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Cognitive-Behavioral Group Therapy for Social Phobia: Basic Mechanisms and Clinical Strategies
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COGNITIVE-BEHAVIORAL GROUP
THERAPY FOR SOCIAL PHOBIA:
A TREATMENT MANUAL

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An Overview of Cognitive-Behavioral Group Therapy for Social Phobia

Cognitive-behavioral group therapy (CBGT) works to break the vicious cycle of social anxiety described in Chapter 5 through the integration of cognitive restructuring and exposure techniques, both in the therapy office and in the client's world beyond it. CBGT has three primary components: in-session exposure to feared social situations, cognitive restructuring, and homework assignments for *in vivo* exposure and self-administered cognitive restructuring. In-session exposures form the hub of the protocol, with the cognitive interventions occurring before, during, and after each exposure. After the first few sessions, homework typically follows from the situation targeted during the in-session exposure. As in the session, clients are asked to engage in cognitive restructuring activities before, during, and after each assigned *in vivo* exposure.

Exposure to feared situations serves to disrupt the cycle of social anxiety in several ways (Hope et al., 2000). First, it short-circuits avoidance of anxiety-provoking social situations and allows the client to experience the natural reduction in anxiety that comes with staying in the situation long enough on repeated occasions (i.e., habituation). Second, exposure allows the client to practice behavioral skills in situations that may have been long avoided (e.g., asking someone for a date, being assertive). Third, exposure gives the client the opportunity to test the reality of his or her dysfunctional beliefs (e.g., "I won't be able to think of anything to say if I join my coworkers for lunch").

In-session exposures allow this process to begin in a protected environment, under the observation and control of the therapists. In this less threatening setting, clients can approach feared situations that are provided at the proper inten-

sity. In-session exposures also provide clients an opportunity to practice their cognitive restructuring skills and experience success in an approximation of the real situation before they tackle it as part of a homework assignment. Of course, exposure to the feared situation in homework assignments facilitates the transfer of learning to where it matters most, the client's life outside the therapy session. The ultimate goal of homework assignments, and of CBGT as a total package, is for the client to become his or her own cognitive-behavioral therapist, equipped to adaptively confront anxiety-provoking situations in the present and into the future.

Cognitive restructuring also plays an important role in breaking the cycle of social anxiety (Hope et al., 2000). Cognitive restructuring provides a direct challenge to clients' beliefs, assumptions, and expectations. Clients are asked to evaluate whether these cognitions really make sense or are helpful and to entertain more realistic and adaptive ways of viewing feared situations. These techniques should supplement and support changes in cognition that follow from exposure to feared situations and increase the probability that clients' negative thinking will not override a successful exposure experience. As the client's assessment of the danger inherent in social situations becomes more realistic, physiological symptoms of anxiety often diminish as well. Furthermore, addressing the client's cognitions often frees up additional attentional resources and allows the client to increase focus on the social task and potentially improve performance. Changing dysfunctional beliefs also helps decrease anticipatory anxiety and avoidance and increase the client's ability to take credit for successes, which, in turn, gives the client the opportunity to experience the naturally occurring positive reinforcement available from other people. Lastly, cognitive restructuring teaches clients to think adaptively about their experiences after they have transpired rather than to enter into a cycle of rumination that might otherwise turn victory into defeat.

Thus CBGT combines in-session exposure, cognitive restructuring, and homework assignments to help clients overcome their anxiety and get more satisfaction in their transactions with themselves and others. In this section, we provide an overview of CBGT procedure. CBGT can be loosely divided into four parts: (1) an initial treatment orientation interview, (2) Sessions 1 and 2, (3) Sessions 3 through 11, and (4) the final (12th) session.

The Treatment Orientation Interview

This interview has several specific goals, which are fully delineated in the next chapter. Importantly, it allows the client to become acquainted with one of the therapists, thereby serving to provide a familiar face at the first meeting of the group. The client is introduced to the Subjective Units of Discomfort Scale (SUDS), which will be used throughout the treatment to quantify the client's anxiety experience. The therapist helps the client to develop explicit treatment goals

and a Fear and Avoidance Hierarchy that represents situations to be targeted in therapy. The techniques of CBGT are described to the client, his or her questions are answered, and reading materials are assigned in advance of the first treatment session.

Sessions 1 and 2

The first two sessions set the stage for the remaining sessions and provide basic training in cognitive restructuring (see Chapters 9 and 10). Among the several tasks of the first session are: (1) presentation and discussion of the cognitive-behavioral model of social phobia and the rationale for cognitive-behavioral treatment, (2) initial training in cognitive restructuring, focusing on the identification of automatic thoughts, and (3) assigning homework to keep a diary of automatic thoughts during the following week. The second session further emphasizes the development of basic cognitive restructuring skills. Therapists use the automatic thoughts recorded for homework to introduce the concept of thinking errors and to highlight thinking errors common in the thoughts of persons with social phobia. Therapists also introduce clients to the process of disputing automatic thoughts and developing rational responses. The second session ends with the assignment of homework to label and dispute thinking errors in identified automatic thoughts.

