SESSION 1

SESSION OBJECTIVES:

- To familiarise programme participants to group context.
- To facilitate and direct the clients’ motivation to change.
- To provide psychoeducation and group treatment information.
- To initiate monitoring of perceptions of anxiety in social situations.
**Detailed Contents**

**The Approach:**
This therapist manual is designed to provide the mental health practitioner with a structured, yet flexible approach to the treatment of social anxiety in individuals with schizophrenia. The approach described in detail within the therapist manual has been shown to be effective as a group treatment programme. We assume that this manual will be used by mental health practitioners of varying levels of clinical experience. Therefore, it has been written to meet this varied level of need.

**The Therapist:**
In the course of group therapy, participants will begin to examine their interpersonal style and eventually to experiment with new behaviours. The journey which each group member embarks upon, is unlikely to be facilitated by a rigid therapist i.e., one who places a strong barrier between themselves and group participants. This treatment approach provides structure, the opportunity for role play and the sharing of experiences. The therapist incorporates various roles; facilitator, coach and role model. Thus the therapist encourages a social atmosphere based on adult learning principles and the promotion of trust in the therapeutic environment.

**What You’ll Need:**
It is advantageous to have available a: (1) white board (coloured markers), (2) pencils for group members, (3) loose leaf folders for the storage of the group members handouts (h/o) and all other group material (remind members to bring this to ALL group sessions), (4) tape recorder for taping of sessions (not necessarily required), (5) tea and coffee supplies, (6) provision of adequate area for mid session breaks, (7) hole punch, (8) clip board for each group member whilst in session, (9) ‘group in progress’ sign to be placed on door of therapy room.

**House-keeping:**
This includes discussing such aspects as where to find the toilets (if the group members are new to this environment). Additionally, the provision of breaks during the group is an important consideration. It is suggested that the group be two hours in duration, with the inclusion of a break. The duration of the break will be based on the composition of group

**Equipment/Activity**

The following ‘icons’ are used in this manual for the following purpose:

- **For ‘therapist’ information**
- **Suggested manner of addressing session content to group members**
- **Group activity**

**The therapist**

**What you’ll need**

**House-keeping**
members and the individual therapist’s judgement. We have found that in order to compensate for attention difficulties within this population, it is recommended that drinking and eating be reserved for the session break.

Let’s begin… (30 minutes)

Client Introduction:
The formation of this group will inevitably represent a new and often frightening first experience. In order to reduce the distress typically encountered by group members in the first session, the first phase of group interaction involves an ‘ice breaker’. We have found the following two structured warm-up exercises to be a gentle beginning to the group. These two exercises assist in decreasing anticipatory anxiety and permit each member to engage in brief, light and non-threatening interactions. The second of these potential ice breakers occurs in the Self Disclosure section.

My Shoe Ice Breaker:
This involves asking each group member to simultaneously look down at their shoes and think to themselves, how they would describe them (colour, fit, age, etc.), and to think of a brief story which directly relates (e.g. where they were purchased, an unfortunate accident encountered whilst wearing them) to them. The therapists begins this ice-breaker, first by stating their name and then commenting on their shoes. Subsequent group members then participate by following the therapists role as a ‘shoe-describer’.

Familiarisation to Group Process:
All ideas relevant to this discussion should be brainstormed by group members using the white board to record their responses.

An initial question could be: "What sort of group rules do each of you feel is important in the running of our group?"

Upon gathering as many ideas as possible from the group members, it is often necessary to suggest ‘other ideas’ which are important in the successful running of the group.

The following points help guide the group interaction:
### Detailed Contents

- **Confidentiality**
  It is preferable for all group members to feel comfortable disclosing details about their lives without concern that this information will be repeated outside the group. It is important to reiterate the ethical and legal implications of client and therapist confidentiality. This concept extends to group members. It is suggested that you ask each group member to pledge not to divulge the identities of other group members or to provide 'group information' outside of the group.

- **Use language everyone can understand**
  Sometimes professional labels become second nature to mental health practitioners. In groups it is important to describe concepts in everyday language. A possible manner of introducing this, is by providing the example of a highly accomplished academic who understands the concepts yet communicates them in an unhelpful way (e.g. excessive terminology). Inform group members that if a concept is explained by a group leader in an unhelpful manner, the group members are within their rights to ask for clarification.

