.

6. Discussion of each participant's model
Each participant now has a turn to hold their model up to the group and explain how they constructed it and explain the factors that maintain their social phobia to the group.

7. Homework exercises
Participants are asked to experiment with at least two situations that they fear or avoid. They are asked to write down the negative thoughts they had before, during, and after the situation, tick off the safety behavior s they used, and construct a further two idiosyncratic cognitive models for themselves. To assist in this, they are given a copy of the model they made in the session (Exercise in 5 above), and two copies of the blank model, the dysfunctional thought record (three column), and the safety behavior s checklist.

Back to Treatment Manual index

Back to start of session 4
Forward to session 5

Materials used in Session 4

Exercise 6: "Contents of self-focus"

Exercise 6

Contents of self-focus

1. As you focus your attention on yourself, what do you notice?

2. You have any image of yourself?

3. Do you have any image of how you think you appear?

4. Do you have an impression of how you feel you are coming across?

5. If you do not use safety behavior s, how would you look to others?

6. When you try to conceal your symptoms, what is your impression of how you look to others?

Back to Treatment Manual index
Back to start of Session 4
Back to Materials used in Session 4

SESSION 5

This was the last session before a seven week break occasioned by mid-year examinations and a university vacation. We therefore focussed on what the program held in store when they returned and on encouraging them to actively work on self-monitoring and behavior change during the break.

1. Review and discussion of homework
The group leaders reviewed the homework sheets at the start of the session in order to select material for use as teaching examples. They invited participants to share with the group what they had done for homework and responded to the material shared by members in a therapeutic manner, using it for psycho-education, or to ask further exploratory questions designed to bring to light cognitions or behavior s relevant to the model. By this stage review and group discussion of homework was taking about 45 minutes.

2. Presentation on strategies for change
A presentation was given on strategies for change, structured round the various components of the Clark and Wells model. It was supported by a set of 5 overheads. Participants were told that the rest of the program would focus on showing them how to actively work with these strategies in their own situations. A copy of the overheads was handed out to participants at the end.

3. Introduction of the Safety Behavior s Experiment (SBE)
The group leader introduced the SBE which would take place early next term. It was explained to participants that the SBE would be conducted individually so that each participant has their own experience of what it feels like to drop all their safety behavior s whilst experimenting with a feared situation. Participants were asked to think about the specific situation they would like to role play in their SBE and be ready to inform the group leaders at the first session next term. This was because the group leaders would need to recruit individuals unknown to the participants to assist in the role play and would need to know what kind of persons would be required for this (in terms of gender, age, ethnicity and the role to be played).

4. Homework
Participants were given the same homework as for session 4.

Back to Treatment Manual index
Back to start of Session 5
Forward to Session 6

Materials used in Session 5

Series of 6 overheads on strategies for change

1

Now you have worked out the model of your social anxiety, what next ... ???

2

In the next sessions we will be working with tried and tested practical methods in each of the sections of the model which will assist you in overcoming your problem...

3

1 Anxiety responses:

- Learning to accept them
- Learning not to focus on them.

2 Negative thoughts:

- Learning to challenge them with questions like “Is this accurate?” “Is this helpful?”
- Doing experiments to see if they are valid.

3 Self-focussed attention:

- Learning to keep focus on the other person
- Learning to get involved in what the conversation is about.

4 Negative self image:

- Building a positive self-image

5 Safety behavior s:

- Examining whether they really help... Or are they self-defeating?
- Experimenting with dropping them.
- Learning to do without them.

6 **Applying these methods will involve...**

< Role plays with the group

< Experiments in real situations

< Logical analysis and discussion to help you to get accurate feedback and to reality test dysfunctional thoughts and assumptions.

Back to Treatment Manual index
Back to Start of Session 5
Back to Materials used in Session 5

SESSION 6

This session was relatively short. We used it to reintegrate the group on their return from the vacation. We did this by inviting members to share any experiences they had had during the vacation relevant to their social phobia and any specific homework activities they had undertaken. We then asked them to share with the group what they wanted to role play for the SBEs (which were to happen concurrently with the next few sessions) and arranged appointment times.

Materials used in Session 6

Series of 2 overheads on the SBE

1

Planning the safety behaviors experiment

- Review your list of safety behavior s.
- Choose a situation that
  - (1) you expect to feel anxious in, but which you expect you can tolerate,
  - (2) can be set up as a role play.

2

Doing the safety behaviors experiment

- The group leaders will set up the role play for you.
- Engage in the first stage of the role play using all your usual safety behavior s.
- Engage in the second stage of the role play dropping your safety behavior s as far as possible.
- At the end of each role play you will be asked to rate your feelings and behavior on scales which will be given to you.

Back to Treatment Manual index
Back to start of Session 6

THE SAFETY BEHAVIORS EXPERIMENT AND FEEDBACK

We followed closely the procedure set out in the Clark (1997, pp. 21-33) manual and made use of the rating scales provided there. The participant was asked to review his/her safety behaviors. She/he then role-played the chosen situation employing all the safety behaviors. The role play, which lasted about 8 minutes, was done with the help of a volunteer who was not known to the participant and who had been independently recruited by the group leaders. After the role-play, the participant and volunteer were given rating scales to complete regarding the participant's performance in the role-play. The role-play was then repeated with the instruction to the participant to drop his/her safety behavior s as far as possible. This also lasted about 8 minutes. The participant and volunteer were again given the rating scales to complete regarding the participant's performance in the role-play. The volunteer was also interviewed by the group leader to obtain further information with regard to how she/her perceived the participant in the two role plays.

The participant was now given intensive feedback but the group leader. This began with showing him/her the feedback forms written by the volunteer, sharing the impressions of the volunteer (obtained from the interviews with him/her). Both role plays were video recorded and the next step was for the group leader to watch them with the participant. Before watching each role play the participant was invited to predict how they would appear. The tape was stopped regularly and individual segments discussed.

