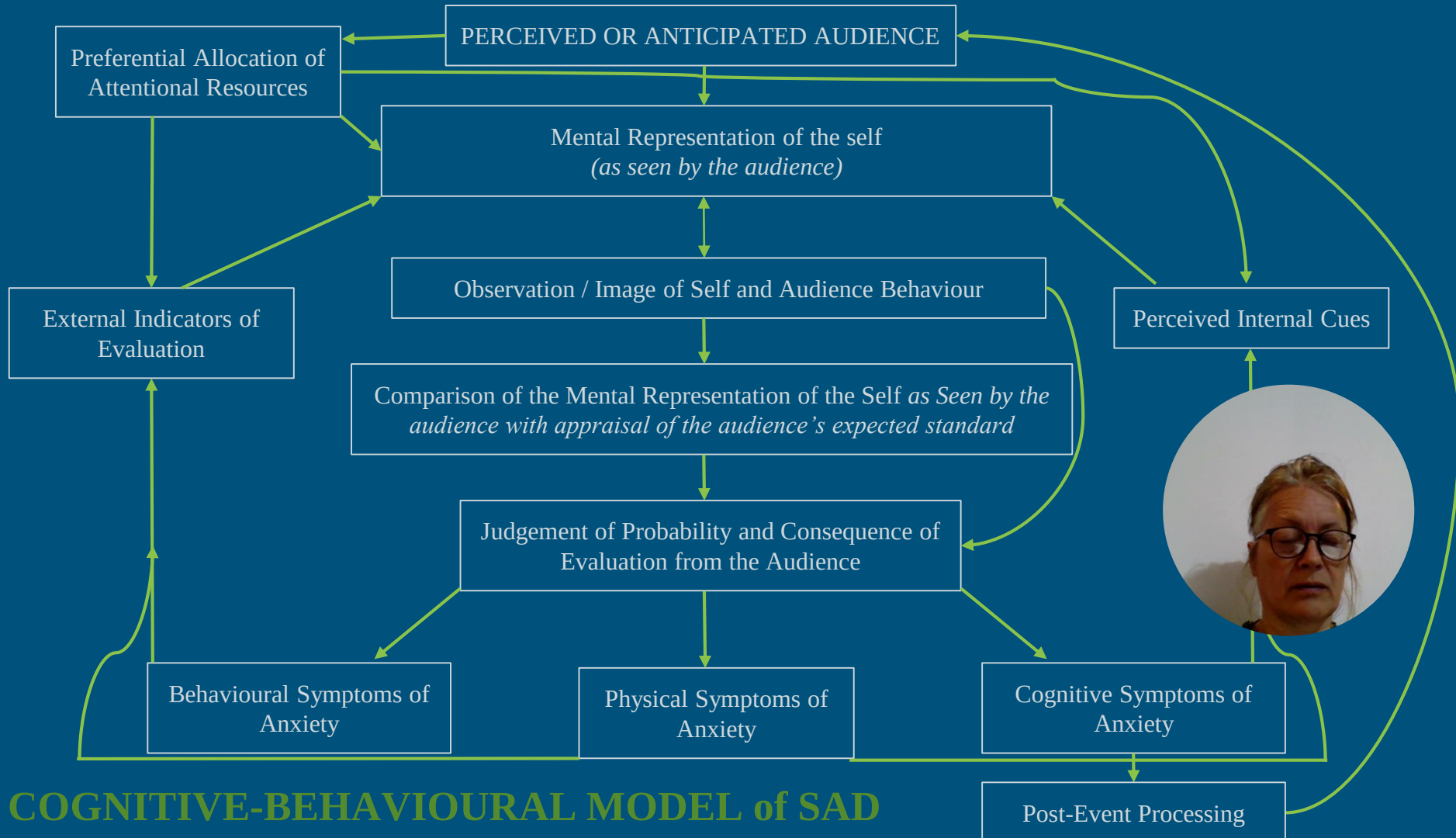


Rehabilitative Treatment Proposal for the
Anxiety Disorder 'SAD', adopting a CBT
approach using Exposure Therapy with both
child and parent,

(seeking to relieve anxiety symptoms by enabling
adaptive behaviour of affected individuals).





COGNITIVE DISTORTIONS



NEGATIVE FOCUS

When you disregard the positive aspects of an event or situation and only see the negative ones



CATASTROPHIZING

To predict and assume the worst case scenario to happen to you



MIND READING

Thinking you can predict the future. When you assume you know what others are feeling or thinking.



LABELING

To place a label on yourself or someone negatively such as i'm a loser/idiot



OVERGENERALIZING

When a single negative event occurs and you believe it is a never ending pattern of defeat



EMOTIONAL REASONING

When you believe that how you feel is valid evidence. Ex-"i feel embarrassed so i must be an idiot."



