

THE SOCIAL ANXIETY TREATMENT METHOD

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This program is for the non-pharmacological treatment of Social Anxiety Disorder. The method was developed by comparing methods of treatment that have been empirically verified to be effective with a survey of mental health professionals stating which methods in their experience have been the most effective in treating Social Anxiety Disorder. The result is this program which combines cognitive-behavioral therapy and exposure therapy. The program itself lasts 12 sessions; there is no specific length of time for each session. The first two sessions will focus on building a foundation of cognitive-behavioral techniques which the client will use through to the conclusion of the program. The remaining sessions of the program will focus on exposure therapy and integrating cognitive-behavioral techniques into exposure therapy.

Some of the concepts in this guidebook are explained in *Suggested Dialogue*.

Below is a list of words and concepts that the therapist should become familiar with: (an * denotes that the phrase was coined by the author).

Negative Social Thoughts (NSTs)*

Negative social thoughts are the automatic negative thoughts that occur while anticipating or engaging in a social situation.

Vertical Arrow Technique

The Vertical Arrow Technique was developed by David Burns and is a useful tool in finding any underlying root fears. The initial NST that an individual experiences may just be a surface fear masking a deeper fear. The Vertical Arrow Technique is used as follows:

- An NST for a specific situation is written and a downward pointing arrow is drawn below it. The question “Why is that so bad?” is asked and answered; this process is repeated until the client feels the root fear is discovered. See the example used in SESSION 2 and worksheet in Appendix.

Cognitive Distortions

The list of Cognitive Distortions was also developed by David Burns. Cognitive Distortions are erroneous thoughts based on distorted logic. Many of the clients NSTs and root fears will meet the criteria for Cognitive Distortions. See list of Cognitive Distortions in Appendix.

Argue With It Technique*

The Argue With It technique is used to assess an NST and root fear to determine whether that NST and root fear are valid. The client will “ask” the NST and its root fear a series of questions from the Argue With It sheet that are designed to challenge the clients automatic assumptions about a specific social situation. The questions on the Argue With It sheet can of course be

altered by the therapist to fit specific situations, and the sheet is by no means a complete list. See Argue With It sheet in Appendix.

Positive Rational Response (PRR)*

A PRR or Positive Rational Response is a tailored response to a specific feared situation after the client has “Argued With It.” From the arguments with the NST and root fear, the client should then create a PRR for the feared situation. The PRR is a positive alternative statement about a feared situation based on the analysis of the automatic NST and root fear. There may be multiple PRRs for a single feared situation.

Subjective Units of Distress Scale (SUDS)

A Subjective Units of Distress Scale is a means to measure how distressed the client is or would be in a specific situation. It is also a way in which the therapist can create a hierarchy of feared situations for use with exposure therapy (Beidel & Turner, 1998). The exact measurements are up to the therapist; examples include scales of 1-10, 1-50, or 1-100.

Brief outline of the method:

SESSION 1:

- Introduction to the method
- Introduce the cognitive-behavioral model of social anxiety
- Discuss NSTs (Negative Social Thoughts)

SESSION 2:

- Introduce the Vertical Arrow Technique
- Introduce Cognitive Distortions
- Introduce the Argue With It technique
- Show client how to use these techniques to create PRRs

SESSION 3:

- Discuss what exposure therapy is
- Show the client how to integrate CBT with exposure therapy
- Determine client’s target situation
- SUDS rating

SESSIONS 4-9:

- Six exposure sessions which progress by the level of distress to the client. Each exposure session is related to the clients target situation.

SESSIONS 10-11:

- Two consecutive exposures directly to the client's target situation.

SESSION 12:

- Review achievements
- Discuss future goals
- Help client develop a plan to achieve future goals

SESSION 1:

MATERIALS: Feared Situation Sheet

In addition to the required materials, you will want to have a board or easel present at each session for writing.

TOPICS:

- Introductions
- Introduce the cognitive-behavioral model of social anxiety disorder
- Introduce the treatment program (describe CBT and exposure)

Overview:

The purpose of session 1 is to determine what are the client's feared situations, the client's target fear, and their goals and expectations from this treatment program. Also, the therapist will use this session to explain the cognitive-behavioral model of social anxiety and how negative thoughts influence physiological and behavioral responses. Finally, the therapist will explain that these negative thoughts can be unlearned, and that the goal of this treatment program is to help the client unlearn these negative thoughts.