For each participant, the SBE and feedback session took two hours.

Back to Treatment Manual index
Back to Start of SBE

SESSION 7

1. Review of homework

For the remainder of the program, as in previous sessions the group leaders used the review of homework to identify problems, praise progress, and to elaborate on a teach further aspects of the application of the model. Care was taken to ensure that all participants were included.

2. Report back from SBE session
Those participants who had done the SBE were invited to share the experience and what they had learned.

3. How to use the full "Daily Record of Dysfunctional Thoughts"
Participants were given the standard "Daily record of dysfunctional thoughts" (now with all its columns) form and a presentation was given on how to use it. The idea of cognitive restructuring and rational responding was discussed.

4. How to use the "Record Sheet for Noting Behavior al Experiments"
Although the concept of "behavioral experiments" had been introduced informally in group sessions from as early as session 4, participants were now given the tools to formally conduct them with the use of the "Record sheet for noting behavioral experiments" (Clark, 1997, p. 76) reproduced below. Its use was explained. The presentation emphasised that change called for regular practice in entering feared and avoided situations, testing negative predictions, experimenting with new behaviors, and realistically evaluating the data about the results.

5. Homework exercises
Homework focussed on the systematic undertaking of behavioral experiments. Participants were given two copies of the Daily Dysfunctional Thoughts Record and the Record Sheet for Noting Behavior al Experiments. They were also given an additional "Weekly Summary of Behavior " with a few additional points that they were asked to note down.

Back to Treatment Manual index
Back to start of Session 7
Forward to Session 8

Materials used in Session 7

Overhead on challenging dysfunctional thoughts

Questioning negative thoughts	
#	Is it accurate?
#	What's the evidence for and against?
#	Is there an alternative explanation?

Weekly Summary of Behavior

Cognitive-behavior al group therapy for social phobia

Weekly summary of behavior

Either in the space provided or on separate sheets of paper, summarize your self-observations from one or more situations in which you felt anxious. You should try to include as many of the following aspects in your summary as possible:

1. Details of the specific situation
2. Specific emotions you felt (rate them on a 10 point scale)
3. Specific automatic thoughts, fears, beliefs about the situation.
4. Use of safety behaviors (were you able to drop them?/what did you do/not do?
5. Evidence for beliefs surrounding the outcome (what was the result of entering the situation?)
6. Positive characteristics you noticed in yourself.
7. Negative characteristics you noticed in yourself.
8. Possibilities for change.

[Space left for rest of page]

RECORD SHEET FOR NOTING BEHAVIORAL EXPERIMENTS

Date	**Situation**	**Prediction** What exactly did you think would happen? How would you know?) (Rate belief 0-100%)	**Experiment** (What did you do to test the prediction?)	**Outcome** What actually happened? Was the prediction correct?)	**What I learned** 1. Balanced view? (Rate belief 0-100%) 2. How likely is what you predicted to happen in future (Rate 0-100%)?

Back to Treatment Manual index
Back to start of Session 7
Back to Materials used in Session 7

SESSION 8

1. Review of homework

For the remainder of the program, as in previous sessions the group leaders used the review of homework to identify problems, praise progress, and to elaborate on a teach further aspects of the application of the model. Care was taken to ensure that all participants were included. In sessions 7 onwards, the review of homework was extended to allow for focus on specific problems presented by group members and addressing them through cognitive restructuring, role play, planning behavior al experiments and any other activity within the treatment model that the group leader believed appropriate.

2. Report back from SBE session
Those participants who had done the SBE in the preceding week were invited to share the experience and what they had learned.

3. Presentation on Post-Mortem
With the use of a series of 4 overheads, the concept of the post-mortem is explained to the participants and a discussion is initiated in which group members are asked to share and reflect on their own “post-mortem” experiences and their role in maintaining social phobia.

4. Homework
For homework, in addition to continuing with behavior al experiments, participants are asked to monitor whether they conduct post-mortems after entering feared or avoided situations. In addition, they are asked to follow the steps (explained in the presentation) on interrupting the post-mortem.

Back to Treatment Manual index
Back to start of Session 8
Forward to Session 9

Materials used in Session 8

Series of 4 overheads on the Post-Mortem

1 - After the event, do you do a post-mortem?

- After being in a social situation in which you have been anxious, do you
  - < think about it?
  - < review what you said?
  - < review what you might have said?
  - < think about the impression you made and what others thought of you?

This is the "post-mortem"

2 - What happens in the post-mortem?

- When we ask people what they think about in the post-mortem we typically find:
  - < they focus on their negative self-image
  - < they jump to biased conclusions about how they appeared to others
  - < they draw inaccurate conclusions about what others think about them
  - < they use their biased and distorted interpretations to provide evidence of failure.

3 - Is the post-mortem helpful?

- Many people find that, as a result of the post-mortem, they
  - < feel more anxious
  - < feel worse about themselves (lower self-esteem)
  - < feel more motivated to avoid similar situations in future

What kind of thoughts, images and feelings do you have when you do a post-mortem?

4 - What can I do about the post-mortem?

- Research has shown that the following are helpful:
  - Find ways to obtain valid evidence about you appear and what people thought about you and what you said or did. Behavior al experiments can help to achieve this.
  - Pay attention to positive information and feedback.
  - Ban the most-mortem.

Back to Treatment Manual index
Back to start of Session 8
Back to Materials used in Session 8

SESSION 9

1. Review of homework
As for session 8.

2. Introducing the booklet "Cognitive Restructuring — A guide to working with negative, dysfunctional and self-defeating thoughts"
Participants were handed a copy of *Cognitive Restructuring — A guide to working with negative, dysfunctional and self-defeating thoughts* a booklet written by David Edwards which was not developed specially for this program (a copy of this booklet is available on request). Drawing on the classic cognitive therapy literature, it provides a step by step guide to working with the Daily Record of Dysfunctional Thoughts, provides a comprehensive list of cognitive distortions with examples and includes a series of 24 questions useful for challenging negative thoughts. Participants were given a copy of this booklet and various features of it were drawn to their attention.

