

Cognitive Behaviour Therapy for Social Anxiety



Dr Melissa J Ree

mree@themariancentre.com.au

THE MARIAN CENTRE

Growth through choice and understanding



Today's talk...

1. Introduce social anxiety
2. Outline the CBT model of social anxiety that helps us to understand how the disorder is maintained (Clark & Wells, 1995)
3. Describe CBT treatment (focus on working with negative thoughts, exposure, and behavioural experiments)



What today won't cover

- Slow breathing and relaxation
- Social skills training/assertiveness
- Other psychotherapeutic approaches

- *"Overcoming Shyness and Social Phobia: A Step-by-Step Guide"* Ron Rapee.
- *"Oxford Guide to Behavioural Experiments in Cognitive Therapy"* Bennett-Levy et al.



Social Anxiety...

An ongoing fear of being judged badly by other people, as well as a worry about behaving in a way that might be embarrassing



Prevalence of Anxiety Disorders (lifetime %)

	Male	Female	Total
Panic Disorder	2.0	5.0	3.5
Social anxiety	12.1	15.3	13.3
Specific Phobia	6.7	15.7	11.3
Generalized Anxiety Disorder	3.6	6.6	5.1

(Kessler et al, 1994)



Defining features of social anxiety/ Social Anxiety Disorder (SAD)

1. Persistent fear of at least 6 months duration of one or more social situations in which the person is exposed to possible scrutiny by others. The primary fear is one of *negative evaluation* by others.
2. Exposure to the feared social situation/s almost always provokes anxiety or panic.
3. Situations are avoided or endured with significant distress.



- People with *social anxiety* may experience significant emotional distress in the following situations:



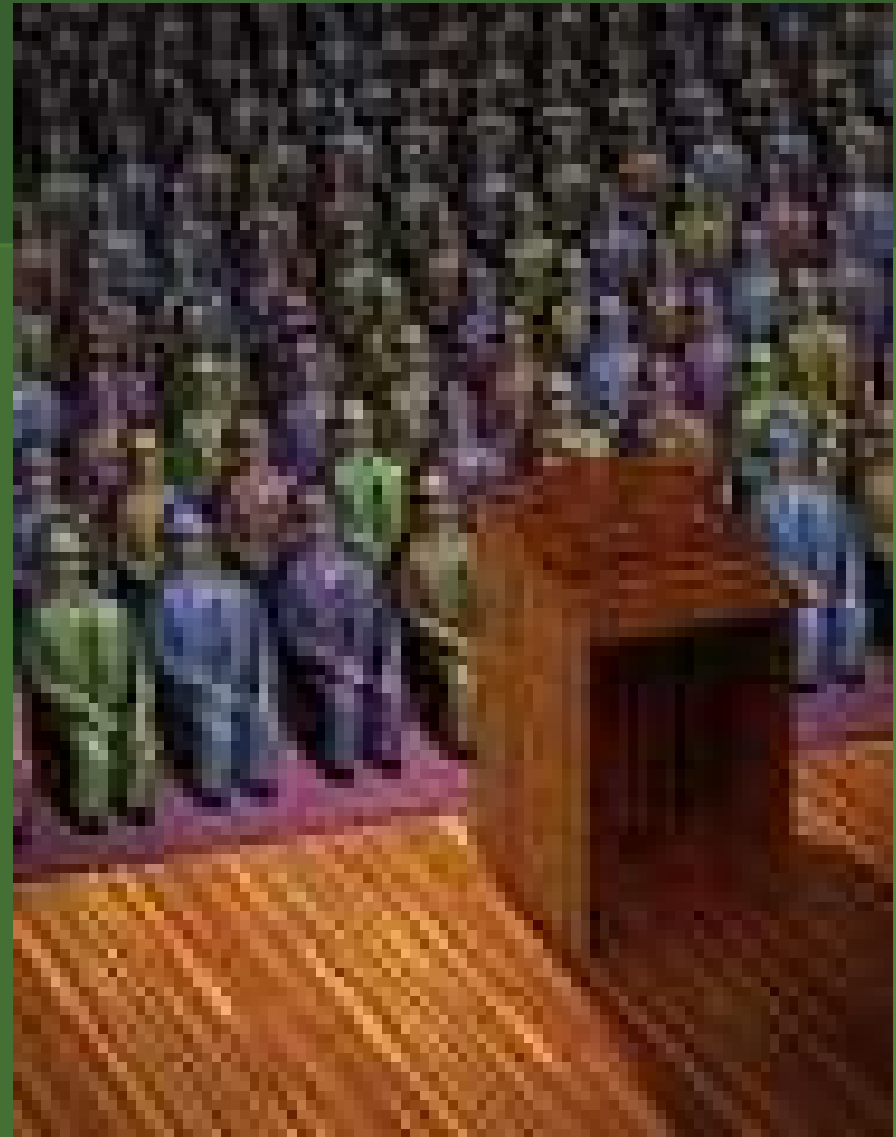
Meeting new people



Being criticized or laughed at



Being the centre of attention





Writing/signing in
front of others



Eating in front
of others



Using the phone



Being expected to contribute in a group



Dating



Strong desire for approval

Expectation of disapproval

Extremely distressed by disapproval

Dwells on faux pas, very upset by them

When in doubt, interprets situations negatively



Vignettes.....



- A woman hates to stand in line in the supermarket because she's afraid that everyone is watching her. While she's shopping, she's conscious of the fact that people might be staring at her. When she has to talk to the person at the check out, she tries to smile and talk, but her voice comes out weakly and she feels that her shaking must be noticeable. She keeps her eyes safely away from the person's gaze and prays she can get out of there as quickly as possible. She's sure she's making a fool of herself. She's been humiliated again. Her self-consciousness and her anxiety rise to the roof.