- **Sessions are tape recorded — optional**
  Taping sessions can be useful for both the therapist and the client. It can help with treatment integrity and provide the client with useful feedback about their interactions and performance on some of the activities. If sessions are to be taped, remember to obtain the informed consent of each participant.

- **All members are respectful and helpful to each other**
  In order that mutual respect is enhanced within the group setting, appropriate social interactions are encouraged and the use of unhelpful terms or labels is not promoted.

- **Commitment to therapy**
  This is a closed group and as such, it is not advisable to introduce new members after the second session. It can be explained to group members that the learning of skills and strategies to increase their level of comfort in social situations is enhanced by building on information they have learned in previous sessions. Additionally, since the group does not work effectively with reduced group numbers, it is important they provide a commitment to

### Equipment/Activity

- **Confidentiality**
- **Use language everyone can understand**
- **Tape record session (optional)**
- **Respect**
- **Commitment**
Detailed Contents

attend all 12 sessions. One way of enhancing this commitment, is to have group members declare this in front of all other group members.

- **Breaks within each session**
  Suggested guidelines have been provided as to the length of the ’break time’ within group sessions. Once again it is important for the therapist running the group to make a decision as to the length and number of break times, based on the composition of the group.

- **Attend each session and arrive on time**
  It may be useful to explain to the group that in order that they benefit from the group, it is necessary to arrive for the session at the agreed upon time. Additionally, it is important that each session is attended so as to improve the nature of learning from one of disjointedness to relative stability.

- **Telephone if can’t attend**
  This is to ensure a group members lack of attendance is not unexpected to other group members or the therapist.

- **Always do your best to complete the homework**
  A suggested manner of addressing this component is: “The week has 168 hours within it, and we meet once a week, so we spend a fraction of time together. In order that the benefits of the group are enhanced, it is necessary to attempt and complete the tasks that other group members have been provided.”

- **Buddy system**
  It is suggested that group members be introduced to the idea of being paired with another randomly selected group member with whom they will agree to be in phone contact each week. The purpose of the buddy system is four fold, (1) it serves to remind the group member that they are involved in a program of change that extends beyond the weekly group sessions, (2) it enhances a sense of belonging to the group and a concomitant sense of camaraderie with at least one other group member, (3) it gives them a source of support as well as additional information about the skills, procedures and assignments relating to the group, and (4) it provides in-vivo psychotherapy.
  Within the buddy system, alternate the person
**DETAILED CONTENTS**

who initiates the weekly phone-call. This can be a powerful exercise, in that, the person with social anxiety practices a useful social skill in a natural setting. At the discretion of the therapist there should be a periodical rotation of group members in the buddy system.

- **Weekly therapist phone call**
  
  To provide group members with a means of discussing difficulties with homework or group issues outside of the group, an advantageous technique which can be used is the weekly phone call with a group therapist. Additionally, it helps to promote a sense of commitment to group members and also serves as a prompt to engage in activities which were assigned at the end of the session as homework.

- Provide: **Increasing Confidence In Social Situations Group h/o (H/O: 1)**, which provides information concerning group times and a summary of previously discussed group rules.

- **Motivation for Change**
  
  *Practice makes perfect:*
  
  At this point, the therapist introduces the need for practice outside session times. It might be useful to point out that practice involves behaving differently i.e., confronting situations which have previously been difficult. Foster within the group members, perseverance and persistence, and explain that over time they will think and feel differently.

  It will be important that specific tasks and activities which are assigned within the group are practiced whilst group members are outside of the group. Some of these tasks involve: reading, writing, ‘thinking things through in their head’, relaxation and doing things.

- Due to the importance of attempting/completing intra-session assignments, the following guidelines are valuable to consider: Identify and prepare to overcome potential obstacles that may prevent the group member from completing assignments (in session and weekly therapist phone call)
  
  Obtain a verbal commitment from the client that assignments will be completed.
  
  Assignments should be challenging, yet not overwhelming to client.

