Introduction

What is self-study assisted Cognitive Therapy for Social Anxiety Disorder?

Cognitive Therapy for SAD (CT-SAD), based on the Clark and Wells model (1995), is recommended by the National Institute for Health and Care Excellence (NICE, 2013) as a first choice intervention for Social Anxiety Disorder (SAD). This recommendation is based on a series of clinical trials conducted in the UK, Sweden, Norway, Germany and Japan that have shown that CT-SAD is superior to a wide range of other interventions including: exposure therapy (Clark et al., 2006), group CBT (Stangier et al., 2003; Mortberg et al., 2007; Ingul et al., 2014), interpersonal psychotherapy (Stangier et al., 2011), psychodynamic psychotherapy (Leichenring et al., 2013), selective serotonin reuptake inhibitors (Clark et al., 2003; Mortberg et al., 2007; Nordahl et al., 2016), a control for therapist attention (Ingul et al., 2014), placebo medication (Clark et al., 2006), treatment as usual (Mortberg et al., 2007; Yoshinaga et al., 2016) and a no treatment wait list (Clark et al., 2006; Stangier et al., 2003, 2011; Leichenring et al., 2013).

Normally face-to-face CT-SAD is delivered in weekly therapy sessions over a period of 3–4 months and involves around 14 sessions, totalling approximately around 20 hours of therapist contact. It is recommended that therapy sessions are 90 minutes long to ensure that therapists can regularly conduct behavioural experiments (both in the office and outside) and have sufficient time to discuss the results of the experiments with their patients.

Self-study assisted Cognitive Therapy for SAD (SaCT-SAD) was developed by our research group as a way of potentially delivering all of the procedures in the full cognitive therapy programme in approximately half the number of treatment sessions (7 vs. 14). In order to achieve this goal, many of the key lessons that patients would normally learn in therapy sessions are incorporated into structured self-study guides that patients work on between sessions. The focus of the reduced number of therapy sessions takes into account the fact that patients will be learning key information about how to understand and overcome social anxiety from their work with the self-study materials. Sessions are always preceded by therapists reading the self-study guides that their patients have completed since the last session and noting what has already been learnt. The therapy session itself then focuses on consolidating learning and taking the patient forward in the next step of therapy before assigning another self-study module to be completed as homework to further build on the session and prepare for the next session. It is important that therapy sessions particularly focus on things that complement, rather than simply duplicate, lessons that patients have learnt by working through the modules. In many of the sessions therapists and patients will conduct behavioural experiments and other experiential exercises (such as video feedback) together.

Over the course SaCT-SAD treatment, patients will cover all of the standard components of full CT-SAD, which are: (1) developing a personalized cognitive model that demonstrates
how the patient’s negative thoughts, self-images, focus of attention, safety behaviours and anxiety symptoms maintain their social anxiety; (2) an experiential exercise to demonstrate the adverse effects of self-focused attention and safety behaviours; (3) video and still photograph feedback to correct negative self-imagery; (4) training in externally focused attention; (5) behavioural experiments to test patients’ negative beliefs by dropping safety behaviours and focusing attention externally in social situations and also by purposefully displaying feared behaviours or signs of anxiety (decatastrophizing); (6) surveys to discover other people’s view of feared outcomes; (7) memory work (discrimination training and memory rescripting) to reduce the impact of early socially traumatic experiences.

**Who is this guide for?** This is a guide for clinicians who are already full trained in delivering standard CT-SAD and are looking to use the Self-study Assisted version to reduce the amount of therapy time required to effectively treat their patients. We have found (forthcoming publication) that such therapists can achieve similar results to the full 14 session CT-SAD treatment in just 7 sessions if they utilise the self-study assisted materials in the correct manner and adjust the style of their therapy sessions so that they synergize with the self-study work that patients are doing between sessions.

There is no evidence that individuals who have not been trained as above can obtain good results with the self-study materials. The materials are not suitable for use within a guided self-help approach delivered by PWP in IAPT. They are also not suitable for fully trained high intensity therapists who plan to conduct treatment as usual and simply expect patients to read the self-study modules as an adjunct to their sessions. It is essential that the work patients are doing with the modules between sessions and the work that therapists are doing with their patients within sessions are closely integrated.

For more information about the key features of CT-SAD and how to deliver them, including the treatment manual and training videos, see [www.oxcadatresources.com](http://www.oxcadatresources.com).

**Self Study Assisted Cognitive Therapy for SAD: Clinician’s Guide**

**Overview of the Self-Study Modules**

The modules in SaCT-SAD facilitate learning in between therapy sessions and cover some of the content typically derived in session (e.g. developing a model), but the treatment remains fundamentally a face-to-face (in person or via webcam) therapy.

**The self-study modules include a number of components** including:

- Educational text
- Case examples
- Questions for patients to consider
- Information boxes for them to record their answers
- Various types of monitoring sheets
- Examples of surveys to target specific beliefs (e.g. what do others think of blushing)
- Behavioural experiments and other homework assignments

In addition to the self-study modules, our group has recently created a number of video materials (e.g. virtual audiences, video surveys, educational videos) that can be used to complement the written self-study materials. Links to these videos, hosted on YouTube,
have been included in the relevant modules so that patients can easily access them. They are also available on our clinician resources website.

Some modules (core modules) are given to all patients. Other modules cover specific beliefs and difficulties and are only given to patients when their concerns fall into those areas. Table 1 lists all the available modules. Appendix 1 shows a summary of the key components in each therapy module.

**Table 1. Modules available for patients to complete in SaCT-SAD**

<table>
<thead>
<tr>
<th>Core modules, given to all patients:</th>
<th>Modules for specific beliefs &amp; difficulties</th>
</tr>
</thead>
<tbody>
<tr>
<td>M1a Introducing the Treatment</td>
<td>M5 Blushing</td>
</tr>
<tr>
<td>M1b Getting Started</td>
<td>M6 Self-Esteem</td>
</tr>
<tr>
<td>M2 Letting Go of Self Focus</td>
<td>M7 Feeling Responsible</td>
</tr>
<tr>
<td>M3a Testing it out, Behavioural Experiments</td>
<td>M8 Feeling Boring</td>
</tr>
<tr>
<td>M3b Video Feedback</td>
<td>M9 Dwelling on events</td>
</tr>
<tr>
<td>M4 Doing your Blueprint</td>
<td>M10 Worrying in advance</td>
</tr>
<tr>
<td></td>
<td>M11 Shaking</td>
</tr>
<tr>
<td></td>
<td>M12 Sweating</td>
</tr>
<tr>
<td></td>
<td>M13 Feeling Stupid</td>
</tr>
</tbody>
</table>

**The modules have a number of important and time saving functions, they:**

1. Facilitate patient-generated information in advance of sessions (e.g. such as treatment goals and a provisional individualised cognitive model) that will be reviewed by the therapist first and then together with the therapist and elaborated on.
2. Help patients build upon and further consolidate key take home messages that have been experientially discovered and discussed in previous sessions (e.g. summarizing the updated self-image a patient has of themselves after viewing video of themselves).
3. Provide educational information about the role of dysfunctional processes that maintain anxiety and describe homework tasks to help patients learn to drop these (e.g. attention training exercises).
4. Facilitate cognitive change by guiding patients to consider alternative perspectives (for example reading a survey on what others think about sweating) and generating behavioural experiments patients carry out to put specific beliefs to the test.

They also provide a detailed documentation of the key learning obtained in therapy for patient to refer to in future after therapy has finished.