From: the anxiety network international



A man hates to go to work when a meeting is scheduled the next day. Sometimes he can't sleep the night before because of the anticipatory anxiety that builds up. Finally, the meeting is over, but the memory of the meeting is still uppermost in his mind. He is convinced he made a fool of himself and that everyone in the room saw how afraid he was and how stupid he looked. At next week's meeting, the boss is going to be there. Even though this meeting is seven days away, his stomach turns raw with anxiety and the fear floods over him again. He knows that in front of the boss he'll stammer, hesitate, his face will turn red, he won't remember what to say, and everyone will witness his embarrassment and humiliation.



Cognitive Behavioural Models

Focus is on what *maintains* the disorder

1. **Cognition = thoughts and mental processes**
 - Negative thoughts
 - Beliefs
 - Assumptions
 - Attention and interpretation
2. **Behaviour = actions**
 - Avoidance
 - Safety behaviours (strategies to prevent feared outcome from occurring)



Cognitive model of social anxiety

What maintains social anxiety?

- Negative thoughts & unhelpful beliefs
- Avoidance and Safety behaviors
- Selective attention on how self appears to others



Negative Thoughts

- Negative thoughts serve to increase anxiety. Once anxiety is heightened, our natural tendency is to avoid/escape.
- Once we get into a pattern of avoidance, the anxiety is maintained.



Typical Socially Anxious Thoughts

- What I say sounds stupid
- I'm boring
- I will make a fool of myself
- They don't like me
- They will see I'm anxious
- I won't have anything to say
- I'll blush/shake/lose control



Assumptions & beliefs

- My speech must be perfectly fluent
- I must always appear intelligent and witty
- If I disagree with someone, they will think I'm stupid/reject me
- If I appear anxious, people will think badly of me
- It is unbearable to be rejected
- Anxiety is weak

- I am uninteresting, different, weird
- I'm unlikeable



Cognitive model of social anxiety

What maintains social anxiety?

- Negative thoughts & unhelpful beliefs
- **Avoidance and Safety behaviors**
- Selective attention on how self appears to others
- Unhelpful beliefs



Avoidance/Safety Behaviours

- In order to reduce anxiety, most people with social anxiety avoid social situations.

Interacting in groups/parties

Initiating and maintaining conversations

Meeting new people/dating

Public speaking

Being watched while eating/drinking/writing

Being assertive

Interaction with authority figures

- The problem is that avoidance worsens anxiety in the long term:
 - the reduction in anxiety associated with avoidance reinforces the avoidance and the difficulty with approaching the situation increases
 - No evidence is obtained to counter the unhelpful beliefs driving the anxiety (*the only way I can cope is to avoid, I would fall apart if I entered the situation etc*)



Safety Behaviours

- When it is not possible to completely avoid a situation, most people with social anxiety will use safety behaviours to help them through.
- Safety behaviours are intended to prevent feared consequences BUT they prevent disconfirmation of unhelpful thoughts and can make feared outcomes more likely to occur

(Clark & Wells 1995)



Safety Behaviours



Imagine Vladimir who is terrified of vampires. Vladimir eats loads of garlic and has garlic all over his house in order to keep the vampires away. When no vampires come Vladimir concludes "*great, this garlic is really working*".



It would make sense that Vladimir would keep the garlic and never get to see that he would in fact, be safe without it.



Safety Behaviours

- Wearing extra clothes to hide sweating (cause sweating and blushing)
- Holding a cup tightly (more likely to shake or drop the cup)
- Not making eye contact (encourage others to peer/stare, appear less friendly)
- Quiet voice (encourage others to lean in/stare)
- Mental rehearsal of next sentence (not paying attention to social cues – appear awkward)
- Alcohol/drugs (inappropriate behaviour)
- Excessive use of deodorant or A/C (draw attention to rather than away from self)
- Avoidance (appear unfriendly/alooof)



Avoidance/Safety Behaviours

These behaviours may help in the short term but maintain the anxiety in the long term, because they

- do not allow for the disconfirmation of unhelpful beliefs (*I only got through that was because I was drunk* etc).
- may make feared outcomes more likely



Cognitive model of social anxiety

What maintains social anxiety?

- Negative thoughts & unhelpful beliefs
- Avoidance and Safety behaviors
- **Selective attention on how self appears to others**