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**EQUIPMENT/ACTIVITY**

**Weekly therapist phone call**

Provide: **Increasing Confidence In Social Situations Group h/o (H/O: 1)**

**Practice, practice and more practice**

**Homework completion important**
Self-Disclosure:
In order that group members become accustomed to the process of self-disclosure it is important to ensure this is occurring in a safe environment. Although self-disclosure is an important group goal, a primary therapeutic goal involves social interaction.

In order to combine these two elements, group members are provided with a handout and asked to complete the Why Change h/o (W/S: A). Upon completion, they are asked to pair up with one of the other members of the group. At times the therapist may make the pair assignments. This may involve pairing group members who do not have a strong interpersonal relationship outside of the group. Each pair is instructed to exchange sheets, read the other’s answers, and to understand them as fully as possible by asking for clarification or for additional information. After each pair has interacted for 3-5 minutes, the groups re-form, and each member of a pair reads aloud his or her partner’s answers to the questions. Additionally, they tell the group anything he or she has learned about the answers to each question.

Provide: Why Change h/o (W/S: A) (participants to complete sentences):
- a) ‘Social fears limit my life by…’
- b) ‘If I was not socially anxious I would be able to …’

Monitoring progress:
It is important to provide group members with a rationale for monitoring their progress. You might find it helpful to include within your rationale the following (as if spoken to the patient...):

- ‘Firstly, it helps to stay motivated by seeing the progress forward you are making, (2) since you are learning new skills and techniques to confront your anxiety, these records will allow you to look back on the notes when you have forgotten how to do something you know is important or when you are having difficulty completing something you have done in the past, (3) helps you to identify all of your fears, and remind yourself of the manner you handled these difficulties in the past, (4) finally by keeping records and recording progress you...’

Provide: Why Change h/o (W/S: A)
Detailed Contents

break more realistic as to how you present to others”.

Break Time (20 minutes)

Discussion (20 minutes)

Psychoeducation:
You might begin the discussion with the following question:

“How many people are shy (men and woman)?
You usually find approximately equal numbers of men and women, possibly even slightly more men with social anxiety.”

Shyness
Another discussion point:

‘Do you believe that, once shy, always shy’?
People in general who are shy at a young age are usually still shy many years later. Individuals may experience ups and downs, in which their experience of social anxiety is at times a problem and at others not such a large problem. Shyness usually has a habit of staying around, yet that does not mean you are unable to deal with excessive shyness in an improved manner.

A further discussion point, ‘How social anxiety works’ (this can be adapted for the group members):

Thinking Reactions:
Firstly, individuals with social anxiety tend to assume that other people will think poorly of them. When they are in social situations they assume that others expect them to perform perfectly, and if they don’t, they will be seen as stupid, incompetent or will feel embarrassed. Shy people tend to be quite unrealistic in their thoughts about other people in social situations. Therefore, an important lesson will be to teach group members to think more realistically about what others are thinking about them. Secondly, people with social anxiety spend a lot of time looking for possible signs from others, showing that they are doing badly. For example, they may see others yawning or frowning, which may give them a possibly incorrect message that they are boring. We only have so much attention to go around, therefore if individuals are spending all of their time looking for these signs of others’ dissatisfaction or negative attention towards them, they will have little energy left to
**Detailed Contents**

Focus on the task at hand. Third, people with social anxiety tend to have a very negative view of the way they are coming across towards others. Thus, this is another area which may require work in the group.

- **Body Reactions:**
  When people are anxious they usually act in a number of characteristic ways. This includes sweating, heart pounding, shaking, breathing fast or feeling confused. Through the use of relaxation training, group members will be better able to handle the way in which their body reacts when they are anxious.

- **Acting Reactions:**
  When socially anxious people go into social situations, they tend to behave in certain ways. Two of the most common actions are avoidance or escape. For example, they may turn down an invitation to go somewhere, give in to an unpleasant request to avoid conflict or not talk to an attractive man or woman they have been admiring.

- **A further discussion point, ‘Treating Social Anxiety’ (this can be adapted for the patient)**

- **Treating Social Anxiety**

  The three parts of social anxiety; body, acting and thinking reactions all effect each other and keep the anxiety going in a viscous cycle.