**Overview of a Typical SaCT-SAD session**

Normally therapy sessions in SaCT-SAD are fortnightly to ensure that patients have sufficient time to work on their modules between sessions. However, treatment could be delivered more frequently if patients have sufficient time and motivation to complete the modules and the key experiments that are suggested within the modules in less than a fortnight. Intervals of more than two weeks between therapy sessions are not recommended as CT-SAD does
rely on generating a certain amount of momentum within the treatment. Trials that have spaced treatment out over much longer periods (for example Leichenring et al., 2013) have tended to do less well.

Patients complete the relevant modules and questionnaires in advance of their therapy sessions. Ideally patients would return the completed modules by email so therapists have plenty of time to review the materials in advance of the session. If the completed modules have not been submitted in advance, therapist need to set aside sufficient time to read thorough the modules while the patient is in the waiting room and before starting the session.

**Sessions include the following key steps:**

- **Therapist and patient briefly review the completed questionnaires together** (via screen share if remote) identifying key beliefs and other processes to target in the session.
- **Therapist and patient briefly review the completed modules together** (via screen share if remote), exploring: what have patients understood from the module? Have there been any misunderstandings or key points that need further discussion? The therapist helps reinforce key points and together they elaborate on anything the patient did not fully understand.
- **The session agenda is set**, with the aim of building upon learning from the latest modules/experiments and taking that learning further forward
- **Behavioural experiments are agreed upon and carried out in the session.** Key learning is discussed, ensuring that patients learn not only what the experiment showed them in that particular moment, but also what it means about them more generally in future social situations.
- **Homework is set up for the following week** (e.g. behavioural experiments, attention training etc.), summarised and recorded.
- **Further relevant modules are given guided by the formulation.** The rationale for giving the module should be explained and a brief overview of the module should be discussed, alongside any concerns the patient has about completing these modules or other homework tasks.

**Social Anxiety Measures to guide treatment**

**Measures are invaluable in guiding treatment** and without them it would be difficult to effectively target treatment. Each session patients are asked to complete measures of two key processes that are targeted in treatment (belief in negative thoughts and focus of attention). At the beginning, middle and end of treatment patients also complete a measure of social anxiety related safety behaviours in order to ensure that these are changing in the expected direction. It can also be helpful to give a measure of social attitudes at these three time points to identify any high standards for social performance, conditional and unconditional beliefs that need targeting as treatment progresses.

In addition to these process measures, patients are asked to complete a measure of social anxiety (The Social Phobia Inventory, SPIN, Connor et al., 2000 or the Liebowitz Social Anxiety Scale, LSAS, Liebowitz et al., 1987) at each session. In order to monitor depressed mood and general functioning they are also encouraged to complete the PHQ-9 and Work and Social Adjustment Scale on a sessional basis.
Table 2 briefly lists the key measures and when they are typically given and how they are used.

**Table 2 Measures given during SaCT-SAD to guide treatment**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Variables measured</th>
<th>Frequency</th>
<th>How used</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Symptom Measures</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liebowitz Social Anxiety Scale (Liebowitz, 1987)</td>
<td>Outcome measure of severity of social anxiety with a comprehensive assessment of feared situations</td>
<td>Each session</td>
<td>Key situations patient finds anxiety provoking/avoids identified &amp; used to plan behavioural experiments</td>
</tr>
<tr>
<td>Social Phobia Inventory (Connor et al., 2000)</td>
<td>Outcome measure of severity social anxiety</td>
<td>Each session</td>
<td>Key situations patient finds anxiety provoking identified &amp; used to plan behavioural experiments</td>
</tr>
<tr>
<td><strong>Process Measures</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Cognitions Questionnaire, (SCQ, Clark, 2005)</td>
<td>Negative Cognitions in social situations (e.g. I am blushing) (frequency and belief)</td>
<td>Each session</td>
<td>To help elaborate cognitive model developed in the first module. Reviewed at start of each session to identify key beliefs to target in that session</td>
</tr>
<tr>
<td>Social Phobia Weekly Summary Scale, (SPWSS, Clark et al., 2003)</td>
<td>Avoidance, Self-focused attention, Anticipatory anxiety, Post event rumination</td>
<td>Each session</td>
<td>Reviewed at the start of each session to check if these problematic processes are reducing or if they need to be addressed in the session</td>
</tr>
<tr>
<td>Social Behaviours Questionnaire, (SBQ, Clark, 2005)</td>
<td>Safety behaviours used in social situations</td>
<td>Start, middle and end of therapy</td>
<td>To help elaborate cognitive model developed in the first module. Reviewed to identify remaining safety behaviours that need dropping in behavioural experiments</td>
</tr>
<tr>
<td>Social Attitudes Questionnaire (SAQ, Clark, 2005),</td>
<td>Common beliefs about the self that fall into three categories: Excessively high standards for social performance, conditional &amp; unconditional Beliefs.</td>
<td>Start, middle and end of therapy</td>
<td>To identify maintaining beliefs that need targeting. Prudent to re-administer at mid-treatment, note any beliefs that have not changed, &amp; include a focus on these beliefs as part of the behavioural experiments &amp; other assignments that occur in the second half of treatment.</td>
</tr>
</tbody>
</table>
The therapist and patient briefly review the measures together at the start of each session to identify the key beliefs and processes to focus on. To facilitate this, patients need to complete their measures before starting the therapy session. These could be done at home, in the waiting room, or a word document version sent to the patient to complete and return by email. All questionnaires are available to download from our resources website.

Some general points about treatment

Patients with SAD can become concerned that therapists will judge their writing in the modules, it can help to remind the person you are working with that you are not judging what they write or how they write it and that they do not need to worry about any spelling mistakes etc.

Recording sessions for later video feedback. As patients with social anxiety can become quite self-conscious about being recorded, it is best to make video recording a routine aspect of therapy, rather than something that is just introduced on an occasional basis for video feedback. We routinely record all therapy sessions using a small domestic video camera that is unobtrusively placed on a bookshelf at right angles to the therapist and patient’s eye line, so it is not in the normal field of view. In the initial assessment interview we explain to patients that we find it helpful to view sessions afterwards in order to reflect on progress and plan future interventions. We request written permission to make the recordings for this purpose. Once permission for the recordings has been obtained, the videos can subsequently also be used for video feedback when therapist and patient together think this might be useful.

We encourage patients to take audio recordings of the sessions for them to review afterwards, as we find this is a very good way of maximizing learning.

For more information on recording sessions when therapy is being conducted remotely, please see our clinical guide on remote CT-SAD on the OxCADAT resources website.

Session by session treatment guide

Below we provide a session-by-session summary of how SaCT-SAD was delivered in a clinical trial in which it achieved excellent results (forthcoming publication). We would recommend following this format. However, we appreciate there will be times when the treatment has to be adapted to deal with concurrent problems, such as depression or other comorbidity, and clinicians should use their judgment accordingly.