SHOULD - THINKING

When you have a list of rules how your and other people's behavior should be



FORTUNE-TELLING

When you think the outcome of any event is pre-determined by heavenly force



OWNING THE TRUTH

Having the need to prove that your actions and opinions are always correct



PERSONALIZATION

When you feel personally responsible or guilty for things you can't control



JUST - WORLD THINKING

When you assume that people get what they deserve as the the world is fair



CONTROL FALLACY

Feeling as victim of fate. Assuming responsibility for pain/happiness of others



Positive Self-Talk for Anxiety

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Positive Self-Talk For Anxiety

When we say negative statements to ourselves, it often makes us more anxious. Positive self-talk helps us to calm down and better manage our anxiety. Color in all the positive self-talk messages below.

Negative Self-Talk Statements (in speech bubbles):

- I got a bad grade, I'm a failure, I can't do anything right!
- This project is too hard, I'll never be able to do this, I give up!
- I'm going to perform horribly, everyone will laugh at me!
- Bad things always happen to me, I have the worst luck!
- I can cope with this, I'm stronger than I think!
- I don't need to assume the worst!
- I'm human, everyone makes mistakes. I can learn from this!
- This may seem hard now, but it will get easier over time!
- I don't need to compare myself to others. I'll just do the best I can!
- I'm okay, remember to slow down and breathe!
- Everyone does things better than me, I'll never be as good as them!

Positive Self-Talk Section:

What are some positive things you can say to yourself the next time you feel anxious?

1. _____
2. _____
3. _____

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Severity Measure for Social Anxiety Disorder (Social Phobia)—Child Age 11–17

Name: _____ Age: _____ Sex: Male ☐ Female ☐ Date: _____

Instructions: The following questions ask about thoughts, feelings, and behaviors that you may have had about social situations. Usual social situations include: public speaking, speaking in meetings, attending social events or parties, introducing yourself to others, having conversations, giving and receiving compliments, making requests of others, and eating and writing in public. Please respond to each item by marking (✓ or x) one box per row.

	During the PAST 7 DAYS, I have...	Never	Occasionally	Half of the time	Most of the time	All of the time	Clinician Use Item score
1.	felt moments of sudden terror, fear, or fright in social situations	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
2.	felt anxious, worried, or nervous about social situations	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
3.	have had thoughts of being rejected, humiliated, embarrassed, ridiculed, or offending others	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
4.	felt a racing heart, sweaty, trouble breathing, faint, or shaky in social situations	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
5.	felt tense muscles, felt on edge or restless, or had trouble relaxing in social situations	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
6.	avoided, or did not approach or enter, social situations	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
7.	left social situations early or participated only minimally (e.g., said little, avoided eye contact)	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
8.	spent a lot of time preparing what to say or how to act in social situations	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
9.	distracted myself to avoid thinking about social situations	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
10.	needed help to cope with social situations (e.g., alcohol or medications, superstitious objects)	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	
Total/Partial Raw Score:							
Prorated Total Raw Score: (if 1-2 items left unanswered)							
Average Total Score:							

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Instructions to Clinicians

The Severity Measure for Social Anxiety Disorder (Social Phobia)—Child Age 11–17 is a 10-item measure that assesses the severity of symptoms of social anxiety (social phobia) in children and adolescents. The measure was designed to be completed by the child upon receiving a diagnosis of social anxiety disorder (or clinically significant social anxiety symptoms) and thereafter, prior to follow-up visits with the clinician. Each item asks the child receiving care to rate the severity of his or her social anxiety disorder (social phobia) **during the past 7 days**.

Scoring and Interpretation

Each item on the measure is rated on a 5-point scale (0=Never; 1=Occasionally; 2=Half of the time; 3=Most of the time, and 4=All of the time). The total score can range from 0 to 40, with higher scores indicating greater severity of social anxiety disorder (social phobia). The clinician is asked to review the score of each item on the measure during the clinical interview and indicate the raw score for each item in the section provided for "Clinician Use." The raw scores on the 10 items should be summed to obtain a total raw score. In addition, the clinician is asked to calculate and use the **average total score**. The average total score reduces the overall score to a 5-point scale, which allows the clinician to think of the severity of the child's social anxiety disorder (social phobia) in terms of none (0), mild (1), moderate (2), severe (3), or extreme (4). The use of the average total score was found to be reliable, easy to use, and clinically useful to the clinicians in the DSM-5 Field Trials. The **average total score** is calculated by dividing the raw total score by number of items in the measure (i.e., 10).

Note: If 3 or more items are left unanswered, the total score on the measure should not be calculated. Therefore, the child should be encouraged to complete all of the items on the measure. If 1 or 2 items are left unanswered, you are asked to calculate a prorated score. The prorated score is calculated by summing the scores of items that were answered to get a partial raw score. Multiply the partial raw score by the total number of items on the Severity Measure for Social Anxiety Disorder (Social Phobia) (i.e., 10) and divide the value by the number of items that were actually answered (i.e., 8 or 9). The formula to prorate the partial raw score to Total Raw Score is:

$$\frac{(\text{Raw sum} \times 10)}{\text{Number of items that were actually answered}}$$

If the result is a fraction, round to the nearest whole number.