  The group sessions will target all three parts of social anxiety with five main techniques:

  1. **Relaxation Exercises:** this involves learning exercises which help us control our breathing and relax our bodies.
  2. **Role Plays:** these are practice situations that are specific to each group member.
  3. **Thinking Changes:** this involves questioning automatic thoughts that relate to social anxiety.
  4. **In-vivo Practice:** this involves the opportunity for practice in real life setting and is usually done in terms of a hierarchy of difficulty.
  5. **Homework:** involves activities that take place outside of the group session.

**Goal Setting for Week** (10 minutes)

- Use of: Social Situations Record h/o (W/S: B)
- Demonstrate use of monitoring: time, situation & anxiety level.

**Equipment/Activity**

- **Body reactions**
- **Acting reactions**
- **Components of programme**
The *Social Situations Record* h/o (W/S: B) will be used throughout the program. It will change as during the progression of the group, yet will maintain a similar format. A further discussion point relates to the use of this h/o. Ask the client to keep this form at all times, whether it be on the kitchen table, in their purse or wallet or even in their back pocket.

(this could be used with group members):

"In order to get the hang of using the form it is most beneficial to use it whenever anxiety is experienced or very soon after, no matter how little this is. There are three columns, all with pictures above each one of them. In the first column there is room to detail the date and time. In the second column, there is room to record the situation or event in which the anxiety occurs. Keep in mind that this may not necessarily be a current event but might simply be when you were thinking of an upcoming event. In the final column, which is below the picture of what looks like an extremely frightened child, you rate the level of anxiety experienced. Where ‘0’ would represent no anxiety at all, and the most extreme level of anxiety would be rated at a level of ‘100’. Just give the rating of the anxiety experienced a go, as time will be spent talking about how best to rate the level of anxiety experienced in the next session."

Arrange collaboratively-convenient time for weekly phone-call to participants.

**Mid-week phone call:**
Reinforce session one and the importance of homework & progress experienced. In addition, ask the group member whether any difficulties are being currently experienced.
Handouts & Worksheets
**Increasing Confidence In Social Situations**

**Group**

**Time:**

**Place:**

**Number of sessions:**

First session:

Final session:

**Group Rules:**

1. All things talked about in the group are to remain confidential.

2. There is to be no use of unhelpful terms or labels in the group.

3. All members are to be respectful and helpful to each other.

4. No new members to join after week 2 of the group.

5. There will be at least one break in each session.

6. Participants will do their best to attend each session and arrive on time. If you are not able to attend, then phone the therapist on:

7. There will be a 'buddy' system.

8. The therapist will phone each week to see how things are going.

9. {other group rule}_________________________________

10. {other group rule}_________________________________

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I, ______________ ________________ have read and will do my best to follow OUR group rules

--------------------------------------------------------------- (signature)
Why Change?

The fears of social anxiety limit my life by...

If social anxiety was not a difficulty, I could...
This sheet is to be used to record how you feel each time you are in a social situation. It can be a public place, travelling somewhere, any time you come in contact with other people or you are thinking of a social situation. Please bring this sheet to our next group.

The number scale below can be used to help you record how nervous and anxious you feel in that situation. The higher the number, the more anxious you are.

<table>
<thead>
<tr>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>High</th>
<th>Extreme</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>10</td>
<td>20</td>
<td>30</td>
<td>40</td>
</tr>
<tr>
<td>50</td>
<td>60</td>
<td>70</td>
<td>80</td>
<td>90</td>
</tr>
<tr>
<td>100</td>
<td></td>
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</tbody>
</table>

Date and time | Situation or Place | Level of Nerves or Anxiety (0-100)
SESSION OBJECTIVES:

- To further extend the concept of monitoring anxiety levels.
- Provide information concerning breathing physiology and retraining.
- Introduction to thought monitoring.
Therapist’s Notes
**D DETAILED CONTENTS**

- **Introduction To Concept of SUDS** (10 mins)
  
  Due to the SUDS (Subjective Units of Distress Scale) use throughout treatment, it is necessary to spend time at the initial stages of treatment to familiarise group members to the use of this rating scale. This promotes reliability and validity of subsequent ratings. A suggested manner of addressing this component follows:

  “The SUDS is a 0-100 scale with a greater number indicating increased distress. Points of reference reside at 25 (mild anxiety), 50 (moderate anxiety, beginning to have difficulty concentrating), 75 (high anxiety, thoughts of escaping), and 100 (worst anxiety experienced or imagined experiencing). Specific situations are anchored to these reference points.”