Table 3 Briefly summarises the session-by-session plan.
Table 3: Overview of the session by session plan for Self-Study Assisted Cognitive Therapy for SAD

<table>
<thead>
<tr>
<th>Modules completed prior to session:</th>
<th>Session content:</th>
<th>Suggested Homework</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Session 1</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M1a. Introducing the treatment</td>
<td>- Review questionnaires &amp; modules</td>
<td>- Module 2: letting go of Self-Focus and Safety Behaviours</td>
</tr>
<tr>
<td>M1b. Getting started</td>
<td>- Clarify assessment and goals</td>
<td>- External focus exercises</td>
</tr>
<tr>
<td></td>
<td>- Bringing out the model, elaborate using additional questions and questionnaires. Could be done remotely using screen share/zoom whiteboard</td>
<td>- Complete questionnaires</td>
</tr>
<tr>
<td></td>
<td>- <strong>Self-focused attention &amp; safety behaviours experiment</strong> (via webcam if remote therapy)</td>
<td></td>
</tr>
<tr>
<td><strong>Session 2</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M2: Letting Go of Self-Focus and Safety Behaviours</td>
<td>- Review questionnaires, modules &amp; homework</td>
<td>- Module 3a: ‘Testing it out: Behavioural experiments’</td>
</tr>
<tr>
<td></td>
<td>- <strong>Video and observer feedback</strong> of self-focus and safety behaviours experiment from session 1</td>
<td>- Carrying out experiment/s</td>
</tr>
<tr>
<td></td>
<td>- Construct flashcard from video feedback</td>
<td>- Review VF flashcard</td>
</tr>
<tr>
<td></td>
<td>- <strong>Introduce behavioural experiments</strong> (if not already done) &amp; fill in example record sheet to be completed for homework</td>
<td>- Module 3b: ‘Video Feedback’</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Complete questionnaires</td>
</tr>
<tr>
<td><strong>Session 3</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M3a: Testing it out: Behavioural experiments</td>
<td>- Review questionnaires, modules &amp; homework</td>
<td>- Specific belief or problem modules most relevant for the patient</td>
</tr>
<tr>
<td></td>
<td>- Decide on key beliefs to address (see SCQ)</td>
<td>- Continue behavioural experiments</td>
</tr>
<tr>
<td></td>
<td>- <strong>Carrying out behavioural experiments</strong> in session in/out of the office with video feedback if possible</td>
<td>- Continue focus of attention exercises as needed</td>
</tr>
<tr>
<td>M3b: Video Feedback</td>
<td></td>
<td>- Complete questionnaires</td>
</tr>
</tbody>
</table>

Self-Study Assisted Cognitive Therapy for Social Anxiety Disorder: Overview of typical treatment structure

1. **M1a. Introducing the treatment**
   - Review questionnaires & modules
   - Clarify assessment and goals
   - Bringing out the model, elaborate using additional questions and questionnaires. Could be done remotely using screen share/zoom whiteboard
   - **Self-focused attention & safety behaviours experiment** (via webcam if remote therapy)

2. **M2: Letting Go of Self-Focus and Safety Behaviours**
   - Review questionnaires, modules & homework
   - **Video and observer feedback** of self-focus and safety behaviours experiment from session 1
   - Construct flashcard from video feedback
   - **Introduce behavioural experiments** (if not already done) & fill in example record sheet to be completed for homework

3. **M3a: Testing it out: Behavioural experiments**
   - Review questionnaires, modules & homework
   - Decide on key beliefs to address (see SCQ)
   - **Carrying out behavioural experiments** in session in/out of the office with video feedback if possible

4. **M3b: Video Feedback**
   - Module 3a: ‘Testing it out: Behavioural experiments’
   - Carrying out experiment/s
   - Review VF flashcard
   - Module 3b: ‘Video Feedback’
   - Complete questionnaires
<table>
<thead>
<tr>
<th>Sessions 4/5/6</th>
<th>Specific belief/problem modules M5-12 (e.g. Boring, Stupid, Blushing etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Review questionnaires, modules &amp;homework</td>
</tr>
<tr>
<td></td>
<td>- Decide on key beliefs to address (see SCQ)</td>
</tr>
<tr>
<td></td>
<td>- <strong>Carrying out behavioural experiments</strong> in session in/out of the office</td>
</tr>
<tr>
<td></td>
<td>- <strong>Consider de-catastrophising experiments</strong> in/out of the office</td>
</tr>
<tr>
<td></td>
<td>- Consider zero avoidance week</td>
</tr>
<tr>
<td></td>
<td>- Consider memory work if needed</td>
</tr>
<tr>
<td></td>
<td>- Specific modules most relevant for the patient</td>
</tr>
<tr>
<td></td>
<td>- Continue behavioural experiments</td>
</tr>
<tr>
<td></td>
<td>- Continue focus of attention exercises as needed</td>
</tr>
<tr>
<td></td>
<td>- Give ‘My Therapy Blueprint’ towards end of treatment</td>
</tr>
<tr>
<td></td>
<td>- Complete questionnaires</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Session 7</th>
<th>Specific belief/problem modules (e.g. Boring, Stupid, Blushing etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Review questionnaires, modules &amp;homework</td>
</tr>
<tr>
<td></td>
<td>- Decide on key beliefs to address (see SCQ)</td>
</tr>
<tr>
<td></td>
<td>- <strong>Carrying out behavioural experiments</strong> in session in/out of the office</td>
</tr>
<tr>
<td></td>
<td>- <strong>Consider de-catastrophising experiments</strong> in/out of the office</td>
</tr>
<tr>
<td></td>
<td>- Consider memory work if needed</td>
</tr>
<tr>
<td></td>
<td>- <strong>Review Blueprint</strong> and plan for maintaining gains/follow up period (if available)</td>
</tr>
<tr>
<td></td>
<td>- Follow plan as agreed in My Therapy Blueprint, including behavioural experiments and other key on-going tasks (e.g. zero avoidance)</td>
</tr>
</tbody>
</table>

| M4: My Therapy Blueprint | |
|--------------------------| |
PREPARING FOR SESSION 1

Therapist

- At least 10 days in advance, send the first two modules (‘Introducing the treatment’ and ‘Getting Started’) to completed in advance, along with the pre-treatment questionnaire pack (SPIN and/or LSAS, SCQ, SBQ, SAQ, SPWSS). Ask the patient to either return the completed modules and questionnaires to you by email a day or so before the session (ideal) or to bring them to the session.
- If patients have been able to return the completed modules and questionnaires in advance, make a point of reviewing them before the patient arrives, along with any other information you have (such as the referral letter or assessment report). Make notes on any additional information that is required (such as missing safety behaviours, self-imagery etc.) or things that need clarification.
- Ensure equipment is set up to video record the session (ensure consent has been given by the patient to record therapy sessions).

“Introducing Treatment” covers:

- Introduction to the features of treatment and why the self-study modules and homework are so important.
- What is social phobia?
  - Patient to complete list of worst feared situations (page 4) using the Liebowitz Social Anxiety Scale which is included in the module.
- What are your goals?
  - Patient to specify goals
- How does it all start?
  - Patient to complete circumstances for (s)he, including recurrent images from early events.
- What is cognitive therapy?

“Getting Started” covers:

- Developing the model
  - Patient completes each step of the model and then transfers the information to a blank version of the SAD cognitive model at the back of the module

SESSION 1

Try to put aside 2 hours for this session as you may need additional time for reading the modules and questionnaires if the patient only brings them with them on the day, or still needs to complete some in the waiting room. The session typically covers:

- **Review the questionnaires** that the patient has completed.
- **Review of the completed modules.**
- **Clarify goals with the patient.**
- **Bringing out the model** – if they have already drawn up a reasonably complete model in the “Getting Started” module, use this and elaborate (referring to their Social Cognitions Questionnaire and Social Behaviours Questionnaire). If not, use the information they have provided in the model, their questionnaires and your own questions to draw out a model, either on the white board or on the blank model from the module (both can be done via
screen share if session is remote). Please note, try to reduce too much eye contact at this stage to avoid the patient becoming unnecessarily self-focused.