Selective Attention

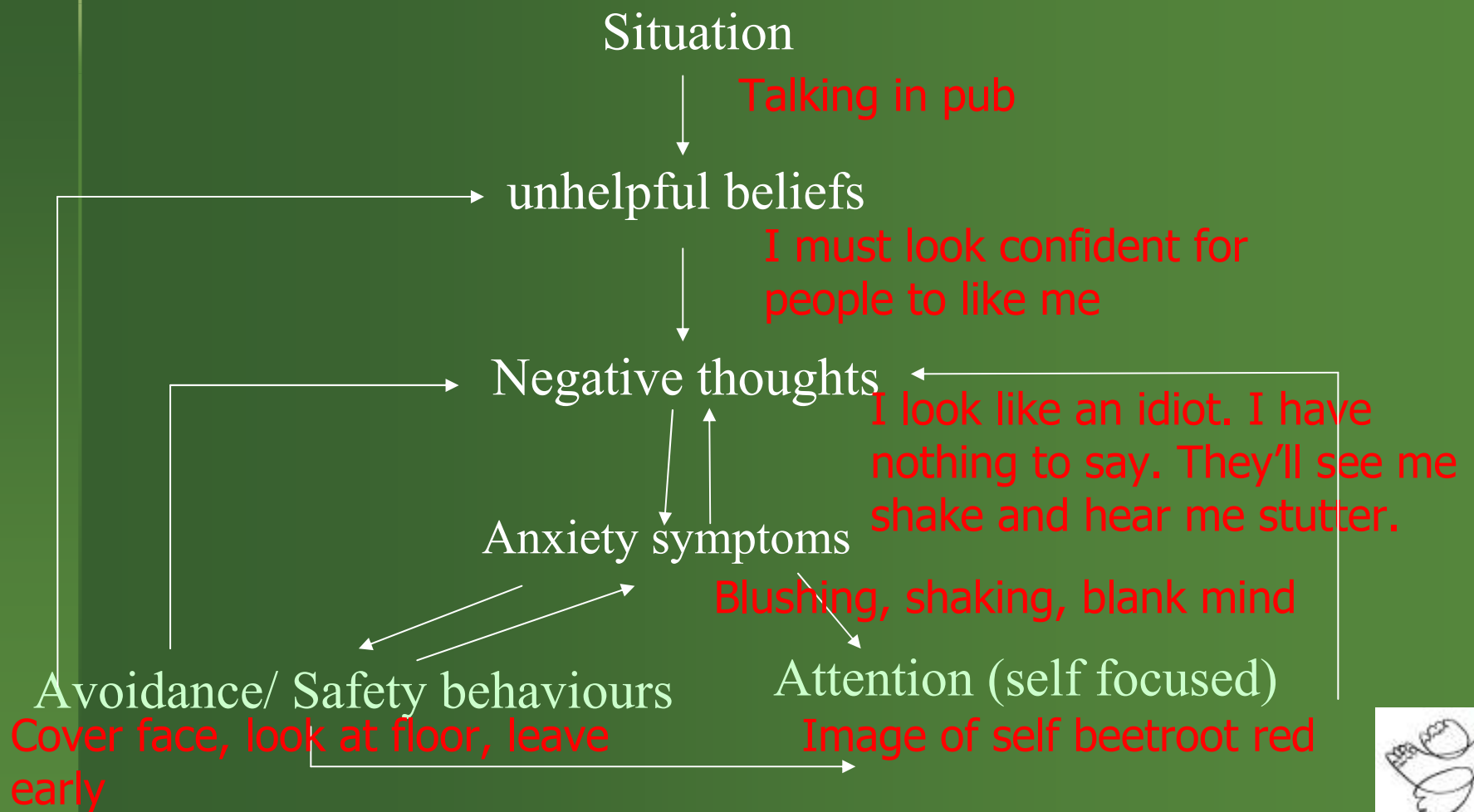
People with social anxiety often focus their attention in ways that increase their anxiety in social situations.

They tend to pay a lot of attention to how they look to other people and what others might be thinking of them.

This just serves to increase anxiety and self consciousness. It can also make the anxious person perform worse and appear more anxious because their attention is taken away from the task at hand (ie interacting, listening etc).



Cognitive Model for Maintenance of social anxiety (Clark & Wells 1995)



“Traditional” CBT Components

Build
relationship
&
treatment
motivation

- Assessment
- Psychoeducation – what is social anxiety?
- Goal setting and building motivation
- Identification and challenging of negative thoughts
- Breathing control and relaxation – to reduce physical symptoms
- Exposure
- Relapse prevention