Plan:

Introduce yourself and give the client a little information about yourself (job title, where you studied, etc.) This is the point where you want to ask the client about their goals with treatment. You may say something like "So what brings you here today?" After getting the information from the client as to WHY they are there, you should also ask them what they hope to achieve by the end of treatment; what is their goal? You will also want to emphasize the importance of the client's participation in both the sessions and homework assignments. Next, you will give the client an introduction to the cognitive-behavioral model of social anxiety and introduce them to the concept of Negative Social Thoughts (NSTs). Finally, you will give the client an overview of the treatment method so that they know what to expect in the following weeks.

Cognitive-Behavioral Model

The cognitive-behavioral model of social anxiety disorder states that distorted thoughts about social situations lead to psychological distress (Stravynski, 2007). The distress influences the behavior of the individual in a manner that reinforces the distorted thoughts and results in more negative thoughts about social situations or even avoidance of social situations (Kring, Johnson, Davison, & Neale, 2010). In this treatment method, the distorted thoughts about social situations are called Negative Social Thoughts (NSTs).

Some example NSTs:

I will look foolish if I don't have anything to say.

People will notice I am nervous.

People will think I am incompetent.

You as the therapist want to create a foundation of understanding of the cognitive-behavioral model so that the client can see how things like negative thoughts can influence their behavior. While some of your clients may be familiar with psychological theories and dialect, many will not, so an easy to follow and simple explanation is best. You may even use an example to illustrate the cognitive-behavioral model like:

Tom has been invited to a co-workers dinner party. Tom gets very anxious in social situations and usually doesn't partake in such activities, however, he is going to try to go to the party. On the way to the party, Tom begins having thoughts about not having anything to say and about looking awkward. These thoughts are quite distressing to Tom and as a result, his heart rate picks up and his mouth starts to become dry. The physical symptoms tom is experiencing make him even more anxious. Tom is nearing the home of his co-worker and sees some other people walking in the door. Tom is now so anxious about being around others and being evaluated by them that he turns around and goes home and the anxiety is quickly reduced. The reduction in anxiety from leaving reinforces Tom's avoidant behavior and the cycle continues.

Ask the client if they can identify one or more NSTs from Tom's story. Then, ask the client if they have experienced a similar situation and let them describe it if they wish.

Important points to get across:

- Cognitive means pertaining to the mind; thoughts.
- Thoughts can influence physiology and behavior.
- Social anxiety is a mostly learned condition.
- Social anxiety can be "un-learned."

Next, the therapist will want to give the client an overview of the method.

Suggested Dialogue

Therapist: "The method uses a two pronged approach for dealing with social anxiety disorder; cognitive behavioral therapy and exposure therapy. Cognitive-behavioral therapy focuses on identifying and changing beliefs that you may have about social situations. In the next session you will learn some techniques for identifying and then altering the negative beliefs you have about social situations. The second prong of the two-pronged approach is exposure to anxiety provoking situations. You will first select a target situation, which is the feared situation that is the most important to you. In weeks 4-9 you will be exposed to situations related to your target situation that progress in intensity with regard to level of anxiety. Finally, in week 10, you will be exposed directly to the target situation; also again in week 11. Week 12 will consist of a review of accomplishments and a discussion about future goals."

HOMEWORK: Fill out the Feared Situations Sheet and bring it to the next session. Make a list of NSTs that you have during the week and bring them to the next session.

SESSION 2:

MATERIALS: Cognitive Distortions sheet, Argue With It sheet, and Vertical Arrow Technique sheet.

TOPICS:

- Homework Review
- Vertical Arrow Technique (Burns, 1989)
- Introduce Cognitive Distortions (Burns, 1989)
- Argue With It technique
- Personal Rational Responses (PRRs) to Cognitive Distortions

Overview:

The purpose of session 2 is to further the client's understanding of how negative social thoughts can influence their behavioral responses, particularly in the client's personal experience. This is accomplished by using the Vertical Arrow Technique to get to the client's root fear, and identifying Cognitive Distortions present in the NST and root fear. Finally, the client is shown how to use the Argue With It technique to come up with a Positive Rational Response or PRR.