- **Self-focus and safety behaviours experiment** (see oxcadatresources.com for a video illustration) – In this experiment patients have two conversations with a stranger: the first while focusing attention on themselves and doing their safety behaviours, the second while focusing externally, not monitoring their performance and dropping safety behaviours. If therapists are working remotely it might be possible to add a colleague at a different location into the video call. If not, the therapist will need to role-play the stranger. Please note, there are occasions when the conversation with a stranger may need to occur three times. For example if the person was unable to drop their self-focus and safety behaviours for the second conversation or they attribute any improvement in the second conversation to having met the person before. Therefore, it is important to ensure that anybody you have identified to be a conversational partner can be around long enough to have a third conversation. The therapist should remain in the room (or on the video chat) so (s)he can see how the experiment is going even if (s)he is not directly involved in the interaction. Therapists and patients can use the **Self-focus and Safety Behaviours Record Sheet (see Appendix 2)** to record predictions and ratings of the conversation and to compare these.

- **Setting Homework** - Patient advised about leaving enough time during the coming week to complete the next module, which is “**Letting go of self-focus and safety behaviours**”. It may be useful to review with patients their week see when they will be able to complete the module. Before the patient leaves the session, complete the home work sheet on the front of the module. For this week, the homework follows up the self-focused attention and safety behaviours experiment that has been done in the session. Patients are encouraged to practice shifting to a more external focus of attention and dropping their safety behaviours in social situations. It is good to identify particular situations where they will try this and to aim to do it each day. The key idea is to encourage patients to focus on the other person(s) rather than themselves, not to think how they are coming across to the other people but instead to try to get lost in the topic of conversation without doing safety behaviours such as preparing in advance, holding back, or censoring what they say.

- **Give patient a copy of the Self-focus and Safety Behaviours record sheet** (see Appendix 2) that was completed in the session to the patient with the imagery exercise that they will need to do in the coming week’s module.

- **Give patient weekly measures** to take away and fill in just before next session.

- **If patients have taken an audio recording of the session**, give them clear instructions that if they review the session they should do so as if they are listening to two strangers talking, and stop listening to the recording if they become self-critical. Ask the patient **not** to listen to the conversations they had as part of the self-focused attention and safety behaviours experiment. To maximise the effectiveness of video feedback it is most helpful if these conversations are reviewed together with the therapist in the following session, making clear predictions in advance of viewing and ensuring time to prepare the watch the video objectively, as if viewing a stranger.

**Therapist to do after session:**

- Save a copy of the completed “Introducing the Treatment” and the “Getting Started” modules for your own records.

- **Obtain structured feedback from the conversational partners who took part in the Self-focus and Safety Behaviours experiment** to use next session in conjunction with the video feedback. Remember to first ask the person to fill in an open ended section on how they found the patient/conversation etc. Then after this, to gives ratings for the things the patient was concerned about. Same procedure for both (or 3) role-plays. A feedback form can be emailed to conversational partners. Please see Appendix 3 for a blank form that could be used. For more information, see our guide to obtaining stooge feedback on the oxcadatresources.com website.
PREPARING FOR SESSION 2

**Therapist**

- Review your notes from the last session.
- Watch the video of the self-focus and safety behaviours experiment (if possible. For remote therapy the video may have been taken and stored by the patient).
- Set-up video and audio recording devices for the session.
- Make sure you have a copy of the “Testing it Out: Behavioural Experiments” and “Video feedback” modules to give to the patient at the end of the session. There may be a module focused on a particular problem (e.g. blushing etc.) that you may also consider giving but bear in mind that you don’t want to overwhelm patients with material. Make your decision based on what the patient has managed so far and whether some reiteration of points that have already been covered is needed. Very rarely, you may postpone giving the “Testing it Out: Behavioural Experiments” module until next session.
- Ensure you have feedback from conversational partners the patient spoke to last week during the self-focused attention and safety behaviours experiment. Therapist to read the feedback in advance of the session to ensure it would be helpful to share it with the patient.

**Patient**

- Complete treatment questionnaires.
- Complete module and exercises in the module before the session:
  - Where possible send all these to the therapist in advance of the session.

“Letting go of self-focus and safety behaviours”. The module covers:

- Consolidate points from self-focus and safety behaviours experiment.
- Text about what is self-focus and self-monitoring as the process which leads to this and introduce idea of shifting attention.
- Tasks to do:
  - Instructions for shifting attention e.g. when listening to a CD, when walking down the street.
  - Fill in day/time of practice, what you did, how well it went.
- Text about safety behaviours – what they are, what the problems of using them are (preventing beliefs from being disproved, making you feel more self-conscious, affecting other people)
- Tasks to do:
  - fill in your safety behaviours (refer back to behaviours filled in in ‘What is SP?’ section)
  - possibly ticking whether your SBs cause the problems above (in 3 columns)
  - possibly filling in the advantages and disadvantages of the SBs being used
  - possibly filling in short-term versus long-term benefits of using SBs
  - Answering questions about dropping them such as ‘what do you think you might gain from dropping these SBs?’; ‘how would your life be different if you didn’t carry out these SBs?’
- Write description of image for video feedback.

- Listen to recording of the session
- Complete any other homework that was set.
SESSION 2

Therapist

- **Therapist and patient review measures that the patient completed together**
- **Review the “Letting go of self-focus and safety behaviours” module that the patient has completed as homework.** Check that the patient understood the module, emphasise key points and clarify anything that seems to have been misunderstood.
- **Review homework (including asking whether patients listened to recording of last session and eliciting reactions).** Deal with any difficulties patient has encountered in focus of attention or other exercises.
- **Video and observer feedback of Self-focus and Safety Behaviours Experiment (see www.oxcadatresources.com website for a video illustration)** from session 1 is the main task for this session. Video feedback is a powerful way to update patients’ negative self-imagery if set up in such a way to help patients see the discrepancy between their negative image and what they see on video. Therapists need to guide patients to make clear predictions about what they think they will see on video in advance of viewing and record these in the **table on page 2 of the Video Feedback Module.** Prepare the patient to watch the video objectively, as if they are watching a stranger. After viewing and discussing the video together with the patient, ask the patient to re-rate the extent to which they looked the way they predicted, re-rate how they think they came across using the table on page 2 of the video feedback module. Once the videos of both conversations have been viewed discuss with patients what they have learnt by comparing their predications with what they actually see and also with any feedback that the conversational partner/s gave to the therapist after the last session. Therapist to decide how to phase the presentation of video feedback vs conversational partner/s feedback. For patients who are more conversational partner/s, it might be helpful to review stooge feedback together first, at least showing the patient the open ended section of the feedback because it may help the patient realise that there is more to look at than just whether or their catastrophes happened.
- **Introduce the idea of Behavioural Experiments** once the video feedback is completed. Fill in a couple of example “Record Sheets for Noting Behavioural Experiments” (available to download from our resources website) covering experiments that the patient can do in the coming week to test specific fearful beliefs.
- **Give the patient the “Testing it Out: Behavioural Experiments” module to complete before the next session.**
- **Give the patient the “Video feedback” module (which includes the completed table of ratings done during video feedback)** to help patients to consolidate what they have learnt about the way they come across from the video and stooge feedback.
- **Construct a still image/flashcard captured from the video** at key moments of belief disconfirmation (e.g. moment patient felt they looked bright red but it was not so noticeable, shot of conversational partner smiling and looking interested if patient feared they were boring). Patient can save this on their phone or laptop to remind patient that their self-image/impression is distorted and to actively retrieve the video image/view if the negative image/impression intrudes. Patients reminded to look at flashcard before feared social situations and remind themselves this is how they look when they feel bad, then focus externally. Examples of still image flashcards are available in our clinical guide to doing video feedback:  [https://oxcadatresources.com/wp-content/uploads/2018/03/Seeing-is-believing-Using-video-feedback-in-cognitive-therapy-for-social-anxiety-disorder.pdf](https://oxcadatresources.com/wp-content/uploads/2018/03/Seeing-is-believing-Using-video-feedback-in-cognitive-therapy-for-social-anxiety-disorder.pdf)
- **Save a copy of the modules** for the therapy notes.
- **Give patient weekly measures** to take away and fill in just before next session.
PREPARING FOR SESSION 3