3. Homework
For homework, participants were encouraged to carry on working with behavior al experiments and to read and use the booklet *Cognitive Restructuring — A guide to working with negative, dysfunctional and self-defeating thoughts*.

Back to Treatment Manual index
Back to start of Session 9

SESSION 10

1. Review of homework
As for session 8.

2. Presentation on Automatic thoughts, Underlying Assumptions and Core beliefs
With the use of a series of 7 overheads, a presentation was made on the difference between Automatic thoughts, Underlying Assumptions and Core beliefs. Participants were given a copy of these overheads afterwards.

3. Presentation on Low Self-Esteem
Participants were given the handout *Coping with social phobia - 4: Low self-esteem* (Clark, 1997, pp. 67-68) and its contents was discussed.

4. Homework
By now each participant was engaged in a personalized series of behavior al experiments supported by cognitive restructuring of dysfunctional cognitions and other activities pertinent to their particular behavior and experience. The homework was simply to continue with the next phase of these activities.

Back to Treatment Manual index
Back to start of Session 10
Forward to Session 11

Materials used in Session 10

Series of 7 overheads on "3 kinds of cognition"

1 **3 KINDS OF COGNITION: AUTOMATIC THOUGHTS, UNDERLYING ASSUMPTIONS AND CORE BELIEFS** **,,,,,**

2

1. Automatic thoughts

What are they?

Thoughts which run through our minds automatically in response to everyday events and situations.

They control our feelings and behavior .

We usually don't stop to question or reality test them.

What can I do?

Become aware of them.

Record them on the daily record of dysfunctional thoughts.

Question them, look for cognitive distortions, develop rational responses.

Conduct experiments to test them.

3

2. Underlying assumptions (a)

What are they?

Ideas which may be hidden in the automatic thoughts.

One kind is ***should*** or ***must*** or ***have to*** statements - implicit rules that we live by.

Another kind is ***If...., then....*** statements, such as :

"If they don't like me then I am no good",

"If I make a mistake, then I am a failure",

"If they get angry, then I must be wrong".

4

3. Underlying assumptions (b)

What can I do about "should", "must" and "have to" statements?

Ask yourself...

What is the rule that I feel I must follow?

Where did the rule come from? If I learned it years ago, is it still appropriate for my life now?

Did the person who taught me the rule know what they were talking about?

Is there an alternative rule that I could live by?

List the advantages and disadvantages of living by this rule and by the alternative rule.

5

4. Underlying assumptions (c)

What can I do about "if ... then... " statements?

You can use all the strategies already described for working with automatic thoughts. I.e.:

< Become aware of them.

< Record them on the *daily record of dysfunctional thoughts*.

< Question them, look for cognitive distortions, develop rational responses.

< Conduct experiments to test them.

6

5. Core beliefs (a)

What are they?

Unconditional ideas about myself such as:

- "I am inadequate..."
- "I'm useless ..."
- "I'm insignificant ..."
- "I'm worthless ..."
- "I'm unlovable ..."
- "I can't cope on my own."

Unconditional ideas about other people such as:

- "They can't be trusted ..."
- "They want to humiliate me ..."
- "They will hurt me ..."
- "They will abandon me..."

7

6. Core beliefs (b)

What can I do about core beliefs?

- ***Become aware of them.***
- ***Desert island:*** What this be true of me if I was marooned on a desert island?
- ***Operationalize the idea:*** What are the characteristics of a worthless and a worthwhile person? What are the characteristics of a lovable and an unlovable person? Using these characteristics, how would I classify people that I know?
- ***Origins:*** When I was a child did adults around me give me this message either directly or indirectly?

  e.g. by not being loving towards me ("I'm unlovable")... being critical towards me (I"m useless, I'm worthless")... ignoring my feelings and wants ("I'm unimportant").

Back to Treatment Manual index
Back to Materials used in Session 10
Back to start of Session 10

SESSION 11

1. Review of homework
As for session 8.

2. Presentation on "Making a maintenance plan and relapse prevention"
With the aid of an overhead, a presentation was made on the importance of continuing to develop work with behavior al experiments, making a maintenance plan and dealing with relapses. A copy of this overhead was handed to participants.

3. Homework
In addition to the ongoing homework using behavior al experiments, participants were asked to construct their maintenance plans, and set goals for themselves in order to avoid a relapse. Participants were also given a list of self-help books on cognitive therapy for social phobia and were encouraged to find and read some of them.

Back to Treatment Manual index
Back to start of Session 11
Forward to Session 12

Materials used in Session 11

Overheads on "Maintenance and Relapse Prevention"

Making a development and maintenance plan

1) Make a graded hierarchy of situations that are problematic now and in the future.

2) Plan regular exercises in exposure, giving up self-focus and safety behavior s, behavior al experiments and cognitive restructuring work.

3) Identify anything we have not covered here that you would like help with

Relapse prevention

a) Make a list of possible difficulties and setbacks.

b) Make a list of new problematic situations that could occur in the future.

c) Make a plan to deal with setbacks and new problematic situations.

Series of 4 overheads: Summary of homework tasks

Homework tasks - 1: ***Making a graded hierarchy***

- Make a list of social situations which give rise to anxiety, safety behavior s or avoidance.

- Write them as a graded hierarchy (1 - 5) with easier situations at the bottom (score 1) and very difficult situations at the top (score 5)

Homework tasks - 2: ***Making a development and maintenance plan***

- ☐ Plan systematic work to continue what you have started in this program.
- ☐ List possible setbacks and make a plan to deal with them.
- ☐ List new problematic situations that could occur in the future and make a plan to deal with them.

Homework tasks - 3: ***Plugging gaps***

Is there anything we have not covered here that you would like help with?