Plan:

Begin by reviewing the client's homework assignment; their list of NSTs that they had during the week. Use the client's list of NSTs and write them on the board/easel. At this point you will introduce the client to Burns' Vertical Arrow Technique for uncovering any underlying root fears. Next, you will introduce the client to Burns' list of Cognitive Distortions and instructed to look for Cognitive Distortions in their NST and root fear. Then, the client is shown how to use the Argue With It technique to create a response for the feared situation.

Have the client get out their NST homework assignment and use an example from it to illustrate the Vertical Arrow Technique.

The Vertical Arrow Technique:

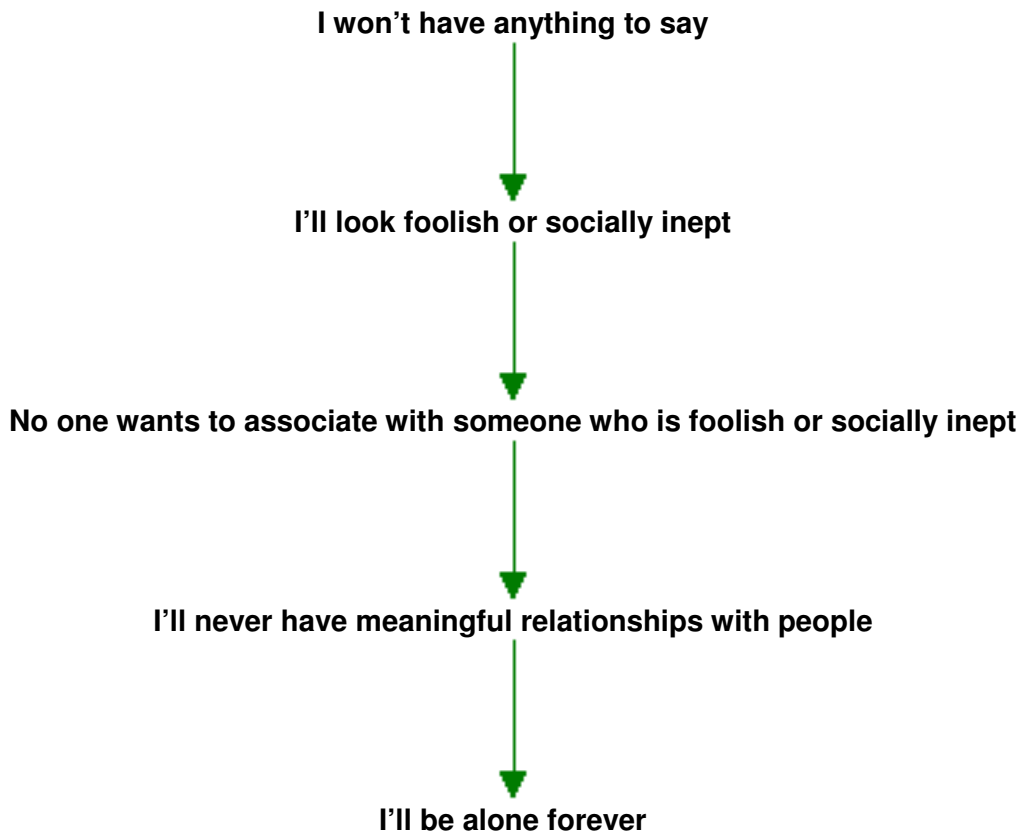
The Vertical Arrow Technique was developed by David Burns (who also developed the list of Cognitive Distortions) and is a simple but great tool for finding the root fear of a social situation.

- **Instructions:** – An NST is written and a downward pointing arrow is drawn below it. The question “Why is that so bad?” is asked and answered; this process is repeated until the client feels the root fear is discovered.

Example:

Feared Situation: Going to a dinner party.

NST: I won't have anything to say



Here we come to the underlying root fear that the client will be alone forever. Next you will show the client how to use the Argue With It technique to analyze the NST and root fear, and come up with a PRR for the feared situation.

Now give the client a Cognitive Distortions sheet and explain what Cognitive Distortions are:

Cognitive Distortions:

Cognitive Distortions are erroneous thoughts based on distorted logic and are often associated with psychological distress. The client's ability to identify the distorted logic in their NSTs and root fears is an effective method for correcting irrational thoughts and breaking the cycle of social anxiety.