**Therapist**

- Review your notes from last session.
- Set-up video and audio recording devices for the session.
- Make sure you have a copy of any additional modules you may consider giving to the patient in the session. The Additional Modules are:
  - Worrying in Advance
  - Dwelling on events after they have happened
  - Blushing
  - Shaking
  - Sweating
  - Feeling stupid
  - Feeling boring
  - Feeling responsible for other’s enjoyment
  - Self-esteem
  - Doing Your Blueprint

- Around the mid-treatment point we typically give patients a longer pack of questionnaires including all of the measures outlined in Table 2. This is important to help the patient and therapist review progress to date and identify key beliefs, safety behaviours and other processes that need targeting in the remaining sessions. Make sure you have a complete set of mid-therapy measures to give to the patient at the end of the session to fill in just before session 4.
- If not already done last session, consider producing a still image of patient looking good in the self-focus and safety behaviours role-play or other assignment, if relevant.
- Consider what behavioural experiments you might like to use in the session to test particular problematic beliefs that the patient has (review the last completed Social Cognitions Questionnaire).

**Patient**

- Consolidate video feedback by completing the module. Tasks in the module include:
  - Reviewing the ratings the patient made before and after viewing the video in the session.
  - Writing notes in response to questions about how the patient (and the other people) appeared on the video.
- Complete the “Testing it Out: Behavioural Experiments” module (plus any other module that may have been assigned), which covers:
  - Introduction: What behavioural experiments are and why they are important in the therapy
  - Planning: How to set-up and complete behavioural experiments using the record sheet
  - Examples of completed Record Sheets
  - Making Your Life an Experiment. Patient assignment is to plan and complete behavioural experiments.
- Where possible send all these to the therapist in advance of the session.
- Listen to the recording of last session and complete any other assigned homework.
- Complete treatment questionnaires.
SESSION 3

- **Therapist and patient review measures that the patient completed together**
- **Review the “VideoFeedback” module that the patient has completed as homework.** Check that the patient understood the module, emphasise key points and clarify anything that seems to have been misunderstood. Check that the patient has consolidated their learning from video feedback (e.g. do they have an updated, less distorted image of how they come across following video feedback session?).
- **Review the “Testing it Out: Behavioural Experiments” module that the patient has completed as homework.** Check that the patient understood the module, emphasise key points and clarify anything that seems to have been misunderstood. Did the patient carry out any behavioural experiments suggested in the module? If so, review their completed behavioural experiment record sheets. Review Consider: Did they set up observable predictions to test out? Did they make a point of dropping key safety behaviours and self focus? Did they focus on what happened rather than their feelings when recording the outcome? Did they make generalized learning (e.g. ‘This means I am acceptable’)? Did they consider how to take learning forward in future/set up further experiments? Deal with any difficulties patient has encountered in planning or implementing behavioural experiments from the behavioural experiments module.
- **Review homework.** Review any other homework set and check how focus of attention exercises are progressing.
- **Decide on key beliefs to focus session on** (see the Social Cognitions Questionnaire and patient’s model).
- **Carry out relevant behavioural experiments in session.** Earlier treatment sessions focus on experiments whereby patients drop key safety behaviours and observe the reactions of other people. As sessions progress, decatastrophising experiments are carried out, to discover what happens if patients’ worst fears were to occur by intentionally demonstrating (e.g. saying something stupid or boring, or creating the appearance of a blush) and then observing reactions. In these experiments it is usually helpful for the therapist to model this first. Experiments involve meeting strangers within the therapy session to have brief social interactions, or going into public places. Example videos of doing behavioural experiments in and out of the therapy session are available at oxcadatresources.com.
- Video feedback of in-session behavioural experiments is always an option to further consolidate learning and update patients’ distorted self-imagery.
- **Homework.** Discuss and plan any new behavioural experiments for homework to further test beliefs.
- **Give patient any new modules,** as relevant. Explain rationale for module.
- **Summarise homework assignments** on front of a new module
- **Save a copy of the modules** for the therapy notes.
- **Give patient a larger pack of mid-treatment measures** to take away and fill in just before next session.

PREPARING FOR SESSION 4

- **Therapist**
  - Review your notes from last session.
  - Set-up video and audio recording devices for the session.
  - Make sure you have a copy of any additional modules you may consider giving to the patient in the session. The Additional Modules are:
- Worrying in Advance
- Dwelling on events after they have happened
- Blushing
- Shaking
- Sweating
- Feeling stupid
- Feeling boring
- Feeling responsible for other’s enjoyment
- Self-esteem
- Doing Your Blueprint

- Consider what behavioural experiments you might like to use in the session to test particular problematic beliefs that the patient has.
- Block out a little longer than usual time slot for session 4 so you can also look at the patient’s mid-therapy measures before the session starts.

**Patient**

- Complete any assigned modules and where possible send all these to the therapist in advance of the session.
- Continue behavioural experiments
- Continue focus of attention exercises
- Listen to the recording of last session
- Complete any other assigned homework
- Complete mid-treatment measures

**SESSION 4**

**Therapist**

- *Therapist and patient review together the mid-treatment measures that the patient completed.* Use highlighter to mark things you want to particularly focus on in the 2nd half of therapy. (Particularly plan to include currently avoided situations. Same for social fears, safety behaviours, maintaining processes such as post event rumination and social assumptions that are still present).
- *Review completed modules that the patient completed,* check all was understood, emphasise key points and elaborate on any misunderstood points. Did the patient carry out any behavioural experiments suggested in the module? If so, review their completed behavioural experiment record sheets. Consider: Did they set up observable predictions to test out? Did they make a point of dropping key safety behaviours and self focus? Did they focus on what happened rather than their feelings when recording the outcome? Did they make generalized learning (e.g. ‘This means I am acceptable’)? Did they consider how to take learning forward in future/set up further experiments?
- *Review homework.* Review any other homework set and check how focus of attention exercises are progressing.
- *Decide on key beliefs to focus session on* (see the Social Cognitions Questionnaire and patient’s model).
- *Carry out relevant behavioural experiments in session.* Earlier treatment sessions focus on experiments whereby patients drop key safety behaviours and observe the reactions of other people. As sessions progress, decatastrophising experiments are carried out, to discover what happens if patients’ worst fears were to occur by intentionally demonstrating (e.g. saying something stupid or boring, or creating the appearance of a blush) and then observing reactions. In these experiments it is usually helpful for
the therapist to model this first. Experiments involve meeting strangers within the therapy session to have brief social interactions, or going into public places. Example videos of doing behavioural experiments in and out of the therapy session are available at oxcadatresources.com.

- Video feedback of in-session behavioural experiments is always an option to further consolidate learning and update patients’ distorted self-imagery.