Sessions 3 through 11

Sessions 3 through 11 are the heart of CBGT. Armed with cognitive restructuring skills learned in the initial sessions, clients confront personally relevant feared situations in in-session exposures (see Chapter 11). In a sense, the group becomes a theater in which feared situations are dramatically enacted, starting with situations of moderate difficulty and working toward more difficult situations as treatment progresses. An important aspect of CBGT is the integration of in-session exposures and cognitive restructuring (see Chapter 12). Once a client is chosen to participate in an exposure, automatic thoughts regarding the situation are elicited, thinking errors are labeled and disputed, and an alternative rational response is developed. The client is helped to evaluate his or her goals for the exposure and to make sure that these goals are observable, behavioral, and achievable. Throughout the exposure, therapists prompt the client each minute for his or her SUDS ratings, which play an important part in later cognitive restructuring activities. Repetition of rational responses at these times helps the client to focus his or her attention and apply cognitive coping skills during in-session exposures.

Each exposure continues until the client's anxiety begins to decrease or level off and behavioral goals are met (typically about 10 minutes). Cognitive debrief-

ing following the exposure may include review of goal attainment and effective use of rational response(s) and other cognitive coping skills, analysis of the evidence provided by the experience that may undermine the client's belief in his or her automatic thoughts and bolster belief in the rational response, and examination of the pattern of SUDS ratings (i.e., how variations in experienced anxiety relates to events and/or thoughts during the exposure). Personalized homework assignments are developed for each client (see Chapter 13). The therapists and clients work together to develop assignments that will allow the client to confront situations similar to those practiced in the group. Clients are strongly encouraged to utilize cognitive restructuring skills before, during, and after their homework exposures.

Session 12

The first half of the final session allows time for additional exposures and associated cognitive restructuring activities (see Chapter 14). The second half is devoted to reviewing each client's progress over the course of treatment. Therapists also work with clients in identifying situations that may still be problematic and rational responses that may be useful in these situations and in setting goals for continued work after the termination of formal treatment.

Setting Up the Group

In this section, we consider several issues that have to do with the general structure of CBGT. These topics include the characteristics of the therapists and clients who will participate in the group, number and length of sessions, and the setting in which the group will be conducted.

Therapists

In our research program, therapists have been selected from the ranks of clinical and counseling psychologists and advanced doctoral students in clinical or counseling psychology. However, the specific professional discipline with which a therapist identifies is less important than the therapist's knowledge, demeanor, and experience. Several therapist characteristics are desirable. First, they should have sufficient experience in the role of therapist that they can devote their full attention to the clients and the conduct of group activities without undue anxiety or self-consciousness. Because the clients will look to the therapists as experts and as persons who can help them overcome their own anxieties, it is important for therapists to appear reasonably relaxed. Second, they should have a thorough knowledge of social phobia and of how clients may respond in a group setting. Third, they should be familiar with the basic principles of group dynamics and

the fostering of group cohesion. Fourth, and most obviously, they should be intimately familiar with cognitive-behavioral theory and the procedures of CBGT.

We recommend that CBGT groups be conducted by two cotherapists. Although we have conducted single-therapist groups on occasion, the utilization of cotherapists may be more effective. Single therapists may find it difficult to simultaneously monitor the clinical state of each of the clients and to become involved in group activities. In-session exposures may require therapists to serve multiple functions including, but not limited to, role playing, monitoring the anxiety experienced by the target client, and counting the number of behaviors performed by the target client who is attempting to achieve a specific behavioral goal. Although these functions can often be assigned to other clients in later sessions, they will typically fall to the therapists initially. This heavy load can rapidly fatigue a single therapist and reduce his or her clinical effectiveness.

It is also best if there is one therapist of each gender. Obviously, this will provide the greatest flexibility for the therapists to tailor in-session exposures to the needs of the target client, as clients' fears will often involve interactions with the opposite sex or with mixed-sex groups. In addition, clients who present with extreme fears of interaction with individuals of the opposite sex may simply be afraid to interact with a therapist of the opposite sex and may find the group much less threatening if there is a same-sex therapist available.

Clients

Our experience suggests that the ideal group size for CBGT is six clients. This number is small enough to allow frequent individualized attention. With six clients, each client can become the focus of the group's effort at least once every other session. With each additional client, this becomes increasingly more difficult to accomplish. Six clients also provide some insurance against inevitable dropouts and missed sessions. Starting a group with fewer clients may increase the probability that group size may drop too low for effective administration of group procedures or that the remaining group members may become disenchanted.

The next issue concerns the mix of clients who participate in a CBGT group. Clients vary on a number of important characteristics, including gender, locus of fear, and severity of symptoms. Groups should include roughly equal numbers of men and women. With a group size of six, we recommend that there not be fewer than 2 men or 2 women. This balance is especially important for clients whose fears concern heterosexual interaction, as generalization of treatment gains should be facilitated by interaction with a variety of persons of the opposite sex. For those clients, initial in-session exposures will probably involve interactions with the opposite-sex therapist, but later in-session exposures should include all other opposite-sex group members.

Persons with social phobia may fear interacting with anyone in any circumstance, or they may fear more specific situations, such as public speaking, eating, drinking, or writing in public, or using public restrooms. All of these feared situa-

tions involve being the center of attention or being negatively evaluated in some manner, and it has been our experience that clients with very different profiles of fears may still relate well to each other's concerns. Thus clients with different fears may be mixed in the same group with several benefits. Clients with fears of public speaking, for instance, may find it relatively easy to play the role of the other person in an in-session exposure for a client with fears of social interaction. Clients with a variety of fears may serve as audience members for public-speaking-fearful clients with little threat to themselves. However, it may be difficult for social-interaction phobics to help each other in this manner early in treatment. Thus a group made up exclusively of interaction phobics may be problematic. Similarly, it is often a problem if there is a single client whose fear is very different from those of the rest of the group members. It has been our strategy to attempt to balance the group on this dimension, striving for a mix of clients with generalized fears of social interaction and clients with fears of more specific social situations.

Finally, clients with social phobia may differ a great deal in the severity of their symptoms or the degree of impairment in functioning they experience. It is typical that all clients will experience a great deal of anticipatory anxiety about the group experience. They may each decide (without evidence) that they are the "worst" or the "sickest" or that they will not be accepted by the rest of the group. If one client is, in fact, significantly more impaired than the other group members, his or her fears may well be realized. This demoralizing situation may be avoided by attempting to enroll clients of similar severity in any particular group.

Group Sessions

Our CBGT groups have been conducted for 12 to 24 weekly sessions of varying duration, sometimes with monthly booster sessions for a period of 6 to 7 months after the termination of weekly sessions. Currently, groups meet for twelve 2½-hour weekly sessions, and this format has proven quite workable. With a group of six, 2½-hour sessions have provided the maximal opportunity to provide individualized attention to as many clients as possible without excessive mental or emotional fatigue on the part of the clients. Longer sessions may wear clients down and actually produce an increase in anxiety for those whose work time comes at the end of the session. Shorter sessions lead to a rushed attempt to get from one client to another and should be avoided. Although we have seen little difference in efficacy of groups that meet for 12 sessions compared with those that meet for 14 or 15, groups that have met for 24 sessions may warrant further study. Our preliminary experience with 24-week groups in the course of an ongoing study is that they may help clients to "lock in" and expand on the gains they have achieved by the end of 12 weeks. However, it can sometimes be difficult to retain clients for the duration of a 24-week group. The jury is still out on the utility of booster sessions. Finally, an interval of one week between sessions appears to be the minimum period to allow clients adequate time for home practice.

Our groups have been conducted in a living-room setting with comfortable sofas and easy chairs for clients to sit on. Enough spots are provided so that clients may determine their own boundaries of personal space. Temperature should be adequately controlled for client comfort. Although these details may not appear worth mentioning, we believe they may be very important for the proper management of clients with social phobia. If clients are crowded together, their concerns about being evaluated by the nearest group members may increase, and a similar effect may occur if they find themselves squirming around on uncomfortable chairs. Temperature control may be very important for clients who fear that their anxiety will make them sweat in front of others. Increasing the comfort of the group setting will reduce the degree to which clients are distracted by these seemingly irrelevant details.

One piece of equipment is essential to the proper conduct of CBGT. This is an easel or chalkboard. We prefer an easel because pages from earlier sessions can be retained, making it easy to access previously covered material if needed. Over the course of group exercises or in-session exposures, therapists will elicit automatic thoughts and help clients to develop rational responses to use in combating their anxiety. When clients become anxious, their ability to remember rational responses is impaired, but it can be supplemented by referring to responses that have been recorded for their use. Specific procedures are described in later chapters.

When constructing a CBGT group, refer to this checklist:

- Two therapists, 1 male and 1 female.
 - Six clients, balanced for gender, feared situations, and degree of impairment.
 - 12 sessions, 2½ hours' duration.
 - A comfortable group setting.
 - A chalkboard or easel.
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Assessment of Fear of Negative Evaluation

In our research program, we assess clients' level of concern about negative evaluation by others each week. For this purpose, we administer the 12-item Brief Fear of Negative Evaluation Scale (BFNE; Leary, 1983a) at the beginning of each session, including the first. A copy of the BFNE appears in Chapter 6 (Figure 6.4). A stack of questionnaires and pencils are placed on the coffee table in the group room, and clients complete the BFNE as they arrive for the session. With little intrusion on group time, we are thus able to examine on a weekly basis an objective index of this construct that is so central to social phobia.