Have the client check their NST and root fear to see if they are Cognitive Distortions.

Next give the client a copy of the Argue With It sheet and explain the Argue With It Technique.

Argue With It:

The Argue With It technique is used to assess an NST and root fear to determine whether that NST is valid. The client will "ask" the NST and its root fear a series of questions from the

Argue With It sheet that are designed to challenge the clients automatic assumptions about a specific social situation. The questions on the *Argue With It* sheet can of course be altered by the therapist or client to fit specific situations, and the sheet is by no means a complete list.

Go through the *Argue With It* sheet with the client using the appropriate questions and/or adding your own.

PRRs:

A PRR or Positive Rational Response is a tailored response to a specific NST after the client has “Argued With It.” From the arguments with the NST and root fear, the client should then create a PRR for the feared situation. The PRR is a positive alternative statement about a feared situation based on the analysis of the automatic NST and root fear.

Putting it all together:

- List an NST for a feared situation.
- Check to see if the NST meets criteria for a Cognitive Distortion.
- Use the Vertical Arrow Technique to find an underlying root fear.
- Use the *Argue With It* technique and Cognitive Distortions to come up with a PRR for the feared situation.

Complete example:

(sticking with the dinner party example)

The client has listed *going to a dinner party* as one of their feared situations, and *I won't have anything to say* as an NST for this situation.

Suggested Dialogue

Therapist: “Ok, so you've listed ‘I won't have anything to say’ as an NST. I want to try something here called the Vertical Arrow Technique. {Illustrating Vertical Arrow Technique on board ore easel}Ok, so if you go to a dinner party, you won't have anything to say...why is that so bad?”

Client: “If I have nothing to say, I'll look foolish or socially inept.”

Therapist: “Why is that so bad?”

Client: “No one wants to associate with someone who is foolish or socially inept.”

Therapist: “Why is that so bad?”

Client: “Well...I'll never have any real meaningful relationships with people then.”

Therapist: “What's so bad about that?”

Client: “I’ll end up alone for the rest of my life.”

Therapist: “Hmm...that sounds like it might be an underlying fear, which is actually the purpose of the Vertical Arrow Technique; to find the underlying root fear. Oftentimes those having issues with social anxiety are only aware of the surface fear (i.e. having nothing to say/looking foolish) but aren’t fully consciously aware of the deeper fear associated with the social situation.”

Therapist: “Now I want to introduce you to Cognitive Distortions. Cognitive Distortions are essentially thoughts based on faulty logic and/or erroneous assumptions. Take a minute to look over the list of Cognitive Distortions and see if your initial NST and root fear meet the criteria for any of the Cognitive Distortions.”

At this point the client may be able to recognize their NST and root fear as a Cognitive Distortion, but in some instances the therapist may need to help the client figure it out. For this reason it is important that the therapist familiarize themselves with the Cognitive Distortions prior to this session (see Cognitive Distortions sheet).

In this example the Cognitive Distortion for the NST would be The Fortune Teller Error and for the client’s root fear it would be Magnification. In this specific example the therapist should point out that the client has no way of knowing for sure that they will have nothing to say at the dinner party. The therapist will also want to point out that that the client has magnified the situation.

Suggested Dialogue

Therapist: “Now I want to show you how to argue with your NST and root fear by using the Argue With It technique (give client Argue With It sheet). The purpose of the AWI technique is to determine whether your initial NST and root fear are valid. All you need to do to Argue With IT is to go through the AWI sheet and ask both the NST and root fear the questions. These questions are not an exhaustive list and can be altered depending on the specifics of your feared situation. Let’s try.”

USE BOARD OR EASEL TO ILLUSTRATE

Therapist: “Your NST is that you won’t have anything to say. Let’s go through the list of AWI questions, note that not every question will be appropriate for every situation and you are free to come up with your own Argue With It questions.”

Go through Argue With It questions on sheet

Therapist: “In reality is there anything wrong with not having anything to say at the dinner party?”

Client: “I will look stupid or socially inept.”

Therapist: “Does not having anything to say always mean one is socially inept?” Are there ever times when not saying much doesn’t mean one is socially inept?”

Client: “No, I suppose not. There are probably times in everyone’s life where they don’t particularly have much to talk about.”

Therapist: “Using the Vertical Arrow Technique we found an underlying root fear of being alone forever. Again, let’s use the Argue With It technique; How likely is it that you will be alone forever?”