Homework tasks - 4: ***Continue the good work...***

- ☐ ... Self-monitoring,
- ☐ ... behavior al experiments,
- ☐ ... cognitive restructuring.

Back to Treatment Manual index
Back to start of Session 11
Back to Materials used for Session 11

SESSION 12

1. Review homework
As for session 8. In addition, participants were invited to share details of their maintenance and relapse prevention plans and these were used as a basis for further comments by the group leaders.

2. Promoting self-evaluation
The group leader invited participants to reflect on how far they had come in achieving their goals and what challenges lay ahead. This group exploration and discussion was

used as a basis for identifying issues to be focussed on in the upcoming session 13 which would be the last session of the program.

3. Homework
the previous discussion was used as a springboard for helping each participant to identify what they should specifically focus on for homework.

Back to Treatment Manual index
Back to start of Session 12

SESSION 13

1. Review homework
The homework review took the form it had since session 8. It was used to help each participant identify and find means of addressing outstanding concerns. In particular facilitators focused on the extent to which all participants had devised an appropriate maintenance and relapse prevention strategies. The group leaders continued to emphasise the importance of continuing with behavior al experiments and cognitive restructuring exercises.

2. Leave-taking exercise
As a closing exercise we invited the participants to stand with the group leaders and hold hands in a circle. Participants were each invited to make a closing comment which described how they felt, what they had learnt, what they would take with them from the group etc. Each group leader also made a closing comment that involved giving words of encouragement to the participants. Thereafter, on the count of three, everybody let go of each others' hands simultaneously, and that was the formal end of the program.

Back to start of session 13
Back to Treatment Manual index
Back to list of Appendices

Appendix 7. The case of Tabelo

This case narrative is taken from:

Edwards, D. J. A., Henwood, J., & Kannan, S. (2003). Cognitive therapy for social phobia: The human face of cognitive science. *Alternation, 10* (2), 122-150.

It is posted here with the permission of the publishers of the South African journal, *Alternation.*

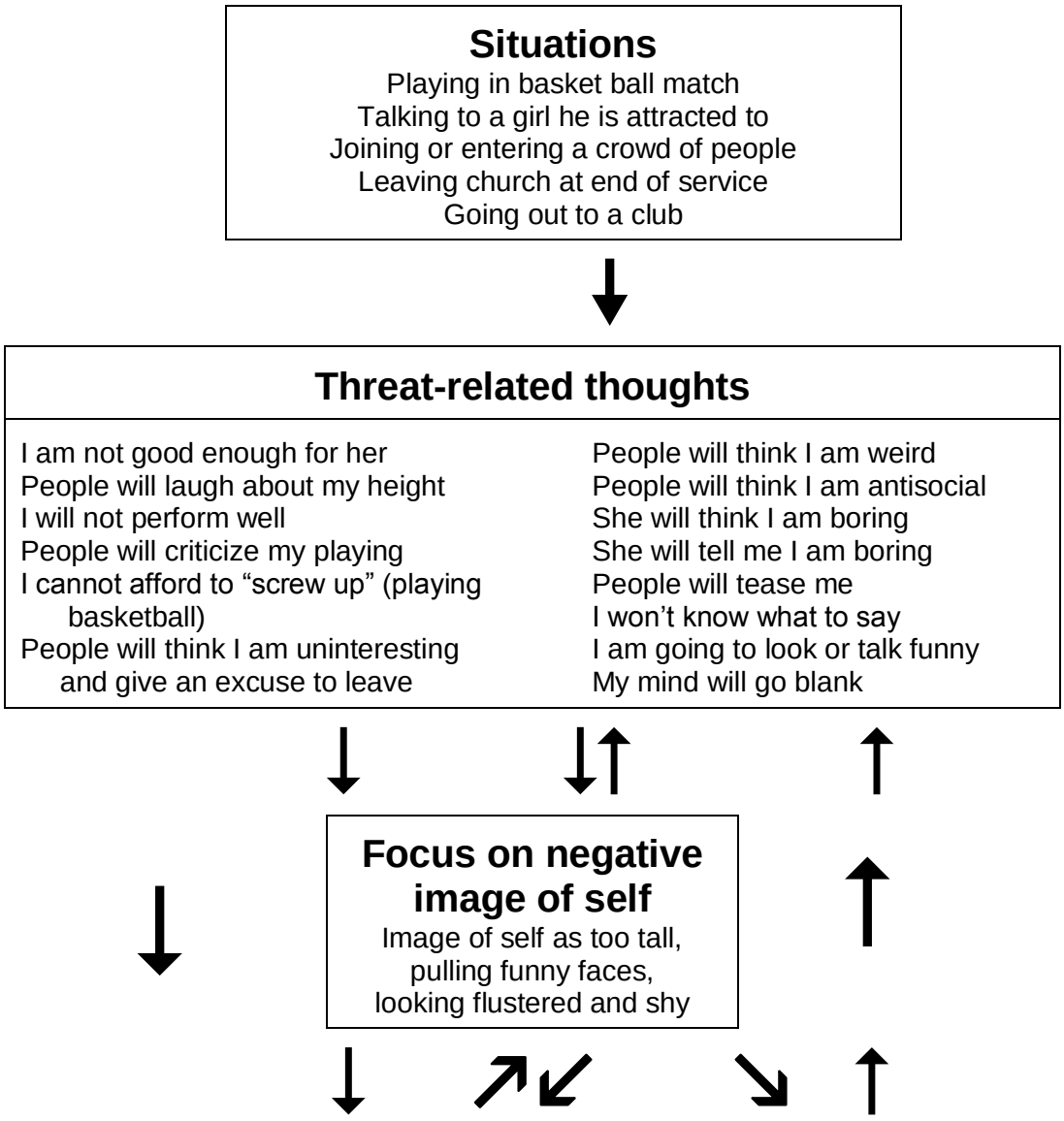
.