- If the clients’ rating appears to drift and/or they display a tendency to use a portion of the scale, the therapist is able to refer back to the original anchor points.

- In order to provide a confidential means of labelling personal SUDS ratings, mini ‘post-it notes’ with space for pre and post group ratings, may be used. At the end of the group, the post-it notes are collected by one of the therapist.

- Pre-session SUDS rating (Check in SUDS)

**Equipment/Activity**

- **SUDS introduction**

**Review** (15 minutes):

- **Brief re-introduction of group members:**
  It is suggested to have each member of the group briefly re-introduce themselves, as this will help facilitate cohesion with previous group members and better enable new members (2nd session becomes closed group) to feel part of the group.

- **Social Situations Record h/o (W/S: B):**
  This is a daily record of upcoming exposure practice and of the level of anxiety experienced. It encourages group members to self-monitor and reminds them to complete homework assignments. Additionally, it provides evidence to counter the ‘typical’ tendency to remember failures rather than successes. Feeling excessively anxious whilst travelling on a crowded train to a neighbouring suburb, may have more bearing and be more readily

**Equipment/Activity**

- **Check in SUDS**

- **Re-introduction of group members**

- **Use:** **Social Situations Record h/o (W/S: B)**
In terms of the Social Situations Record (W/S: B) provided last session, it is important to ensure there has been an attempt at completion and whether it has been used appropriately. In terms of the Social Situations Record (W/S: B), it is important to ensure there has been an attempt at completion and whether it has been used appropriately.

Feeling(s) Concerning Group Attendance:
Although each individual has attended the group of their own volition, it is important to address any concerns relating to future attendance. Regardless of whether there appears to be concerns raised within the group setting, it is important to discuss the advantages of a group programme. This includes: (1) taking part in others’ experience (vicarious learning), (2) taking self-control, (3) there are others like me, (4) public commitment, (5) encouragement through others’ successes.

It is unnecessary to specifically mention these, however individual concerns relating to each of these should be discussed within the group.

Personal rating for anxiety within group setting.
This is done via a SUDS rating specifically related to attending a group.

SUDS re: attending group setting

Breathing physiology

Calming Technique (25 minutes):
Explanation of Breathing Physiology
(25 minutes):
Breathing is a necessity of life that most people take for granted. With each breath of air you take for granted, you obtain oxygen and release the waste product carbon dioxide. If you have poor breathing habits, it is harder for you to cope with stressful situations.

Improper breathing contributes to anxiety, depression, muscle tension, headaches and fatigue. Being aware of your breathing and practicing good breathing habits will help you to deal with the large amounts of anxiety you are currently experiencing.

You can use either (1) chest breathing or,
(2) abdominal breathing.

Improper breathing contributes to anxiety, depression, muscle tension, headaches and fatigue. Being aware of your breathing and practicing good breathing habits will help you to deal with the large amounts of anxiety you are currently experiencing.

You can use either (1) chest breathing or,
(2) abdominal breathing.
(2) stomach breathing. Chest breathing is often the one used by people who are bothered by too much anxiety in their life. Chest breathing is shallow and often irregular and rapid. Anxious people may experience breath holding, hyperventilation, shortness of breath, or fear of passing out. The second type of breathing which is used by people who better deal with anxiety in their life, is called stomach breathing (abdominal/diaphragmatic breathing)—used by new born babies and sleeping adults.”

Stomach Breathing:
(this could be used with group members):

“Breathe is drawn in to the lungs and exhaled as the diaphragm becomes smaller and expands. Breathing is even and not limited. The breathing system (respiratory) is better able to do its job of producing energy from oxygen and removing waste products, when a person is using stomach breathing. By knowing more about individual breathing patterns and shifting to more stomach breathing, it is possible to reduce your muscle tension and bring on more relaxation in a person’s life.”

It is suggested to have clients determine whether they are a chest or diaphragmatic breather.