Client: “Probably not likely.”

Therapist: “If a friend or family member told you that they thought not having anything to say at a dinner party would result in their being alone forever, what would you say?”

Client: “I might say that they are being irrational about it; that they are catastrophizing not having anything to say at a dinner party.”

Therapist: “Now let’s come up with a Positive Rational Response or PRR to your feared situation of going to a dinner party. A PRR is a statement that is to be used when thinking about or engaging in the feared situation. We will build the PRR from what we have learned from the Cognitive Distortions and from the Argue With It technique.”

Some example PRRs for this feared situation:

Not having anything to say does not equate to social ineptitude or being alone forever.

Not having anything to say isn’t really a big deal and it won’t result in me being alone forever.

HOMEWORK: Again record any NSTs you have about a social situation. This time, use the Vertical Arrow Technique, Cognitive Distortions, and the Argue With It technique to come up with your own PRRs for the situations.

SESSION 3:

MATERIALS: Subjective Units of Distress Scale Sheet

TOPICS:

- Exposure Therapy
- Integration of Exposure Therapy and Cognitive-Behavioral Therapy
- Subjective Units of Distress Scale(SUDS)

Overview: The purpose of session 3 is to explain the idea of exposure as a means of treatment for social anxiety disorder. The therapists will want to explain to the client how cognitive-behavioral therapy and exposure therapy work together in this program. Also, the therapist will introduce the Subjective Units of Distress scale and how it will serve as a metric while in exposure.

Suggested Dialogue

Therapist: “In the first two sessions we laid the foundation for fixing the counter-productive thought patterns that you have about social situations. You learned that many of the negative thoughts you have about social situations tend to be distorted. You also learned how to identify these distortions, how to uncover underlying fears, and how to use logic and reasoning to argue with your negative thoughts—coming up with a new positive response to social situations. But that is only half of the approach; ultimately one needs to be exposed to a feared situation in combination with using the techniques already learned in the previous sessions to get the full benefit from this program.”

At this point, the therapist will want to give an explanation of what exactly exposure therapy is, and how exposure therapy in combination with the CBT techniques the client has already learned will work together.

Therapist: “Exposure is a well-known and effective treatment for many different phobias. The way exposure therapy works is by working through list of situations listed hierarchically by how much distress they create for you. You will then be exposed to each situation in that hierarchical order and remain there until you become comfortable, which in turn de-sensitizes you to feared situations in addition to ending the reinforcement schedule. Adding cognitive-behavioral therapy to exposure has been shown to be significantly more effective than exposure alone (Noyes & Hoehn-Saric, 1998).”

The therapist will next want to describe the exposure process to the client

Prior to each exposure, the client will address any NSTs about the situation using the techniques learned in the first two sessions (Vertical Arrow Technique, Cognitive Distortions, and Argue With It). Then, while in the exposure, the client will repeat to themselves the PRR that they have developed. Also, the client will make note of their SUDS rating about once every 2 minutes. When the clients SUDS rating diminished is intensity to an agreed upon level of comfort, the client is done with the exposure. After each exposure session it is important to review and debrief with the client. You will want to talk about the initial NST and the PRR and

which one was more closely related to reality; you will also want to determine if the client still believes the NST; and you will want to determine if the client thinks they made progress.

Also in session 3, the therapist and client will want to decide what the client's target situation for treatment is; what is most important to the client. The client may fear many social situations, but the most important to the client is the one which should be addressed in this program. Also, it is important to note that only one target situation will be addressed in this program. We want the client to focus on the most important feared situation and devote all of their efforts to that situation. To decide which feared situation to work with, retrieve the client's Feared Situations sheet and review it with them. The client may wish to work on a feared situation that they did not include on the sheet, which is also okay. After the target feared situation is identified, the therapist will want to work with the client to create a list of related situations that would be anxiety provoking, but less so than the target feared situation. For example, if the client's target feared situation is attending a dinner party, some of the lesser situations might include: *eating lunch with the therapist at the treatment site; eating lunch with the therapist and a co-worker of the therapist at the treatment site; meeting the therapist and a co-worker of the therapist for dinner...etc.* You will want to come up with several of these situations and have the client rate each one on the SUDS. You will then arrange the situations in ascending order by the client's SUDS rating; this will be the exposure schedule for the client.