Frequency of Use

To track changes in the severity of the child's social anxiety disorder (social phobia) over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the child's symptoms and treatment status. Consistently high scores on a particular domain may indicate significant and problematic areas for the child that might warrant further assessment, treatment, and follow-up. Your clinical judgment should guide your decision.

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Severity Measure for Social Anxiety Disorder (SAD)



CBT action list as follows:

- Step One – Make A List of anxiety triggers.
- Step Two – List Unproductive Thoughts associated with anxiety tasks
- Step Three – Discuss and Create Replacement Thoughts and suggested actions.
- Step Four – Therapist concurs list with child and reiterates.
- Step Five – Action...Phase four of treatment comprises the introduction of appropriate measures to support the child attain their goals. In this proposal, exposure therapy (first virtual reality, then in-vivo), relaxation training including diaphragmatic breathing, along with relapse prevention plans are instigated.



Anticipated Outcome:

Outcomes measures will explore success of treatment in relation to the participants of the CBT interventions (namely Exposure Therapy and relaxation therapies) as described in this proposal.

The APA's Severity Measure for Social Anxiety Disorder (Social Phobia) will be completed at conclusion of intervention at 6 weeks and again at 6 months.

The data gathered will be evaluated to reveal the impact of the intervention (comparing before, immediately after intervention completion and 6-month post treatment stages) with statistics from alternative treatment processes for SAD.

CBT therapies that have been adapted for children have been found to be highly efficacious (Bennett et al., 2013).

It is expected that upon completion of rehabilitation proposal, participants will be able to fully engage in peer related activities.



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lowliness, friendship problems and personality disorders (Ansell et al., 2011, Brown & Barlow, 1992, Sanderson & Barlow, 1990). SAD is also often associated with acceleration to comorbid conditions including major depression and drug abuse (Stein & Stein, 2008). Evidence has shown that Exposure therapy (ET), following the Pavlovian Extinction Model, is one of the most effective treatments for SAD. Extinction therapy is a behavioural therapy technique which encourages individuals to '*face their fears*,' seeking to reduce previously conditioned cognitive distortions – **Slide 3** (or negative responses) by repeatedly exposing individuals to aversive stimuli in a controlled environment with positive outcomes, until such time that the patients' previous negative thoughts are no longer associated with their exposure in a given setting.

‘relearned.’ CBT aims to help affected individuals understand and identify their irrational thoughts along with self-destructive behavioural patterns in order to provide them with the necessary skills and techniques for debunking those irrational thoughts, relieving their symptoms by behaviour adaption. **Slide 4** This hypothetical rehabilitative proposal using CBT Exposure techniques for children and young people with SAD over a monitored 6 week period, along with guardian education has been created with the aim of improving their wellbeing and general health, thus assisting their return to a ‘normal’ childhood liberating them from a lifetime of illness and progression of mental health issues in later life (Beesdo et al., 2007, Black et al., 2015).

Encouraging parents to discuss when their own anxious actions could be dealt with better, will enable the child to realise that it is perfectly normal to feel anxiety from time to time and encourage them to discuss healthy options when faced with concerns about future social concerns.

Proposed methodology: *(Slide 5: Social measure scale)*

The interventions set out here will focus on children between 6-14 years. The initial two stages comprising the assessment process, identification of anxiety by school and/or GP and completion of the APA's Severity Measure for Social Anxiety Disorder (Social Phobia) a 10-item measure that assesses the severity of symptoms of social anxiety (social phobia) in children

others noticing anxiety and criticism. Individual to meet with a CBT therapist for a weekly session for 6 weeks, each session lasting between 30-60 minutes. Initial consultation to identify anxiety triggers and unhelpful thoughts: With Therapists' guidance, child compiles a CBT action list as follows: *(Slide 6)*.

Step One – Make A List of anxiety triggers.

- Step Two – List Unproductive Thoughts associated with anxiety tasks
- Step Three – Discuss and Create Replacement Thoughts and suggested actions.
- Step Four – Therapist concurs list with child and reiterates. Copy of list given to child to read over and to parent. Parent to be informed of treatment goals, and given roles to assist and

All interviews and interventions will be undertaken in the presence of closest appropriate family member, to ensure child feels supported throughout the treatment stages. Follow-up assessment will be conducted 6 months post treatment.

Outcome measures: *Slide 7*

Outcomes measures will explore success of treatment in relation to the participants of the CBT interventions (namely Exposure Therapy and relaxation therapies) as described in this proposal, comparing the outcome results from UK Anxiety Statistics as presented through government documents via official statistics. The APA's Severity Measure for Social Anxiety Disorder (Social Phobia) will be completed at conclusion of intervention at 6 weeks and again at

activities. It is essential that interventions are made early to ensure the best quality of life for affected individuals.

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Level 6: Psychopathology (ECAP6006)

Rehabilitative proposal for Social Anxiety Disorder (SAD)