This can be accomplished by the ‘Awareness’ exercise, designed for group members:

“Place the hand you write with on the stomach between your lower ribs and belly button (navel). Put the other hand on the breastbone, just below the collarbones. Take a deep breath and notice:

• “Which hand moves the most?”
• “Did you breathe in through your mouth or nose?”

“If breathing was through the nose, the stomach likely expands first and there is little upper chest movement. This would indicate a good breather. On the other hand, if breathing was carried out quickly through the mouth, the upper chest would likely heave first and there would be little or no movement under the hand which was located on the stomach. This would indicate an unhelpful breathing style and would be unlikely to help in decreasing the anxiety experienced.”
**Strategies for Breathing Retraining**

(this could be used with group members):

“Sit comfortably, without crossing your legs. Let as much air as possible ‘sigh’ out of your lungs without pushing. Shoulder and upper chest relaxation is most important here. With lips together, jaw relaxed, draw air slowly in through your nose, relaxing and expanding your waist so your stomach puffs up. Let the air ‘fall’ out of your chest as the elastic recoil of your lower chest and diaphragm breathes air out effortlessly.

Take very small stomach breaths at first, making sure you start each in-breath with the stomach (diaphragm).”

“Say to yourself: ‘Lips together, jaw relaxed, breathing low and slow’.

Imagine a fine piece of elastic around your waist stretching as you inhale; or think of breathing into your belt or waistband. Check chest movement using the chest/stomach technique. If you find it hard to keep breathing low and slow, place a heavy book on your stomach. This will help focus your effort.”

**Breathing Timing**

(this could be used with group members):

“Once someone is confident about their breathing pattern, it is important to concentrate on how many breathes per minute they are making. This can be accomplished by getting a sensation of how long two to three seconds are, by counting silently (adding the word ‘hundred’ after each number, roughly equals one second - ie. one hundred, two hundred, etc.). If someone has been a very fast breather for a long time, it may only be possible to manage a one-second-in, two-second-out cycle for the first few practice sessions.

It is important to focus on the evenness of the breathing pattern. It is important to gradually increase the time taken to breathe in and out. Breathing out usually takes slightly longer than breathing in, with a relaxed pause at the end of the exhalation.”

**Practice with Breathing Pattern**

(this could be used with group members):
“With practice this new breathing pattern will eventually become second nature and a good habit. At first, someone who has been using the mouth/upper chest breathing habit, will find the nose-stomach breathing technique somewhat unnatural. It usually takes quite a bit of practice to train stomach muscles to be accustomed to working in this fashion. It is important not to be hard on oneself if they fall back into bad breathing habits. It is far better to concentrate on both the next breath and getting it correct.”

In order for breathing retraining to occur, it is suggested that the Daily Record of Your Breathing Rate h/o (W/S: C) be provided for group members to use.

Read information contained on the above mentioned h/o with other group members and provide a practical example.

Break Time (5-10 minutes)

Review (30 minutes)

Prior to using the following h/o, it is important to break it into manageable sections which may be read aloud within the group.

Provide Psycho-education h/o: What is Social Anxiety? (H/O: 2) h/o.

Although this h/o represents a scaled down version of the previous sessions review of information pertaining to social anxiety, it provides a conceptual framework for clients to understand the components involved and the degree of work necessary to make this treatment package effective. If questions arise which are not covered by this summary, it is important to address them. Additionally, it is suggested that the concepts reviewed in this section be linked to personal situations that the group members have experienced.

Discussion

Thought Monitoring
Detailed Contents

The *Stuck to Unstuck Thought (STUNT) Diary (1)* h/o (W/S: D), is used. This expands on the previous monitoring form by including the ‘gathering’ of thoughts. It is suggested that this form be provided once the following discussion has been completed. The concept of thought monitoring is an important first step which forms the structural basis of further discussion. Thus, it is important that the form is understood by all group participants.