- **Optional stimulus discrimination or imagery re-scripting.** If patients have traumatic memories (this could include affect without recollection, where the patient re-experiences strong feelings from the past without clear recollection of the event itself) that are intruding in present day social situations, stimulus discrimination or imagery re-scripting can be helpful. Video role-plays of these techniques are available at www.occadatresources.com. Please also see this clinical paper on imagery re-scripting in SAD https://oxcadatresources.com/wp-content/uploads/2018/03/Imagery-rescripting-of-early-traumatic-memories-in-social-phobia.pdf.

- **Homework.** Discuss and plan any new behavioural experiments for homework to further test beliefs.
- Give patient any new modules, as relevant. Explain rationale for module.
- Summarise homework assignments on front of a new module
- Save a copy of the modules for the therapy notes.
- Give patient weekly measures to take away and fill in just before next session.

**PREPARING FOR SESSION 5**

**Therapist**

- Review your notes from last session.
- Set-up video and audio recording devices for the session.
- Make sure you have a copy of any additional modules you may consider giving to the patient in the session. The Additional Modules are:
  - Worrying in Advance
  - Dwelling on events after they have happened
  - Blushing
  - Shaking
  - Sweating
  - Feeling stupid
  - Feeling boring
  - Feeling responsible for other’s enjoyment
  - Self-esteem
  - Doing Your Blueprint

- Consider what behavioural experiments you might like to use in the session to test particular problematic beliefs that the patient has.

**Patient**

- Complete any assigned modules and where possible send all these to the therapist in advance of the session.
- Continue behavioural experiments
- Continue focus of attention exercises
- Listen to the recording of last session

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SESSION 5

Therapist

- Complete any other assigned homework

**Therapist and patient review the measures that the patient completed together.**

- **Review completed modules that the patient completed**, check all was understood, emphasise key points and elaborate on any misunderstood points. Did the patient carry out any behavioural experiments suggested in the module? If so, review their completed behavioural experiment record sheets. Consider: Did they set up observable predictions to test out? Did they make a point of dropping key safety behaviours and self focus? Did they focus on what happened rather than their feelings when recording the outcome? Did they make generalized learning (e.g. 'This means I am acceptable')? Did they consider how to take learning forward in future/set up further experiments?

- **Review homework.** Review any other homework set and check how focus of attention exercises are progressing.

- **Decide on key beliefs to focus session on** (see the Social Cognitions Questionnaire and patient’s model).

- **Carry out relevant behavioural experiments in session.** Earlier treatment sessions focus on experiments whereby patients drop key safety behaviours and observe the reactions of other people. As sessions progress, decatastrophising experiments are carried out, to discover what happens if patients’ worst fears were to occur by intentionally demonstrating (e.g. saying something stupid or boring, or creating the appearance of a blush) and then observing reactions. In these experiments it is usually helpful for the therapist to model this first. Experiments involve meeting strangers within the therapy session to have brief social interactions, or going into public places. Example videos of doing behavioural experiments in and out of the therapy session are available at oxcadatresources.com.

- Video feedback of in-session behavioural experiments is always an option to further consolidate learning and update patients’ distorted self-imagery.

- **Optional stimulus discrimination or imagery re-scripting.** If patients have traumatic memories (this could include affect without recollection, where the patient re-experiences strong feelings from the past without clear recollection of the event itself) that are intruding in present day social situations, stimulus discrimination or imagery re-scripting can be helpful. Video role-plays of these techniques are available at www.oxcadatresources.com. Please also see this clinical paper on imagery re-scripting in SAD https://oxcadatresources.com/wp-content/uploads/2018/03/Imagery-rescripting-of-early-traumatic-memories-in-soical-phobia.pdf.

- **Homework.** Discuss and plan any new behavioural experiments for homework to further test beliefs.

- **Give patient any new modules**, as relevant. Explain rationale for module.

- **Summarise homework assignments** on front of a new module

- **Save a copy of the modules** for the therapy notes.

- **Give patient weekly measures** to take away and fill in just before next session.
PREPARING FOR SESSION 6

**Therapist**

- Review your notes from last session.
- Set-up video and audio recording devices for the session.
- Make sure you have a copy of any additional modules you may consider giving to the patient in the session. The Additional Modules are:
  - Worrying in Advance
  - Dwelling on events after they have happened
  - Blushing
  - Shaking
  - Sweating
  - Feeling stupid
  - Feeling boring
  - Feeling responsible for other’s enjoyment
  - Self-esteem
  - Doing Your Blueprint

- You will most likely want to give the patient ‘Doing Your Blueprint’ Module, if you have not already done so, to complete for homework and return for Session 7.
- Consider what behavioural experiments you might like to use in the session to test particular problematic beliefs that the patient has.

**Patient**

- Complete any assigned modules and where possible send all these to the therapist in advance of the session.
- Continue behavioural experiments
- Continue focus of attention exercises
- Listen to the recording of last session
- Complete any other assigned homework

**SESSION 6**

- *Therapist and patient review the measures that the patient completed together.*
- *Review completed modules that the patient completed,* check all was understood, emphasise key points and elaborate on any misunderstood points. Did the patient carry out any behavioural experiments suggested in the module? If so, review their completed behavioural experiment record sheets. Consider: Did they set up observable predictions to test out? Did they make a point of dropping key safety behaviours and self focus? Did they focus on what happened rather than their feelings when recording the outcome? Did they make generalized learning (e.g. ‘This means I am acceptable’)? Did they consider how to take learning forward in future/set up further experiments?
- *Review homework.* Review any other homework set and check how focus of attention exercises are progressing.
- *Decide on key beliefs to focus session on* (see the Social Cognitions Questionnaire and patient’s model).
- *Carry out relevant behavioural experiments in session.* Earlier treatment sessions focus on experiments whereby patients drop key safety behaviours and observe the reactions of other people. As sessions progress, decatastrophising experiments are carried out, to
discover what happens if patients’ worst fears were to occur by intentionally demonstrating (e.g. saying something stupid or boring, or creating the appearance of a blush) and then observing reactions. In these experiments it is usually helpful for the therapist to model this first. Experiments involve meeting strangers within the therapy session to have brief social interactions, or going into public places. Example videos of doing behavioural experiments in and out of the therapy session are available at oxcadatresources.com.

- Video feedback of in-session behavioural experiments is always an option to further consolidate learning and update patients’ distorted self-imagery.
- **Optional stimulus discrimination or imagery re-scripting.** If patients have traumatic memories (this could include affect without recollection, where the patient re-experiences strong feelings from the past without clear recollection of the event itself) that are intruding in present day social situations, stimulus discrimination or imagery re-scripting can be helpful. Video role-plays of these techniques are available at www.oxcadatresources.com. Please also see this clinical paper on imagery re-scripting in SAD https://oxcadatresources.com/wp-content/uploads/2018/03/Imagery-rescripting-of-early-traumatic-memories-in-social-phobia.pdf.
- **Homework.** Discuss and plan any new behavioural experiments for homework to further test beliefs.
- **Give patient any new modules,** as relevant. Ensure the patient has the Blueprint module if they have not been given this before Explain rationale for module.
- **Summarise homework assignments** on front of a new module
- **Save a copy of the modules** for the therapy notes.
- **Give patient weekly measures** to take away and fill in just before next session.

### PREPARING FOR SESSION 7

#### Therapist

- Review your notes from last session.
- Set-up video and audio recording devices for the session.
- Make sure you have a copy of any additional modules you may consider giving to the patient in the session. The Additional Modules are:
  - Worrying in Advance
  - Dwelling on events after they have happened
  - Blushing
  - Shaking
  - Sweating
  - Feeling stupid
  - Feeling boring
  - Feeling responsible for other’s enjoyment
  - Self-esteem
  - Doing Your Blueprint

- Consider what behavioural experiments you might like to use in the session to test particular problematic beliefs that the patient has.

