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Clinical Tip

A MORE EFFECTIVE TREATMENT FOCUS FOR SOCIAL PHOBIA?

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Anxiety can generally be conceptualized in terms of overestimation of danger and underestimation of coping and resources. In turn, CT treatments of various anxiety disorders focus on decreasing danger estimations and/or increasing coping ability (Beck & Padesky, 1984). CT for anxiety disorders eventually involves exposing clients to feared situations while actively employing cognitive and behavioral coping strategies. When CT treatment for anxiety is not successful it is helpful to examine one's conceptualization and treatment to see if an important piece is missing.

CT outcome studies for social phobia often have less positive treatment results than CT for other types of phobias. Review of prototypical treatment approaches for social phobia (cf., Chambless & Hope, 1996) indicates that these treatment programs may be flawed in their treatment focus. While socially anxious individuals are characterized by fears of criticism and rejection, most social phobia treatment programs do not teach these clients to cope with criticism and then expose them to it. Instead, clients are exposed to predominately benign social environments in order to test out dangerousness beliefs. That is, treatment programs are designed to show the socially phobic client that fears of criticism and rejection are overestimated. While this is often true, it only approaches half of the anxiety equation. The socially anxious client, even if convinced that most social situations are relatively benign, still sees himself or herself at a loss if faced with criticism or rejection. Therefore, anxiety remains even after this standard treatment because, "what if the next social situation is not benign?"

In my own treatment of social phobia over the past decade, I have found the therapy is much faster and more effective if the coping half of the anxiety equation is targeted more predominately than dangerousness beliefs. In fact, I do not spend much time at all questioning the socially anxious person's estimations of risk in social situations. Instead, my clients and I conceptualize their

social anxiety as resulting from low confidence in their ability to cope with criticism and rejection. Thus, our treatment focus is to increase their ability to handle criticism and rejection so they are not so vulnerable and do not need to avoid places where it might occur. Clients readily accept and endorse this conceptualization.

In the first or second session we begin identifying the client's automatic thoughts and underlying assumptions about what criticisms others may think or say (Padesky & Greenberger, 1995). Once we have an exhaustive list, we begin generating a response list I call "the assertive defense of the self." The client and I develop one or more assertive responses for each criticism. For example, a woman who blushed easily feared others would say or think, "you are weak." With my help, she developed assertive responses such as, "I blush because I'm anxious. Anxiety is not a weakness. In fact, it's quite common -- most people are anxious about something. I happen to get anxious in some social situations."

Once the client has developed a series of assertive responses to all the feared criticisms, we do repeated and extended role plays in which I role play a highly critical other and the client assertively defends him or herself.

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The rationale for these role plays is that the client needs exposure to criticism but we cannot count on people in the outside world speaking criticism aloud so we will do controlled practice in the office. In the initial role plays, even if the therapist is somewhat mild in critical tone, the client often quickly wilts and feels ashamed in the face of the criticism. When this occurs, the therapist should stop the role play, debrief the client's emotional experience and automatic thoughts, provide active coaching (e.g., "sit up, look me the eye, read your assertive defense more loudly and with greater confidence") and practice the assertive response until the client is ready to try again.

With each successive role play, the client usually becomes more confident even in the face of an increasingly critical "other" role-played by the therapist. These repeated role plays occur during two or more sessions until the client is confident that he or she can assertively respond to an even greater degree of criticism than is believed likely to occur. By the end of this repeated exposure to criticism, the client-therapist role play might resemble the following:

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- Therapist: *You're shaking. Is something wrong?*
Client: Not really. I'm just anxious, that's all.
Therapist: *Why are you anxious?*
Client: I get anxious in social situations.
Therapist: *YOU DO? What's wrong? Are you crazy or something?*
Client: No, I'm not crazy. I have social anxiety.
Therapist: *Social anxiety? Sounds crazy to me!*
Client: Maybe you aren't familiar with it. But it's quite common. It doesn't mean I'm crazy.
Therapist: *You may not think so. But I think you're pretty wierd if you shake like this.*
Client: I can understand how it might seem wierd if you're not familiar with it. But I'm not crazy.
Therapist: *I don't know. I think you must be nuts.*
Client: I'm sorry you don't understand. But I'm not nuts.

Once the client can maintain an assertive defense of the self over a several minute period of escalating criticism, the cognitive and emotional reaction to criticism changes. Clients frequently report thoughts related to irritation rather than shame, (e.g., "This person is being so unreasonable. Why would I want them as a friend when they don't listen or show compassion?") At this point, the client expresses greater confidence in his or her ability to cope with criticism.

The next phase of treatment is to practice assertive defense of the self *in vivo*. The therapist counsels the client that since we can't count on overt criticism being expressed, the client should imagine others being critical in social situations and covertly practice the assertive defense of the self, making eye contact during the mental practice if socially appropriate. One client accentuated her shaking in a social situation with a grocery clerk and, looking the woman in the eye while imagining the clerk thinking she was crazy, mentally practiced the assertive defense of the self. Situations in which people are verbally critical are welcomed as opportunities to practice the assertive defense of the self aloud.

In addition to exposure to criticism, socially anxious clients are also encouraged to seek out rejection experiences. For example, they may ask an obviously busy neighbor who is rushing in the opposite direction to join them for a cup of coffee. Since the neighbor is almost guaranteed to reject this invitation, it provides the client with opportunity to cope with rejection without self-reproach. Clients often spontaneously report, "rejection is not as bad as I imagined."

In sum, treatment of the socially anxious client may proceed with more rapid success if there is direct exposure to the central fears, criticism and rejection. By

helping the client develop and practice positive coping strategies, the client's anxiety will decrease even when the worst case fear occurs because the client is confident he or she can cope with criticism and rejection.

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TABLE 1: SOCIAL PHOBIA TREATMENT SUMMARY

Goal: Direct exposure to central fears (i.e., criticism and rejection) with coping skills practice.

TREATMENT STAGES

- Identify automatic thoughts and underlying assumptions about criticism
- Generate list of assertive responses (development of coping responses; defense of self)
- In office: repeated and extended criticism role plays between therapist and client. Client assertively defends self while therapist coaches and debriefs.
- Identify and discuss changes in cognitive and emotional responses to criticism
- In vivo: practice assertive defense of the self (exposure to criticism, real or imagined)

References

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