**Introduction to Stuck to Unstuck Thoughts Diary**
1 h/o (W/S: D), (this can be adapted for group members):
This is an introduction to the new h/o which in the past was titled the *Social Situations Record (W/S: B)*. This one is different, in that it incorporates a new column, ‘thoughts and worries’. Although this form will change slightly in the next version, it is important to realise this is a difference which allows one to move from ‘stuck’ to ‘unstuck’ thoughts. This new form is called the *Stuck to Unstuck Thoughts Diary*. A quick and easy way to remember this, is to shorten the full name to the beginning letters. One possible abbreviation is: STUNT Diary.”

- Write the name of the h/o on the board with an explanation of the abbreviated form of STUNT.
- Provide: STUNT Diary (1) h/o (W/S: D)

**Identifying Thoughts:**
(this can be adapted for group members):
The first important step is to learn to identify the thoughts someone is having in social situations. In some cases, this will be obvious, but in others’ it may not be apparent at all. Whenever a feeling of shyness or anxiety occurs in a social situation, it is useful to ask the following questions of oneself; (1) ‘What am I afraid of?’ and (2) ‘What do I think is going to happen?’ Remember, that outside events do not directly cause our feelings, so you need to stop, slow down and think about how we are thinking about the event.

- Ways of Better Hearing Self-talk’
  (this can be adapted for the group members):
  Three rules which help in understanding what our self-talk is, include: (1) Try not to focus on
thoughts that include feelings such as ‘I will feel bad’. After all, feelings are what we are attempting to change. (2) When writing down thoughts, it is important to phrase it in the form of what is expected will happen, and (3) it is necessary to be honest with oneself about the thoughts we are experiencing. Since at times it might be somewhat embarrassing to realise we are thinking a certain way and to tell other people about these thoughts. Remember that with increased honesty, more success occurs in confronting the social anxiety which effects the sufferer.

It is important to ‘run through’ an example so as to leave the group with a workable example. If group members are finding it difficult to identify and proceed through a personal example, it may be important for the therapist to use a typical / characteristic example. Based on the information which has been gathered to date on the group members, ‘representative’ examples should not be difficult to obtain.

Goal Setting for Week (10 minutes)

→ **STUNT Diary (1)** (W/S: D) h/o
→ **Daily Record of Your Breathing Rate** (W/S: C), h/o

**My Journal – Session 2** (10 minutes)

Due to this being the first journal page completed by group members, it is suggested that the rationale be provided to group members for it’s use. It is suggested that the following information be included within the therapists rationale:

(1) It provides a means of listing the homework items which the group members and the therapist have decided as appropriate, and thus acts as a reminder for the activities which are required between sessions. (2) It provides space for the group members to summarise important points learned within the session.

For the remainder of sessions, this will be a task performed by all group members at the end of each session for approximately five minutes. It is likely the instruction pertaining to what needs to be addressed in their summary be repeated over the following sessions. The summary of the
<table>
<thead>
<tr>
<th>Detailed Contents</th>
<th>Equipment/Activity</th>
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<tbody>
<tr>
<td>session is not purely the content presented, instead, it is this AND personal points relevant to each participant.</td>
<td></td>
</tr>
<tr>
<td>End group with ‘Check-out SUDS Rating’</td>
<td>SUDS Rating</td>
</tr>
</tbody>
</table>
Handouts & Worksheets
What is Social Anxiety?

An important reason for social anxiety occurring, is due to us learning to act in a nervous way. While growing up or since the beginning of your illness, you may have learned to respond to social situations with an anxious habit. In other words, anxiety may simply be a learned bad habit. Therefore, anxiety can be unlearned and replaced with something else!

The anxiety habit can have three parts to it: (1) Body, (2) Acting, and (3) Thinking reactions.

Body Reactions

When you are in social situations and become anxious, your body experiences several changes, such as: rapid beating or pounding of your heart, changes in breathing, muscles becoming tense, sweating and others'...

What are the bodily reactions you experience?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

These bodily symptoms are your body's way of gearing you up to protect itself from situations which it considers dangerous.

But Social Situations are generally not dangerous!

Where does your bodily reaction come from?

Imagine a caveman in prehistoric times. He walks out of his cave and finds himself facing a very hungry lion. How does his body react? What likely happens, is his body receives a rush of adrenaline which prepares his body to either fight the lion or to run away. He will experience the same symptoms you may sometimes experience in social situations. His heart beats faster, his muscles tense and so forth. This response works because his life is at risk.

