

■ Examining Safety Behaviors

Name: _____ Date: _____

1. What situation are we going to use to test the impact of my safety behaviors? (Briefly summarize.)

2. What are the things I am afraid of (e.g., running out of things to say, making a fool of myself, looking really awkward and anxious)?

3. Which safety behaviors am I likely to use in the experiment? (List the ones that will be active in the situation described in #1 above.)

■ Finding Out How I Look to Other People

Name: _____ Date: _____

Use this form to rate your predictions about how you will look to others and then to rate how you look after watching the video.

	Social situation/ interaction with safety behaviors		Social situation/ interaction without safety behaviors	
	My predictions (0-10)	My ratings of the video (0-10)	My predictions (0-10)	My ratings of the video (0-10)
Identify the behaviors you are worried about people seeing				

Based on Clark et al.'s (2006) treatment for social phobia.

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