SESSIONS 4-9:

MATERIALS: Exposure sheet

Overview:

The purpose of sessions 4-9 is to gradually increase the exposure to the client's target situation. The idea in these six sessions is to gradually increase the intensity of the exposures over each session and to have the client utilize the cognitive-behavioral techniques learned in the first two sessions to combat NSTs.

Plan:

The therapist will prepare an exposure situation prior to each meeting based on the client's SUDS rating about specific aspects of the target situation. The therapist will want to design a hierarchy of these aspects based on the client's ratings. Then the exposures will take place in a manner which intensifies in Subjective Units of Distress.

Sample Exposures based on the dinner party target situation:

Session 4: Eating lunch with the therapist at the treatment site-SUDS rating of 45.

Session 5: Eating lunch with the therapist and a co-worker of the therapist at the treatment site-SUDS rating of 60.

Session 6: Eating lunch with the therapist and a co-worker of the therapist at a restaurant- SUDS rating 70.

Session 7: ...continuing in intensity

The therapist will inform the client of this session's exposure and have the client use the exposure sheet to record any NSTs associated with the situation. The client will then create PRRs for the situation using the techniques they learned in the first two sessions (Vertical Arrow, Cognitive Distortions, and Argue With It).

The exposure begins: The client will repeat the PRRs as necessary while in the exposure to control distorted thoughts, and will also give a SUDS rating once every two minutes until the anxiety has subsided. After the exposure the client will be debriefed. You will want to talk about the initial NST and the PRR and which one was more closely related to reality; you will also want to determine if the client still believes the NST; and you will want to determine if the client thinks they made progress.

SESSIONS 10-11:

Overview:

Sessions 10 and 11 are the final two exposure sessions and are also the two most intense sessions. These two sessions expose the client directly to their target situation. By this time the client should be skilled at using cognitive-behavioral methods while in anxiety provoking situations. Also, by this point in the program the client will have already gone through six exposure sessions related to their target situation in gradually increasing levels of distress and thus, should be relatively less anxious about facing the target situation than they would be having not gone through the program to this point.

Plan:

Sessions 10 and 11 will continue on in the same manner as the other exposure sessions have. The difference here is that the client is exposed directly to their target fear for two consecutive sessions.

Example: The therapist and the client will attend two actual dinner parties; one for session 10 and one for session 11.

SESSION 12:

TOPICS:

- Review accomplishments and what the client has learned
- Discuss future goals

Overview:

This is the final meeting between the therapist and the client. In this session the therapist and client will review the achievements made during the program and also discuss future goals.

First off congratulate the client for finishing the treatment program and for facing their fears head on. Next you will want to ask the client some questions so that they may reflect on their experience in treatment. These questions should address what new skills they have learned, what lifestyle changes they have made, and what remains to be done.

Some example questions:

What new skills have you learned for dealing with social anxiety?

Which new skill do you think is the most helpful?

What positive changes have occurred since the beginning of treatment?

Do you feel more confident in social situations?

How much anxiety still remains?

What are your goals for the near future?

From here you can help the client set up a plan of attack for a different feared situation that they will persevere on their own using the methods from this treatment program.

POTENTIAL PROBLEMS WITH TREATMENT:

One of the main forms of resistance that therapists come up against is noncompliance (Otani, 1989). Noncompliance can be summed up as the client not completing or participating in the assignments prescribed by the therapist (Otani, 1989). If the client isn't completing the homework assignments, utilizing the CBT techniques they've learned, or participating in the exposure sessions, the method won't be effective for them. The therapist can't force compliance on a client, but if you do have a client who is noncompliant, the best thing to do is to reiterate that they must fully participate to receive the benefit from this treatment program.

Problems with exposure:

-The most obvious potential problem with exposure therapy is that the client may feel too much anxiety and fear at once. If an exposure, particularly one of the earlier exposures seems to cause the client too much distress, the therapist should use a less anxiety provoking situation in the next session (Heimberg & Becker, 2002).

- A less obvious and perhaps overlooked potential problem with exposure therapy is that the client experiences very little or no anxiety. Typically, when there is very little or no anxiety, there are a couple explanations which each require a different approach; underreporting and no anxiety provoking stimulus existing in the exposure (Heimberg & Becker, 2002).