#### Patient
• Complete any assigned modules (most likely blueprint module) and where possible send all these to the therapist in advance of the session. **The blueprint module covers:**

- How did the problem develop?
- What kept it going?
- What were your main negative thoughts? What answers did you develop to these thoughts?
- What did you learn in therapy that was useful?
- How should I deal with social situations in the future, including any setbacks?
- How could you build on what you have learned?

An example of a completed blueprint is included in the module.

• Continue behavioural experiments
• Continue focus of attention exercises
• Listen to the recording of last session
• Complete any other assigned homework

**SESSION 7**

• **Therapist and patient review the measures that the patient completed together.**
• **Review completed modules that the patient completed,** check all was understood, emphasise key points and elaborate on any misunderstood points. Did the patient carry out any behavioural experiments suggested in the module? If so, review their completed behavioural experiment record sheets. Consider: Did they set up observable predictions to test out? Did they make a point of dropping key safety behaviours and self focus? Did they focus on what happened rather than their feelings when recording the outcome? Did they make generalized learning (e.g. 'This means I am acceptable')? Did they consider how to take learning forward in future/set up further experiments?
• **Review the ‘Doing My Blueprint Module’** together (if not already done so). Discuss the blueprint, review each section and elaborate when there are any key learning points missing. Plan how the blueprint will be used in future. E.g. make time in diary for a ‘self-therapy session’ in the coming weeks and months to review blueprint/other modules and plan any helpful experiments etc. There is a role-play video on the OxCADAT website on how to use the blueprint in standard CT-SAD that therapists might find useful: [https://oxcadatresources.com/reviewing-the-therapy-blueprint/](https://oxcadatresources.com/reviewing-the-therapy-blueprint/)
• **Review homework.** Review any other homework set and check how focus of attention exercises are progressing.
• **Decide on key beliefs to focus session on** (see the Social Cognitions Questionnaire and patient’s model).
• **Carry out relevant behavioural experiments in session.** Earlier treatment sessions focus on experiments whereby patients drop key safety behaviours and observe the reactions of other people. As sessions progress, decatastrophising experiments are carried out, to discover what happens if patients’ worst fears were to occur by intentionally demonstrating (e.g. saying something stupid or boring, or creating the appearance of a blush) and then observing reactions. In these experiments it is usually helpful for the therapist to model this first. Experiments involve meeting strangers within the therapy session to have brief social interactions, or going into public places. Example videos
of doing behavioural experiments in and out of the therapy session are available at oxcadatresources.com.

- Video feedback of in-session behavioural experiments is always an option to further consolidate learning and update patients' distorted self-imagery.
- **Optional stimulus discrimination or imagery re-scripting.** If patients have traumatic memories (this could include affect without recollection, where the patient re-experiences strong feelings from the past without clear recollection of the event itself) that are intruding in present day social situations, stimulus discrimination or imagery re-scripting can be helpful. Video role-plays of these techniques are available at www.oxcadatresources.com. Please also see this clinical paper on imagery re-scripting in SAD https://oxcadatresources.com/wp-content/uploads/2018/03/Imagery-rescripting-of-early-traumatic-memories-in-social-phobia.pdf.

- **Homework.** Discuss and plan any new behavioural experiments for homework to further test beliefs.
- **Give patient any new modules,** as relevant. Ensure the patient has the Blueprint module if they have not been given this before Explain rationale for module.
- **Summarise homework assignments** on front of a new module
- **Save a copy of the modules** for the therapy notes.
- **Give patient weekly measures** to take away and fill in just before next session (if you will be having a follow-up/booster session).

### Follow up/Booster sessions

In our clinical trial patients benefited from three follow-up/booster sessions held roughly monthly. The content of these sessions is similar to the weekly sessions (see session outline above) and involves carrying out behavioural experiments to test any problematic negative social cognitions or addressing other maintaining processes that continue to trouble the patient in addition to setting up tasks and further experiments for homework.
### Appendix 1: Table summarising all Self-Study Module Content

<table>
<thead>
<tr>
<th>Module Name</th>
<th>Module Synopsis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CORE MODULES</strong></td>
<td></td>
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</tbody>
</table>
| M1a. Introducing the Treatment | - Introduction to treatment, why modules/homework important.  
- What is SAD?  
- Patient completes LSAS and list of worst feared situations  
- Goals  
- SAD origins (early experiences and images)  
- What is cognitive therapy?                                                                                           |
| M1b. Getting Started         | - Developing the model (patient completes each step and transfers information into diagram of individualised model)                                      |
| M2. Letting go of self-focus and safety behaviours                | - Consolidate points from self-focus and safety behaviours experiment.  
- What is self-focus and self-monitoring?  
- Switching attention: Instructions for shifting attention  
- What are safety behaviours and what problems do the cause? Explore advantages and disadvantages  
- Write description of their image of the two conversations held in last session for video feedback. |
| M3a Testing it out – Behavioural Experiments                      | - Introduction: What behavioural experiments are and why they are important in the therapy  
- Planning: How to set-up and complete behavioural experiments using the record sheet)  
- Examples of completed Record Sheets  
- Making Your Life an Experiment. Patient assignment is to plan and complete behavioural experiments. |
| M3b Video feedback           | - Reviewing the ratings the patient made before and after viewing the video in the session  
- Writing notes in response to questions about how the patient (and the other people) appeared on the video.  
- Comparing the image of themselves on video before and after watching and what they learn from doing this |
| M4. Doing Your Blueprint    | - Summary of key learning in therapy covering:  
- How did the problem develop?  
- What kept it going?  
- What were your main negative thoughts? What answers did you develop to these thoughts?  
- What did you learn in therapy that was useful?  
- How should I deal with social situations in the future, including any setbacks?  
- How could you build on what you have learned? |
| **SPECIFIC BELIEF MODULES**  |                                                                                                                                                                                                              |
- Who blushes and why  
- Why is blushing a problem for me?  
- Self consciousness and blushing  
- Safety behaviours and blushing |
<table>
<thead>
<tr>
<th>Part 2: Overcoming the Fear</th>
</tr>
</thead>
<tbody>
<tr>
<td>What do people think if they notice someone else going red?</td>
</tr>
<tr>
<td>Using blushing as a golden opportunity</td>
</tr>
<tr>
<td>Do I blush as much as I feel I do?</td>
</tr>
<tr>
<td>What’s the worst that could happen?</td>
</tr>
<tr>
<td>How much do people notice someone blushing? Although noticeable is it necessarily noticed?</td>
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<table>
<thead>
<tr>
<th>M6. Self-Esteem</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is low self esteem?</td>
</tr>
<tr>
<td>What causes it?</td>
</tr>
<tr>
<td>What keeps it going?</td>
</tr>
<tr>
<td>How to tackle it?</td>
</tr>
<tr>
<td>Black and white thinking</td>
</tr>
<tr>
<td>Low-self-esteem as self-prejudice and keeping a positive data log</td>
</tr>
<tr>
<td>Using behavioural experiments</td>
</tr>
<tr>
<td>Planning enjoyable activities</td>
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</table>