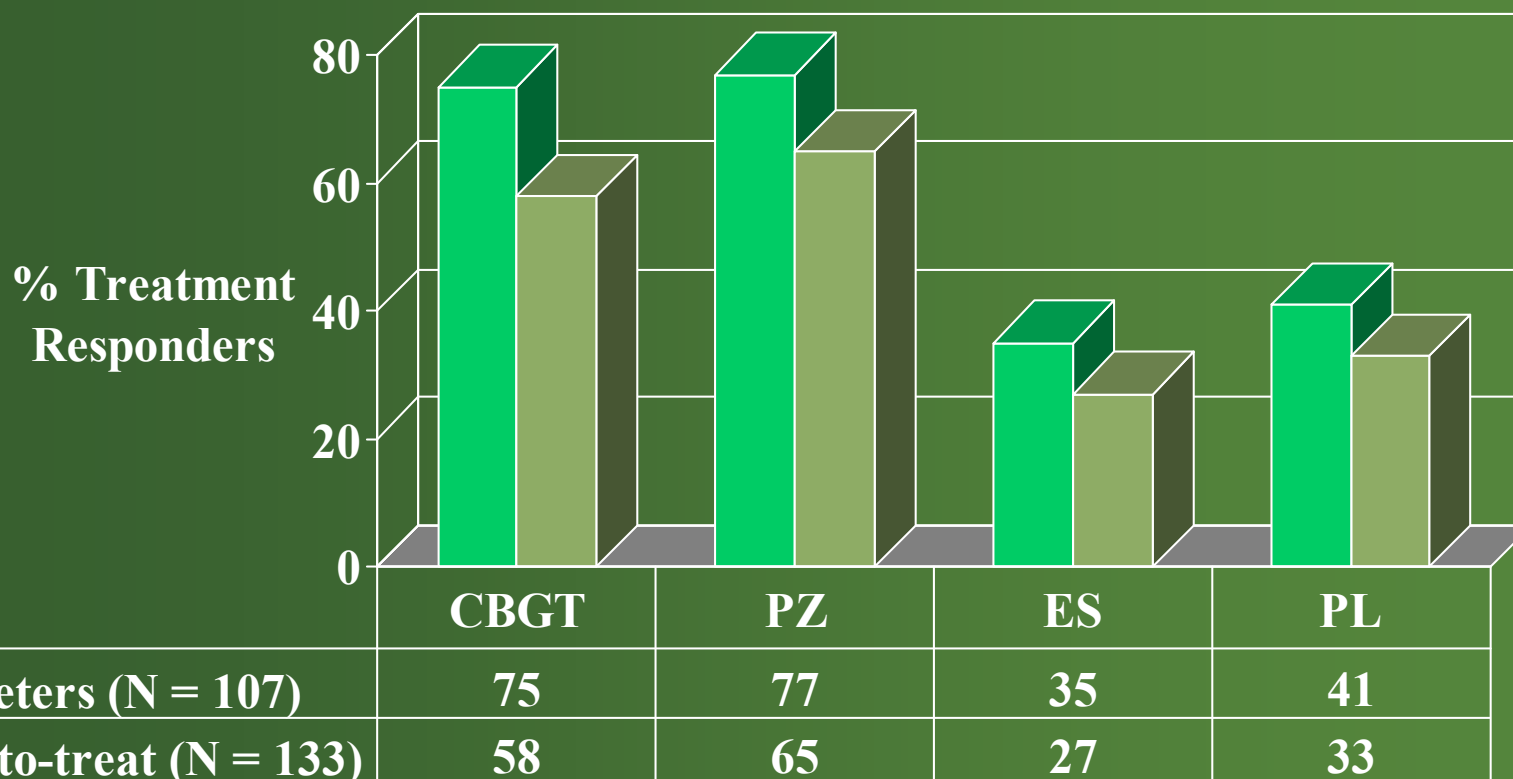


More recent CBT components

- Behavioural experiments
- Attention training



NIMH Multicenter Study Post-Treatment Findings

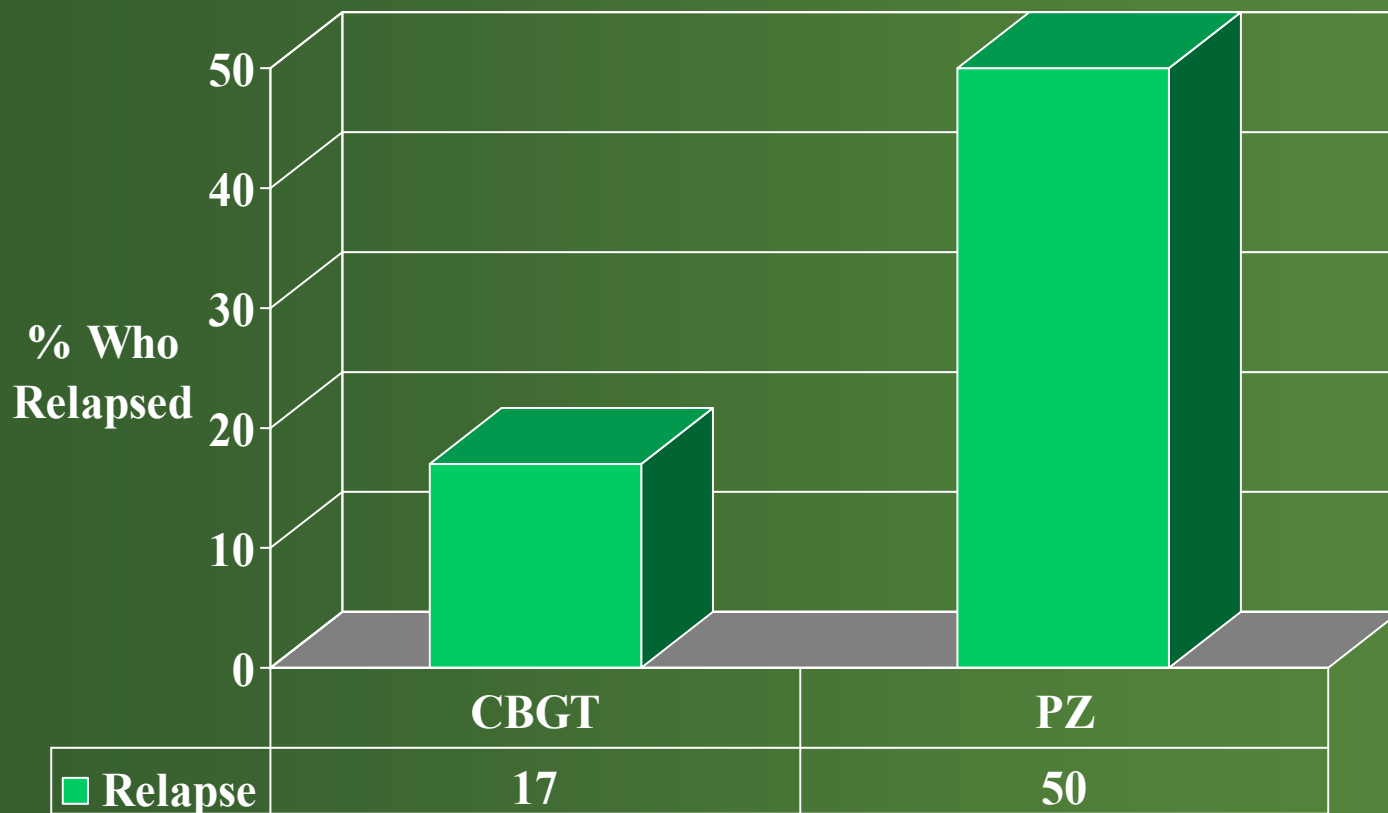


Heimberg et al (1998). *Archives of General Psychiatry*, 56, 1133-1141.



Heimberg et al (1998)

Treatment-free Follow-up



Meta Analyses

- Taylor (1997)
 - 49 studies
 - Similar effects as the Heimberg study
 - Effects of treatment increased over the follow-up period
 - But 40% of people are classified as non-responders



So, the treatment...

- Assessment
- Goal setting and building motivation
- Psychoeducation/case conceptualisation
- Identification and challenging of negative thoughts
- Breathing control & Relaxation– to reduce physical symptoms
- Exposure
- Behavioural experiments
- Attentional training
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A note on Homework and Review

- Homework is very important in CBT
 - It must be followed up in the next session
- End of session review can be very useful
 - What did you learn today that might help you? What did you find most helpful?
 - Was there anything in today's session that was unhelpful?



Assessment

- Interview
 - History, precipitating factors
 - Maintaining factors - functional analysis (when does the anxiety occur?, what exactly is experienced: thoughts/feelings?, what does the person do to cope? what is the outcome?)
 - Current supports
- Questionnaires
 - Social Avoidance Distress Scale (SAD:Watson & Friend 1969)
 - Social Interaction Anxiety Scale (SIAS: Mattick & Clarke, 1998)
 - Social Phobia Inventory (SPI: Connor et al., 2000)
 - Fear of Negative Evaluation scale (FNE:Watson & Friend 1969)
- Case conceptualisation



Fear of Negative Evaluation Scale

I worry about what people will think of me even when I know it doesn't make any difference.

I become tense and jittery if I know someone is sizing me up.

I feel very upset when I commit some social error.

I am often afraid that I may look ridiculous or make a fool of myself.

If someone is evaluating me, I tend to expect the worst.

I am afraid that others will not approve of me.



- Assessment
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Goal setting and building motivation

- Imagine two alternative futures: one with your social anxiety as it is, and one in which you have worked to reduce it.
- Why is it important for you to work to reduce your anxiety?
 - What would you like to achieve in this treatment?
 - What might get in the way of you achieving your goals? (maintaining motivation, high anxiety, unrealistic expectations, set backs, fear of change etc)
 - What might you lose if you were able to reduce your social anxiety? (no excuse to avoid any longer, have to face difficult situations, relationships might change, become more independent etc)



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Psychoeducation

- Anxiety as a normal and necessary human emotion
- Continuum of social anxiety
- Prevalence (nearly half a million in Australia at any one time)
- Types of situations feared
- Common thoughts
- A psychological model of social anxiety



case conceptualisation

- Through discussion, derive a personalised version of the cognitive model with the patient
- Base this discussion around a specific example of a recent 'social anxiety episode'
- Use this to:
 - ensure you and the client have a good understanding of their anxiety
 - build the treatment rationale and motivation

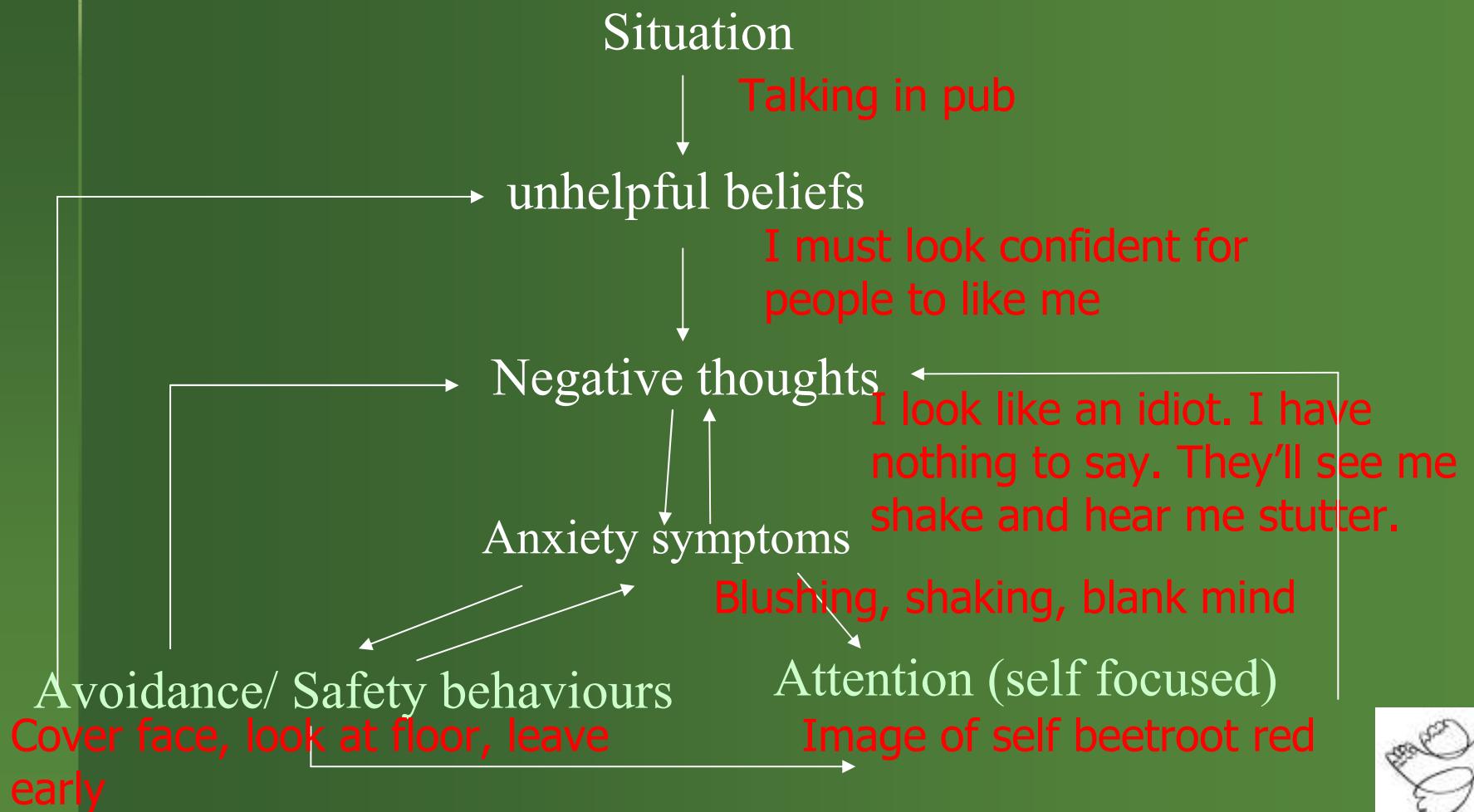


case conceptualisation

- After the model/vicious cycle has been derived, the cognitive model has already been introduced - thoughts lead to emotions, behaviours, and selective attention (and these feed back to perpetuate negative thoughts).
- Ask the client if they can think of ways to intervene. Point out that a change in one or more parts of the cycle can shift the system (i.e., give hope).



Cognitive Model for Maintenance of social anxiety (Clark & Wells 1995)



Questions to draw out beliefs

- What do you expect of yourself in social situations?
- What do you think about displaying anxiety to other people?
- Why is it important to create a good impression to other people?



Questions to draw out thoughts

- What were you afraid might happen?
- What went through your mind when you first noticed you were anxious?
- What would be so bad about that?
- What bothered you the most?
- What did you think the other person/people were thinking?
- What did you think about yourself?



Questions to draw out avoidance/safety behaviours

- When you thought (the feared event) was happening, what did you do? (did you do anything to try to prevent it?)
- Is there anything you did to reduce your anxiety or to reduce how anxious you might have appeared?

How might these behaviours impact on your future anxiety and beliefs? (how has calling in sick the day of your meeting made you feel about future meetings? How do you think avoiding eye contact might impact on your belief that people are staring at you?)



Questions to draw out self focused attention

- How do you think you appeared to the other person/people?
- What told you that you were coming across badly?

How does this self focused attention link back to thoughts? (when you became aware of your heart racing, what happened next? When you monitored if you were sweating how did you feel?)



- cycles



CBT Components

- Assessment
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- Psychoeducation/case conceptualisation
- **Identification and challenging of negative thoughts**
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Addressing negative thoughts

- Explain the link between thoughts and feelings



The key point here is:

*It is not the situation that causes emotions,
it is how we think about the situation.*



Negative Automatic Thoughts:

- run parallel with spoken thought
- we are often not fully aware of our automatic thoughts
- they typically emerge automatically and are extremely rapid
- sometimes occur in a shorthand...only the essential words
- do not arise as a result of deliberation, reasoning or reflection about an event or topic...the thoughts just happen, like a reflex
- often difficult to turn off
- mostly the validity of the thoughts is accepted without question and without testing out reality or logic
- often precede a powerful emotion



Typical forms of negative thoughts

1. Overestimating the likelihood that bad things will happen (probability)
2. Overestimating the awfulness of the bad thing happening (consequences)

Goal:

“To think more realistically about probabilities and consequences in social anxiety situations”



Completing thought records

Start with the emotion. Then work back to identify the thoughts.

- What went through my mind when I first noticed my anxiety?
- What did I fear might happen?
- What is the worst that could have happened?
- What did I think about myself in this situation?
- What did I think others were thinking in this situation?



situation	anxiety	thoughts	probability	Consequence
Going to bar with friends	7	I'll shake when I pick up my drink	8/10	My friends will reject me. I'll end up lonely
Preparing to give a presentation at work	8	I'll blush. They will think I'm odd. They'll laugh at me behind my back.	9/10	People will think I'm incompetent. I won't be promoted. I'm a failure



Challenging negative thoughts: Thinking traps (cognitive distortions)

- Catastrophising “what if”
- Black and white thinking
- Overgeneralisation
- Personalisation
- Jumping to negative conclusions
- Mind reading



Challenging negative thoughts: Logical analysis

Negative thought I'm working on:

- Am I falling into any thinking traps?
- Is there an alternative way of viewing this?
- What's the worst that could happen? Could I live through it? How likely is it?
- What's the best that could happen? What's the most realistic outcome?
- What is the effect of thinking this way? Are my thoughts helpful?
- What is the evidence for the thought? What is the evidence against the thought?
- How might others see this situation?
- What could be the effect of changing my thinking?
- If a good friend was in this situation what would I tell him or her?
- What is a more helpful, logical, and realistic thought?



'I will blush, and everyone will think I am odd'

'People will laugh and talk about me behind my back'

People will think I am incompetent at my work'

'I will lose my job'

'I have sometimes blushed before when speaking in meetings, and nobody acted like they thought I was odd afterwards.'

'I have actually received positive feedback after some of my presentations, even when I felt I had been blushing'

'I have seen other people blush at meetings before, and I didn't think they were odd.'

'People know I am a good worker, I get positive feedback about my work and I just got a promotion two months ago'



*'Even if they did say something,
I'm sure they'll soon find
something else to talk about, I
don't have much respect for the
opinions of people who talk
about others behind their back'*

*'If I blush giving a presentation, I
really don't think it will be the
end of the world at work'*



- Logical analysis



CBT Components

- Assessment
- Goal setting and building motivation
- Psychoeducation/case conceptualisation
- Identification and challenging of negative thoughts
- **Breathing control & Relaxation– to reduce physical symptoms**
- Exposure
- Behavioural experiments
- Attentional training
- Relapse prevention



CBT Components

- Assessment
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- **Exposure**
- Behavioural experiments
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Exposure

- Key points about avoidance:
 - Fear is strengthened by avoidance (ie results in belief that the only way to escape anxiety is to avoid situations)
 - There is no opportunity to have an experience that might disprove negative beliefs and start to build some confidence
 - the opportunity to practice a social skill is missed: most people, only develop confidence in their social skills because of frequent practice, including learning from their mistakes.



Exposure

The most commonly used technique is to start by confronting the *least* anxiety-provoking situations initially. As confidence grows, increasingly more difficult situations are tackled. This process is known as "graded exposure" and research has shown that it is a powerfully effective technique in overcoming phobias.



Principles of Graded Exposure

A moderate level of anxiety

- choose to confront a situation which is *moderately* anxiety-provoking.
- err on the side of choosing a situation which is easier than expected, rather than choosing something daunting. In this situation, the anxiety produced by a sudden and overwhelming exposure can actually strengthen the association between the situation and the fear. This is known as *sensitization* and is the opposite of what we are trying to achieve!

Repeated Exposure

- Many repetitions, in conjunction with cognitive therapy techniques, to "wear down" the anxiety associated with a given situation.

No Escape

- It is very important to remain in the situation until the anxiety provoked by it begins to diminish. Many people initially feel anxious about this. "How bad could the anxiety get? What if I lost control?". Firstly, remember that you are deliberately going to choose to tackle only those situations which are *moderately* anxiety-provoking.



Anxiety stepladders

- Anxiety-provoking situations are listed, and the level of anxiety each might be expected to cause rated so that the situations can be ranked in order from least to most anxiety-provoking, thus creating the *exposure hierarchy*.



Goal: To Be Able To Eat A Meal In The Local Restaurant

Have a soft drink at the restaurant early in the morning 30

Have a soft drink at lunchtime 45

Have a cup of coffee early in the morning 50

Have a cup of coffee and a sandwich at lunchtime 65

Order a soup at dinner; stay at least 20 minutes then may leave even if not finished 75

Order a full meal at dinner and stay until it is all eaten

- with friend aware of problem 90

- with friends not aware of problem 100



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- **Attentional training**
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Recent treatment developments

1. Reducing safety behaviours and avoidance via behavioural experiments (Clark & Wells)
 - Focus on using behaviour to change unhelpful negative thoughts and assumptions and to reduce safety behaviours
2. Attentional Training (Clark & Wells; Rapee & Heimberg)
 - Self-focused attention has recently been put forward as important maintaining factor in social anxiety.



- There is evidence to suggest that when safety behaviours are specifically addressed in addition to standard CBT that treatment outcome is improved.

Raffle (1999)



Studies of people with severe shyness found it's not their anxious mannerisms that turn people off but rather the absence of 'pro-social' behaviours: warmth, reciprocal self-disclosure and signs of interest in the other person. As one researcher put it, 'It may be OK to be anxious as long as you're friendly.'

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Verbal challenging vs. Behavioural Experiments

There are at least two ways of changing unhelpful thoughts/beliefs/behaviours:

- **Directly question their logical basis**
- **Behavioural experiments**
 - Arranging experiences that give the patient the opportunity to *test* out their unhelpful thoughts/beliefs/behaviours.

Teasdale (1997)



Verbal challenging vs. Behavioural Experiments

- People learn best learn through experience.
- Behavioural Experiments are helpful when a patient says: *"I can tell myself these things but I just don't feel any different"*.
- Opportunity for creativity and humour.
- Allows you to see what really happens in vivo.



Exposure vs. Behavioural Experiments

- Exposure
 - Enter a feared situation, and remain long enough for anxiety to resolve
 - After repeated and prolonged exposure, and when the situation no longer elicits a distressing level of fear, the individual turns to the next most feared situation.
- Behavioural experiments are for testing the accuracy of thoughts and predictions (ie to assist cognitive change), NOT for encouraging habituation



Devising a behavioural experiment

1. Precisely identify the belief/thought/behaviour
2. Brainstorm ideas for an experiment to test the thought/belief/behaviour/process (very specific)
3. Make predictions about the outcome and devise a method to record the outcome
4. Carry out the experiment
5. Review the results and relate back to original thoughts/beliefs



Experiments to address Safety Behaviour use

- Go into feared situation and drop safety behaviours
- E.g., 2-five minute conversations. In the first conversation the patient engages in their safety behaviors and the second conversation they drop the safety behaviors.
- The patient predicts extent of anxiety and how well they will come across with and w/o safety behaviours

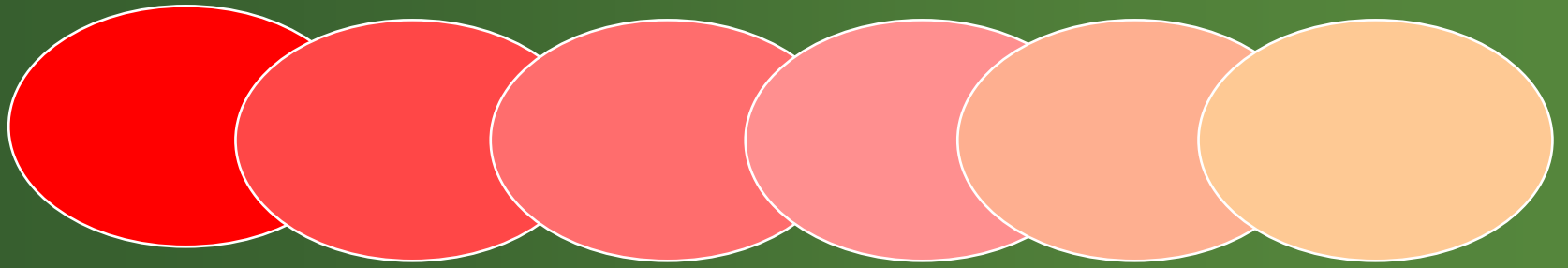


Natalie feared speaking in front of a group because she predicted that 'I will blush and everyone will think I am odd'. She had worked out a number of ways to get out of some of the presentations she had to give as part of her work. She would often volunteer to supervise trainees who would jump at the opportunity to get experience giving presentations. She had even called in sick on two occasions when she had a big presentation to do. Thus she didn't have many opportunities to learn whether she does really blush (**probability**), whether others even notice, and if they do, whether they interpret her blushing in the negative way she predicted (**consequences**). On the odd occasion when she did give a presentation and didn't get negative feedback, Natalie put that down to 'luck' – her having a good day, or the room being too dark for others to see her blushing.



Original thought	Alternative thought	Experiment	Results	Reflection
<p>If I don't wear my usual amount of makeup and cover my face with my hands, I'll go bright red and everyone will notice. They will think I'm abnormal and shy away from me</p>	<p>My blushing is not as obvious to everyone else as it is to me. Blushing is not the most important thing about me</p>	<p>Have a conversation in the office with a stranger while wearing no makeup and not covering face with hands.</p> <p>Predict: I'll be BRIGHT RED</p>		





Original thought	Alternative thought	Experiment	Results	Reflection
<p>If I don't wear my usual amount of makeup and cover my face with my hands, I'll go bright red and everyone will notice. They will think I'm abnormal and shy away from me</p>	<p>My blushing is not as obvious to everyone else as it is to me. Blushing is not the most important thing about me</p>	<p>Have a conversation in the office with a stranger while wearing no makeup and not covering face with hands Predict: I'll be BRIGHT RED</p>	<p>Client did not go bright red – only a slightly noticeable blush appeared. Stranger did not respond negatively</p>	<p>Perhaps my perception of blushing is different from the reality.</p>



- The next experiment tested *increasing* the safety behaviour
- Therapist wears red blusher on cheeks and went to shops. Patient observed that reactions of others were not negative

See Butler & Hackmann (2004). Oxford Guide to Behavioural Experiments in Cognitive Therapy



- Other experiments designed to test the consequences of behaving in “unacceptable” fashion and observe others’ response:

- pause in speech, umms and ahs
- damp armpits
- shake/spill drink
- disagree/express opinion
- ignore acquaintance
- ask excessive questions

Learn that you can get away with more than you think – that social behaviour does not have to be perfect.



Surveys

- A great way for clients to get real world feedback to test unhelpful beliefs
- Based on clients' concerns, generate a survey to be distributed between sessions



1. Do you think badly of people when you notice they become anxious?
2. Do you think it is strange for a person to blush?
3. Blushing is a sign of inadequacy
4. people should be able to control their anxiety in social situations



Area for change: Writing in front of other people

Prediction/belief: When I write in front of others, I will shake and they will think I'm stupid

Steps	Expected Anxiety (0-8)
GOAL:	
Filling out order forms in front of important clients	8
Filling out the pay forms in front of the work accountant	7
Opening up a new bank account	6+
Signing a credit card in front of shop assistants	5
Applying for a credit card	4+
Signing my name in front of the secretary at work	3
Jotting down my name and phone number in front of an acquaintance	2

Examples of common settings for experiments

- Initiating conversations
- Public speaking
- Writing in front of others
- Eating or drinking in front of others
- Working or playing while being observed
- Assertion and interaction with authority figures
- Job interviews
- Joining ongoing conversations
- Making mistakes in front of others
- Expressing opinions
- Revealing personal information
- Use of video and/or audio feedback



The importance of self-focused attention in social anxiety

- When people with social anxiety enter a social situation, they tend to focus attention on themselves instead of focusing outwardly on the people around them.
- They then generate a negative impression of how they appear to others, constructed from their own thoughts, feelings and internal sensations (because I feel stupid, I must look stupid, because I feel shaky, others must be able to see me shaking).

How I feel = how I look

- This attentional focus also generates anxiety because it prevents the person from perceiving any positive social feedback.



I'm with a group of people and I'm telling a story about my last holiday. All of a sudden I become aware that everyone is looking at me. I imagine how I must look to the group and I believe they are thinking negative things about me. I become self-conscious, and start to sweat and shake. I start to feel confused and lose the thread of the story. I try to keep my anxiety in check by taking a deep breath and holding tightly to the glass I'm holding. I'm sure that the group is aware of how anxious I feel and this makes me feel worse. I can't keep going...



Manipulating the focus of attention in treatment

- individuals are taught to preferentially allocate attention away from themselves and toward external objects
1. First they become aware of self-focused attention and the impact it has (when you became aware of your heart racing, what happened next? When you monitored if you were sweating how did you feel?)
 2. Then practice focusing attention outward in non-threatening situations
 3. Then focusing attention outward in threatening situations



Manipulating the focus of attention in treatment

You can think of your attention like a muscle in your body. When muscles are not used they become soft and flabby. In exactly the same way your ability to focus and concentrate your attention on particular things also becomes weak without regular use. For many of us, before we can learn to focus our attention away from ourselves and on to the task at hand, we will need to strengthen our attention by engaging in attention exercises.

Rapee (2001)



Manipulating the focus of attention in treatment

This focusing may be taught via the skill of meditation

- focus on the breath twice a day for ten minutes
- Focus on counting steps taken from car to office
- Focus on sounds
- Focus on visual stimuli
- Focus on task at hand in non-social situations – eg reading the paper, a crossword, the TV, work, gardening etc.
- When attentional control becomes stronger, start to apply to social situations – “focus attention on the task at hand and away from thoughts or images of how you look to the other person. Eg at a dinner-party try to focus on the people’s names, their interests, on the questions they ask and not on your appearance”



Manipulating the focus of attention in treatment

- Behavioural experiment involving 2 conversations— one with self-focused attention and the next with externally focused attention
- Compare anxiety level and performance (may use video feedback)



CBT Components

- Assessment
- Goal setting and building motivation
- Psychoeducation – what is social anxiety?
- Identification and challenging of negative thoughts
- Breathing control & Relaxation– to reduce physical symptoms
- Exposure
- Behavioural experiments
- Attentional training
- **Relapse prevention**



Relapse Prevention

1. Ensure the client has a thorough understanding of the problem
2. Ensure plans for potential set backs have been made
3. Ensure goals have been set to keep progress going



Improved treatment outcome with the recent developments?

- Mean effect size for 'traditional' CBT
 - 0.84 (Gould, Buckminster, Pollack, Otto, & Yap, 1997).
 - 1:06 (Taylor, 1996)
- Clark et al (2003) effect size = 2.53



Accessing treatment

- The Marian Centre will be offering group-based CBT for social anxiety late in 2007/early 2008
- For further information regarding this please contact mree@themariancentre.com.au

