Problem-specific competences describe the knowledge and skills needed when applying CBT principles to specific conditions.

They are not a ‘stand-alone’ description of competences, and should be read as part of the CBT competence framework.

Effective delivery of problem-specific competences depends on their integration with the knowledge and skills set out in the other domains of the CBT competence framework.

**Social phobia**

**Clark model**

**Sources:**


Clark D.M. (in press) Cognitive therapy for social phobia

**Generic competencies**

**Assessment**

An ability to gain an overview of the development and course of the problem and any prior treatment

**Problem specific competencies**

**Knowledge**

Knowledge of the cognitive model of social phobia, including a clear understanding of the maintaining factors specified in the model (self-focused attention, processing of the self as a social object and safety behaviours).

**Establishing a working relationship**

A capacity to recognise the problems associated with social phobia that could adversely influence or inhibit the development of a therapeutic relationship

A capacity to adapt therapeutic style to manage client’s interpersonal difficulties and excessive self-consciousness (e.g. using strategies such as reducing eye gaze, modulating social distance etc)

**Assessment**

An ability to clarify the primacy of social phobia to other co-existing problems or psychological disorders, and to determine appropriate intervention plans in relation to comorbidity.

An ability to identify details of the client’s current social network

An ability to identify current psychototropic medication and recreational drug
use and its impact on the social phobia

<table>
<thead>
<tr>
<th>Ability</th>
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<tbody>
<tr>
<td>An ability to administer and review standardised questionnaires relating to social anxiety</td>
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<td>An ability to integrate information from these questionnaires into the assessment interview, where appropriate using responses to guide questioning</td>
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<td>An ability to gain detailed information about the social situations in which anxiety is manifested, or which are avoided because of fear</td>
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<td>An ability to identify patients’ specific negative automatic thoughts and fearful predictions about social interactions</td>
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<td>An ability to identify the anxiety symptoms triggered by negative automatic thoughts</td>
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<td>An ability to identify the specific ways in which increase self-focussed attention and self-monitoring are manifested in anxiety-provoking situations</td>
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<tr>
<td>An ability to elicit the images or impressions that form client’s self-image in social situations (i.e. how they think they appear to others)</td>
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<tr>
<td>An ability to identify socially traumatic early experiences associated with the initial development of the client’s negative self-image/impression.</td>
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<tr>
<td>An ability to identify the safety behaviours that arise in the context of negative automatic thoughts</td>
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<tr>
<td>An ability to identify the anticipatory negative thoughts and images which the client experiences prior to a social situation</td>
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<tr>
<td>An ability to identify ‘post-mortem’ negative thoughts and images which the client uses to review/appraise social experiences</td>
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<tr>
<td>An ability to identify any problematic social beliefs held by clients (such as excessively high standards, conditional beliefs and unconditional beliefs)</td>
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<td>An ability to assess beliefs about what can be changed</td>
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**Case formulation**

An ability to construct an individualised cognitive model of social phobia (which links the main negative automatic thoughts, safety behaviours, anxiety symptoms and the contents of self-focussed attention (self-consciousness))

An ability to use an individualised cognitive model of social phobia to guide treatment, working with the client to build the model collaboratively

**Intervention**

**Socialisation to the model**

An ability to help the client understand the relevance of the cognitive model of social phobia to their difficulties using guided discovery rather than a didactic approach

An ability to clarify and agree with the client specific and realistic goals for the intervention
### Manipulation of self-focused attention and safety behaviours

- An ability to set up an experiential exercise in which clients vary their self-focused attention and safety behaviours (by role-playing a feared interaction, in one condition focusing attention on themselves and employing safety behaviours, in the other dropping safety behaviours and focusing on the other person).

- An ability to use the experiential exercise to help clients become aware of the way in which self-focused attention and safety behaviours increase (rather than decrease) their social anxiety (by increasing their negative views of their performance and interfering with the social interaction).

### Helping clients to use feedback

- An ability to make use of feedback to help clients obtain realistic information about how they appear in social situations, using feedback based on video, audio and still photographs, and eliciting and skilfully using feedback from other people in the interaction.

- An ability to help clients prepare for watching/listening to tapes by using cognitive preparation (such as describing and operationalising how they think they will appear prior to viewing tapes, and using this to contrast to actual behaviour).

- When clients remain concerned about their social performance after reviewing tapes, an ability a) to engage in discussion of these concerns, and b) to identify instances where engaging in safety behaviours produces the behaviours which the client is concerned about.

### Attention training

- An ability to explain the rationale for training clients in non-evaluative, externally-focused attention.

- An ability to help clients develop the skill of being externally focussed in a non-evaluative manner in social situations, using a systematic programme of exercises that develop this skill in non-social and social situations.

- An ability to set and review attention training homework.

### Behavioural experiments

- An ability to work with clients to develop behavioural experiments that can test their negative beliefs about how they appear to other people, as well as their beliefs about what will happen if they confront feared and avoided social events and tasks.

- An ability to work with clients to devise behavioural experiments across a range of contexts (in-office tasks, out of the office but therapist accompanied tasks and homework tasks).

- An ability to devise behavioural experiments which can correct overestimates of both the probability and the cost of feared outcomes.

- An ability to help patients to obtain the maximum amount of corrective information during behavioural experiments by dropping their safety behaviours and configuring their attention appropriately.
An ability to structure behavioural experiments using a record sheet which identifies client’s predictions about the social event, the ‘experiment’ used to test this prediction, the actual outcome and the learning which ensues.

Where clients have rigid rules about acceptable and unacceptable social behaviours an ability to construct behavioural experiments aimed at testing out the realism of these rules and increasing social flexibility.

An ability to conduct and use surveys of other people’s views to help clients change their negative beliefs.

An ability to use discussion and behavioural experiments (including positive data logs) to challenge the client’s unconditional assumptions their social self (e.g. “I am unlikeable”).

Managing anticipatory and post-event processing

An ability to help clients identify the ways in which they think and behave before social events.

An ability to help the client weigh the pros and particularly the cons of anticipatory thoughts and behaviours.

An ability to help the client to stop employing anticipatory thoughts and behaviours using behavioural experiments to test their (lack of) utility.

An ability to help clients desist from using “post-mortem” analysis.

Managing assumptions and negative automatic thoughts

An ability to help clients reappraise excessively high or rigid standards of social behaviour using behavioural experiments designed to test the realism of these standards.

For clients who hold particularly strong negative self-beliefs, the ability to help clients operationalise and appraise these beliefs.

For clients who are prone to discount information which contradicts negative self beliefs, an ability to facilitate client’s use of a positive data log.

An ability to work collaboratively to challenge negative automatic thoughts by examining their validity, reframing in more realistic terms and considering strategies for managing realistic appraisals.

An ability to help the client use discrete positive self statements (which they themselves have generated) to counter negative automatic thoughts or ‘self-processing’.

Rescripting early memories linked to current, intrusive and negative self-images.

An ability to help client’s to identify links between memories of early socially traumatic events and their current negative, intrusive self-images in social situations.

An ability to identify an “encapsulated belief” that summarizes the meaning of both the early memory and the intrusive self-image.

An ability to use cognitive restructuring to help the client to reappraise the encapsulated belief and develop an alternative more realist perspective.

An ability to incorporate the new perspective into the social trauma memory through a three stage imagery rescripting procedure, using changes in affect as the index of success.
<table>
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<tr>
<th>Metacompetencies</th>
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<tr>
<td>An ability to introduce and implement the components of the programme in a manner which is flexible and which is responsive to the issues the client raises, but which also ensures that all relevant components are included</td>
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