- Underreporting occurs when the client feels anxiety but doesn't report it because they fear being perceived in a certain negative way. Oftentimes underreporting can be detected if the client appears to be in a state of anxiety that doesn't correspond to their reported level of anxiety. The remedy for this situation is to point this out to the client and ask if they are having any NSTs that make them not want to report the anxiety. This phenomenon typically dissipates after the first couple of exposure sessions (Heimberg & Becker, 2002).
- If there is no anxiety provoking stimulus in the exposure session, it simply means that whatever the client fears wasn't present. All the therapist can really do in this situation is take extra caution to ensure that the feared ingredient is present in the next session (Heimberg & Becker, 2002).

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Appendix

Vertical Arrow Technique

The Vertical Arrow Technique is a useful tool for finding any underlying root fears. The initial Negative Social Thought (NST) that an individual experiences may just be a surface fear masking a deeper fear.

1. Identify a negative thought about a social situation.

If this were true, why is it so bad?



2. Identify a second negative thought.

If this were true, why is it so bad?



3. Identify a third negative thought..

If this were true, why is it so bad?



4. Additional negative thoughts....

List of Cognitive Distortions

1. **All-or-nothing thinking:** You see things in black and white categories. If your performance falls short of perfect, you see yourself as a total failure.
2. **Overgeneralization:** You see a single negative event as a never-ending pattern of defeat.
3. **Mental filter:** You pick out a single negative detail and dwell on it exclusively so that your vision of all reality becomes darkened, like the drop of ink that discolors the entire beaker of water.
4. **Disqualifying the positive:** You reject positive experiences by insisting they "don't count" for some reason or other. You maintain a negative belief that is contradicted by your everyday experiences.
5. **Jumping to conclusions:** You make a negative interpretation even though there are no definite facts that convincingly support your conclusion.
 - **Mind reading:** You arbitrarily conclude that someone is reacting negatively to you and don't bother to check it out.
 - **The Fortune Teller Error:** You anticipate that things will turn out badly and feel convinced that your prediction is an already-established fact.
6. **Magnification (catastrophizing) or minimization:** You exaggerate the importance of things (such as your goof-up or someone else's achievement), or you inappropriately shrink things until they appear tiny (your own desirable qualities or the other fellow's imperfections). This is also called the "binocular trick."
7. **Emotional reasoning:** You assume that your negative emotions necessarily reflect the way things really are: "I feel it, therefore it must be true."
8. **Should statements:** You try to motivate yourself with shoulds and shouldn'ts, as if you had to be whipped and punished before you could be expected to do anything. "Musts" and "oughts" are also offenders. The emotional consequence is guilt. When you direct should statements toward others, you feel anger, frustration, and resentment.
9. **Labeling and mislabeling:** This is an extreme form of overgeneralization. Instead of describing your error, you attach a negative label to yourself: "I'm a loser." When someone else's behavior rubs you the wrong way, you attach a negative label to him, "He's a damn louse." Mislabeling involves describing an event with language that is highly colored and emotionally loaded.
10. **Personalization:** You see yourself as the cause of some negative external event for which, in fact, you were not primarily responsible.

Feared Situations

Please list the social situations and/or activities which cause you to experience significant anxiety. How do you cope with these situations? (avoidance, alcohol, etc.)

What are your fears? What are your specific concerns? (e.g. looking foolish).

ARGUE WITH IT!

The Argue With It technique is used to assess an NST and root fear to determine whether that NST and root fear are valid. Below is a series of questions that are designed to challenge the automatic assumptions about a specific social situation. The questions on the Argue With It sheet can of course be altered by the therapist or the client to fit specific situations, and the sheet is by no means a complete list.

1. In reality, is there actually anything wrong with _____ ?
2. Does _____ always mean _____ ? Are there ever times when _____ does not mean _____ ?
3. What are the implications of _____ being true?
4. Is there an alternative interpretation to _____ being true?
5. If _____ is true, what is the absolute worst possible outcome? How likely is that outcome?
6. If a friend or family member told you they thought _____ what would you say to them?
7. Suppose the worst case scenario happened; how do you feel about in a week, month, year, 5 years?

Exposure sheet

Date:

What is the exposure? _____

Pre NSTs:

Pre PRRs:

SUDS Rating:
