

Other problems commonly treated by C.B.T.

**SPECIFIC PHOBIAS**

**POST TRAUMATIC STRESS DISORDER**

**HEALTH ANXIETY**

**IMPULSE CONTROL DISORDERS**

**DEPRESSION**

**PANIC DISORDER**

**BI-POLAR DISORDER**

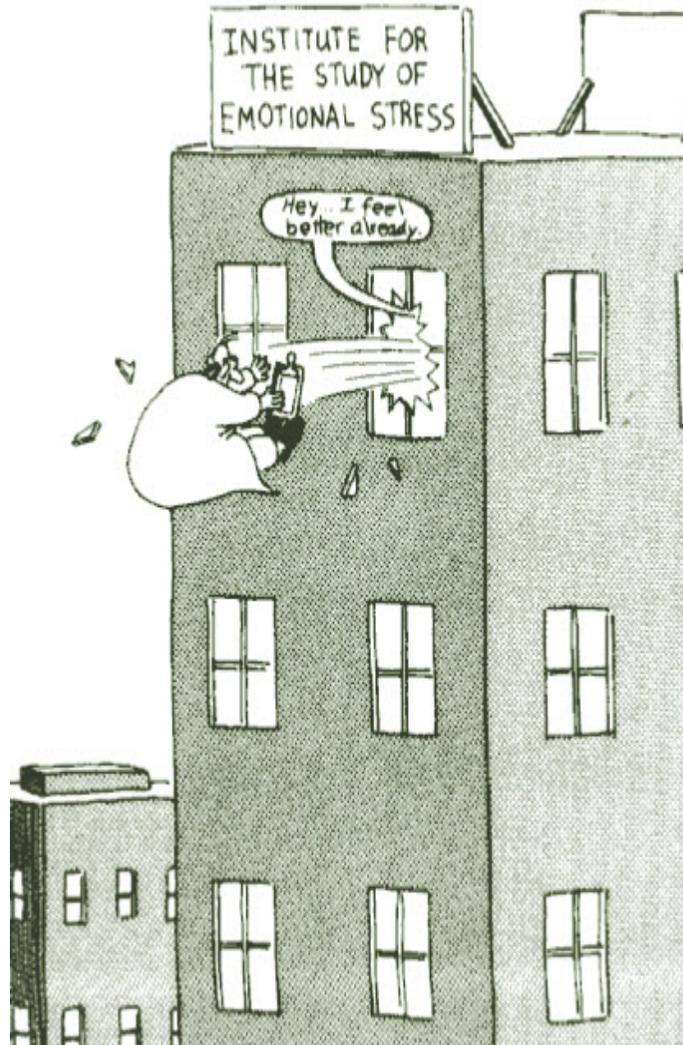
**GENERALISED ANXIETY DISORDER**

**OBSESSIVE COMPULSIVE DISORDER**

**SEXUAL DYSFUNCTION**

**MARITAL & RELATIONSHIP THERAPY**

**PANIC ATTACKS**



## **SOCIAL PHOBIA**

*“Cognitive Behavioural Therapy can empower an individual to manage and transform their feelings -and thus their life”*

Professor Lord Richard Layard  
*“Mental Health—Britain’s Biggest Social Problem?”*

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# COGNITIVE BEHAVIOURAL PSYCHOTHERAPY

## Social Phobia

Social Phobia (or Social Anxiety Disorder) is a distinct and persistent fear of one's performance which may result in embarrassment in social settings.

The sufferer will almost always experience immediate anxiety when in social situations and this will significantly interfere with their daily routine, occupational and/or social life. The problematic situation is often avoided or may occasionally be tolerated with a deep sense of dread.

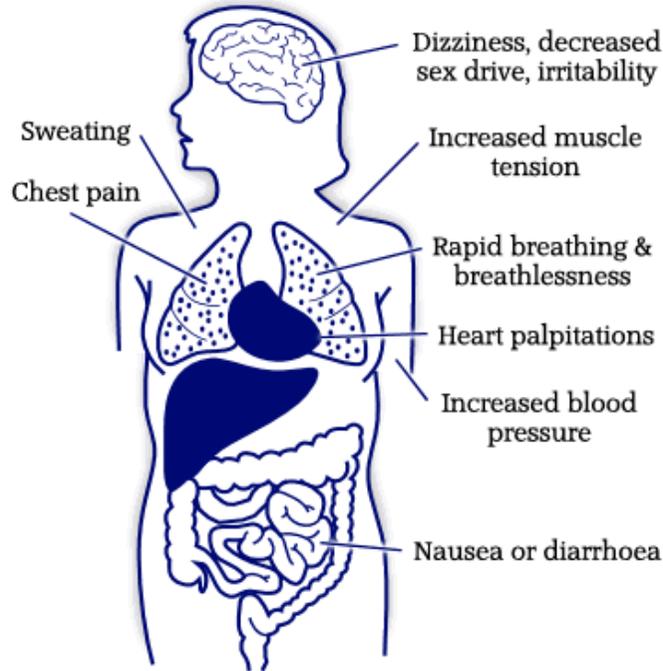
Panic attacks may either occur when exposed to the feared situation or in anticipation of exposure to such an event.

Common fears in Social Phobia include embarrassment, negative appraisals by others; whom may evaluate them as weak, anxious, daft, unintelligent and/or bizarre, fears that they may display inept or unacceptable behaviour which will result in catastrophic consequences; such as a loss of social standing, humiliation and rejection.

These cause the sufferer to adopt a number of safety behaviours which interfere with the acceptance of information contrary to their beliefs about themselves.

Fundamentally, in Social Phobia, is the need to express a positive appraisal of one's self to others; which is

## Physical Effects of Anxiety Disorders



associated with a distinct lack of confidence regarding one's capabilities of doing so.

## Formulation

The Cognitive Behavioural Psychotherapist will collaborate with the patient and assess all maintaining factors; including thoughts, behaviours, emotions and physical symptoms associated with the problem and develop a working formulation which will be utilised to guide the course of therapy.

## Treatment

A number of techniques will be employed to test predictions and beliefs which may include behavioural strategies such as exposure and cognitive interventions aimed at identifying and challenging unhelpful thoughts and beliefs, possible thinking errors and misinterpretations. These may then be challenged through a combination of verbal reattribution, Socratic questioning and behavioural experiments.

Final stages of the therapeutic interventions are aimed at relapse prevention strategies.

A Professional and Confidential service, provided by a fully Qualified and Experienced Psychotherapist.

Adrian Soden.  
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