No matter what you may fear about the social situations, your life is not at stake - your body has just become used to responding in that way.
Acting Reactions

When you feel anxious or expect to feel anxious, you act in some way to control the anxiety. You may avoid the situation that makes you anxious by: not going to social gatherings where you may feel uncomfortable, not staying seated when lots of people gather together or not catch a bus or walk down the street by yourself. This is called avoidance.

What sort of situations do you avoid?

_______________________________________________________
_______________________________________________________
_______________________________________________________
_______________________________________________________

What effect does avoiding social situations have on you?

_______________________________________________________
_______________________________________________________
_______________________________________________________
_______________________________________________________

Some of the effects of avoidance include:

- Not doing things you want to do.
- Not getting things you want to have.
- Feeling relief in the short term, but reducing confidence the next time you are in the same situation.
- Stops you from getting over the anxiety.

A second acting reaction may be to behave differently. That is, your mind goes blank, so you say nothing. You may feel as if your face goes red and you keep your head down; you may feel you have talked too much and so you say nothing more; you may feel uneasy and move around in your chair.

All of these acting habits can be overcome by unlearning the anxiety habit.
Thinking Reactions

When you are in social situations and are becoming anxious or just before you enter one, your mind is not blank, in fact it is working overtime.

What do you think about in those situations?

_______________________________________________________
_______________________________________________________
_______________________________________________________
_______________________________________________________

Some possible thoughts include:

"I won't know what to say." OR "People are watching me."
"I may do something stupid." OR "He/she may think I'm boring."
"I'm going to faint or collapse." OR "I'm speaking too much."

When we have these thoughts, we usually accept them as facts. Sometimes, we don't wonder if they are true or accurate. We call these thoughts Automatic Thoughts. If these thoughts are negative automatic thoughts (Stuck Thoughts), and we don't question them, this may result in us becoming anxious. These thoughts are usually negative, bad thoughts about yourself / others or the world around you.

Summary:
The three parts of social anxiety: body, acting and thinking reactions all effect each other and keep the anxiety going in a viscous cycle.

Our programme will target all three parts of the social anxiety with five main techniques...

(1) Relaxation Exercises→ this involves learning exercises which help us control our breathing and relax our bodies.
(2) Role Plays→ these are practice or acting out situations that are fitting to each of you.
(3) Thinking Changes→ this involves questioning your thinking or stuck thoughts that are connected to your social anxiety.
(4) Homework→ involves actions that you can each take in real life (outside of the group) to put into practice what we do in the group.
(5) Real-life Practice: this involves the opportunity for practice in real life settings and is usually done in terms of a step ladder of difficulty.
**Daily Record of Your Breathing Rate**

**Instructions**

- Monitor your breathing rate at the times shown below.
- If you have just done some form of activity (e.g. walking upstairs, etc.) that increases your breathing rate, take your breathing rate about 20 minutes after you have finished the activity.
- Try to be sitting or standing quietly when you count your breathing. Don’t try to alter your breathing rate as you are counting.
- Breathing Exercise:
  a) put your writing hand on your stomach and the other hand on your chest,
  b) breathe in through your nose and out through your mouth. Remember…jaw relaxed, breathe low and slow
  c) Do this for approximately 5 minutes three times per day.
- Remember to: 1) monitor your breathing rate, 2) practise the breathing exercise, and 3) monitor your breathing rate again.

**CALMING TECHNIQUE**

1. Ensure that you are sitting on a comfortable chair or laying on a bed
2. Take a breath in for 4 seconds (through your nose if possible)
3. Pause for 2 seconds
4. Release the breath taking 6 seconds (through your mouth).

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<th>2:00 p.m.</th>
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**Breathing Rate:** Number of breaths (in and out) in one minute.
This sheet is to be used to record how you feel each time you are in a social situation. It can be a public place, travelling somewhere, any time you come in contact with other people or you are thinking of a social situation. Please bring this sheet to our next group.

The number scale below can be used to help you record how nervous and anxious you felt in that situation.

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1. What am I thinking?
2. What do I expect is going to happen?

Date & time | Situation or place | Stuck Thoughts or Worries | Level of nerves or anxiety