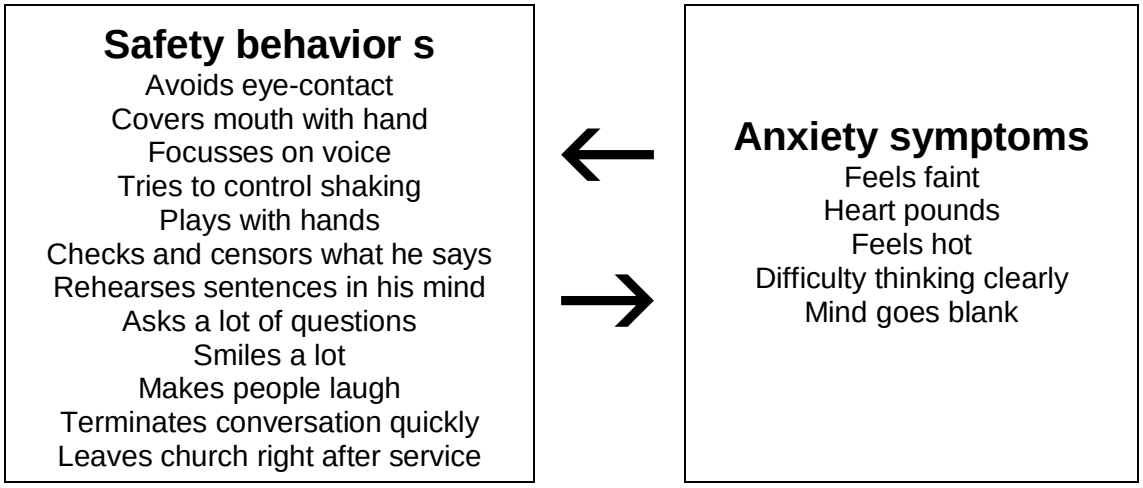
Tabelo, a 19-year-old second year student, born in Mpumulanga, spends much of his time working on the computer. He also plays basketball and watches a lot of television. He prays when he wakes in the morning and always "looks forward to a brighter day". However, he also complains about his life a lot and he dislikes doing that. Before going to sleep at night, he reviews and analyses the events that happened during the day. Although he tries hard to get along with people, he does not have deep friendships, and sees himself as a “very anti-social person”and as a “one-man person.” He watches others in interpersonal relationships and wishes that he could be more like them. He has wanted a girlfriend for a long time and has recently become attracted to a girl. However, he has been afraid to approach her in case he says the wrong thing. He has read several books about self-confidence in the hope that they would help him to change but he now realises that he needs some practical help.

Sessions 1-5: Building a model

The first five sessions focussed on self-monitoring and self-assessment. Participants learned to identify the ways in which their thoughts, feelings and behavior s in feared situations interacted and reinforced one another. They learned to organize the material in terms of the Clark & Wells model, the main features of which are set out in figure 1. In each session, one or more aspects of the model was explained. They then split up into pairs and, using structured questions provided by the group leaders, helped each other identify these aspects in their own everyday situations. For homework they were asked to enter situations in which they felt anxious and to collect further information. Much of the information that Tabelo collected is summarized in Figure 1. You can see that he identified several ***situations*** in which he became extremely anxious. In addition to his anxiety about meeting an attractive girl, he also became anxious about people watching him playing at a basketball match, when he went out to a club, or when he left church after attending a service.

Figure 1
Cognitive behavior al analysis of Tabelo's social anxiety





His ***threat related thoughts*** concerned fears that: (1) people would find him dull and uninteresting and might therefore laugh at him, criticize him, tell him how boring he was, or simply terminate the conversation; (2) people would think he looked funny either because he was so tall, or because his face looked funny when he talked; (3) people would laugh or be critical if he made any playing errors during basketball games; (4) he would become so anxious that his mind would go blank or he would fail to speak clearly, and this would lead to people thinking he was weird or antisocial. He would ***focus on a negative self image***, picturing himself as taller than anybody else, imagining his face screwed up and looking funny and imagining himself looking flustered and shy.

All this activated his autonomic nervous system, and he would notice ***anxiety symptoms*** such as his heart pounding, feeling hot, and feeling dizzy and faint. He would also find it hard to concentrate and at times his mind would go blank. These symptoms contributed to the threat related thoughts, since he was worried that people would notice how hot and flustered he was feeling, or that he would make a fool of himself because he could not think clearly.

Tabelo was able to identify several ***safety behavior s*** through which he tried to reduce the threat that he felt. These included avoiding eye-contact, covering his mouth with his hand and smiling a lot. He would check everything he said before he uttered it, in case he said something embarrassing, would rehearse in his mind things to say, and ask a lot of questions so that there would be no awkward silences and so the other person could not ask him something he could not answer. In order to reassure himself that people were still interested and feeling positive about him, he would say things to make people laugh and observe how they responded. He would sometimes avoid people

altogether or end a conversation prematurely. For example after church he would hurry away rather than speak to other members of the congregation.

The cognitive therapy model assumes that all this is self-defeating because it interferes with a person's capacity to engage in a spontaneous and relaxed conversation. This was true of Tabelo. At one session he described how he had unexpectedly met the girl he was interested in. He felt as though he was going to faint and his heart was pounding. He rated the degree of anxiety as 90/100. His automatic thought was "I am not good enough for her" and then he said to himself "Just greet her and go". So he was able to get as far as greeting her, but he terminated the encounter before it could develop further. He was so preoccupied with his threat-related thoughts and negative self-image that he had not much attention left for looking at other people to see how they were feeling or responding or for attending to what they were saying. Indeed, by avoiding eye-contact he was cutting out this useful source of feedback altogether. In addition, his rehearsal of things to say next and his belief that it was safest to keep asking questions made it impossible for him to be spontaneous and allow the conversation to flow in a natural way. The whole process thus became a self-sustaining system.

Despite all this, before entering a situation, Tabelo was often able to focus on positive and optimistic thoughts and did not always experience a great deal of anticipatory anxiety. However it did not take long before his beliefs about the threatening nature of the situation began to set the anxiety cycle in motion. As he began to experience anxiety and his self-defeating safety behavior s automatically kicked in, he would be unable to sustain a spontaneous and natural conversation. The result was that, each time he did get involved in a conversation, his threat related-beliefs would be reinforced. He was caught in a trap and felt guilty because he saw himself as lacking the courage to deal with the situation.

After the first five sessions, Tabelo realized that the exercises were giving him insight into the nature of his problem, and was feeling optimistic about being able to make meaningful changes to his behavior . Once we started again at the beginning of the next term, exercises would be introduced which would involve actively working to change his dysfunctional behavior . Some of the members found this a frightening prospect. But Tabelo was looking forward to it. He felt that he was being empowered to work towards goals that were very important to him.

The safety behavior s role-play and video feedback session

At the first group meeting after the vacation, participants reported back on their homework activities over the past few weeks. Then, the group leaders explained and made arrangements for the individual sessions in which group members would do the

safety behavior s role play. Group members were asked to select a social situation which could be simulated in role play. Tabelo elected to role play meeting and conversing with an attractive young lady. This was organized by the group leaders who recruited another student to take part who was not known to Tabelo. By the time Tabelo's role play was conducted, another group meeting had taken place in which other group members had described how valuable they had found the experience. Tabelo was excited, but also anxious at the prospect of having to converse with a strange young woman, especially as the role play was to be videotaped. It was agreed that he would approach the volunteer, as if on the way to a lecture, and begin a conversation with her.

When interviewed beforehand, he predicted that he would not know what to say to the volunteer and that she would notice how shy he was and would think that he was uninteresting. When asked to identify all the safety behavior s he would normally use in this situation, he listed the following: avoid eye-contact, hide mouth, ask lots of questions (try to dominate conversation), play with hands, try to control shaking, rehearse sentences in his mind. It was explained that in the first role play he should adopt all of these safety behavior s. This would be followed by a second role play in which he would, as far as possible, attempt to interact without them. Each role-play was to last approximately 7 minutes, and for the first three minutes he was instructed not to leave the situation, but after that he could if he wanted to. The volunteer was briefed about the situation to be role played and told it was part of a social psychological study. She did not know anything about Tabelo's social phobia or the group program.

In the role play, Tabelo engaged in all of his safety behavior s, as instructed. Afterwards, he was interviewed and said that his behavior had been 'the usual' and that he had felt very aware of the time. He had been afraid of 'screwing up', and, although he had tried to flow with the conversation, he didn't really listen to what she was saying and kept asking her the same thing because he was so focussed on coming across well and keeping the conversation interesting. He was sure she had noticed he was very shy and anxious and she seemed to have tried to get him to make eye-contact and to have repeatedly looked at his hands fidgeting. The volunteer did indeed think he looked anxious and self-conscious (8½ out of 10) but she rated his social interaction skills at a reasonable level (6 out of 10).

In the second role-play, Tabelo managed to drop most of his safety behavior s. He maintained eye-contact for most of the time and, when interviewed after this role play, he said that he had not been aware of the time because the conversation was flowing more easily. He felt he had managed to drop most of his safety behavior s, and had not rehearsed what he was going to say, although he had been very conscious of making an effort to listen and to make eye-contact. He was sure that the volunteer had noticed

his nervousness. The volunteer did indeed perceive him as having rather low self-confidence, however she noticed that he was more relaxed, spoke more openly and maintained eye-contact. She did not think that his anxiety was unusual for someone meeting another person for the first time. She rated him as markedly less self-consciousness than before (5 out of 10), and rather more skilled at social interaction (7½ out of 10).

Next, Tabelo viewed the videotape of both role-plays with the group leaders. First, he was asked what he was expecting to see. He felt anxious about watching it as he expected to see evidence for his existing beliefs about how he appeared in social situations and did not expect to enjoy this. He expected that his voice would "sound funny', his speech would be too slow, he would see himself making ridiculous faces, and he would look shy. As they watched the video, the group leaders stopped it at various places so that specific parts could be discussed. Tabelo was shocked as he watched himself. He looked even more shy than he had expected. He kept saying to himself, "Look it's true, I do look ridiculous and my voice is slow and comical." He noticed what he called his "funny facial expression" and "funny smile" and said, "of course people will laugh at me with that look." Watching the video confirmed many of his negative predictions and he felt embarrassed and humiliated. The group leaders then presented him with the volunteer's feedback about him. He was surprised to hear that she had thought his social skills were a bit above average and that although he did look shy and self-conscious, she had not said anything about his voice or facial expression. He began to realize that his perception of the interaction as he watched it on the video was much more unfavourable than it appeared to others.

While watching the second role-play, he noticed the effect of dropping his safety behavior s. He did not look unusually shy, and actually liked what he saw. He looked more at ease in the conversation and made more eye-contact. Although he looked out for them, he could not see any funny expressions on his face. He realized that when he made eye-contact he looked more natural and did not make any strange facial expressions. He also realized that he looked better for not slouching in the chair or trying to hide his face. Another observation that surprised him was that a pause in the conversation which had seemed abnormally long at the time seemed no different from those he had observed in other people's conversations and looked quite natural. He realized that the conversation was flowing easily and this was because he was attending to the conversation rather than thinking of questions to ask. He could now see that, in the first role-play, by looking away and continually asking questions, he had made it difficult for the volunteer to have a natural conversation with him. His old conclusion, that there was something wrong with him, was clearly mistaken. The problem was his safety behavior s which interrupted the flow of the interaction. Another

belief that he had was that he was unable to make girls laugh. This was disconfirmed as the volunteer was clearly spontaneously amused by several of the things he said.

Thus Tabelo found no evidence to support his negative predictions. He was able to accept that the feedback given by the volunteer was accurate, and gained insight into how his negative beliefs had been self-fulfilling. At the end he said, "Most of the beliefs I had do not hold true in watching this video. I have had these thoughts for so long that I had believed them and from them created images regarding how I appeared to others and therefore, in many ways, my beliefs caused me to behave in ways which made my beliefs come true." Looking back later, Tabelo described this session as a turning point as it had vividly confronted him with just how inaccurate many of his strongly held beliefs were.

Final sessions: behavior al experiments and further consolidation

During the final sessions, participants were encouraged to put to work the insights gained from the safety behavior s role play by conducting a series of behavior al experiments. In these, they were to select situations which they found anxiety provoking and plan to enter them and interact spontaneously without their safety behavior s. Before entering them they were to write down their negative predictions on a record sheet. After doing the experiment they were to examine whether their negative predictions had been accurate.

Over the next few weeks, Tabelo described engaging in many new behavior s and discovering he could behave naturally and spontaneously. In session 8 he told how he had gone to the residence of the girl he was attracted to and invited her out to a movie. At the residence he had chatted to and laughed with a group of girls. Previously he never would have believed that he could have an enjoyable conversation with a group of girls like this. In the session, the group leader commented that he was seeming more at ease in the group and making much more eye-contact. At the next session he reported that he had worn a suit to go to a beauty pageant. Previously he would have avoided such situations because he predicted he would look ridiculous in a suit and people would make fun of him. However, he observed that several people complimented him on his appearance and no one laughed at him. In another experiment, he predicted that a group of girls that some friends introduced him to would find him boring. He obtained evidence to the contrary. The girls clearly enjoyed his company, and he was complimented for his charming personality. He was finding people to be friendlier and more accepting than he could have believed possible before.

One of the most important experiments was to ask the girl he liked out to dinner. He felt some anxiety, especially as she did not arrive on time. Once she did arrive, the conversation began in a rather awkward way, but soon it was flowing so easily and

naturally that 2½ hours sped by. He told the group members that this was a completely new experience. They then went back to her house and talked for two hours more. In the last few sessions, Tabelo was very encouraging to other group members. He had experienced that the program worked for him. He could see how his previous beliefs had led to his becoming anxious and that his ways of dealing with the anxiety had made the situation worse. More important, he had discovered that he had the capacity to interact naturally and spontaneously and had found this to be a rewarding experience. He often gave words of encouragement to other group members who were still struggling with negative beliefs and predictions.

Tabelo's self-report scales

The graphs of the five self-report scales are shown in Figures 2-6. His depression (Figure 2) rapidly shifted from a clinical to a normal level even before the first group meeting had taken place. This could be because, at the first interview, he was uncharacteristically depressed and he spontaneously returned to his normal state of not being depressed. Unfortunately we do not have any records of how depressed he was before he first came for interview, so we do not know whether this was an unusually high score for him. However, Tabelo's own explanation for these scores is that after the first interview, he began to have hope that he could solve his problems and have a better life. As the program proceeded, this hope became a reality. We do know that there is a strong link between pessimism, hopelessness and becoming depressed. He wanted to help himself and he saw the program as giving him the tools to do it. That is to say, from the start, the treatment approach had credibility and this credibility was sustained as the details of the program unfolded. If this was the case, we might have expected that if he had not found the program helpful, his depression would have returned.

Figure 2: Beck Depression Inventory-II

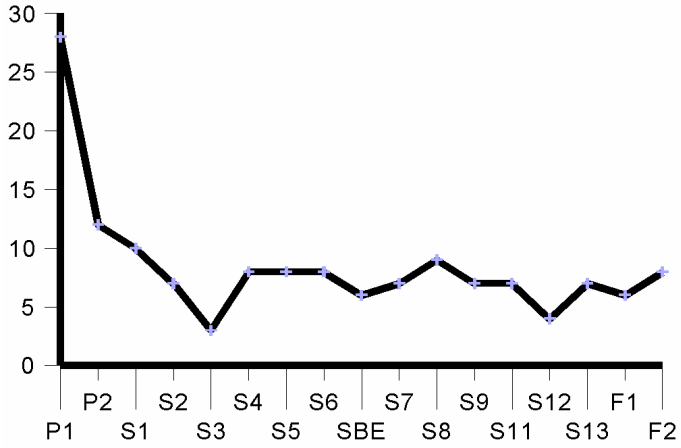
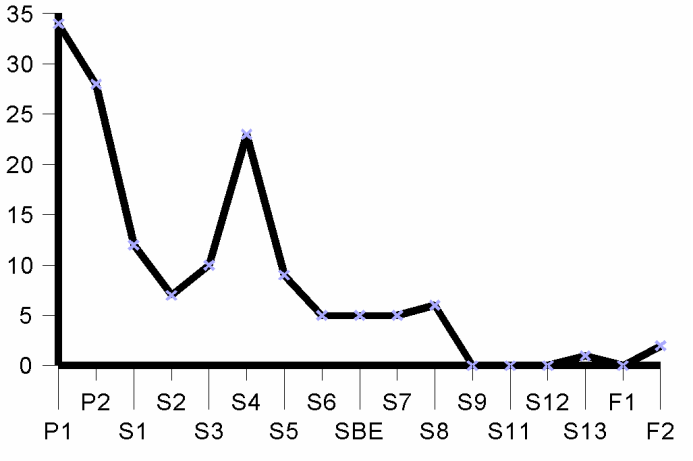


Figure 3: Beck Anxiety Inventory



Beck Anxiety Inventory scores (Figure 3) reflect the intensity of anxiety symptoms. These also dropped markedly even before the program began. Anxiety scores can fall when individuals successfully avoid threatening situations. This does not apply to Tabelo who regularly undertook homework activities which involved entering anxiety provoking situations. Anxiety also falls as individuals master their fears and develop self-efficacy. This seems to be the most likely explanation in Tabelo's case. Even though he had a lot to discover, the rationale for the program and its credibility for him led him to believe that his difficulties were surmountable, so that, even at the beginning, he experienced less intense anxiety than before. The higher anxiety he reported at session 4 was precipitated by homework exercises in which he exposed himself to several anxiety provoking situations. Interestingly, although throughout the program he continued to expose himself to more and more challenging situations, he never reported such high anxiety again. It seems likely that learning to observe his own thoughts, emotions and behavior had enabled him to get some distance from them and this already helped to break aspects of the anxiety cycle. By the end of the program he had discovered that he was able to interact spontaneously and that people liked him and found him attractive, and his anxiety disappeared almost completely even though he was now engaging in social activities that, at the start, he did not believe he would ever have the courage to take part in, let alone enjoy.