<table>
<thead>
<tr>
<th>M7. Feeling Responsible For Others’ Enjoyment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifying assumptions related to feeling responsible for others’ enjoyment</td>
</tr>
<tr>
<td>Identifying related safety behaviours</td>
</tr>
<tr>
<td>Identifying unrealistic rules for the self</td>
</tr>
<tr>
<td>Responsibility pie chart is drawn up</td>
</tr>
<tr>
<td>Putting it to the test: experimenting with letting go of trying to ensure others enjoy themselves</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>M8. Feeling Boring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part 1: Finding out more: understanding what boring means</td>
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<tr>
<td>Exploring the belief</td>
</tr>
<tr>
<td>Where does this belief come from?</td>
</tr>
<tr>
<td>Identifying safety behaviours</td>
</tr>
<tr>
<td>Standards and high expectations</td>
</tr>
<tr>
<td>Looking at the evidence</td>
</tr>
<tr>
<td>Part 2: Putting it to the test- Behavioural experiments</td>
</tr>
<tr>
<td>Observing others</td>
</tr>
<tr>
<td>Discovering the impact of monitoring how boring you feel</td>
</tr>
<tr>
<td>Dropping my safety behaviours so I can let people get to know me</td>
</tr>
<tr>
<td>Deliberately saying something you feel is boring</td>
</tr>
<tr>
<td>What do others really think?</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>M9. Dwelling on Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dwelling on events</td>
</tr>
<tr>
<td>The effects of a post-mortem</td>
</tr>
<tr>
<td>How to tackle it: Notice and ban it; Use a flashcard; Turn it into an experiment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>M10. Worrying in Advance</th>
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</thead>
<tbody>
<tr>
<td>Finding out more: Understanding the worry</td>
</tr>
<tr>
<td>Understanding the impact of anticipatory anxiety</td>
</tr>
<tr>
<td>Doing things differently: Turn your predictions into an experiment; Working with Images; Ban the worry</td>
</tr>
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<table>
<thead>
<tr>
<th>M11. Shaking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part 1: Finding out more:</td>
</tr>
<tr>
<td>Who shakes and why?</td>
</tr>
<tr>
<td>Why is shaking such a problem for me?</td>
</tr>
<tr>
<td>Self focused attention and shaking</td>
</tr>
<tr>
<td>Safety behaviours and shaking</td>
</tr>
<tr>
<td><strong>Part 2: Putting it to the test - Behavioural experiments</strong></td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>• What do others really think about shaking?</td>
</tr>
<tr>
<td>• Experimenting with safety behaviours</td>
</tr>
<tr>
<td>• Does shaking look as bad as it feels?</td>
</tr>
<tr>
<td>• Find out the real consequences of shaking</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>M12. Sweating</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Part 1: Finding out more:</strong></td>
</tr>
<tr>
<td>• What are your beliefs about why people sweat?</td>
</tr>
<tr>
<td>• Why is sweating such a problem for me?</td>
</tr>
<tr>
<td>• Self focused attention and sweating</td>
</tr>
<tr>
<td><strong>Part 2: Checking things out</strong></td>
</tr>
<tr>
<td>• What do others really think about sweating?</td>
</tr>
<tr>
<td>• Using Sweating as a golden opportunity</td>
</tr>
<tr>
<td>• What do you actually look like when you feel sweaty?</td>
</tr>
<tr>
<td>• What is the worse that could happen?</td>
</tr>
<tr>
<td>• How much do people notice sweating?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>M13. Feeling Stupid</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Part 1: Finding out more:</strong></td>
</tr>
<tr>
<td>• Understanding what stupid means</td>
</tr>
<tr>
<td>• Where does the belief come from?</td>
</tr>
<tr>
<td>• Looking at the evidence</td>
</tr>
<tr>
<td>• Identifying safety behaviours</td>
</tr>
<tr>
<td><strong>Part 2: Challenging the belief</strong></td>
</tr>
<tr>
<td>• Sarah’s behavioural experiments (case example)</td>
</tr>
<tr>
<td>• Saying things spontaneously without preparing</td>
</tr>
<tr>
<td>• Conducting a survey</td>
</tr>
<tr>
<td>• Observing Others</td>
</tr>
<tr>
<td>• Revealing something you don’t know</td>
</tr>
<tr>
<td>• Deliberately doing or saying something you think is stupid</td>
</tr>
</tbody>
</table>
## My Self-Focused Attention and Safety Behaviours Experiment Record Sheet

<table>
<thead>
<tr>
<th>Conversation with self-focused attention and safety behaviours</th>
<th>Conversation with externally focused attention and dropping safety behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much did you use your safety behaviours?</td>
<td></td>
</tr>
<tr>
<td>(0=not at all 100%=all the time)</td>
<td></td>
</tr>
<tr>
<td>How much was your attention focused on yourself and how you were coming across?</td>
<td></td>
</tr>
<tr>
<td>(0=not at all focused on myself 100%=all the time)</td>
<td></td>
</tr>
<tr>
<td>How anxious did you feel? (0-100%)</td>
<td></td>
</tr>
<tr>
<td>How self-conscious did you feel? (0-100%)</td>
<td></td>
</tr>
<tr>
<td>How anxious did you think you looked? (0-100%)</td>
<td></td>
</tr>
<tr>
<td>How much did you think that…………………………………………………………. occurred? (0-100%)</td>
<td></td>
</tr>
<tr>
<td>How much did you think that…………………………………………………………. occurred? (0-100%)</td>
<td></td>
</tr>
<tr>
<td>How much did you think that…………………………………………………………. occurred? (0-100%)</td>
<td></td>
</tr>
<tr>
<td>How much did you think that…………………………………………………………. occurred? (0-100%)</td>
<td></td>
</tr>
<tr>
<td>How do you think the conversation went overall? (0=very badly - 100%=very well)</td>
<td></td>
</tr>
</tbody>
</table>
**INSTRUCTIONS:**

Thank you for taking part in today’s conversations.

First, we would like to know your overall impressions (e.g. they seemed kind, friendly, interesting to talk to), then we will ask for some more specific ratings about each conversation.

Remember that the aim was to have an everyday friendly conversation, for example as if this was someone you just met and had a chat with over a cup of coffee.

So please try to ignore the fact that the person you spoke to may be undertaking psychological therapy, and hold back any psychological knowledge or training you may have.

Once complete, please return it to the therapist.

Please note the person you spoke to will read your responses.

What was your overall general impression of the person you spoke to in your conversations today?

**Conversation 1**

Overall, how did you find this conversation?
Please read each statement below, and rate each one from 0 (not at all) to 100 (extremely). Please add any comments you think would be helpful.

- The person I spoke to [INSERT FEARED OUTCOME 1 e.g. ‘ran out of things to say’]
- The person I spoke to [INSERT FEARED OUTCOME 2 e.g. ‘came across as weird’]
- The person I spoke to [INSERT FEARED OUTCOME 3 e.g. ‘looked sweaty’]
- (Continue as above for all feared outcomes)
- The person I spoke to seemed anxious
- I felt anxious
- I enjoyed this conversation
- The person I spoke to came across well

Conversation 2
Overall, how did you find this conversation?

Please read each statement below, and rate each one from 0 (not at all) to 100 (extremely). Please add any comments you think would be helpful.

- The person I spoke to [INSERT FEARED OUTCOME 1 e.g. ‘ran out of things to say’]
- The person I spoke to [INSERT FEARED OUTCOME 2 e.g. ‘came across as weird’]
- The person I spoke to [INSERT FEARED OUTCOME 3 e.g. ‘looked sweaty’]
- (Continue as above for all feared outcomes)
- The person I spoke to seemed anxious
- I felt anxious
- I enjoyed this conversation
- The person I spoke to came across well

Any other comments?

_____________________________________________________

_____________________________________________________

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References