The Social Cognitions Questionnaire (Figure 4) lists twenty-two negative beliefs that social phobics commonly hold. Respondents indicate how often each one occurs when they feel nervous. Already by the second session, these thoughts were troubling him less often, and they had diminished considerably by the vacation break. Towards the end of the program, as he continued to enter more and more challenging situations and discover he could not only function in them but could enjoy them, these negative

thoughts disappeared almost entirely. The Social Summary Rating (Figure 5) has five subscales each rated from 0-8, tapping avoidance, anticipatory anxiety, self-focused attention, and *post mortem* negative thinking. Again there is a steady decline, although the first marked drop came later than for the other measures, just before the vacation break. The next marked drop began after session 7. This was the period during which he engaged in more and more challenging situations and discovered his ability to cope with and enjoy them. By the end of the program, scores were very low. There was only a slight drop during the period up to the vacation on the Safety Behavior s Questionnaire (Figure 6) although there was a bigger shift at session 5. It seems likely that he had responded to the psychoeducational material and exercises which examined the role of safety behaviors in maintaining anxiety. Over the vacation his score increased to baseline levels again. However, it soon recovered, perhaps because of the continued emphasis placed on the role of safety behaviors in maintaining anxiety, specially in the safety behaviors role play. There was a further decline at the end. By now, of course, he was engaging in much more challenging situations and it seems likely that the continued exposure to more and more threatening situations resulted in his using these behaviors at times, even though he was also discovering that it was more rewarding to interact without them.

Figure 4: Social Cognitions Questionnaire

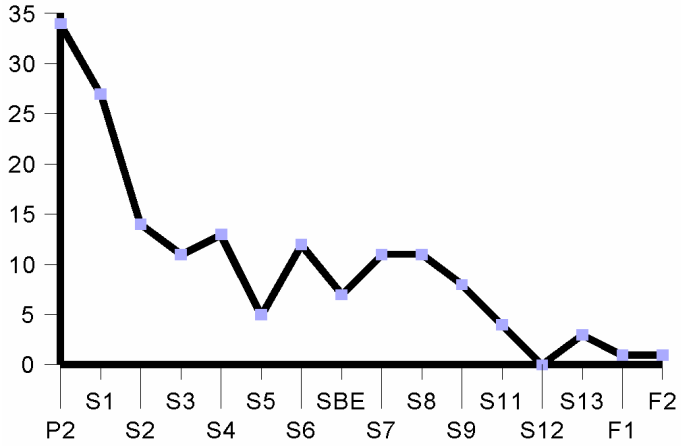


Figure 5: Social Summary Rating

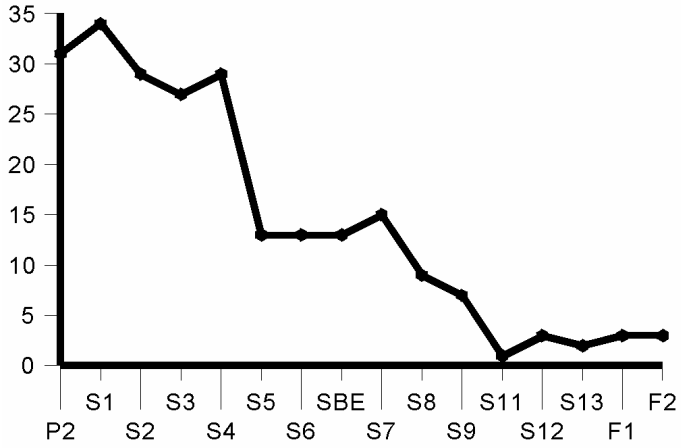
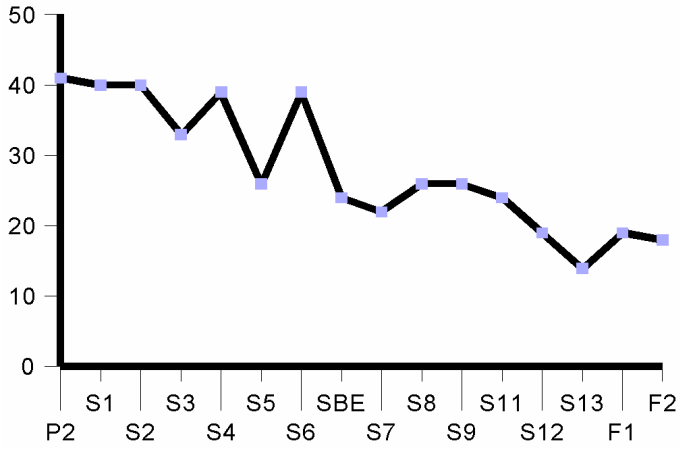


Figure 6: Safety Behaviours Rating



An important feature of all these scales is that the gains were maintained at follow-up, ten weeks after the final group meeting. Qualitative data obtained at the debriefing and follow-up interviews showed that the program had enabled him to break out of the anxiety cycle he was in and replace it by a completely new mode of social interaction. This mode was enjoyable and satisfying and provided evidence for a positive view of himself as an interesting, likeable person capable of meaningful relationships.

Back to top of case study
Back to list of appendices